**No.206 - 2022: Fourth Session, Sixth Legislature**

**GAUTENG PROVINCIAL LEGISLATURE**

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**ANNOUNCEMENTS,**

**TABLINGS AND**

**COMMITTEE REPORTS**

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

Monday, 20 June 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 Fourth 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 Fourth 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** | **4th** | **Hon. MEC** | **MEC Nomathemba Mokgethi** |
| **Committee Approvals** | | | |
|  | **Name** | | **Date Considered by Committee** |
| **Hon. Chairperson** | Hon. Rebecca Phaladi-Digamela | | 20th June 2022 |
| **Adoption and Tabling** | | | |
| **Date of Final Adoption by Committee** | | | **Scheduled date of House Tabling** |
| **20th June 2022** | | | **21June 2022** |

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# 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 |
| 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 |

# 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 final appropriation budget for the department is **R59 625 510 000**. By the end of the fourth quarter the department spent **R57 049 136 000, (95.7%)** of theoverall appropriation budget. The committee is noting the overspending in administration of 168.2% as envisaged on the previous quarter performance that this programme will overspend and request for remedial action was further requested from the department in order to ensure that the programme remains within target. The committee is further noting the target performance of 53% by the end of the quarter under review which does not collate with the financial expenditure.  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 fourth quarter performance against performance targets reflected in the 2021/22 Financial Year Annual Performance Plan. The department has set 171 targets relevant to addressing performance on service delivery for the quarter under review. Of the set 171 targets, 92 has been achieved. The target performance is noted aligned with the expenditure for the quarter under review. The department is noted to have spent 95.7% and the target performance is 53% 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 at 168.2%,  Underspending is observed on the following programmes:  •District Health Services 94.0%  • Emergency Medical Services by 88.4%  Provincial Hospital Services by 96.5%,  Central Hospital Services by 97.1%  •Health Sciences and Training by 55.0%  •Healthcare Support Services by 93.7%  • Health Facility Management by 82.0% |
| ***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 168.2%, whilst Programme 2 underspent by 94.0%, programme 3 by 88.4%, programme 4 by 96.5%, programme 5 by 97.1%, programme 6 by 55.0%, programme 7 by 93.7% and programme 8 recorded under expenditure by 82.0%. |
| *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 |
| ***Financial Performance***  *An overall Summary of whether the Committee thinks the Department / Entity Financial Performance is sound and prudent* |
| The Department spent **R57 049 136 000**, (95.7%) of its allocated budget for 2021/22FY. The committee is noting concerning discrepancies in financial management of the department with the following programmes:   * Programme 1; Administration spent 168.2% of its expenditure for the year under review. Noting an over-expenditure of 68.2% due to accruals * Program 3; Emergency Medical Services spent 88.4% expenditure for the year under review. * Programme 6; Health Science and Training spent 55% expenditure for the year under review. * Programme 8; Health Facility Management spent 82% expenditure for the year under review.   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. However, by the end of 2021/22 FY the department is still reporting accruals which impact the spending in some programme. |
| ***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 on the following in quarter, there was no reporting on the quarter under review:  With religious leader and president Cyril Ramaphosa,  Hosted a webinar on understanding COVID-19 vaccine regime  Conducted a stakeholder engagement in Greenpark Clinic and in Westonaria |
| ***International Agreements***  *Overall Summary on Department / Entity implementation of relevant Internal Agreements / Treaties [Only if applicable] [Applicable only to OCPOL / OoP]* |
| N/A |
| ***GEYODI Empowerment***  *Overall Summary on Department / Entity achievement on actual GEYODI empowerment in communities* |
| 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. By the end of quarter 4 a total of 4768 youth empowered and employed. With 1656 medical interns, 63 pharmacy interns and 61 clinical physiologists.  Community service professionals were placed in the following categories: 811 nursing, 440 medical doctors, 43 clinical psychologists, 25 dentists, 54 dieticians, 101 radiotherapy, 35 environmental health practitioner, 84 occupational therapists, 85 pharmacist,94 physiotherapists and 67 speech and audiologists brining to a total of 1788 on a one-year fixed contract.  The total number of youths participants1200 in this programme, people living with disabilities is 92 which make up 7.6% exceeding the target. |
| ***Fiduciary Compliance***  *Overall Summary on Department / Entity Compliance with fiduciary requirements* |
| The Department was compliant with the fiduciary requirements. |
| ***Capacitated Department / Entity***  *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* |
| 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)***  *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.* |
| The number of hospitals compliant with OHS which is at 51.2% and further intervention is requested to ensure the full compliance in all facilities |
| ***Summary of Committee Findings***  *High level summary of Committee findings. Broadly, which aspects do they relate to* |
| 1. 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. 2. The accruals across programmes, the total amount of accrual and when will the payment of accruals be finalized? 3. The target performance versa-vie the financial performance. The committee is concerned as there is no proper alignment |
| ***Summary of Committee Recommendations***  *High level summary of Committee Recommendations. Broadly, which aspects do they relate to* |
| 1. The Department must continuously review and strengthen its spending pattern 2. The department to outline the plan and strategy on how to address the accruals 3. The department to ensure proper alignment of its financial performance against the target performance 4. The department ensure that there are measures in place to ensure full compliance with OHS regulation in hospitals |

