No.0461 - 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 Second Quarterly Report of the Department of Health and Wellness incl. Entity for the 2023/2024 financial year, as attached:**

**COMMITTEES QUARTER OVERSIGHT REPORT ON DEPARTMENT / ENTITY PERFORMANCE**

**Portfolio Committee on Health Committee and Wellness Oversight Report on the Second quarterly Report of the Department of Health for the 2023/24 Financial Year**

| **Committee Details** | | **Department / Entity Details** | |
| --- | --- | --- | --- |
| **Name of Committee** | **Health & Wellness Committee** | **Name of Department / Entity** | **Department of Health & Wellness** |
| **Which Financial Year** | **2023/24** | **Dept. Budget Vote Nr.** | **4** |
| **Which Quarter** | **2nd** | **Hon. MEC** | **MEC Nobantu Nkomo-Ralehoko** |
| **Committee Approvals** | | | |
|  | **Name** | | **Date Considered by Committee** |
| **Hon. Chairperson** | Hon. Rebecca Phaladi-Digamela | | 30 November 2023 |
| **Adoption and Tabling** | | | |
| **Date of Final Adoption by Committee** | | | **Scheduled date of House Tabling** |
| **30 November 2023** | | | **06 December 2023** |

Contents

[i. ABBREVIATIONS 4](#_Toc73627800)

[ii. SUMMARY 5](#_Toc73627801)

[iii. INTRODUCTION 10](#_Toc73627802)

[iv. PROCESS FOLLOWED 11](#_Toc73627803)

[1. OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF STRATEGIC PRIORITIES 12](#_Toc73627804)

[2 OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF APP TARGETS 14](#_Toc73627805)

[**3.** **OVERSIGHT ON DEPARTMENT / ENTITY PROJECT MANAGEMENT** 15](#_Toc73627806)

[4 OVERSIGHT ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE 16](#_Toc73627807)

[5 OVERSIGHT ON DEPARTMENT / ENTITY RESOLUTIONS AND PETITIONS MANAGEMENT 18](#_Toc73627808)

[6 OVERSIGHT ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENT 19](#_Toc73627809)

[7. OVERSIGHT ON INTERNATIONAL TREATISE / AGREEMENTS 20](#_Toc73627810)

[8 OVERSIGHT ON DEPARTMENT / ENTITY GEYODI EMPOWERMENT 20](#_Toc73627811)

[9. OVERSIGHT ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS 20](#_Toc73627812)

[10 OVERSIGHT ON A CAPACITATED PUBLIC SERVICE 21](#_Toc73627813)

[11 OVERSIGHT ON ANY OTHER COMMITTEE FOCUS AREA 22](#_Toc73627814)

[12 COMMITTEE FINDINGS / CONCERNS 22](#_Toc73627815)

[13 COMMITTEE RECOMMENDATIONS 23](#_Toc73627816)

[14. ACKNOWLEDGEMENTS 24](#_Toc73627817)

[15 ADOPTION 24](#_Toc73627818)

