No.178 - 2022: Fourth Session, Sixth Legislature

**GAUTENG PROVINCIAL LEGISLATURE**

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**ANNOUNCEMENTS,**

**TABLINGS AND**

**COMMITTEE REPORTS**

**========================**

Monday, 23 May 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 on the Detail of the Department of Health Budget Vote 04 of the Provincial Appropriation Bill *[G001-2022]* for the 2022/23 FY, as follows:**

**COMMITTEE OVERSIGHT REPORT ON THE 2022/23 GAUTENG DEPARTMENT OF HEALTH BUDGET VOTE 4**

| **Committee Details** | **Department Details** |
| --- | --- |
| **Committee** | **Health Portfolio Committee** | **Department** | **Department of Health** |
| **Financial Year** | **2022/23** | **Budget Vote Nr.** | **Vote 4** |
|  |  | **Name of MEC** | **Nomathemba Mokgethi** |
| **Committee Approvals** |
|  | **Name** | **Signed** | **Date** |
| **Hon. Chairperson** | **Dr. Rebecca Phaladi-Digamela** |  |  |
| **Adoption and Tabling** |
| **Date of Final Adoption** | **Scheduled date of House Tabling** |
| **23 May 2022** | **24 May 2022** |

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13. **ABBREVIATIONS**

|  |  |
| --- | --- |
| **Abbreviation** | **Full Wording** |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Care |
| APP | Annual Performance Plan |
| ART | Anti-Retroviral therapy/ treatment |
| ARV | Anti-retroviral |
| CAPEX | Capital Expenditure |
| CARMMA | Campaign on Accelerated Reduction of Maternal and Child Mortality |
| CPIX | Consumer Price Index |
| CHC  | Community Health Centre |
| CHW | Community Health Worker |
| CCMT | Comprehensive Care Management and Treatment |
| CCMD | Central Chronic Medication Distribution |
| DHS | District Health System |
| DCST | District Clinical Specialist Teams |
| EMS | Emergency Medical Service |
| FY | Financial Year |
| GPA  | Gauteng Programme of Action |
| GDH  | Gauteng Department of Health |
| HAART | Highly Active Antiretroviral Treatment |
| HAST | HIV and AIDS, STIs and TB |
| HIV | Human Immunodeficiency 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 |
| NHI | National Health Insurance |
| NHLS | National Health Laboratory Service |
| NGO | Non-Government Organisation  |
| NSDA  | Negotiated Service Delivery Agreement |
| NIART  | Nurse initiated Antiretroviral Therapy |
| NRP | Nurse Resuscitation Programme |
| NSP | National Strategic Plans |
| OSD | Occupational Specific Dispensation |
| PFMA | Public Finance Management Act |
| PPE | Personal Protective Equipment  |
| PAC | Picture Archiving Communication system |
| PFMA  | Public Finance Management Act |
| PHC | Primary Health Care |
| PMTCT | Prevention of Mother to Child Transmission |
| QHP | Quality Health care Programs |
| SALGA | South African Local government Association |
| STP  | Strategic Transformation Plan |
| STIs | Sexual Transmitted Infections |
| TB  | Tuberculosis |
| TMR | Transformation Modernisation Reindustrialisation |
| XDR | Extreme Drug Resistance |
| WBOT | Ward Based Outreach Teams |
| WHO  | World Health Organisation  |

**HEALTH PORTFOLIO COMMITTEE**

**24 May 2022,**

The Hon. Chairperson of the Health Portfolio Committee, Dr Rebecca Phaladi-Digamela tables the Committee’s report on the Gauteng Department of Health’s Budget Vote 4 Report for the 2022/23 FY as follows:

1. **EXECUTIVE SUMMARY**

The Health Portfolio Committee carefully assessed the department’s budget allocation for effective oversight. The purpose was to determine whether the allocations correspond with the provincial priorities of the Gauteng Department of Health (GDH) for the 2022/23 financial year. This report seeks to highlight the Committee’s assessment of the department’s budget allocation. The assessment done was based on the Gauteng Provincial Legislature’s oversight framework, the Sector Oversight Model (SOM).