# 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 4th quarterly performance report ensuring that by the end of the 4th quarter the department should have spent 100% of its overall appropriation adjusted budget allocation.

The report seeks to provide an overview of the 4th 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.

# PROCESS FOLLOWED

1. The Department’s fourth quarterly report was formally referred to the Portfolio Committee on the 03 May 2022 by the Speaker Ms LM Mekgwe for consideration, deliberation, and report. The Committee then embarked on an assessment and scrutiny of the 4th quarterly report for 2021/22 FY.
2. The Committee held a preparatory meeting on the 3rd of June 2022 where the Committee Researcher made a presentation on the analysis of the Department’s 2021/22 Fourth Quarterly Report.
3. In the same meeting, the Gauteng Department of Health led by the MEC Dr Nomathemba Mokgethi presented the Department’s Fourth Quarterly Report.
4. On the 20th of June 2022 the Committee considered, deliberated, and adopted the report.

# 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 53% of its targets in the quarter under review noting an improvement of 5% in target performance from the previous quarter.  Exceeded target on Patient Severity Assessment Code incident reported within 24hrs at 89.2% noting an improvement of 2% from previous quarter against the target of 75%, complaint resolution within 25 working days at 97.4% against the target of 97.2% noting an improvement in performance of 2.4% from the previous quarter, ideal clinic status obtained 92.4% against the set target of 90.2%, number of CHC’s providing 24hrs services is at 36% against the target of 36%, maternal mortality rate achieved at 44.3%, even though an annual target is not achieved the committee is noting a great improvement as compared to previous quarters, 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, immunization under 1 year coverage achieved at 93.7% against the set target of 90% |

# 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** |
| 171 targets |
| **Number of APP targets for this Quarter that have been achieved during this Quarter** |
| 92 targets were achieved. |
| **Percentage of APP targets for this Quarter that have been achieved during this Quarter** |
| 53% |
| **Percentage of APP achievement for the previous Quarter (for Comparison)** |
| 48% |
| **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 89.2% noting a decline of 2% from previous quarter against the target of 75%, complaint resolution within 25 working days at 97.4% against the target of 97.2% noting an improvement in performance of 2.4% from the previous quarter, ideal clinic status obtained 92.4% against the set target of 90.2%, number of CHC’s providing 24hrs services is at 36% against the target of 36%, maternal mortality rate achieved at 44.3%, even though an annual target is not achieved the committee is noting a great improvement as compared to previous quarters, 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, immunization under 1 year coverage achieved at 93.7% against the set target of 90%  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 number declining in the quarter under review, Percentage of CHCs implementing PACS, Percentage of CHC’s with Integrated Health Information system, Percentage of hospitals with Integrated Health Information systems, PHC with Functional Clinic Committees, 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 days, infants 1st PCR test positive at birth, severe acute malnutrition death under 5 years, 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 |
| **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 the pricing structure in which bid price might be too high or too low and incomplete tender documentation submitted resulting in disqualification.  Target not achieved on female SMS employees due to attrition challenges and continued declining numbers of female SMS members over time  Percentage of service providers' invoices without dispute paid within 30 days, late resolving of payment exceptions which are due to a variety of things such as invalid Purchase Order numbers, Price/Quantity differences in invoices and issues between Treasury and Vendors which delay payments.  The awarding for PACs, delays in acquisition of the infrastructure needed and protracted engagements with clinicians to finalize the solution configuration. The infrastructure has since been acquired.  Patients remaining on ART, the department reported that challenges are due to low case findings and clients lost from treatment and untraceable due to various reasons including relocations. The department will strengthen tracing strategies and data quality audits will be conducted.  On TB patients, this is due to patients lost to follow-up and demise during treatment. The department is currently conducting TB mortality audits and strengthening of lost to follow-up strategies. |
| **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. Such as strengthening of system and putting in more measure to mitigate the non-performance. |
| **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 1**0%** achievement of targets.  **Programme 2; District Health Services 54**% achievements of targets  **Programme 3; Emergency Medical Services 0%** achievements of targets  **Programme 4; Provincial Hospital Services** 88**%** achievements of targets  **Programme 5; Central Hospital Services 46**% achievements of targets  **Programme 6; Health Science and Training 100%** achievements of targets  **Programme 7; Healthcare support services 100**% achievements of targets  **Programme 8; Health Facilities Management** 32**%** achievements of targets |
| **Summarized information on any unplanned / emerging priorities reported on by the Department / Entity during the period under review** |
| None |
| **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 challenge  Accruals are still a major challenge further impacting on the budget expenditure of the department  Tracing of patients and patients lost to follow up is a challenge |