# 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 appropriation budget for the department for the 2023/24 FY is **R60 093 535 000**. By the end of the 2nd quarter the department spent **R15 418 268 000, which brings it to (53.6%)** of its overall appropriation budget for 2023/24 FY. The committee is still noting with concerns the non-improved performance in programme 1 which is already overspending at 101.1% in the quarter under review which further concerns the committee on the availability of funds to achieve targets set for the remainder of the financial year. The department attributes this to payment of legal fees and centralised payments of Medico legal claims against the state. The department reported that the Rand Value under Medico Legal claim at R18.3 billion with an increase of 33% from the previous quarter and this has been incurred from the new 26 cases that have been referred. The committee is concern that with the mediation process in place the medico legal cases are still on the increase which further impacts on the departments budget.  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 second quarter performance against performance targets reflected in the 2023/24 Financial Year Annual Performance Plan. The department has set **115** targets relevant to addressing performance on service delivery for the quarter under review. Of the set **115** targets, **71** has been achieved marking it **62%** in set target performance.  Patterns of underspending and overspending are observed in the department’s programme during the quarter under review. Overspending is observed on administration 101.1%, District Health Services 52%, Emergency Medical Services by 59%, Provincial Hospital Services by 55.6% and Central Hospital Services by 52.1%.  Underspending is observed on the following programmes:  • Health Sciences and Training by 31.4%  • Health Facility Management by 48.8%  Healthcare Support Services is within target at 50.7% | |
| ***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, others were overspending significantly. Programme 1 overspent by 101.1%, Programme 3 by 59% and programme 4 by 55.6% whilst Programme 6 and 8 recorded under expenditure by 31.4% and 48.8% respectively. | |
| *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 **R** **R15 418 268 000 marking it (53.6%)** of its overall appropriation budget for 2023/24 FY. The committee is noting concerning discrepancies in financial management of the department with the following programmes:   * Programme 1; Administration spent 101.1% of its expenditure for the quarter review. * Programme 3; Emergency Medical Services spent 59% expenditure for quarter under review. * Programme 4; Provincial Hospital Services spent 55.6% expenditure for the quarter under review. * Programme 6, Health Science and Training spent 31.4% expenditure for the quarter under review. * Programme 8; Health Facility Management spent 48.8% expenditure for the quarter under review.   The department report the Rand Value under Medico Legal claim at R18.3 billion with an increase of 33% from the previous quarter which has been incurred from the new 26 cases that have been referred. | |
| ***Resolutions Management***  *An overall Summary of the Committee’s assessment of Department / Entity Resolutions Management* | |
| The committee is noting an improvement in compliance 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 Conducted the Following Campaigns in the Quarter Under Review:   * Interfaith On National Building and Social Cohesion * FBO Inner City Prayer. * Symposium on spiritual and chaplaincy in palliative care | |
| ***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* | |
| In the quarter under review, 64211 women empowered, 26333 youth and 1398 people with disabilities. | |
| ***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 based on the facility demand study and assessment. Ensuring quality healthcare service for all. Provide proper training for data captures to ensure accurate data. | |
| ***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.* | |
| None | |
| ***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 irregular expenditure 3. The target performance versa-vie the financial performance. The committee is concern as there is no proper alignment 4. The nonperformance in critical target that will improve health of citizens and increase life expectancy | |
| ***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 plans 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 to ensure that there is proper working strategy in place in order to expedite the delays in projects and address the underperformance in programme 8. | |

# 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 2nd quarterly performance report ensuring that by the end of the 2nd quarter the department should have spent 50% of its overall appropriation budget allocation.

The report seeks to provide an overview of the 2nd Quarter performance of the Gauteng Department of Health for the 2023/24 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 second quarterly report was formally referred to the Portfolio Committee on the 01st of November 2023 by the Speaker Ms LM Mekgwe for consideration, deliberation, and report. The Committee then embarked on an assessment and scrutiny of the 2nd quarterly report for 2023/24 FY.
2. The Committee held a preparatory meeting on the 15th of November 2023 where the Committee Researcher made a presentation on the analysis of the Department’s 2023/24 FY 2nd Quarterly Report.
3. On the 16th of November 2023, the Gauteng Department of Health and Wellness led by the MEC Nobantu Nkomo-Ralehoko presented the Department’s Second Quarterly Report.
4. On the 30th of November 2023, 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 62% of its targets noting an improved performance of 9% from previous quarter. from the set targets of 115 in the quarter under review.  Percentage of hospitals with Integrated Health Information systems, Severity Assessment Code 1 incident reported within 24hrs at 100% against the target of 95%, Complaint resolution within 25 working days at 99.1% against the target of 95%, Ideal clinic status obtained at 95.9% against the target of 92%, people living with HIV tested and initiated on treatment, child under 5 years pneumonia, diarrhoea case fatality, child under 5 years acute malnutrition case fatality, mothers postnatal visit within 6 days, infant PCR test positive around 6 months rate, Diabetic prevalence managed. |

