



No.089 - 2022: Fourth Session, Sixth Legislature



GAUTENG PROVINCIAL LEGISLATURE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

Monday, 21 March 2022

ANNOUNCEMENTS

none

TABLINGS

none

COMMITTEE REPORTS

1. **The Chairperson of the Health Portfolio Committee, Dr. M R Phaladi-Digamela, tabled the Committee's Oversight Report Third Quarterly Performance Report of the Department of Health for the 2021/2022 financial year, as attached:**

COMMITTEES QUARTER OVERSIGHT REPORT ON DEPARTMENT / ENTITY PERFORMANCE

Portfolio Committee on Health Committee Oversight Report on the Third Quarterly Report of the Department of Health for the 2021/22 Financial Year

Committee Details		Department / Entity Details	
Name of Committee	Health Committee	Name of Department / Entity	Department of Health
Which Financial Year	2021/2022	Dept. Budget Vote Nr.	4
Which Quarter	3 rd	Hon. MEC	MEC Nomathemba Mokgethi
Committee Approvals			
	Name	Date Considered by Committee	
Hon. Chairperson	Hon. Rebecca Phaladi-Digamela	18 th March 2022	
Adoption and Tabling			
Date of Final Adoption by Committee		Scheduled date of House Tabling	
18 th March 2022		22 March 2022	

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i. ABBREVIATIONS

Abbreviation	Full Wording
APP	Annual Performance Plan
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Classes
ART	Anti-Retroviral therapy/ treatment
ARV	Anti-retroviral
CAPEX	Capital Expenditure
CHC	Community Health Centre
CHW	Community Health Worker
CCMT	Comprehensive Care Management and Treatment
CCMDD	Central Chronic Medication Distribution
DID	Department of Infrastructure
DHS	District Health System
DCST	District Clinical Specialist Teams
EMS	Emergency Medical Service
EPI	Expanded Programme for Immunization
FY	Financial Year
GSSC	Gauteng Shared Services Centre
GPA	Gauteng Programme of Action
GDH	Gauteng Department of Health
DHS	District Health System
DCST	District Clinical Specialist Teams
EMS	Emergency Medical Service
EPI	Expanded Programme for Immunization

Abbreviation	Full Wording
FY	Financial Year
GSSC	Gauteng Shared Services Centre
GPA	Gauteng Programme of Action
GDH	Gauteng Department of Health
HIV	Human Immune Virus
ICT	Information and Communication Technology
MDR	Multi Drugs Resistance
MMC	Male Medical Circumcision
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable diseases
NDOH	National Department of Health
NHLS	National Health Laboratory Service
NSDA	Negotiated Service Delivery Agreement
NIART	Nurse initiated Antiretroviral Therapy
NSP	National Strategic Plans
OSD	Occupational Specific Dispensation
PAC	Picture Archiving and Communications
PCR	Patient Day Equivalent
PFMA	Public Finance Management Act
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PICT	Provider-Initiated Counselling and Testing
PMTCT	Prevention of Mother to Child Transmission
QHP	Quality Health care Programme me s
RAF	Road Accident Fund
SALGA	South African Local Government Association
SCM	Supply Chain Management
STP	Strategic Transformation Plan
STIs	Sexual Transmitted Infections
TB	Tuberculosis
UPFS	Uniform Patients Fee Schedule
XDR	Extreme Drug Resistance
WBOT	Ward Based Outreach Teams

ii. SUMMARY

ii. Summary of the report

Strategic Priorities

High level summary of Committee's overall assessment of the Department / Entity achievement of relevant strategic priorities for the period under Review

The total appropriation adjusted budget for the department for the 2021/22 FY is **R59 625 510 000**. By the end of the third quarter the department spent **R14 597 866 000, (103.4%)** of the quarter under review. The department is overspending as ideally the spending allocation for the quarter under review would have been 100%. The committee is noting with concerns the excessive overspending under the administration programme which is 117.9%. regardless of the committee recommendations to put in place remedial interventions in the programme from quarter 1, however, it is still noted as a concern in the current quarter. The committee is further concerned with the decline in performance of the department by 16% as compared to the 2nd quarter of the current financial year. The performance does not collate with the financial expenditure in the quarter under review. Further, the department reported the fruitless and wasteful expenditure of **R995 000** to be on interest in litigation claims and **R1 087 637 000** in irregular expenditure. The department reported that the irregular expenditure was incurred on prior year deviations that were discovered in the current year.