**3. OVERSIGHT ON DEPARTMENT / ENTITY PROJECT MANAGEMENT**

| **3.1 THE DETAILS ON [DEPARTMENT / ENTITY PROJECT MANAGEMENT** |
| --- |
| The completion of infrastructure projects timeously is still a challenge |

# 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 271 047 000 |
| **Actual amount (in Rands) spent by the Department / Entity only during the Q under review** |
| R13 589 670 000 |
| **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** |
| R57 049 136 000 |
| **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** |
| 95.7% |
| **An analysis of how the % budget expenditure compares with the % APP achievement** |
| The Department spent 95.7% of its adjusted appropriation budget allocation and 53% achievement of targets. There is no corelation 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 271 047 000** from the Vote 4 adjusted budget appropriation, with the department spending **R13 589 670 000** which makes the total percentage of 95.7% 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 2.5% on its overall appropriation budget. The budget appropriation is within target limit because ideal expenditure should have been 100% by the end of the 4th quarter.  **Programme 1; Administration** spent **R659 841 000** of the **R296 301 000** which was allocated for the quarter under review, marking an 168.2% expenditure. The over expenditure resulted from the previous year accruals.  **Programme 2; District Health Services** spent **R4 528 912 000** of the **R4 904 463 000** which was allocated for the quarter under review, marking a **94.0**% expenditure.  **Programme 3**; **Emergency Medical Services** spent **R377 712 000** of the **R360 420 000** which was allocated, marking 88.4% expenditure.  **Programme 4; Provincial Hospital Services** spent **R2 463 735 000** of the **R2 635 511 000** which was allocated, marking **96.5**% expenditure.  **Programme 5; Central Hospital Services** spent **R4 827 273 000** of the **R4 927 259 000** which was allocated, marking 97.1% expenditure.  **Programme 6; Health Science and Training** spent **R146 486 000** of the **R504 255 000** which was allocated marking 55% expenditure**.**  **Programme 7; Healthcare Support services** spent **R97 116 000** of the **R89 422 000** which was allocated, marking **93.7%** expenditure.  **Programme 8:** **Health Facilities Management** spent **R498 595 000** of the **R553 416 000** which was allocated marking **82%** expenditure. |
| **Mitigating measures by the Department / Entity to remedy over / under expenditure** |
| Department reported that, though some programmes reflected over-expenditure during the 4th quarter, the overall spending is within the target as funds were reprioritised during the adjustment budget. There are committed funds that will be rollover as they were not paid within the last payment run for 2021/22 FY  On Invoices paid within 30 days, the department will focus on interventions of the non-performing Health Institutions. The SWAT (Expediting) Team visits to institutions will be conducted to do handholding and training to resolve exceptions. Daily work cycles will be sent to the institutions and weekly web cycle report send as reminder to institutions. |
| **The Department / Entity’s achievement with respect to GEYODI responsive budgeting / procurement for the period under review** |
| The Department’s achievement with respect to GEYODI was as follows: Number of Women at trained 1521, total number of People Living with disabilities recruited and trained in the youth programme 92, which brings the percentage 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 9% in this category. Noting a decline from 12% 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 20.6% invoices within 30 days in the quarter under review. |
| **A summary for the period under review with respect to fruitless, wasteful, and irregular expenditure** |
| No reporting was provided |
| **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 further determination will be made during the annual report process |
| **A summary for the period under review with respect to spending on conditional grants (where applicable)** |
| On conditional grant Human Resource, Training & Development grant’s spending is at R1,4 billion or 96%. The grant has underspent on machinery and equipment due to delays within SCM processes however, the department has applied for a rollover of R33 million.  EPWP Integrated Grant for province; the total spending for the period under review on the grant, amounted to 92.8% or R2, 1 million of the total grant allocation, and underspending was due to the resignation of the contract workers and beneficiaries |
| **Program / Sub Programme level financial performance** |
| **Programme 1; Administration spent R659 841 000 of the R296 301 000 which was allocated for the quarter under review, marking an 168.2% expenditure. The over expenditure resulted from the previous year accruals.**  **Programme 2; District Health Services spent R4 528 912 000 of the R4 904 463 000 which was allocated for the quarter under review, marking a 94.0% expenditure.**  **Programme 3; Emergency Medical Services spent R377 712 000 of the R360 420 000 which was allocated, marking 88.4% expenditure.**  **Programme 4; Provincial Hospital Services spent R2 463 735 000 of the R2 635 511 000 which was allocated, marking 96.5% expenditure.**  **Programme 5; Central Hospital Services spent R4 827 273 000 of the R4 927 259 000 which was allocated, marking 97.1% expenditure.**  **Programme 6; Health Science and Training spent R146 486 000 of the R504 255 000 which was allocated marking 55% expenditure.**  **Programme 7; Healthcare Support services spent R97 116 000 of the R89 422 000 which was allocated, marking 93.7% expenditure.**  **Programme 8: Health Facilities Management spent R498 595 000 of the R553 416 000 which was allocated marking 82% 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** | **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** |
| 26 | The department has only responded to 11 resolutions on the Annual report 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 with interventions of proceedings and one report from the outstanding report has been submitted and had be analysed | |
| **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** | **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 | 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