# 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** |
| 115 targets |
| **Number of APP targets for this Quarter that have been achieved during this Quarter** |
| 71 targets achieved. |
| **Percentage of APP targets for this Quarter that have been achieved during this Quarter** |
| 62% |
| **Percentage of APP achievement for the previous Quarter (for Comparison)** |
| 53% |
| **Main areas in the APP that have experienced non-achievement or over achievement during this Quarter** |
| Percentage of hospitals with Integrated Health Information systems, Severity Assessment Code 1 incident reported within 24hrs at 100% against the target of 95%, Complaint resolution within 25 working days at 99.1% against the target of 95%, Ideal clinic status obtained at 95.9% against the target of 92%, people living with HIV tested and initiated on treatment, child under 5 years pneumonia, diarrhoea case fatality, child under 5 years acute malnutrition case fatality, mothers postnatal visit within 6 days, infant PCR test positive around 6 months rate, Diabetic prevalence managed.  The department recorded non-achievement in the following arears: Percentage of service providers invoices without dispute paid within 30 days, percentage on budget spent on Township Enterprises against identified commodities, percentage of women employed at Senior Management positions, Percentage of CHCs implementing PACS, Percentage of CHC’s with Integrated Health Information system, , Percentage of facilities implementing Forensic Pathology management information system, Maternal mortality in facility ratio, patients remaining on ART, TB patients lost to follow-up, TB treatment success rate, TB pre-XDR treatment success rate, antenatal visit before 20 weeks, , immunization under one coverage, EMS P1 Urban response time under 30 minutes rate, EMS Rural response under 60 minutes response rate and EMS P1urban interfacility transfer, availability of vital and essential medicine in facilities. |
| **Main reasons provided by the Department / Entity for non-achievement or over achievement of its APP during this Quarter** |
| Percentage of service providers invoices without dispute paid within 30 days for the quarter review is at 37%, department reported that this is due to a shortage of cash flow which resulted from payment of Medico legal claims against the state and settlements thereof. In mitigating this, the department will request a cash bail out from GPT and also continue with the MEC intervention programme to ensure 30 days compliance.  Antenatal visits before 20 weeks, the reason for deviation is late bookings by pregnant women and also the shortage of testing strips in Tshwane Region. In mitigating this, the department will Strengthen pregnancy testing at households and for all women of childbearing age in all facilities.  On patients remaining on ART and TB patient, the social mobilisation truck that was handed over by the MEC to the West Rand Health District. This service will provide information and assist women requiring health services to visit facilities and attend their follow-up antenatal and postnatal care visits. The provision of information will also assist in reminding patients of the importance of collecting and taking HIV and TB medication. The committee further recommend that the same programme be rolled out to other districts in order to ensure such services is available to all citizens.  In order to mitigate the non-achievement in EMS response time in the quarter under review. The department reported that the unveiling of GWoW by the MEC aims to respond to challenges paramedics endure including danger and emerging criminal attacks, violence and harassment when dealing with hostile patients. This will assist in improving EMS response times to calls and recover operational capacity resulting from the psychological injuries that prolong the return to operational duties of staff because of paramedic attacks.  Immunisation under one coverage 90% target not achieved due to caregivers not adhering to appointments and not returning for follow-up vaccinations. In mitigating this, the department will utilise WBOTS to track and trace the children that are not coming for follow ups. |
| **Measures in place (with timeframes) to correct the deviation in targets for this Quarter and to prevent recurrence of such or similar deviation** |
| The Department reported that they will be implementing intervention measure on the non-achievement target to improve performance in the next quarter. |
| **A summarized analysis on the Department / Entity performance per Programme for the period under review** |
| The Department’s performance in terms of its achievement of targets is not satisfactory and not inline with the budget spent.  **Programme 1: Administration** recorded 0**%** achievement of targets.  **Programme 2; District Health Services 67**% achievements of targets  **Programme 3; Emergency Medical Services 0**% achievements of targets  **Programme 4; Provincial Hospital Services** **50%** achievements of targets  **Programme 5; Central Hospital Services 67**% achievements of targets  **Programme 6; Health Science and Training 0**% achievements of targets  **Programme 7; Healthcare support services 0**% achievements of targets  **Programme 8; Health Facilities Management** **0%** 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 budget has been requested from MTEC for the procurement of service providers to verify data, audit records and investigate possible fraudulent claims |

