No.0466 - 2023: Fifth Session, Sixth Legislature

**GAUTENG PROVINCIAL LEGISLATURE**

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**ANNOUNCEMENTS,**

**TABLINGS AND**

**COMMITTEE REPORTS**

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

Tuesday, 05 December 2023

# ANNOUNCEMENTS

none

# TABLINGS

none

**COMMITTEE REPORTS**

**1. The Chairperson of the Health and Wellness Portfolio Committee, Dr. M R Phaladi-Digamela, tabled the Committee’s Oversight Report on** **the Annual Report of the Department of Health and Wellness incl. Entity for the 2022/2023 financial year, as attached:**

**COMMITTEE OVERSIGHT REPORT ON THE GAUTENG DEPARTMENT OF HEALTH AND WELLNESS FOR THE 2022/23 FINANCIAL YEAR**

| **Committee Details** | **Department Details** |
| --- | --- |
| **Name of Committee** | **Health and Wellness** | **Name of Department** | **Gauteng Department of Health and Wellness and Wellness** |
| **Financial Year** | **2022/23 FY** | **Dept. Budget Vote Nr.** | **4** |
|  |  | **Hon. MEC** | **Nomantu Nkomo-Ralehoko** |
| **Committee Approvals** |
|  | **Name** | **Signed** | **Date** |
| **Hon. Chairperson** | **Dr. Rebecca Phaladi -Digamela** |  |  |
| **Adoption and Tabling** |
| **Date of Final Adoption by Committee**  | **Scheduled date of House Tabling** |
| **29 November 2023** | **06 December 2023** |

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# ABBREVIATIONS

|  |  |
| --- | --- |
| **Abbreviation** | **Full Wording** |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Classes |
| 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 |
| EML | Essential Medicines List |
| FY | Financial Year |
| GSSC  | Gauteng Shared Services Centre |
| GPA  | Gauteng Programmeme of Action |
| GDH  | Gauteng Department of Health and Wellness |
| HAART | Highly Active Antiretroviral Treatment |
| HAST | HIV and AIDS, STIs and TB |
| 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 and Wellness |
| NHLS | National Health Laboratory Service |
| NSDA  | Negotiated Service Delivery Agreement |
| NIMART  | Nurse initiated Antiretroviral Therapy |
| NRP | Nurse Resuscitation Programme |
| NSP | National Strategic Plans |
| OSD | Occupational Specific Dispensation |
| PFMA | Public Finance Management Act |
| PEP | Post Exposure Prophylaxis |
| PFMA  | Public Finance Management Act |
| PHC | Primary Health Care |
| PMTCT | Prevention of Mother to Child Transmission |
| QHP | Quality Health care Programmes |
| SALGA | South African Local Government Association |
| STP  | Strategic Transformation Plan |
| STIs | Sexual Transmitted Infections |
| TB  | Tuberculosis |
| XDR | Extreme Drug Resistance |
| WBOT | Ward Based Outreach Teams |

**06 November 2023**

The Hon. Chairperson of the Health Portfolio Committee, Dr. R Phaladi - Digamela tables the Committee’s oversight report on the Gauteng Department of Health and Wellness’s Annual Report for the 2022/23 FY as follows:

# EXECUTIVE SUMMARY

The Portfolio Committee on Health presents its Annual Oversight Report on the performance of the Gauteng Department of Health and Wellness for the 2022/23 financial year. The Committee evaluated the Department's performance in relation to their strategic outcome-oriented goals. The Auditor General's report was critical in determining whether the department is accountable for the resources allocated during the 2022/23 fiscal year.

The Department was allocated a total appropriation of **R61, 351, 556, 000** for the financial year under review, but only spent **R58, 639, 740, 000 (95.6%)** of that amount. This represents a **4.4%** under expenditure of **R2, 711, 816, 000** which is a slight increase from **R 2, 576,375,000** in the 2021/22FY under expenditure. All of the department's programs reflect under expenditure, which is reported in rand value as follows: Administration by **R743, 000,** District Health Services by **R1, 227, 987, 000;** Emergency Medical Services by **R159, 000**; Provincial Hospital Services by **R62, 527, 000**; Tertiary Hospital Services by **R496, 462,** **000**; Health Science and Training by **R365, 194, 000;** Health Care support by **R164, 000** and Health Facility Management by **R558, 580, 000**. The department faces multiple challenges, thus the underspending found is concerning. The Committee believes that these funds may have been better utilized to address some of the challenges being faced by the department in order to enrich the provision of the healthcare services.