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| --- |
| **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 in the quarter 3, no reporting in the current quarter. |
| **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 trained is at 1521, total number of People Living with disabilities recruited and trained in the youth programme 92, which brings the percentage to 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 9277 current vacancies |
| **Current vacancy rate** |
| 6% |
| **Current acting positions (at all Staff levels)** |
| 24 |
| **Terminations during the period under review** |
| 19 509 |
| **New appointments during the period under review** |
| 16 377 |
| **Detailed information on the GEYODI / HDI empowerment for the period under review** |
| The Department reported a Number of Women trained is at 1521, total number of People Living with disabilities recruited and trained in the youth programme 92, which brings the percentage to 7.6% exceeding the target and total youth participation in the development programme is 1200. |
| **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: All the targeted 33 CHCs have LAN Infrastructure installation to enable implementation of HIS and PACS  6 CHCs and 2 hospitals are currently implementing HIS and roll-out could not commence as planned during Q4 2021/22 FY. |

# 12 COMMITTEE FINDINGS / CONCERNS

| **12.1 DETAILED COMMITTEE FINDINGS / CONCERNS** |
| --- |
| 1. The Committee is concerned with a lack of provision breakdown on accruals that further impact on the overspending in programme 1 |
| 1. The Committee is concerned with the poor and declining performance in payment of invoices within 30 days further impacting on service rendered by suppliers |
| 1. Nonperformance by the department on patients remaining on ART treatment |
| 1. Continuous nonperformance on antenatal visit before 20 weeks and further impacting on Maternal mortality |

# 13 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 / Q4PR/ 001 | The department should provide a detailed breakdown report on accruals and detailed plans to address all outstanding accruals | Written Response | 29 July 2022 |
| COH / Q4PR / 002 | The department should provide mitigation plans in order to address the noncompliance in invoice payment within 30 days | Written Response | 29 July 2022 |
| COH / Q4PR / 003 | Department to provide detailed plans on patients tracing strategies and further improve data in order to ensure accuracy in data provided | Written Response | 29 July 2022 |
| COH / Q4PR / 004 | The department to provide detailed report on programme plans to educate and encourage women to present themselves before 20 weeks and further educate on implications thereof | Written Response | 29 July 2022 |

# 14. ACKNOWLEDGEMENTS

The Chairperson wishes to thank the Hon. MEC for Health, Dr Nomathemba Mokgethi and her team, for the preparation of the Fourth 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, Nicola Du Plessis, A Fuchs and A Alberts.

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 Fourth 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.