



GAUTENG

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Health Committee Oversight Report on the Second Quarterly Report of the Gauteng Department of Health for the 2020/21 financial year

*In line with the Oversight Model of the South African Legislative Sector
"SOM"*

Committee Details		Department Details	
Name of Committee	Health	Name of Department	Gauteng Department of Health
Which Financial Year	2020/21	Dept. Budget Vote Nr.	4
Which Quarter	Second	Hon. MEC	Jacob Mamabolo
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	
23 November 2020		26 November 2020	

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1. 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
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
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

HEALTH PORTFOLIO COMMITTEE

26 November 2020,

The Hon. Chairperson of the Health Portfolio Committee, Dr Rebecca Phaladi-Digamela tables the Committee's report on the Gauteng Department of Health's Second Quarterly Report for the 2020/21 FY as follows:

2. EXECUTIVE SUMMARY

The main objective of the second quarterly report is to monitor progress in terms of budget appropriation and to identify areas of underperformance. The total appropriation budget of the department for the 2020/21 FY is **R 60 276 588 000**. By the end of the second quarter the department spent R27 710 807 000 (46%) of its appropriation budget for 2020/21 FY. The department is underspending and overspending across its programmes in the quarter under review. The committee is concerned with the exhausted budget for the current financial year under the administration programme. It is concerning that there was no clear reporting on the programme to outline the detailed spending on the funds.

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 2020/21 Financial Year Annual Performance Plan. The department has set 84 targets relevant to addressing performance on service delivery for the quarter under review. Of the set 84 target 48 has been achieved and 36 was not achieved.

Patterns of underspending and overspending are observed in the department's programme during the quarter under review. Overspending is observed on administration 104% and Healthcare Support Services by 57% .

Underspending is observed on the following programmes:

- District Health Services 41%
- Emergency Medical Services by 48%
- Provincial Hospital Services by 46%
- Central Hospital Services by 46%
- Health Sciences and Training by 33%
- Health Facility Management by 43%

a. ***Achievements***

The department achieved the following in the quarter under review:

- Severity assessment code (SAC) incident reported within 24hours
- Maternal mortality in district facilities
- Child under 5 years diarrhea and severe acute malnutrition death under 5 years in District Hospitals
- Patients tested for HIV
- Postnatal visit within 6 days
- Infant PCR test positive around 10 weeks rate
- Vital medicine availability
- EMS P1 urban response time under 15 minutes
- EMS P1 rural response time under 40 minutes

b. ***Challenges***

Some of the key challenges highlighted by the department that were not achieved in the quarter under review includes the following:

- PHC facilities with Functional Clinic Committee
- Complaint resolution rate in PHC facilities
- On ideal Hospital status obtained
- PHC facilities implementing quality improvement initiative
- Pneumonia case fatality rate in district hospitals
- ART patients remaining on ART
- Couple year protection rate
- Antenatal 1st visit before 20 weeks
- TB patients lost for follow up
- TB treatment success rate
- Essential medicine availability
- Immunization under 1 coverage

c. Requests for Intervention

In addressing the above challenges, the committee has observed that the department has outlined the following as measures to be implemented in the next quarter:

- On ideal hospital status, the department reported that there was no District hospital scheduled for an assessment in the quarter under review hence there was no performance in the quarter under review.
- Percentage of budget spent on township enterprises against identified commodities. No information was provided in the quarter under review. The department reported that this is due to the data from GPT not being displayed. To mitigate this, a meeting will be arranged to address these discrepancies.
- ART clients remaining on ART, this was not achieved due to a high loss upon follow up. In addressing this, the department will initiate ART same day initiation and target hard to reach, vulnerable and key population.
- The immunization coverage under 1 year was not achieved, this is due to the slow return to healthcare facilities after hard lockdown. The department reported that they will implement health drives to improve child survival opportunities.
- Antenatal 1st visit before 20 weeks, this was due to the slow return to healthcare facilities after hard lockdown. Department will implement key interventions to address identified poor indicators, review data to identify poor performing Health Districts.
- On child under 5 years diarrhea case fatality. The department will review data to identify poor performing Health Districts.
- TB patient's treatment success rate, the department reported that this is due to high loss to follow up. The department will strengthen tracing of defaulters through WBOT's teams and professional nurses by the end of the current financial year.