The Committee acknowledges the Auditor General's unqualified audit report for the year under review, however it expresses concern regarding the matters of emphasis. The issues of emphasis are comparable to those identified in 2020/21, as well as 2021/22FY thus symbolising that less remedial actions were put in place by the department to prevent the occurrence of such matters.

Some of the goods and services of a transaction value of R1 000 000 were procured without inviting competitive bids, increased from the amount of R500 000 reported in the previous year. Irregular expenditure for the financial year under review totalled R2 279 551 000, a minor reduction from R2, 570, 827, 000 reported in 2021/2022FY.

The AG's report revealed that the department's SCM Policy did not address procurement or did not address it to the minimum extent mandated by the PFMA Instruction note 3 of 2021/22 paras. 4.3 and 4.4; further noting that the department awarded contracts to some bidders who did not score the highest points in the evaluation process. The Committee is particularly concerned about the department's procurement and contract management processes as a result of these findings.

The absence of accurate and comprehensive records prevented the AG from obtaining sufficient appropriate audit evidence to support the declared achievements of several of the indicators pertaining to the District Health Services, Provincial hospital services and health facilities management programs. This could be attributed to the non-implementation of the long outstanding integrated Health Information System that should have been affected approximately five years ago which is also crucial in the implementation of the National Health Insurance (NHI). The Committee implores the department to develop innovative plans that will guarantee the full adoption of Health Information System (HIS)
and Picture Archiving and Communication System (PACS) in institutions.

The Committee is also concerned that the department did not accomplish some of its fundamental goals during the financial year that is under consideration. These include:

* The percentage of service providers without dispute and paid within 30 days, which was 35%, falling short of the intended objective of 80%.
* Liabilities of R18.2 billion, a modest reduction over the previous year's liabilities of R24 billion rands.
* Noncompliance with the Occupational Health and Safety (OHS) regulations by all 37 hospitals.
* Unachieved targets at 0% under Health Facilities Management Programme.
* A spending of almost 100% under Administration Programme and yet 1 target was achieved out of 11 targets.
* Underspending under Programme 6 due to delayed claims for the South African Cuban Doctors’ programme from the National Department of Health.

Despite the challenges as stated above, the Committee notes the following highlighted key achievements of the department in the year under review:

* Two additional Clinics, Ennerdale Extension 8 and Lenasia Extension 5 started providing 24 hours emergency services bringing the total CHCs operating 24-hours to 38.
* The enrolment of clients into the CCMDD programme improved by 10% from 1 085 232 in 2021/22 to 1 196 422 in 2022/23
* The total number of HIV tests done increased by 6% from 5 014 704 during 2021/22 to 5 312 638 during 2022/23
* ANC 1st visits increased by 2.4 percentage points from 66.8% during 2021/22 to 69.2% during 2022/23
* Undergraduate Nursing students improved by 38% from 400 during 2021/22 to 550 during 2022/23
* The ideal clinic status rate increased by 4.9 percentage points from 92.4% during 2021/22 to 97.3% during 2022/23
* Infant 1st PCR test positive around 10 weeks declined by 0.09 percentage points from 0.6% in 2021/22 to 0.51% in 2022/23
* Nutritional needs of under 5-year children were well taken care of with more than 1.3 million children given Vitamin A Dose with a coverage of 64.8%
* 5% (232) of the 4 597 total beds were allocated to mental health offering acute ill mental health assessment with 72 hours in Regional Hospitals and the annual target of 5% was reached.
* The percentage of vital medicines increased by 1.2 percentage points from 96% during 2021/22 to 97.2% during 2022/23
* The Diarrhoel case fatality rate was at 1.9% and was kept below the 2022/23 threshold of below 2.5%

# INTRODUCTION

The report aims to assist the Portfolio Committee on Health to evaluate the Gauteng Department of Health and Wellness’s performance in achieving the 2022/23 FY National and Provincial priorities. It further seeks to establish any congruence between the Departments’ expenditure patterns on Programs and sub-Programs against their Annual Performance Plan, and to assess the sustainability of some of the Programs.