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

| **3.1 THE DETAILS ON [DEPARTMENT / ENTITY PROJECT MANAGEMENT** |
| --- |
| None |

# 4 OVERSIGHTS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

| **4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE** |
| --- |
| **Actual amount (in Rands) allocated to the Department / Entity as budget for this entire Financial Year** |
| R60 093 535 000 |
| **Actual amount projected by the Department / Entity to be spent only during the Q under review** |
|  |
| **Actual amount (in Rands) spent by the Department / Entity only during the Q under review** |
| R15 418 268 000 |
| **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** |
| R32 218 353 000 |
| **Percentage (% of total budget allocation) of budget expenditure for this Q under Review only** |
| 107.4% |
| **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** |
| 53,6% |
| **An analysis of how the % budget expenditure compares with the % APP achievement** |
| The Department spent 53.6% of its overall appropriation budget allocation and 62% achievement of targets. The committee is noting an improvement performance even though targets are not met, and further improvement need to be done to collate target performance against budget spent. |
| **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 351 922 000** fromthe overall Vote 4 budget appropriation, with the department spending **R15 418 268 000** which makes the total percentage **53.6%** of the overall appropriation allocation for 2023/24 FY. The department has complied with the provisions of the Sector Oversight Model by spending 53.6% to date, reflecting an overspending of 3.6%. The budget appropriation is within target limit because ideal expenditure should have been 50% of the total appropriation budget for the year under review.  **Over-expenditure exceeding 3% was noted in the following programmes:**  **Programme 1; Administration** spent **R807 288 000** exceeding the **R300 817 0000** which was allocated for the quarter under review, marking an 101.1% expenditure on the allocated budget for the financial year. The over expenditure resulted from the accruals from the previous years and payment of medico legal claims against the state.  **Programme 3**; **Emergency Medical Services** was allocated **R521 981 000** for the quarter under review and **R420 102 000** was spent, marking 59% expenditure on the allocated budget for the quarter under review.  **Programme 4; Provincial Hospital Services** was allocated **R2 728 444 000** for the quarter under review and **R3 016 352 000** was spent, marking 55.6% expenditure on the allocated budget for the quarter under review.  **Underspending exceeding 3% was noted in the following programmes:**  **Programme 6; Health Science and Training** was allocated **R289 376 000** for the quarter under review and **R200 669 000** was spent marking 31.4**%** expenditure on the allocated budget for the quarter under review. |
| **Mitigating measures by the Department / Entity to remedy over / under expenditure** |
| The department reported that implementation of Turning the Tide Plan has experienced sluggish pace and urgent interventions are required and further encouraged by the committee to ensure improved performance across programmes. This strategy aims and improving area of none and underperformance by the department. The department is further encouraged to intensify this intervention for further improved performance with more emphasise on programme 8 in addressing the slow progress in projects and underspending thereof. |
| **The Department / Entity’s achievement with respect to GEYODI responsive budgeting / procurement for the period under review** |
| The Department did not achieve its target in the quarter under review, achieving 45% in women at SMS level. however, this target this target is monitored annually and the committee will assess progress quarterly. |
| **The Department / Entity’s achievement with respect to township economy / SMME / local procurement for the period under review** |
| Department did not achieve its target in the quarter under review, achieving 9.4%, however this target this target is monitored annually and the committee will assess progress quarterly. |