3. 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 the appropriation budget allocation.

The report seeks to provide an overview of the 2nd Quarter performance of the Gauteng Department of Health for the 2020/21 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.

4. PROCESS FOLLOWED

- 4.1 The Department's second quarterly report was formally referred to the Portfolio Committee on the 05th November 2020 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 2020/21 FY.
- 4.2 The Committee held a preparatory meeting on the 16th November 2020 where the Committee Researcher made a presentation on the analysis of the Department's 2020/21 Second Quarterly Report.
- 4.3 On the 17th November 2020, the Gauteng Department of Health led by the Acting MEC Jacob Mamabolo presented the department's Second Quarterly Report.
- 4.4 On the 23rd November 2020 the Committee considered, deliberated and adopted the report.

5. COMPLIANCE AND QUALITY

5.1 Timeframes

The report was not prepared and submitted timeously to the Legislature, which was on the 05th November 2020.

5.2 Format

This department has aligned its report to the format used by other executive departments, and it has also linked its performance to the outcome-based approach adopted by government.

5.3 Legal parameters

The department did not comply with Section 5.3 of the Treasury Regulations read with Section 36(5) of the Public Finance Management Act and Section 48(1) of the Gauteng Legislature Standing Rules by establishing procedures for reporting and preparing and submitting its 4th Quarter Performance report on the due date to the Legislature.

5.4 Controls

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

5.5 Quality Parameters

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

6. OVERSIGHT ON STRATEGIC PRIORITIES

a. *Priorities*

National Priorities

- 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.
- To increase average male and female life expectancy at birth to 70 years.
- To progressively improve TB prevention and cure.
- To 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.
- To fill posts with skilled, committed and competent individuals.

Provincial Priorities

- Providing better quality health care to all.
- Improved access to healthcare
- Primary healthcare as an activist and community- oriented approach to the delivery of healthcare.
- Roll out of the National Health Insurance.
- The urgent turnaround of the Gauteng Department of Health and all public health institutions
- To stabilize the finances of the department, improve the delivery of quality healthcare, reduce waiting time and queues, increase professional staff and invest in infrastructure, including the ICT as part of modernizing public services and e-governance.

Sustainable Development Goals

- SDG 3: Good Health and Well being

7. OVERSIGHT ON TECHNICAL PERFORMANCE

a. S.M.A.R. T

The department's Second Quarter Report for 2020/21 FY adhered to the S.M.A.R.T principles. Most of the targets set by the department are specific, measurable, achievable, realistic and timeous.

b. Achievement of APP predetermined objectives

The vision of the Gauteng Department of Health is *"to be the best provider of quality health care"*, whilst the core mandate of the Department of Health is to improve the health status of the population of Gauteng by improving the quality of health services, secure better value for money, ensure effective organisation and to provide an integrated services and programmes that promote and protect the health, and sustainable livelihood of poor vulnerable and marginalised groups in society.

The core functions of the department include the following services through its eight programmes:

- Primary health care services rendered through the district health system.
- Provision of Emergency Medical Services (EMS) and planned patient transport.
- Secondary health care services through Provincial hospitals that provide outpatients and in-patients care.
- Specialized health care to psychiatric in-patients and to those with infectious disease.
- Provision of in-patients and out-patients specialized care through four Tertiary hospitals, and to provide an academic health care environment and act as teaching hospitals.
- Provide training for future health care professionals in Health science faculties and nursing colleges.
- Deliver forensic pathology services and clinical- medico legal services

a. Programme Information

PROGRAMME 1: ADMINISTRATION

The main objective of programme one is to provide political and strategic direction and leadership, to guide and support the development of policy frameworks and guidelines for the implementation of priority programme.