The Portfolio Committee on Health presents its Oversight Report on the Budget Vote 4 of the Gauteng Department of Health for 2022/23 financial year. The oversight role of the Portfolio Committee, as prescribed in the Constitution of the Republic of South Africa and the Standing Rules of the Gauteng Legislature, makes it imperative for the Committee to provide an assessment of the state of the budget allocation of **R59 426 398 000** which is a 5.2% increase from the adjusted budget of **R56 505 266 000** allocatedto the Gauteng Department of Health (GDH) in the 2021/22 financial year.

Out of this budget, equitable share is reduced from **R45 879 717 000** to **R45 004 716 000** whilst conditional grants received an allocation of R**14 421 682 000.** Each programme is allocated budget from the equitable share as follows:

* Administration budget increased by 12% from **R1 292 275 000** to **R1 444 146 000**.
* District Health Services budget decreased by 0.4% from **R20 476 521 000** to **R20 341 822 000**.
* Emergency Medical Services budget slightly increased by 0.2% from **R1 619 305 000** to **R1 629 684 000.**
* Provincial Hospitals Services budget decreased 0.8% from **R11 081 898 000** to **R10 986 544 000**.
* Central Hospital Services budget slightly increased by 3.3% from **R20 992 307 000** to **R21 068 239 000**.
* Health science training budget decreased by 12.6% from **R1 285 400 000** to **R1 106 493 000.**
* Health care support decreased by 1.5% from **R414 874 000** to **R412 718 000.**
* Health Facility’s budget decreased by 2.9% from R**2 462 930 000** to **R2 436 752 000.**

The Committee takes note of the key assumptions considered in the budget for responding to the COVID-19 pandemic through the implementation of the Comprehensive Health Response, which will ensure the retention of COVID19 staff appointed on a contract that expires in March 2023, the procurement of consumable and medical supplies, and the appointment of OHS practitioners.

Priorities also include expanding 24-hour services and strengthening mental health care through expanded contractual bed capacity. Continued service delivery will take into account resource allocation to patient care, safety and strengthening of Primary Health Care to offer appropriate treatment, recapitalization and replacement of the EMS fleet, and e-health investment in the institutions.

As a result, the Committee welcomes the department's interventions, even though the commitment will necessitate stringent implementation, monitoring, and assessment, which the department has repeatedly demonstrated to be lacking. The implementation of the long-delayed eHealth or integrated Health Information System, which would improve patient administration, financial management, decision making, and clinical patient management, is of critical importance to the Committee.

1. **INTRODUCTION**

The core mandate of the Gauteng Department of Health is to improve the health status of the population of Gauteng by improving the quality of health services, secure better value for money, ensure effective organization and to provide an integrated services and programs that promote and protect the health, quality, and sustainable livelihood of poor vulnerable and marginalized groups in society.

The following are the strategic goals of the Gauteng Department of Health:

Priority 1: NHI Implementation

Priority 2: Improved patient experience of care

Priority 3: Improved clinical services

Priority 4: Strengthened Public Health Literacy and Health Promotion

Priority 5: Economic Empowerment and Job Creation

Priority 6: Strengthened Governance and Leadership

The budget process is designed to enable the departments to formulate fiscal and policy priorities which are delivered through the budget; an important political tool that reveals government’s strategic choices and decisions. It is through this process that the department is able to do its financial planning and budgeting that represent the aspirations of Gauteng citizens. This process further assists the department to commit to transparency and good governance as required by the Public Finance Management Act 1 of 1999.

The following documents were used to assess and evaluate the programmes to determine expenditure patterns and service delivery thereof.