The Committee utilised the Sector Oversight Model (SOM) methodology to analyse and evaluate the Programs and sub-Programs, and also to determine the efficiency and effectiveness of the Gauteng Health Care System. The report puts emphasis on the following reporting tools:

* Policy priorities (checking the relationship between the expenditure and the achievement objectives)
* Inputs (budget and other resources)
* Outputs (achievement measured against the target)
* Outcomes (achievement measured against the priorities)

**The following documents were considered during the consolidation of the annual report:**

* Annual Reports of the Health Department 2020/21FY and 2022/23FY
* The Budget Statement 2022/23 FY
* House Resolutions for 2022/23 FY

**Department Core Mandate**

The core mandate of the Department of Health and Wellness 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 organisation and to provide an integrated services and Programmes that promote and protect the health, quality and sustainable livelihood of poor vulnerable and marginalised groups in society.

# PROCESS FOLLOWED

* + 1. On Wednesday, 31 August 2023, the Speaker formally referred the Gauteng Department of Health and Wellness’s Annual report for 2022/23 Financial Year to the Committee in terms of Rule 153 of the Gauteng Provincial Legislature for consideration and reporting.
		2. On Thursday, 02 November 2023, the Researcher presented the analysis of the Annual report of the Gauteng Department of Health and Wellness for 2022/23 Financial Year to the Committee.
		3. On Thursday, 09 November 2023 the Gauteng Department of Health and Wellness presented the Annual Report for 2022/23 Financial Year.
		4. On Thursday, 30 November 2023, the Portfolio Committee for Health considered and adopted its Oversight Report on the Department of Health and Wellness for the 2022/23 FY.

# OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF STRATEGIC PRIORITIES

The Department envisages improving health through the right of people; skills; systems; and equipment. It is noted that to achieve good health and wellbeing, the Department should highlight values that shape health care delivery. These values include patient centred; accountability; transparency; efficiency; and patriotism, integrity, purposefulness, passion, and activism. These values are enshrined within the National Development Plan (NDP) to enhance radical economic transformation; modernisation of the health care system; and re-industrialisation of the health sector.

**2.1. National Priorities**

It is noted that the Department is committing to continue improving, the health status of the citizens of Gauteng through improved quality of health, secured better value for money, effective and efficient organisation as well as provision of integrated services and programmes; “*to promote health and happiness”* as a Sustainable Development Goal (SDG’s) 2030 for the poor, vulnerable and marginalised groups in the society.

**2.2. Provincial Priorities**

According to the Department, in delivering the provincial priority, “*Education, Skills Revolution and Health”*, the following mission has directed priorities to inform outcomes of the results-based Gauteng Department of Health 2020/21 – 2024/25 Strategic Plan and the 2022/23 Annual Performance Plan (APP) towards the achievement of the Gauteng Provincial Government Priorities:

* National Health Insurance (NHI) implementation,
* Improved patient experience of care,
* Improved clinical services,
* Strengthened public health literacy and health promotion,
* Strengthened governance and Leadership, and
* Economic empowerment and job creation.

**2.3. Departmental Goals**

Improvement of governance and leadership in the Department has been a special priority for the year under review alongside the provision of quality of health care. Transforming the health care system, improving the quality, safety and coverage of health services provided, focusing on primary health care, strengthening public health education and health promotion, and ensuring a responsive, innovative and digitally enabled health system.

* 1. **National Development Plan**

The mandate of the department is to plan, implement, monitor, and evaluate health care services based on the requirements of the NDP and SDGs. These are achieved through reshaping governance and stewardship; modernise information and performance management systems. Information gained throughout the path of development, is used to make decisions regarding policy improvement and development.