The Committee is concerned that the programme has exhausted its overall budget in the quarter under review which is at 104% spent. However, there was no report provided of the breakdown for the committee to monitor where the department is deviating and the where the budget was utilised. The department reported that the overspending in this programme is due to continuous payment of medico legal claims and COVID-19 Expenses which are on this programme.

The committee notes with concern that only two targets were reported under this programme omitting the third target as per the departments APP for the 2020/21 FY. On the target for the budget township enterprises against the identified commodities, the department reported that the data is not displayed in the categories which enables

SCM to monitor targets. The committee is encouraging the department to put necessary mitigation plans in order to resolve and monitor the targets to avoid underperformance.

Further, no reporting was provided on the target for percentage of Forensic Pathology Management Information System. Department reported that this is due to the e-government system which is not ready for deployment.

PROGRAMME 2: DISTRICT HEALTH SERVICES

The main purpose of this programme is to provide and manage a comprehensive Primary Health Care services, district hospitals services, comprehensive HIV/AIDS care and nutrition. It includes the delivery of priority health programme me s and has six sub-programmes.

Sub Programme: District Management and Primary Health Care

The department is not reporting on the number of CHC's providing 24-hours services in the quarter under review as this indicator is reported annually. However, the committee is of the view that even though the indicator is monitored annually. A monthly reporting should be given for the committee to assess the gaps and challenges that might present at the end of the financial year.

The committee is noting an exceeded target on the Severity Assessment Code (SAC) 1 incident reported within 24hrs. The Committee commends the department for achieving this target as it will improve cases of medico legal in the department as well the expenditure paid in these cases and be properly utilised in provision of a good healthcare services for the citizen of Gauteng. The committee is further noting the decline is PHC utilisation in the quarter under review.

On the number of PHC facilities with functional clinic committee, the department has set a target of 100% in the quarter under review and achieved 78% which shows no improvement from the previous quarter. The department reported that there has been minimal action due to the COVID-19 lockdown. The committee encourages the department to address and improve the target in order to improve the service provision to the community.

Sub Programme: District Hospitals

The complaint resolution rate was not achieved at 94% against the set target of 95% showing a decline of 4% from the previous quarter. The committee is concerned with the decline and encourages the department to put mitigation measures in order to address this underperformance. In mitigating this, the department has reported that visits are in progress in order to assist facilities where challenges are experienced. The committee will endeavour to monitor the progress and update report should be provided in the next quarter.

The Committee notes that the target on child under 5 years pneumonia target was not achieved with 1.9% against the target of 1.6%. The committee is concerned with the increase in numbers and the department should implement a mitigation plan to address this and provide necessary support to ODI Hospital where high rate of pneumonia case fatality was noted. On child under 5 years diarrhoea case fatality was achieved at 0% and severe acute malnutrition death under 5 years fatality rate was achieved at 1.4% against the target of 7%. The committee notes and commend the department by putting measures in planning and implementing plans by the District Clinical Specialists which resulted in improvement of these indicators. The committee encourages the department to implement the same measures in order to improve achievement on child under 5 years pneumonia case fatality.

The committee notes that the ideal clinic status was not achieved in the quarter under review. The department reported that no District Hospitals were scheduled for an assessment in the quarter under review.

Sub Programme: HIV and AIDS, STIs and TB (HAST)

The Committee notes that 1 076 638 patients are remaining on ART against the set target of 1 301 235. The department reported that this is due to the high number of loss to follow up. In mitigating this, the department will strengthen same day initiation, intensify case findings, implement index testing HIV self-testing. The committee will monitor the plans intervention in place to improve performance on the programme and update should be provided to the committee for proper monitoring.