* Sector Oversight Model (SOM)
* The National Development Plan 2030
* The Ten Pillar programme of transformation, modernization, and re-industrialization
* Gauteng Provincial Government Estimates of Provincial Revenue and Expenditure 2022/23
* State of the Nation Address 2022
* State of the Province address 2022
* GDH Five-year Strategic Plan
1. **PROCESS FOLLOWED**

4.1 The Speaker of the Gauteng Legislature, Hon Helen Ntombi Mekgwe referred the Budget Vote report of the Gauteng Department of Health to the Committee on the 12 April 2022 for consideration, reporting and adoption.

4.2 On 03 May 2022, the Committee received the research analysis from the Committee Researcher.

4.3 On 06 May 2022, the Committee received a presentation from the Gauteng Department of Health on the revised Budget Vote 4 for 2022/23FY.

4.4 On 23 May 2022, the Committee deliberated and adopted the adjusted Budget Vote 4 Report.

**5. COMPLIANCE AND QUALITY**

* 1. **Timeframes**

The Gauteng Department of Health’s 2022/23 Budget Vote 4 Report was prepared timeously and submitted to the Legislature. This is in accordance with Rule 68 (1) and (2) which stipulates the preparation and submission of the strategic plan, APP, and Budget.

* 1. **Format**

The Gauteng Department of Health submitted its report in a prescribed format used by other executive departments.

* 1. **Legal parameters**

The Gauteng Department of Health complied with Section 68 (1) and (2) of the Gauteng Legislature Standing Rules by preparing and submitting its 2022/23 Budget vote 4 Report to the Legislature.

* 1. **Controls**

The report tabled in the Legislature has been signed off by the Accounting Officer and the Executive Authority. The approval by the most senior authority in the department demonstrates that an effort is made to ensure that the reports are accurate.

* 1. **Quality Parameters**

The report controls within the department have proven to be adequate to ensure compliance with the necessary requirements for submission of the budget report.

1. **OVERSIGHT ON STRATEGIC PRIORITIES**

**National Priorities**

* Implementation of the NHI.
* Improving patients’ experience of care.
* Improving clinical services.
* Health education and health promotion.
* Governance and leadership.
* Job creation and economic growth

**Provincial Priorities**

* Providing better quality health care to all.
* Improved access to healthcare
* Primary healthcare as an activist and community - oriented approach to the delivery of healthcare.
* Roll out of the NHI.
* The urgent turnaround of the Gauteng Department of Health and all public health institutions
* To stabilize the finances of the department, improve the delivery of quality healthcare, reduce waiting time and queues, increase professional staff and invest in infrastructure, including the ICT as part of modernizing public services and e - governance.
* Revitalization of infrastructure.
* Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases.
* Review of drug policy and strengthening Research and Development.

**The National Development Plan**

By 2030, the health system should:

* Provide quality care to all, free at the point of service, or paid for by publicly provided or privately funded insurance.
* The primary and district health system should provide universal access, with a focus on prevention, education, disease management and treatment.
* Hospitals should be effective and efficient, providing quality secondary and tertiary care for those who need it.
* More health professionals should be on hand, especially in poorer communities.
* Reform of the public health system should focus on:
	+ Improved management, especially at institutional level
	+ More and better-trained health professionals
	+ Greater discretion over clinical and administrative matters at facility level, combined with effective accountability
	+ Better patient information systems supporting more decentralised and home-based care models
	+ A focus on maternal and infant health care.
1. **OVERSIGHT ON TECHNICAL PERFORMANCE**
2. **PROGRAMME INFORMATION**

**PROGRAMME 1** – **ADMINISTRATION**

The main objective of this programme is to provide strategic direction and leadership, to guide and support the development of policy frameworks and guidelines for the implementation of priority programmes, to develop policies and legislation on health care provision, and to ensure that norms and standards are followed in the course of implementation.

The Committee notes the increased budget allocation on this programme from the adjusted budget of **R1 292 275 000 to R1 444 146 000**. This is an increase of 12% from the original allocation sharing 2.4% of the department’s total budget allocation. The budget will pay for centralised procurement of consumable supplies and warehouse rental for COVD19, including the modernization of the health information system and the payment of medico legal claims.