# 2 OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF APP TARGETS

**2.1 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 Department’s strategic goals in respect of Administration are as follows:

* Improved client satisfaction rates
* Improved achievement against the norms for health professionals
* Employment equity and diversity management

In the year under review, the department successfully achieved the target of budget spent on township enterprises against identified commodities. The Committee welcomes the fact that more than R2 billion was spent on procuring from township enterprises including preferential procurement during the 2022/23FY. In the meanwhile, the Committee notes with concern regarding the overcommitment on goods and services caused by the medicolegal payments and the settlement of previous accruals resulting in overcommitment on goods and services. As a result, 35% out of 80% of service provider invoices without disputes were not paid within 30 days. To avoid such occurrences in the future, the department is urged to speed up the formulation of the legal intervention strategy that should deal with medicolegal claims.

The target on percentage of hospitals compliant with occupational health and safety regulations is noted to not achieved at 0% for all 37 hospitals. Further, 10 out of 16 hospitals implemented the lean management system, whilst 0% of CHCs are implementing the Picture Archiving and Communication system. The conclusion of the Picture Archiving Communications System (PACS) was a significant milestone in preparation to digitise radiology services within the 24-hour CHC environment. The said solution will also be utilised to augment radiology services across hospitals not having a digital radiology solution. The Committee request a report with timelines on the commencement of both the health information system and the PACS in CHCs as well as a plan with timelines on ensuring compliance with OHS regulations in all 37 hospitals.

**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 Programs including the nutrition services.

The Department’s strategic goals in respect of District Health services are to reduce:

* Preventable causes of martenal deaths
* Infant and child mortality
* Malnutrition in children
* Referrals for specialised psychiatric care
* Increase mobility among people with disabilities
* New HIV infections on youth and adults through increased safe sex behaviours
* New HIV infections in babies, increase MMC amongst youth
* Deaths from TB through effective treatment.
* Death from AIDS through appropriate treatment, care and support for 80% of people living with HIV.
* Facilitate normal phychosocia; development of orphans and valnurable children including children affected by AIDS.
* Increase partnerships on HIV and AIDS, Improve client satistafction rate
* Increase level of effeciency in PHC facilities.

**Sub Programme 1: District Management and Primary Health Care**

The Committee notes the establishment of neurodevelopmental clinics in West Rand, these clinics will see all children with neurodevelopmental problems with an emphasis on children with cerebral palsy. Further to this achievement, the department has introduced sonar services at CHCs and District Hospitals in Tshwane District for early pregnancy diagnoses. The committee urges the department to extend this service to all districts within the province.

**Sub Programme 2: District Hospitals**

The Committee noted that child under 5 years diarrhoea case fatality rate, the target was <2.2% (29/1300) and recorded an achievement of 1.3% (23/1813). Child under 5 years pneumonia case fatality rate was not achieved at 0.6% (17/2670) against the set target of <1.3% (12/900). The Department should intensify its efforts to reduce the number of under 5 years children dying due to pneumonia cases.

Patients experience if care satisfaction rate was not achieved at 82.7% against the set target of 90.4%, whilst percentage of hospitals with functional hospital boards target was not achieved at 91.7% against 100% of hospitals. This was noted to be due to Carletonville Hospital who did not have a functional board as a result of the resignation of two initially appointed members.

**Sub Programme 3: HIV and AIDS, STI and TB Control**

Both ART adults remaining on ART at the end of the period and child remaining on ART at the end of the period were not met because the program lost contact with clients receiving ART treatment. Tracing efforts were futile due to false addresses, being inaccessible on mobile phones, relocations, failure to present at facilities, and deaths. ART Child viral load suppressed rate (12months) was also not achieved at 58.8% against the set target of 90% due to non-adherence to treatment as well as psychosocial problems which also affected non-disclosure especially in older children. The department reported that corrective measures are being implemented to remedy this under performance.