| **A summary for the period under review with respect to payment of service providers within 15-30 days** |
| The Department reported to have paid 37% invoices within 30 days in the quarter under review. Which is worrisome and intervention measures should be put in place. |
| **A summary for the period under review with respect to fruitless, wasteful and irregular expenditure** |
| Department report and irregular expenditure of **R1 739 623 000** and fruitless and wasteful expenditure of **R8 666 000** |
| **A summary for the period under review with respect to efficiency / value for money in all SCM / procurement processes** |
| No report was provided in the quarter under review. |
| **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 current financial year with matters of emphasis |
| **A summary for the period under review with respect to spending on conditional grants (where applicable)** |
| **Health Facility revitalization Grant** spent 48.8% of the allocate R545 million allocated. The underspending is due to slow construction progress and slow specifications by befitting institutions.  **National Tertiary Service Grant** spending is at 47% of R23 billion, the grant is underspending on machinery and equipment.  **Training component Grant** 45.4% as a result of finalizing of specifications by the vetting committee on training medical interns and medical equipment’s.  **Statutory Human Resource component the** spending is at 61.7% and this due to overlinking of medical equipment.  Comprehensive HIV/AIDS component the spending is at 43.2%, there is a delay in contracting general practitioners for voluntary medical male circumcision.  **District Health Component** is spending **114.6% of the budget.** This is due to payment of the Community Healthcare Workers at salary level 2 against the budgeted stipend amount. Also, the payment of accrual from last year on HPV vaccine amounting to R9 billion.  **Social Sector EPWP and incentives,** the slow spending in this grant at 44.6% is due to EPWP’s unrestand beneficiaries were only contractedin May 2023.  **EPWP integrated spending of 39.6%** was due to the delay in finalising theagreement between National Department of PublicWorks and Gauteng Health.  **National Health Insurance** the spending is at 39.95.  **Mental Health Component spent 22.3%,** is due to the inability to attract psychiatrists, psychologists from the private sector and low public sector hourly rate. |
| **Program / Sub Programme level financial performance** |
| **Programme 1; Administration spent R807 288 000 exceeding the R300 817 0000 which was allocated for the quarter under review, marking an 101.1% expenditure on the allocated budget for the financial year. The over expenditure resulted from the accruals from the previous years and payment of medico legal claims against the state.**  **Programme 2: District Health Services was allocated R4 804 551 000 for the quarter under review and R5 002 882 000 was spent marking 52% expenditure of the overall allocated budget for the quarter under review.**  **Programme 3; Emergency Medical Services was allocated R521 981 000 for the quarter under review and R420 102 000 was spent, marking 59% expenditure on the allocated budget for the quarter under review.**  **Programme 4; Provincial Hospital Services was allocated R2 728 444 000 for the quarter under review and R3 016 352 000 was spent, marking 55.6% expenditure on the allocated budget for the quarter under review.**  **Programme 5; Central Hospital services was allocated R5 133 047 000 for the quarter under review and R5 310 010 000 was spent, marking 52.1% expenditure.**  **Programme 6; Health Science and Training was allocated R289 376 000 for the quarter under review and R200 669 000 was spent marking 31.4% expenditure on the allocated budget for the quarter under review.**  **Programme 7; Healthcare Support Services was allocated R97 991 000 for the quarter under review and R113 195 000 was spent marking 50.7% expenditure.**  **Programme 8; Health Facility Management was allocated R475 715 000 for the quarter under review and R547 770 000 was spent marking 48.8% expenditure on the allocated budget for the quarter under review.** |