The Committee is concerned as to whether the allocation in this program will be sufficient, given that it has been significantly exceeding its budget in the preceding quarters and the annual reports of 2020/21FY and 2021/22FY owing to accruals and litigations. Furthermore, a concern has been raised about the insourcing of cleaners and security workers, which has been budgeted for since 2020/21FY and 2021/22FY but has never been executed. The Committee requests that the department provide an update on the matter.

The progress of implementing the health information system, including the ICT infrastructure at various institutions, remains a pending subject for the department to implement, despite budget allocations for the previous four fiscal years. It is disturbing that the department has been preparing the implementation of the eHealth records system for the past four years with little success. This was confirmed during the Committee FIS oversight visits conducted all through the previous fiscal year.

**PROGRAMME 2 – DISTRICT HEALTH**

The purpose of District Health services is to provide comprehensive Primary Health Care services, district hospital services, comprehensive HIV and AIDS care and to deliver priority health programmes including the nutrition services.

For the department to optimise its plans of shifting away from curative to health promotion and disease prevention, the budget has been adjustedfrom **R20 476 521 000 to R20 341 822 000** marking a decrease of 0.4%sharing 34.2% of the department’s total budget allocation.

The Committee welcomes the biggest portion of the budget allocated to fund the treatment and prevention of HIV and AIDS. In 2021/22FY, HIV and AIDS was allocated an adjusted budget of **R6 530 874 000**, representing an increase when compared to the previous financial year’s allocation of **R6 207 909 000**. The increase is mainly attributed to the emphasis that will be placed on supporting the universal Test and Treat Campaign as well as connecting and improving referral channels between CHC, district, and regional hospitals in order to track and trace patients across the continuum of treatment.

The Committee approves the department's commitment to combating HIV and AIDS in order to improve life expectancy, including rapidly expanding access to antiretroviral therapy (ART) for individuals living with HIV and AIDS, particularly among disadvantaged populations.

The second largest share in this programme is allocated to sub-programme, District hospitals with an allocation of **R4 536 418 000** reflecting an increase when compared to the **R4 206 020 000** allocated in 2021/22FY. The allocation is intended to cover the increasing patient load in order to relieve central and regional hospitals of additional health care obligations.

Community Health Clinics which are responsible for the provision of improved primary health care received the fourth largest share of **R2 724 179 000** in this programme reflecting a slight decrease when compared to the past financial year’s allocation of **R2 740 233 000**. Community Based Services received an allocation of **R2 521 215 000.**

The sub programme, Community Health Centres received **R2 436 121 000** to complement broadening access to quality public healthcare priority by implementing the last phase of 24-hour extension of service within the Community Health Centres. Furthermore, the strengthening of district mental healthcare services has been allocated additional funds to implement the three types of mental health teams, namely, district specialist mental healthcare, clinical community psychiatric and NGO governance compliance teams.

**PROGRAMME 3 – EMERGENCY MEDICAL SERVICES**

The purpose of Emergency Medical services (EMS) programme is to ensure rapid and effective emergency medical care and transport, efficient, planned patient transport in accordance with Provincial norms and standards.

The budget allocation for this programme reflects an increase in allocation from the adjusted budget of **R1 619 305 000** to **R1 629 684 000** by 0.2%. The allocation will pay for provincialisation of EMS to fill in critical vacancies; improvement of conditions of service; filling of critical posts; and absorption of emergency care technicians.

EMS share 2.7% of the department’s total budget. The amount is apportioned between two sub-programmes, the Emergency transport receiving **R1 352 912 000** and Planned Patient transport receiving **R276 772 000.**

The committee takes note of the revised planned performance measures for 2022/23FY EMS urban and rural, which have been extended from 15 minutes to 30 and 60 minutes, respectively. As a result, there will be a considerable wait for an ambulance during a community emergency. The department is requested to offer an explanation or rationale for this adjustment.

**PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES**

The purpose of this programme is to provide general and specialised hospital services offered by specialists through regional hospitals, TB hospitals, psychiatric/mental hospitals, dental training hospitals and other specialised hospitals.

The Committee notes a decrease in the adjusted allocation of this programme from **R11 081 898 000** to **R10 986 544 000**. This is a decrease of 0.8% in the allocation of the current financial year, sharing 18.5% of the department’s total budget.

The sub programme general hospitals, like in the previous financial year received the largest portion of **R7 960 518 000** representing 71% of the total amount allocated for Provincial hospital services. According to the department the major portion of the budget is allocated to fund hospitals providing level one and two services which provides health services in the fields of internal medicine, paediatrics, obstetrics and gynaecology and general surgery.

The Committee is of the view that the budget allocation is sufficient to allow the department to provide level one and two services efficiently and effectively, provided that there is stringent adherence to the referral protocol and efficient use of resources.

The Psychiatric/Mental hospitals sub programme received the second largest share of **R1 894 381 000** which comprises 15% share of the total provincial hospital’s budget. This allocation decreased slightly when compared to the previous financial year’s budget **R1 953 808 000.**

Dental training hospitals received the third largest share of  **R649 930 000;** reflecting a decrease from the **R672 891 000** allocated in the 2021/22FY**.** Hospitals dealing with TB received **R372 917 000** reflecting an increase from the **R 365 146 000** allocation of in the 2021/22FY.

The increased budget is to pay for additional bed capacity for persons with severe intellectual disability and mental illness. The budget is also allocated to realign the compensation of employees’ budget with additional staffing needs due to COVID-19 pandemic for identified beds within general, psychiatric, and tuberculosis hospitals and towards emerging and pressing COVID-19 activities.

The Committee is of the view that the budget allocation is sufficient to allow the department to provide for the emerging COVID-19 services provided that there is stringent adherence to the procurement process and the efficient use of resources.

**PROGRAMME 5: CENTRAL HOSPITAL SERVICES**

The purpose of this programme is to provide highly specialised health care services, a platform for the training of health workers and research, and as specialist referral centre for tertiary and neighbouring provinces.

The allocation in this programme provides funding for Chris Hani Baragwanath, Charlotte Maxeke, Steve Biko and Dr George Mukhari Academic Hospitals. They are funded mainly from the National Tertiary Services and Health Professional Training Services conditional grants.

Central Hospitals programme received a revised budget of **R21 068 239 000** reflecting an increase by 3.3%, from the previous allocation of **R20 992 307 000** and constituting 33.5% of the entire budget of the department. The increased budget is due to implementation of wage freeze and consolidation of fiscal fund.

The revised budget will realign the compensation of employees’ budget with additional staffing needs due to COVID-19 pandemic for identified beds within central and tertiary hospitals. Funds are also reprioritised towards emerging and pressing COVID-19 activities. These activities include increased demand for dispensing of medicine and increased costs for consumables supplies (PPEs) for staff and patients.

Given the department’s trend of overspending in this programme, the Committee notes that the budget increase is in line in this programme as it will hugely impact on service delivery, especially when there are key deliverables planned in respect of COVID-19.

**PROGRAMME 6: HEALTH SCIENCES AND TRAINING**

The purpose of this programme is to develop the department’s human resource, management of employee wellness programme and addresses the education, training and developmental needs and priorities of the department.

The Department’s strategic goals in respect of District Health services are as follows:

* Improve achievement of national norms for supply of health professionals
* Improve compliance with legislative framework
* Respond to the GDOH staff education, training and development needs
* Provide employee health and wellness to improve productivity and staff morale
* Contribute to the job creation mandate through targeted youth empowerment programmes

The department decreased allocation in this programme from **R1 285 400 000** to **R1 106 493 000.** This is a decrease of 12.6% sharing 1.9% of the department’s total allocation. The Committee notes that the funding is meant for scarce skills such as medical professionals, assistant pharmacists, and pharmacists. The fund includes paying for medical students studying in Cuba under the South African Cuban Doctor Programme.