**Sub Programme 4: Maternal, Child and Women’s Health and Nutrition**

Maternal mortality in facility ratio target was not reached as a result of late presentation, unbooked pregnancies, illegal terminations of pregnancy hypertension in pregnancy as some of the leading causes of maternal deaths. The target was set at less than 116 however the actual achievement was 118.5 maternal deaths. The department is encouraged to strengthen the outreach programmes, that should assist with issues of late presentation, illegal terminations etc.

The target on couple year protection was not achieved due to shortage of contraceptives and condoms. The underperformance was exacerbated by task shifting amongst dedicated staff to focus on a measles outbreak investigation towards the end of 2022. The Committee notes that districts are awaiting delivery of injectable contraceptives and condoms from province. Marketing of alternative contraceptives while awaiting supplier issues to be resolved, as well as promotion of alternative contraceptives methods whilst awaiting finalization of the procurement processes will be conducted.

Immunisation coverage for children under one year was not maintained above the national target of 90%. The department achieved 84% against the set target of 90% on immunisation under 1 year, and Measles 2nd dose coverage at 84% against the set target of 88, due to lack of tracing and tracking of patients. The department is urged to strengthen its tracing methods so that this situation is improved.

**Sub Programme 5: Disease Prevention and Control**

Under this sub programme, the Malaria case fatality rate was not achieved at 1.1% against the set target of less than 0.8%. This is also attributed to late presentation in facities. The department continues with health education to communities and in various facilities, also through loud hailing and door to door communication.

**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.

EMS P1 urban response under 30 minutes rate, the target was 84% the actual achievement was 51.8%. The target was not achieved due to infrastructure and footprint limitations in districts, huma resource shortages, attacks on paramedics affecting operational capacity due to prolonged psychological injuries, as well as service delivery protests which affect or delay response times. The Department is urged to provide a plan on how it will deal with these challenges going forward.

EMS P1 rural response under 60 minutes rate, the target was not achieved at 81.8% against the set target of 100% (170/170). The Committee requests the department to provide an explanation on the measures to improve the response time of EMS in rural areas and the trends learnt from this for future improvement in these areas.

**PROGRAMME 4 – PROVINCIAL HOSPITALS**

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

**Sub Programme 1: Regional Hospitals**

The Committee notes that death under 5 years against live births was not achieved at 1478 deaths against the set target of less than 1460. The deaths were largely due to sepsis, post-partum haemorrhage, pulmonary oedema/ embolus, acute respiratory distress syndrome and cardio-respiratory arrest. The department is urged to strengthen health education support at referral facilities so that early danger signs can be detected.

**Sub Programme 2: Specialised Hospitals**

In specialised hospitals patients experience of care satisfaction rate was not met, the response from the health care users surveyed showed that they were not satisfied with patient safety and staff attitudes. Further complaints resolution within 25 working days rate was also not met at 90.4% against the 100% target rate. The department is requested to find ways of dealing with the reported patient safety and staff attitude as specialised hospitals.

**PROGRAMME 5: TERTIARY HOSPITALS**

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. There are four Tertiary hospitals that provide specialised treatment and academic training in Gauteng: Chris Hani Baragwanath Academic, Charlotte Maxeke, George Mukhari and Steve Biko Academic.

Three central hospitals attained Ideal Hospital status in the financial year 2021–2022. Due to the fire in April 2021, Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) was not evaluated. Delays in the resolution of complaints have included, among other things, the absence of complainants because they could not be located for redress meetings, clients preferring meetings with senior staff members, human resource limitations, and a lack of trainings on reporting and resolving complaints. Charlotte Maxeke Hospital was unable to settle complaints within the allotted 25 working days because they were reported when the hospital was shut down due to a fire.

The Committee notes that patients experience of care satisfaction rate was not achieved at 73.1% against the set target of 86.3%. The areas that contributed to underperformance were availability of medicines, cleanliness, waiting times and access to care. The Committee requests the department to provide a plan on how it intends to ensure that patients complaints are improved as well as the retraining of staff personnel so as to improve staff attitude etc.