Eight main programmes are being funded under Vote 4 which are Administration; District Health Services; Emergency Medical Services, Provincial Hospitals; Central Hospitals; Health Sciences and Training; Health Care Support Services and Health Facilities Management. Reporting should provide progress of the third quarter performance against performance targets reflected in the 2021/22 Financial Year Annual Performance Plan. The department has set 104 targets relevant to addressing performance on service delivery for the quarter under review. Of the set 104 targets, 50 has been achieved. The target performance is noted aligned with the expenditure for the quarter under review. The department is noted to have spent 103.4% and the target performance is 100% in the current quarter noting a concern in financial management alignment against the targets.

Patterns of underspending and overspending are observed in the department's programme during the quarter under review. Overspending is observed on administration 117.9%.

Underspending is observed on the following programmes:

- District Health Services 71.9%
- Emergency Medical Services by 65.1%

ii. Summary of the report

Provincial Hospital Services by 74.3%,
Central Hospital Services by 74.1%
•Health Sciences and Training by 43.6%
•Healthcare Support Services by 70.3%
• Health Facility Management by 61.8%

Department / Entity APP Achievement

An overall Summary of whether the Committee thinks the Department / Entity Non-Financial Performance is sound and prudent

The Committee is concerned with the Department's expenditure patterns. The Department was not consistent in its spending; whilst other programmes were experiencing an under-expenditure, programme 1 is experiencing overspending significantly. Programme 1 overspent by 117.9%, whilst Programme 2 underspent by 71.9%, programme 3 by 65.1%, programme 4 by 74.3%, programme 5 by 74.1%, programme 6 by 43.6%, programme 7 by 70.3% and programme 8 recorded under expenditure by 61.8%.

An analysis on whether (and if so, the extent to which) the Department / Entity Programmes / Projects are indeed achieving its Strategic Objectives / Service Delivery Outcomes for the period under review.

The programmes of the department were aligned with the key priorities which are: to provide affordable access to quality health care while promoting health and wellbeing, to phase in national health insurance, with a focus on upgrading public health facilities, producing more health professionals and reducing the relative cost of private health care, increase average male and female life expectancy at birth to 70 years, progressively improve TB prevention and cure, reduce maternal, infant and child mortality, to significantly reduce prevalence of non-communicable chronic diseases, to deploy primary healthcare teams to provide care to families and communities, everyone must have access to an equal standard of care regardless of their income and to fill posts with skilled, committed and competent individuals. Moreover, the Department's programmes were aligned with the Growing Gauteng Together (GGT) strategy.

Department / Entity Project Management

Overall Summary on management and delivery of Department / Entity Projects

None

ii. Summary of the report

Financial Performance

An overall Summary of whether the Committee thinks the Department / Entity Financial Performance is sound and prudent

The Department spent **R14 597 866 000**, (103.4%) of its allocated budget for the quarter under review. The committee is noting concerning discrepancies in financial management of the department with the following programmes:

- Programme 1; Administration spent 117.9% of its expenditure for the quarter review. Noting fruitless and wasteful expenditure of R995 000 in the programme and accruals from the previous financial year expenditure.
- Program 3; Emergency Medical Services spent 65.1% expenditure for quarter under review.
- Programme 6; Health Science and Training spent 43.6% expenditure for the year under review.
- Programme 8; Health Facility Management spent 61.8% expenditure for the year under review.

The department has reported irregular expenditure of **R1 087 637 000.00** due to the irregular expenditure which incurred on prior year deviations that were discovered in the current year. The expenditure patterns within programmes are concerning and no clear allocation and distribution of funds to targets as per the budget adjustment is concerning. The department is reporting accruals in the programme that have overspent in the current financial year. This is the concern as the department reported on the end of 2020/21 financial year that funds have been committed to make outstanding payment within the department budget appropriation for 2021/22 FY.

Resolutions Management

An overall Summary of the Committee's assessment of Department / Entity Resolutions Management

The Department does not comply with timeframes in responding to resolutions.

Petitions Management

An overall Summary of the Committee's assessment of Department / Entity Petitions Management

The Department complies with the timeframes when responding to petitions.