The budget in this programme is allocated to four sub-programmes namely: Nursing training colleges, EMS training colleges, Bursaries and other training. Of the four sub-programmes, Nursing training colleges received the largest share of **R652 396 000** which is an increase from the previous financial year’s allocation of **R626 247 000**.

The second share of **R321 123 000** is allocated to Bursaries sub-programme whilst **R89 577 000** is allocated to Other Training. The Committee notes that a provision is made towards the implementation of the new nursing colleges curriculum and revised salary structure. Further, an increased allocation on bursaries was made in order to integrate the Cuban doctor programme to the South African system.

The smallest portion of the budget  **R43 397 000** in this programme is allocated to EMS Training Colleges. According to the department the allocated budget is meant for capacitating the department with Emergency Care Technicians, thus ensuring that Emergency Medical Services norms and standards are met.

**PROGRAM 7: HEALTH CARE SUPPORT SERVICES**

The purpose of this programme is to render non-clinical services including laundry, food services and medical supplies, to support hospitals and clinics in an effective and efficient manner. The main focus is on the implementation of Supply Chain Management and Broad Based Black Economic Empowerment in support of five strategic goals of the department.

For the year under review, the budget allocation for Health Care and Support has been decreased from the adjusted **R414 874 000** to **R412 718 000** marking a decrease of 1.5% and sharing 0.7% of the total budget.

The bulk of the allocation, **R300 971 000** is allocated to laundry services which constitute 72.5% of the programme total budget with decrease as compared to the previous financial year’s allocation of  **R306 948 000**. The budget for this programme is directed to five laundries throughout the province that provide cleaning services and purchase linen for health facilities. The five laundries are namely: Bara Laundry, Edenvale laundries, Dunswart Laundry, Masakhane, JHB Laundries (44 Joubert Parktown).

Food supply received the second largest share of **R111 746 000**, constituting 27.5% of the programme total budget allocation. This allocation increased from the 2021/22FY budget of **R107 925 000.**

The Committee welcomes the allocation and the commitment made by the department to support SMMEs as providers of food, linen, and hospital related needs. This will contribute to the transformation of the economy as per the provinces 10 radical pillars of transformation. However, the department is recommended to effectively monitor service delivery, since several complaints have been made about bread and supply shortages, as well as inadequate management of laundry services, which are significantly impacting service delivery.

**PROGRAMME 8: HEALTH FACILITY AND MANAGEMENT**

The purpose of this programme is to plan, provide and equip new facilities / assets and up-grade, rehabilitate, and maintain community health centers’, clinics, districts, provincial, specialized and academic hospitals including other related facilities. It is also responsible for providing a professional, cost effective and safe health technology service to all the health institutions and auxiliary services in the Gauteng Province; Licensing of compliant private health facilities and also to provide a security strategy and procedures to all institutions through support and leadership.

In this financial year, the allocation under this programme has been decreased by 2.9% from **R2 462 930 000 to R2 436 752 000** which constitutes 4.1% of the department’s budget. It is noted that the major portion of the budget for this programme is transferred to the Department of Infrastructure Development for major capital works programmes performed on behalf of the department.

The Committee is concerned with the decreased allocation in this programme, noting the number of infrastructure projects that have not been completed as per the desired target.

1. **OVERSIGHT ON FINANCIAL PERFORMANCE**

The Gauteng Department of Health received the second largest departmental budget in the province. The current budget is increased by 5.2% from **R56 505 266 000** to **R59 426 398 000** in the current year.

The equitable grant was increased by 4%, from R43 285 938 000 to R45 004 716 000. The Conditional Grant was increased by 9%, from R13 219 328 000 to R14 421 682 000, to promote fiscal consolidation and the implementation of the public sector wage agreement, while R1.6 billion was set aside to provide for a comprehensive health response to the COVID-19 epidemic. The response plan has set aside R1.1 billion of this sum to pay for COVID-19 employee retention.