All four central hospitals were assessed for Ideal hospitals and were found to be not in a satisfactory status. Therefore, the target was unachieved at 0% against the set target of 75%. The department reported that all hospitals had gaps on the NNV elements because the Emergency Trolley was not stocked with medicines and equipment. This was due to expired medication found on the trolley. This matter is concerning to the Committee since obtaining an Ideal status is a vital element for the implementation of the NHI. Therefore the department is urged to ensure improvement of challenges that hinder the hospitals from obtaining the Ideal status.

**PROGRAMME 6: HEALTH SCIENCE 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 GDOHW 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 Programme

An average employee satisfaction rate of 63% was achieved during the reporting year. This exceeded the intended goal of 60%. The enrolment rate for undergraduate programs is considered to be on track at 69% (550/800).

**PROGRAMME 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.

The set target of 96% of Essential medicines availability is not being achieved at 95.2% due to network challenges experienced which negatively affected reporting as well as the wage strike by Unions from December 2022 to March 2023 affecting deliveries and staff attendance at institutions. The Committee encourages the department to ensure that service providers are held to task in instances wherein they are found to be not meeting the contractual obligations of delivery.

The CCMDD Programme has registered to date over 1 196 422 patients onto the programme. According to the department, this is performance is attributed to better management of contracts, and any institutions that fall short of the provincial target will be notified, and mitigation actions to improve their performance will be established. The buyout procedure for non-contract items will continue, and further, suppliers who fail to meet contractual obligations will continue to face penalties. Additional storage spaces for district pharmacies will also be identified.

**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 to provide a security strategy and procedures to all institutions through support and leadership.

Under this program, none of the five indicators were met. There were no new hospitals or clinics established during the reporting year, and only one clinic was finished, with no major refurbishments or rebuilds. As a result, the Committee requires that the department submit a full report on how the funding was spent when all targets were not met.

The Committee notes with concern that no targets were achieved under this programme, this is the same performance that was reported in the year 2021/22. The department is requested to furnish the Committee with a report on consequence management related to incomplete capital infrastructure from the previous year to date.

The Committee further notes the backlog on maintenance of health facilities and a lack of budget to address this challenge. The department is therefore requested to critically evaluate the capacity, skills and expertise required in order to deal with infrastructure.

# 3 OVERSIGHT ON DEPARTMENT / ENTITY PROJECT MANAGEMENT

**3.1 DETAILS ON/DEPARTMENT PROJECT MANAGEMENT**

The Committee expressed concern that the Department is behind schedule on various projects, particularly those related to infrastructure, for a variety of reasons, some of which can be ascribed to a lack of intergovernmental ties in the execution of these projects. The Committee advised that the Department handle infrastructure projects internally, as they already have an Infrastructure Development department inside the Department, and this would eliminate never-ending projects year after year.

**3.2 OVERSIGHT ON PERFORMANCE VERIFICATION AND PORTFOLIO OF EVIDENCE**

NIL

# 5. OVERSIGHT ON DEPARTMENT FINANCIAL PERFORMANCE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program** | **Main appropriation 2021/22FY****R’000** | **Adjusted budget 2021/22FY****R’000** | **% 2021/22FY Expenditure** | **Main appropriation 2022/23FY****R’000** | **Adjusted budget 2022/23FY.****R’000** | **% 2022/23FY Expenditure** |
| **Administration** | 2 341 848 | 2 173 192 | 92,8% | 1 826 399 | 1 825 656 | 100,0% |
| **DHS** | 19 875 921 | 19 251 444 | 96,9% | 20 722 290 | 19 494 302 | 94,1% |
| **EMS** | 1 577 705 | 1 431 692 | 90,7% | 2 011 100 | 2 010 941 | 100,0% |
| **Provincial hospitals** | 11 081 898 | 10 697 214 | 96,5% | 11 144 958 | 11 082 431 | 99,4% |
| **Central hospitals** | 20 708 734 | 20 331 657 | 98,2% | 21 981 884 | 21 485 422 | 97,7% |
| **Health Science Training** | 1 182 600 | 706 868 | 59,8% | 1 003 410 | 638 217 | 63,6% |
| **Health Care Support** | 393 874 | 388 833 | 98,7% | 437 466 | 437 302 | 100,0% |
| **Health facility Management** | 2 462 930 | 2 068 235 | 84,0% | 2 224 049 | 1 665 469 | 74,9% |
| **Total** | **59 625 510** | **57 049 135** | **95,7%** | **61 351 556** | **58 639 740** | **95,6%** |