Public Engagements

An overall Summary of the Committee's assessment of Department / Entity Public Engagements

The Department engage with religious leader and president Cyril Ramaphosa, a webinar on understanding COVID-19 vaccine regime

ii. Summary of the report
Conducted a stakeholder engagement in Greenpark Clinic and in Westonaria
International Agreements
<i>Overall Summary on Department / Entity implementation of relevant Internal Agreements / Treaties [Only if applicable] [Applicable only to OCPOL / OoP]</i>
N/A
GEYODI Empowerment
<i>Overall Summary on Department / Entity achievement on actual GEYODI empowerment in communities</i>
The department participated in a programme Tshepo-1million. This is a job creation and empowerment programme for the unemployed youth. The department will be ensuring contribution to the programme by offering internships programme and learnership Programme for the qualifying youth. On this programme 514 learnerships participants and 30 bursary participants which brings the total number of participants to 1200, comprising of 857 female and 343 male participants. The performance is noted to be the same as the previous quarter as this intake is done annually.
Fiduciary Compliance
<i>Overall Summary on Department / Entity Compliance with fiduciary requirements</i>
The Department was complaint with the fiduciary requirements.
Capacitated Department / Entity
<i>An overall Summary of whether the Committee thinks the Department / Entity is adequately capacitated and resourced to carry out its functions and discharge its mandates</i>
The Committee believes that the Department was adequately capacitated and resourced to carry out its functions; however, the department needs to improve on the following areas: filing of vacant positions and ensuring that unfunded posts are attended to base on the population growth demand study and assessment.
Any other Committee Focus Area (if relevant / applicable and Requirement)
<i>High level summary of any other area of Department / Entity performance with respect to its Quarter Report that the Committee wishes to report on, which is not already included in any of the above Focus Areas.</i>

ii. Summary of the report

None

Summary of Committee Findings

High level summary of Committee findings. Broadly, which aspects do they relate to

- i. The department spending across its programmes is still a concern for the committee. Beyond the measure that were put in the previous financial year. However, these patterns are still noted with concerns.
- ii. The accruals across programmes, the total amount of accrual and when will the payment of accruals be finalized?
- iii. The target performance versa-vie the financial performance. The committee is concern as there is no proper alignment

Summary of Committee Recommendations

High level summary of Committee Recommendations. Broadly, which aspects do they relate to

- i. The Department must continuously review and strengthen its spending pattern
- ii. The department to outline the plan and strategy on how to address the accruals
- iii. The department to ensure proper alignment of its financial performance against the target performance
- iv. The department ensure that there a proper strategy and training to improve data management

iii. INTRODUCTION

The Health Portfolio Committee has a responsibility to conduct oversight and scrutinise the health department's quarterly performance. Quarterly reports provide the Committee with an assessment of Sector Oversight Model (SOM), the Committee evaluated the department's 3rd quarterly performance report ensuring that by the end of the 3rd quarter the department should have spent 75% of its overall appropriation adjusted budget allocation.

The report seeks to provide an overview of the 3rd Quarter performance of the Gauteng Department of Health for the 2021/22 Financial Year. This process will assist the Committee to assess whether the department will achieve their planned targets and to complete projects against the allocated budget and timeframes.

iv. PROCESS FOLLOWED

- i. The Department's third quarterly report was formally referred to the Portfolio Committee on the 10 February 2022 by the Speaker Ms LM Mkgwe for consideration, deliberation, and report. The Committee then embarked on an assessment and scrutiny of the 3rd quarterly report for 2021/22 FY.
- ii. The Committee held a preparatory meeting on the 24th of February 2022 where the Committee Researcher made a presentation on the analysis of the Department's 2021/22 third Quarterly Report.
- iii. On the 25th of February 2022, the Gauteng Department of Health led by the MEC Dr Nomathemba Mokgethi presented the Department's third Quarterly Report.
- iv. On the 18th of March 2022 the Committee considered, deliberated, and adopted the report.

1. OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF STRATEGIC PRIORITIES

1.1 THE DETAILS ON Department / Entity achievement on relevant Strategic Priorities for the period under review]

The Department had achieved 48% of its targets in the quarter under review noting a decline of 16% in target performance from the previous quarter. Exceeded target on Patient Severity Assessment Code incident reported within 24hrs at 89.9% against the target of 75%, complaint resolution within 25 working days at 97.4% against the target of 95.2% noting a decline of 1.9% from the previous quarter, number of CHC's providing 24hrs services is at 36% against the target of 36%, people living with HIV tested and initiated on treatment, child under 5 years pneumonia and diarrhoea case fatality rate, infant PCT test positive around 10 weeks, reduced transmission and COVID-19 related mortality rate, EMS P1 Urban response time under 30 minutes rate and EMS Rural response under 60 minutes response rate

2. OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF APP TARGETS

2.1 THE DETAILS ON DEPARTMENT / ENTITY APP PERFORMANCE

Number of APP targets relevant for this Quarter

104 targets

Number of APP targets for this Quarter that have been achieved during this Quarter

50 targets were achieved.