# 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** |
| 23 | None |
| **What is the Committees perception of the Quality and Timeliness of Department / Entity responses to Committee Resolutions** | |
| The Department did submit two set of resolutions which were analysed by the committee. However there is still more outstanding and overdue for submission. | |
| **With respect to the Resolutions / Action due during the Quarter under review but still overdue, what reasons have been provided by the Department / Entity [with mitigating measures to submission]** | |
| The committee has made follow up and one report from the outstanding report has been submitted and will be analysed in the next quarter | |
| **5.2 THE DETAILS ON DEPARTMENT / ENTITY PETITIONS MANAGEMENT** | |
| **How many Responses / Actions to Petitions due by the Department / Entity during the Quarter under review** | **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** | |
| The department responds timeously to petitions received | |
| **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 is outstanding | |

# 6 OVERSIGHT ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENT

|  |
| --- |
| **6.1 THE DETAILS ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENTS** |
| **The steps / measures the Department / Entity has taken to meaningfully involve the public / stakeholders in the course of its work / service delivery, during the period under review** |
| * Interfaith On National Building and Social Cohesion * Fbo Inner City Prayer. * Symposium on spiritual and chaplaincy in palliative care |
| **Summary of Public Education programmes of the Department / Entity during the period under review** |
| * The first responder training * TISH community outreach to; Muldersdrift informal settlement, Diepsloot, Rathanda Hostel, Alex informal settlement, Khancwa informal settlement, Azania Boitumelo, KwaThema Hostel, Marikana ext. 19 informal and engagement with the mothers of children affected by drugs. * Paramedics outreach awareness campaign and launch of G-WOW |
| **Feedback sessions conducted by the Department / Entity** **during the period under review** |
| * Engagement with the community of lakeview * Pharma-clinician engagement * Feedback session with CEO’s and Financial Management * Slovo park public engagement * Engagement with clinic managers |

# 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** |
| --- |
| In the quarter under review, 64211 women empowered, 26333 youth and 1398 people with disabilities. |

# 9. OVERSIGHT ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS

| **9.1 DETAILS ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS** | |
| --- | --- |
| **GPL** | The Department does 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 even the committee is noting some improvement |
| **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)** |
| 9313 |
| **Current vacancy rate** |
| 9313 |
| **Current acting positions (at all Staff levels)** |
| 21 |
| **Terminations during the period under review** |
| 1508 |
| **New appointments during the period under review** |
| 1886 |
| **Detailed information on the GEYODI / HDI empowerment for the period under review** |
| In the quarter under review, 64211 women empowered, 26333 youth and 1398 people with disabilities. |
| **Detailed information on any suspensions for the period under review** |
| None |

# 11 OVERSIGHT ON ANY OTHER COMMITTEE FOCUS AREA

|  |
| --- |
| **11.1 THE DETAILS ON ANY OTHER COMMITTEE FOCUS AREA** |
| *Any other area of Department / Entity performance with respect to its Quarter Report that the Committee wishes to report on, which is not already included in any of the above Focus Areas.* |
| The department to continue implementing and intensify the six months intervention plan for priority programmes to assist in improving performance further and help address gaps in provision of support services for improved clinical outcomes and prevention of negative outcomes of audits/assessments by oversight bodies |

# 12 COMMITTEE FINDINGS / CONCERNS

| **12.1 DETAILED COMMITTEE FINDINGS / CONCERNS** |
| --- |
| 1. The shortage of vital and essential medicine in facilities which further impacts the availability of pregnancy testing strip in Tshwane region |
| 1. The Committee is concerned with the safety of paramedic which further impacts on the services rendered by EMS to the citizens of Gauteng |
| 1. Under Science and Training programme, the continuous underperformance in training health personnels while the department is challenged with shortage of staff in health facilities |

# 13 PROPOSED COMMITTEE RECOMMENDATIONS

| **13.1 DETAILED COMMITTEE RECOMMENDATIONS** | | | |
| --- | --- | --- | --- |
| **Based on the information set out herein-above as well as the Committee Concerns, the Committee therefore recommends as follows:** | | | |
| **Ref Number** | **Recommendation** | **Type of response expected** | **Due Date** |
| COH / Q2PR/ 001 | Detail report on the cause of shortage of medicine in facilities and plan thereof to ensure that there is no dire impact on people’s health | Written Response | 31 January 2024 |
| COH / Q2PR / 002 | The department should provide mitigation plans to ensure that the paramedics are protected when on duty in order to ensure that these incidents does not impact on services provided to the people of Gauteng | Written Response | 31 January 2024 |
| COH / QPR / 003 | The department to provide a report on the programme that did not have enough student intake and mitigation plan thereof to ensure that the programme and the target set are met. | Written Response | 31 January 2024 |

# 14. ACKNOWLEDGEMENTS

The Chairperson wishes to thank the Hon. MEC for Health, Nobantu Nkomo-Ralehoko and her team, for the preparation of the Second Quarterly report for 2023/24 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: M Letsie, M J Kanyane, M Mfikoe, J Bloom, B Makhene, N Radebe, A Fuchs, N Du Plessis, 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 2nd Quarterly Report for the 2023/24 Financial Year, be adopted by the House, taking into account the Committee concerns and proposed recommendations made in this report.