The Department was allocated a total appropriation of **R61, 351, 556, 000** for the financial year under review, but only spent **R58, 639, 740, 000** (95.6%) of that amount. This represents a 4.4% under expenditure of **R2, 711, 816, 000** which is a slight increase from **R 2, 576,375,000** in the 2021/22FY under expenditure. Even if underspending is below the 5% as permitted by the PMFA and Treasury regulations, it is noted that this is becoming a trend as also noted in the previous financial year.

The Committee observes that salaries accounted for R36 542 650 000 (60.1%) of total Vote 4 expenditure in the last financial year under consideration. R18 291 596 000 (30% of the total budget) was spent on goods and services. This means that 9.9% of Vote 4 funds were allocated to projects in provinces and municipalities, as well as construction and other fixed structures.

The department incurred irregular and wasteful expenditures totaling R2 279 551 000 in the financial year under review, compared to R2 587 844 000 the previous year. Debts written off included supplier and former employee debt, totaling R12 509 000 in the reviewed year as opposed to R1 672 000 in the prior year.

# 6 OVERSIGHT ON DEPARTMENT / ENTITY RESOLUTIONS AND PETITIONS MANAGEMENT

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| --- |
| **6.1 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** |
| 3 | 0 |
| **What is the Committees perception of the Quality and Timeliness of Department / Entity responses to Committee Resolutions** |
| The Department does provide responses that bear quality and is often late in responding.  |
| **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]** |
| NIL |

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| **6.2 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 any and all Petitions that were due in the Quarter under review, how many Petitions have been successfully responded to by the Department / Entity** |
| There were no petitions for the quarter under review | None |
| **What is the Committees perception of the Quality and Timeliness of Department / Entity responses to referred Petitions** |
| There is great improvement on both quality and timelines as compared to the previous quarters |
| **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]** |
| **No reasons provided as there were no outstanding petitions** |

# 7 OVERSIGHT ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENT

The Portfolio Committee held a public meeting wherein the department presented the Annual Report for 2022/23FY as follows:

* Thursday, 09 November 2023: One (1) Public Meeting in Vereeniging City Hall where the Committee dealt with the presentation of the department’s Annual Report for 2022/23 FY.

# 8 OVERSIGHT ON INTERNATIONAL TREATISE / AGREEMENTS

NIL

# OVERSIGHT ON DEPARTMENT / ENTITY GEYODI EMPOWERMENT

In terms of women empowerment, 38 out of 89 of the senior staff establishment was occupied by women at senior management positions during 2022/23. Further, there are 1248 People with Disabilities employed in the department.

The department participated in the Tshepo 1 million job creation programme, the provincial strategy for job creation and empowerment of unemployed youth. It contributes to the programme by ensuring that unemployed youth have access to bursaries as a production pipeline to create job opportunities in the health sciences; internship programmes; and community service and learnership programmes. These programmes aim to empower youth to become employable and, in some instances, provide direct employment through medical and clinical internships and community service.