Percentage of APP targets for this Quarter that have been achieved during this Quarter

48%

Percentage of APP achievement for the previous Quarter (for Comparison)

57%

Main areas in the APP that have experienced non-achievement or over achievement during this Quarter

The Department had recorded an over achievement in the following areas:

Exceeded target on Patient Severity Assessment Code incident reported within 24hrs at 89.9% against the target of 75%, complaint resolution within 25 working days at 97.4% against the target of 95.2% noting a decline of 1.9% from the previous quarter, number of CHC's providing 24hrs services is at 36% against the target of 36%, people living with HIV tested and initiated on treatment, child under 5 years pneumonia and diarrhoea case fatality rate, infant PCT test positive around 10 weeks, reduced transmission and COVID-19 related mortality rate, EMS P1 Urban response time under 30 minutes rate and EMS Rural response under 60 minutes response rate

The department recorded non-achievement in the following arears: percentage on budget spent on township enterprises against identified commodities, percentage of service providers invoices without dispute paid within 30 days, Employment of Women at the Senior Management Position due to the commitment by Executive and Senior Management to include EE representative in source and select panel noting a decline from the previous quarter, Percentage of CHCs implementing PACS, Percentage of CHC's with Integrated Health Information system, Percentage of hospitals with Integrated Health Information systems, ART patients remaining on ART, TB patients lost to follow-up, TB treatment success rate, antenatal visit before 20 weeks, mothers postnatal visit within 6 day, infants 1st PCR test positive at birth, immunization under one coverage, severe acute malnutrition death under 5 years.

2.1 THE DETAILS ON DEPARTMENT / ENTITY APP PERFORMANCE

Main reasons provided by the Department / Entity for non-achievement or over achievement of its APP during this Quarter

On Township Economy, the department reported that this is due to incomplete tender documentation hence disqualifying the Bidder, pricing structure and unwillingness of the big suppliers to sub-contract.

Target not achieved on female SMS employees due to two SMS female employee going to retirement in November and December 2021.

The awarding for PACs is taking longer than anticipated due to the delays in supply chain processes.

patients remaining on ART, the department reported challenges in tracing the patients more especially in Ekurhuleni district experience a high number of defaults. Mop-up exercise will be implemented in the next quarter.

On TB patients, this is due to patients lost to follow-up and demise during treatment

Measures in place (with timeframes) to correct the deviation in targets for this Quarter and to prevent recurrence of such or similar deviation

The Department reported that they will be implementing intervention measure on the non-achievement target to improve performance in the next quarter.

A summarized analysis on the Department / Entity performance per Programme for the period under review

The Department's performance in terms of its achievement of targets is not satisfactory and not inline with the budget spent.

Programme 1: Administration recorded **90%** achievement of targets.

Programme 2; District Health Services **82%** achievements of targets

Programme 3; Emergency Medical Services **100%** achievements of targets

Programme 4; Provincial Hospital Services **75%** achievements of targets

Programme 5; Central Hospital Services **56%** achievements of targets

Programme 6; Health Science and Training **60%** achievements of targets

Programme 7; Healthcare support services **90%** achievements of targets

Programme 8; Health Facilities Management **20%** achievements of targets

Summarized information on any unplanned / emerging priorities reported on by the Department / Entity during the period under review

None

2.1 THE DETAILS ON DEPARTMENT / ENTITY APP PERFORMANCE

Summarized information on how the Department / Entity maintains portfolios of evidence to verify its reported performance information

The Department reported that that data management is still a challenges
Accruals are still a major challenge further impacting on the budget expenditure of the department

3. OVERSIGHT ON DEPARTMENT / ENTITY PROJECT MANAGEMENT

3.1 THE DETAILS ON [DEPARTMENT / ENTITY PROJECT MANAGEMENT

None

4 OVERSIGHTS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

Actual amount (in Rands) allocated to the Department / Entity as budget for this entire Financial Year

R59 625 510 000

Actual amount projected by the Department / Entity to be spent only during the Q under review