In terms of economic classification, current payment increased to **R54 811 436 000** sharing 91,4% of the total adjusted budget. Goods and services were increased from **R18 748 142 000** to **R19 067 745 000.**

Compensation of employees decreased slightly from the adjusted budget of **R35 829 428 000** to **R35 743 691 000** to pay salaries for provision of 24 hours CHCs services as well as to strengthen mental health services.

In terms of capital assets, machinery and equipment got decreased from **R2 031 358 000** to **R1 572 110** 0**00**. Whilst buildings and other fixed structures increased from **R1 178 433 000** to **R1 335 920** **000**.

1. **RESOLUTIONS MANAGEMENT**

| **RESOLUTIONS MANAGEMENT** |
| --- |
| **RESOLUTIONS PASSED DURING THE LAST QUARTER** | **RESOLUTIONS / ACTION DUE DURING THE LAST QUARTER** | **RESOLUTIONS CLOSED** |
| ***Number of Resolutions passed during the last Quarter*** | ***Number of Resolution Responses / Action due in the last Quarter***  | ***From those due in the last Quarter, how many Resolutions are now closed*** |
| 14 | 14 | 0 |
| ***Nature of Resolutions*** | ***How many new and how many outstanding*** | ***Reasons for Resolutions not yet closed*** |
| Service Delivery – 10Internal Arrangement – 1Governance – 3 | 0  | Awaiting responses from the department |
| ***With respect to the Resolutions / Action due during last Quarter but still Open, what measures has the Committee taken to ensure speedy Closure of these Resolutions*** |
| Follow up of responses has been made through Proceedings Unit.  |

1. **FINDINGS, RECOMMENDATIONS, AND IMPLICATIONS ON LAW MAKING**
	1. **Committee Findings / Concerns**

The Committee is concerned with:

* + 1. The insourcing of cleaners and security personnel since this was budgeted for in 2020/21FY and 2021/22FY but was never implemented.
		2. The implementation of the health information system including the ICT infrastructure at various institutions.
		3. The revised planned performance measures for 2022/23FY EMS urban and rural, which have been extended from 15 minutes to 30 and 60 minutes.
		4. The decreased budget allocation under the Health Facilities Management programme, taking into consideration the delay in infrastructure projects and the targets that remain unachieved.
		5. The non-reporting on the awarding of procurement contracts to Township Enterprises.
	1. **Committee Recommendations**

The Committee recommends that the department should provide detailed reports by **30 June 2022** on the following:

* + 1. An update report on the insourcing of cleaners and security personnel.
		2. The impact of the extended planned performance on EMS urban and rural from 15 min to 30 and 60 min on ambulance waiting time.
		3. A report with timelines on the implementation of the Health Information System and ICT infrastructure at health institutions and the strategies in place to ensure that the current budget will improve the PACS in the CHCs.
		4. Plans to ensure that the allocated budget will be sufficient for all the infrastructure projects that are delayed to-date0
		5. The list of Township Enterprises that have been awarded procurement contracts to date and strategies in place to ensure that the current budget improves procurement of goods in the hospitals.

**11. ACKNOWLEDGEMENTS**

The Chairperson wishes to thank the MEC for Health, Hon Nomathemba Mokgethi and her team, led by the HOD, Dr Nomonde Nolutshungu, for the preparation of the Budget Vote 4 Report 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 role of the Committee Members of the Health Portfolio Committee for their dedication and commitment: B. Mabunda; B. Masuku; M. Letsie C. Mabala; J. Bloom; and A. Fuchs.

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

**12. ADOPTION**

In accordance with Rule 168, the Committee hereby recommends that the House adopt the Health Portfolio Committee Oversight report on the Adjusted Department of Health Budget Vote 4 report for 2022/23 FY, taking into consideration the concerns and proposed recommendations made in this report.