# 10 OVERSIGHT ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS

NIL

# 11 OVERSIGHT ON A CAPACITATED PUBLIC SERVICE

**NIL**

# 12 OVERSIGHT ON ANY OTHER COMMITTEE FOCUS AREA

NIL

# 13 COMMITTEE FINDINGS / CONCERNS

| * 1. **DETAILED COMMITTEE FINDINGS / CONCERNS**
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| * + 1. The under expenditure that has occurred on all eight programmes of the department as was the case in 2021/22FY.
		2. Programme 1 having spent R825 656 000 whilst only one target was achieved out of the eleven (11) targets.
		3. The non-adherence to SCM procedures through goods and services of a transaction value above R1 000 000 being procured without inviting competitive bids as required by the Treasury Regulations.
		4. Irregular and fruitless expenditure amounting to R2, 279, 551, 000.
		5. Procurement and deviation processes not being provided for in the departments SCM Policy.
		6. The unachieved target on percentage of service providers without dispute and paid within 30 days which was at 35%.
		7. The unachieved target on the Picture Archiving Communication System at 0 out of the 33 planned CHC facilities.
		8. The unachieved target for EMS P1 urban response under 30 minutes and P1 rural response under 60 minutes rate.
		9. The noncompliance of all 37 hospital compliance with Occupational Health and Safety regulations.
		10. The failure for all 4 central hospitals to meet the requirements of the Ideal Status.
		11. The non-achievement of all 3 targets under the Health Facilities Management Programme.
		12. The backlog on the maintenance of health facilities and a lack of budget to address this challenge.
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# 14 PROPOSED COMMITTEE RECOMMENDATIONS

| **14.1 [DETAILED COMMITTEE RECOMMENDATIONS]** |
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| **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** |
| 14.1.1 | A comprehensive plan to ensure proper spending in alignment with the set targets across all programmes of the department. | Comprehensive Plan | 31 January 2024 |
| 14.1.2 | A detailed report on Programme 1 expenditure and reasons for the unachieved 11 targets. | Detailed Report  | 31 January 2024 |
| 14.1.3 | A follow up report on consequence management effected to persons responsible for the non-adherence with SCM policies and procedures when procuring goods as required by the Treasury Regulations. | Report | 31 January 2024 |
| 14.1.4 | A plan on how to lessen the irregular, fruitless and wasteful expenditures going forward. | Plan | 31 January 2024 |
| 14.1.5 | Plans to revise the SCM Policy so that its inclusive of procurement and deviation processes | Comprehensive Plan | 31 January 2024 |
| 14.1.6 | Plans to be put in place to so that service providers are paid within the required 30 days. | Comprehensive Plan | 31 January 2024 |
| 14.1.7 | A comprehensive strategy on the implementation of the Picture Archiving and Communications System in CHC Facilities.  | Strategy | 31 January 2024 |
| 14.1.8 | A plan to mitigate against the challenge of underperformance on EMS P1 urban response under 30 minutes and rural response under 60 minutes rate. | Comprehensive Plan  | 31 January 2024 |
| 14.1.9 | A detailed strategy that seeks to remedy the non-compliance of all hospitals with OHS regulations.  | Strategy | 31 January 2024 |
| 14.1.10 | A detailed plan to ensure that all 4 central hospitals meet the requirements of the Ideal Status. | Strategy | 31 January 2024 |
| 14.1.11 | A full report on how the funding on Health Facilities Management Programme was spent when all targets were not met. | Comprehensive Report | 31 January 2024 |
| 14.1.12 | A critical evaluation on the capacity, skills and expertise required in order to deal with infrastructure and maintenance in facilities. | Comprehensive Plan | 31 January 2024 |

# 15 ACKNOWLEDGEMENTS

The Chairperson wishes to thank the Hon. MEC for Health, Nomantu Nkomo-Ralehoko and her team, led by the AHOD, Mr. Arnold Lesiba Malotana, for the preparation of the Annual 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: M. Letsie, M. Mfikoe, R. Mogale, M. Kanyane J. Bloom, N. DuPlesis, A. Fuchs, N. Radebe, B. Makhene and A. Alberts.

Finally, I would like to acknowledge the support staff: Group Committee Co-ordinator Z Pantshwa-Mbalo; Senior Researcher Dr. S Mneweli; Senior Committee Coordinator, Ms N Ngidi; Researcher Dr. MD Mokonoto; the Committee Coordinator, Ms N August; Committee Administrator, Ms T Msomi, Mr I Ngcobo, Service Officer, Mr W Sibande, Information Officer, Mr Abe Mokoka, Communications Officer and Hansard staff, Mr M Makwela.

# 16 ADOPTION

In accordance with Rule 117 (2) (c) read together with Rule 164, the Health Portfolio Committee recommends that the Annual oversight report on the Department of Health and Wellness for the 2022/23 financial year be adopted by the House, taking into account Committee’s concerns and proposed recommendations made in this report.