R14 117 691 000

Actual amount (in Rands) spent by the Department / Entity only during the Q under review

R14 597 866 000

Total actual amount (in Rands) spent by the Department / Entity (Year to Date), i.e. from the beginning of this FY to the end of this Q under review

R43 459 467 000

Percentage (% of total budget allocation) of budget expenditure for this Q under Review only

25%

Percentage (% of total budget allocation) of budget expenditure (Year to Date), i.e. from the beginning of this FY to the end of this Q under review

72.9%

An analysis of how the % budget expenditure compares with the % APP achievement

The Department spent 72.9% of its adjusted appropriation budget allocation and 48% achievement of targets. There is no correlation between target achievement and budget allocations.

If there was over / under spending of greater than 3% of projection, what were the main challenges that led to the over / under spending

The department has projected to spend **R14 117 691 000** from the Vote 4 adjusted budget appropriation, with the department spending **R14 597 866 000** which makes the total percentage of 72.9% of the overall adjusted appropriation allocation for 2021/22 FY. The department has complied with the provisions of the Sector Oversight Model by underspending by 2.8% on its overall appropriation budget. The budget appropriation is within target limit because ideal expenditure should have been 75% by the end of the 3rd quarter.

4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

Programme 1; Administration spent **R540 074 000** of the **R303 684 000** which was allocated for the quarter under review, marking an 117.9% expenditure. The over expenditure resulted from the previous year accruals and COVID-19 related expenses.

Programme 2; District Health Services spent **R4 952 149 000** of the **R4 939 488 000** which was allocated for the quarter under review, marking a 71.9% expenditure.

Programme 3; Emergency Medical Services spent **R508 142 000** of the **R322 716 000** which was allocated, marking 65.1% expenditure.

Programme 4; Provincial Hospital Services spent **R2 718 802 000** of the **R2 699 550 000** which was allocated, marking 74.3% expenditure.

Programme 5; Central Hospital Services spent **R5 146 103 000** of the **R5 000 680 000** which was allocated, marking 74.1% expenditure.

Programme 6; Health Science and Training spent **R229 874 000** of the **R166 550 000** which was allocated marking 43.6% expenditure.

Programme 7; Healthcare Support services spent **R103 803 000** of the **R96 685 000** which was allocated, marking **70.3%** expenditure.

Programme 8: Health Facilities Management spent **R399 639 000** of the **R578 338 000** which was allocated marking 61.8% expenditure.

Mitigating measures by the Department / Entity to remedy over / under expenditure

Department reported that, though some programmes reflected over-expenditure during the 3rd quarter, the overall spending is within the target as funds were reprioritised during the adjustment budget. Reprioritising will be done again during the year end virement subject to budget availability. Performance of the slow spending projects was reviewed as part of the adjustment budget.

On Invoices paid within 30 days, the department will engage with Treasury to explore payment of Big-ticket items and non-Negotiables settlement directly by treasury following verification of service to ensure equitable distribution of payments within the current cash flow limitations

To ensure hospital compliant with Occupational Health and Safety, continuous auditing of hospitals regarding OHS compliance, dedicated budget for OHS and appointment of qualified OHS profession to manage OHS issues.

Number of clusters with additional Covid 19 beds, Gauteng Department of Infrastructure Development is addressing the under-performance of the Contractor is reconsidering the commencement of works Completion by a new Contractor.

The Department / Entity's achievement with respect to GEYODI responsive budgeting / procurement for the period under review

4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

The Department's achievement with respect to GEYODI was as follows: Number of Women at SMS positions (44.6%), total number of People Living with disabilities recruited in the in the department, there was an addition of 92 which brings the total to 7.6% exceeding the target and total youth participation in the development programme is 1200.

The Department / Entity's achievement with respect to township economy / SMME / local procurement for the period under review

The Department reported that it had achieved 12% in this category. Noting a decline from 29% in the previous quarter.

A summary for the period under review with respect to payment of service providers within 15-30 days

The Department reported to have paid 22% invoices within 30 days in the quarter under review.

A summary for the period under review with respect to fruitless, wasteful, and irregular expenditure

The Department reported that it had incurred fruitless and wasteful expenditure of R995 000 reported to be on interest of litigation claims and R1 087 637 000 in irregular expenditure.

A summary for the period under review with respect to efficiency / value for money in all SCM / procurement processes

The Department has accruals from the previous financial year which are being paid in the current financial year

A summary for the period under review with respect to reduction of fraud and corruption in all SCM / procurement processes

No report was provided under this indicator.

A summary for the period under review with respect to ongoing clean audits

The Department obtained an unqualified report in the previous financial year

A summary for the period under review with respect to spending on conditional grants (where applicable)

No report was provided under this indicator

Program / Sub Programme level financial performance

Programme 1; Administration spent R540 074 000 of the R303 684 000 which was allocated for the quarter under review, marking an 117.9% expenditure. The over expenditure resulted from the previous year accruals and COVID-19 related expenses.

Programme 2; District Health Services spent R4 952 149 000 of the R4 939 488 000 which was allocated for the quarter under review, marking a 71.9% expenditure.

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4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

Programme 5; Central Hospital Services spent R5 146 103 000 of the R5 000 680 000 which was allocated, marking 74.1% expenditure.

Programme 6; Health Science and Training spent R229 874 000 of the R166 550 000 which was allocated marking 43.6% expenditure.

Programme 7; Healthcare Support services spent R103 803 000 of the R96 685 000 which was allocated, marking 70.3% expenditure.

Programme 8; Health Facilities Management spent R399 639 000 of the R578 338 000 which was allocated marking 61.8% expenditure

5. OVERSIGHT ON DEPARTMENT / ENTITY RESOLUTIONS AND PETITIONS MANAGEMENT

5.1 THE DETAILS ON DEPARTMENT / ENTITY RESOLUTIONS MANAGEMENT

How many Responses / Actions to Resolutions were due by the Department / Entity during the Quarter under review

26

With respect to all Resolutions that were due in the Quarter under review, how many Resolutions have been successfully responded to by the Department / Entity

The department has only responded to 9 resolutions on the 1st and 2nd quarter and further analysed by the committee.

What is the Committees perception of the Quality and Timeliness of Department / Entity responses to Committee Resolutions

The Department had not submitted responses which falls under the previous financial year hence the committee was not in a good position to analyse.

With respect to the Resolutions / Action due during the Quarter under review but still overdue, what reasons have been provided by the Department / Entity [with mitigating measures to submission]

The committee has made follow up and one report from the outstanding report has been submitted and will be analysed in the next quarter

5.2 THE DETAILS ON DEPARTMENT / ENTITY PETITIONS MANAGEMENT

How many Responses / Actions to Petitions due by the Department / Entity during the Quarter under review

None

With respect to all Petitions that were due in the Quarter under review, how many Petitions have been successfully responded to by the Department / Entity

None

What is the Committees perception of the Quality and Timeliness of Department / Entity responses to referred Petitions

N/A

With respect to the Petitions / Action due during the Quarter under review but not yet responded to by the Department / Entity, what reasons have been provided by the Department / Entity [with mitigating measures to submission]

None

6. OVERSIGHT ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENT

6.1 THE DETAILS ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENTS

The steps / measures the Department / Entity has taken to meaningfully involve the public / stakeholders in the course of its work / service delivery, during the period under review

The department reported that it had conducted client outreach programmes on various programmes such as COVID-19 vaccine rollout across the province.

Summary of Public Education programmes of the Department / Entity during the period under review

The Department reported that several awareness sessions were conducted to educate communities on its programmes focusing more on educating on vaccine regime.

Feedback sessions conducted by the Department / Entity during the period under review

No feedback sessions were conducted during the period under review.

7. OVERSIGHT ON INTERNATIONAL TREATISE / AGREEMENTS

7.1 DETAILS ON IMPLEMENTATION OF INTERNATIONAL AGREEMENTS / TREATIES [Applicable only to OCPOL / OoP]

N/A

8. OVERSIGHT ON DEPARTMENT / ENTITY GEYODI EMPOWERMENT

8.1 DETAILS ON DEPARTMENT / ENTITY GEYODI EMPOWERMENT

The Department reported that the Number of Women at SMS positions (44.6%), total number of People Living with disabilities recruited in the department, an addition of 92 bringing to a total percentage of 7.6% exceeding the target and total youth participation in the development programme is 1200.

9. OVERSIGHT ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS

9.1 DETAILS ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS

GPL	The Department does not fully comply with the requirements of the GPL in submitting reports, responses to house resolutions, petitions and any other information required. The committee is still noting outstanding House Resolutions from the previous financial year.
Auditor General (AGSA)	The Department was compliant with the AGSA requirements when submitting financial statements and any other information required by the office.
Public Service Commission (PSC)	The Department is compliant with PSC and responsive with the recommendation made, update reporting is provided to the committee for monitoring
Compliance with relevant fiduciary Legislation [e.g., PFMA]	The Department does not seem to fully comply with the requirements of the PFMA in its financial expenditure. This was because the Department's spending was either significantly above or below the acceptable spending percentage.

10. OVERSIGHTS ON A CAPACITATED PUBLIC SERVICE

10.1 THE DETAILS ON A CAPACITATED DEPARTMENT / ENTITY

Detailed information on the current vacancies (at all staff levels)

The department reported 12663 current vacancies

Current vacancy rate

8%

Current acting positions (at all Staff levels)

20

Terminations during the period under review

3516

New appointments during the period under review

2148

Detailed information on the GEYODI / HDI empowerment for the period under review

The Department reported a 44.6% appointment of women in senior management positions and additional 92 recruitment of persons with disabilities.

Detailed information on any suspensions for the period under review

None

11. OVERSIGHT ON ANY OTHER COMMITTEE FOCUS AREA

11.1 THE DETAILS ON ANY OTHER COMMITTEE FOCUS AREA

Any other area of Department / Entity performance with respect to its Quarter Report that the Committee wishes to report on, which is not already included in any of the above Focus Areas.

On the ICT rollout across facilities, the performance is as follows: LAN Infrastructure installation 100% complete across the targeted 33 CHCs to enable implementation of HIS and PACS, no hospitals had implemented an integrated information system and 6 CHCs are currently implementing HIS and roll-out could not commence as planned due to delays in acquisition of end user devices by December 2021

12. COMMITTEE FINDINGS / CONCERNS

12.1 DETAILED COMMITTEE FINDINGS / CONCERNS

- i. The Committee is concerned with the continuous in-efficiencies in Supply Chain Management
- ii. The Committee is concerned with the poor and declining performance in payment of invoices within 30 days further impacting on service rendered by suppliers
- iii. No improvement in the data system and further impacting on the proper reporting

13. PROPOSED COMMITTEE RECOMMENDATIONS

13.1 DETAILED COMMITTEE RECOMMENDATIONS

Based on the information set out herein-above as well as the Committee Concerns, the Committee therefore recommends as follows:

Ref Number	Recommendation	Type of response expected	Due Date
COH / Q3PR/ 001	The department should ensure that all the procurement gaps and challenges are addressed further ensuring that all outstanding projects are prioritised, and project plan should be submitted to the committee for proper monitoring	Written Response	29 April 2022

13.1 DETAILED COMMITTEE RECOMMENDATIONS

COH / Q3PR / 002	The department should provide factors and mitigation plans to ensure that all invoices as per procurement regulations are paid timeously	Written Response	29 April 2022
COH / Q3PR / 003	Due to no proper data collection strategy, the department is experiencing challenges in proper capturing and availability of data which has subsequently resulted in fatality in some of the TB patients. To mitigate this, department should provide realistic strategic report and training plan on data management	Written Response	29 April 2022

14. ACKNOWLEDGEMENTS

The Chairperson wishes to thank the Hon. MEC for Health, Dr Nomathemba Mokgethi and her team, for the preparation of the Third Quarterly report for 2021/22 Financial Year and the efforts made in taking the Committee through the details of the report and responding to questions raised by members.

Highly appreciated is the selfless role of the Committee Members of the Health Portfolio Committee for their dedication and commitment: B Masuku, P Mabunda, M Letsie, J Bloom, C Mabala, A Fuchs, A Alberts and A Gana.

Last but not least, I would like to acknowledge the support staff: Group Committee Co-ordinator Ms Z Pantshwa-Mbalo; Senior Researcher, Dr S Nenweli; Researcher, Dr M Mokonoto; Senior Committee Coordinator; Ms N Ngidi; Committee Coordinator, Ms N August; Committee Administrator, Ms T Msomi; Service Officer, Mr I Ngcobo, Hansard staff, Mr M Makwela, Information Officer Mr W Nsibande, Communication Officer Mr A Mokoka and Public Outreach Officer Mr N Buthelezi.

15. ADOPTION

In accordance with Rule 117 (2) (c) read together with Rule 164, the Health Portfolio Committee hereby recommends that the report on the Gauteng Department of Health Third Quarterly Report for the 2021/22 Financial Year, be adopted by the House, taking into account the committee concerns and Proposed recommendations made in this report.