On patients tested for HIV the department achieve its target by 1 778 467 against the set target of 1 750 000. The committee commends the department for achieving this programme and further encourages the department to strengthen the same day initiation to ART treatment. Further the committee is noting on adult and children viral load suppressed has not been achieved in the quarter under review. Department to put in mitigation plans in order to address patients that are out of the ART treatment and utilise WBOT's teams in order to trace and deliver treatment.

The Committee is noting the TB client/patient's treatment success rate was not achieve in the quarter under review with the department achieving 12.2% against the target of 5.5%. The department reported that this is due to the high rate of loss to follow up and death rate. The committee note that there is no progress report on the implementation of the Tier system upgrade system which has been a challenge in capturing data on this programme in the previous quarters. In mitigating this, the department will strengthen tracing of defaulters through WBOT's teams by the end of the financial year.

Sub Programme: Maternal, Child and Women's Health and Nutrition

The immunisation coverage for children who are under one-year target of 90% was not achieved which is at 80%, noting a decrease of 3.5% from the previous quarter. The department reported that this is due to the low return to healthcare facilities after hard lockdown. The Ekurhuleni district performance decline in the quarter under from 81.3% to 79.3%. The committee encourages the department to monitor and improve this performance and provide necessary support to the Ekurhuleni district in order to avoid disease outbreak due to lack of this service.

The committee note that the department did not achieve its set target on pregnant women who are presenting themselves at facilities for the first visit before 20 weeks for antenatal care noting a decline of 9% from the previous quarter. On the postnatal visit after 6 days of delivery, the department achieved 85% against the set target of 80% noting a decrease of 0.2% from the previous quarter. The infant post PCT test positive around 10 weeks has been achieved at 0.84% against the set target of 1.2% noting a decline in performance of 0.35% from the previous quarter. The committee

commends the department for maintaining the performance and further encourages a complete eradication of mother to child HIV transmission. Couple year protection was not achieved at 45.6% against the target of 155%. The committee further encourages the department to intensify reach out programme especially to the high risks groups.

The department recorded a 2.4% against the national norm of 2.0% on child under 5 years diarrhoea case fatality rate. Further, 2.2% of children under 5 years pneumonia case fatality rate were recorded against the national norm of 2.4% noting an improvement from the previous quarter. Children under 5 year's severe acute malnutrition case fatality is recorded at 6% against the national norm of 7.2%. The committee is noting great improvement on these targets from the previous quarter and encourages complete eradication.

The School Grade 1 screening coverage and Cervical Cancer screening was not reported in the quarter review. The committee is concerned that these indicators are not reported in the quarter under review as proper screening and testing can avoid serious long term illnesses.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

The purpose of this programme is to ensure rapid and effective emergency medical care and transport provide an efficient, planned patient transport in accordance with provincial norms and standards.

The Committee notes the achieved performance on EMS Priority 1 urban response under 15 minutes rate achieving 97.4% against the set target of 82%, noting an increase of 14% from the previous quarter. It is noted that the provincialization of City of Ekurhuleni has been finalised with success. EMS Priority 1 rural response under 40 minutes rate is at 100% against the set target of 100%. Inter-facility transfer was not reported in the quarter under review, the committee is concerned as this service might have increased during lockdown and the impact thereof on the availability of ambulances for P1 patients.

PROGRAMME 4: REGIONAL HOSPITALS SERVICES

The purpose of this programme is to deliver level two hospital services, provided by specialists, through the provincial hospitals, dental training hospitals, and specialized hospitals for the treatment of tuberculosis and psychiatric or mental health conditions and other specialized hospital sub-programme.

Sub Programme: General Hospitals

The target was not achieved on Maternal mortality with 132.6 against the set target of 129. In the Regional hospital, it is noted that the child under 5 years diarrhoea case fatality is at 0% against the set target of 2.2%. further, child under 5 years pneumonia case fatality 2.6% against the target of 3.0% and severe acute malnutrition case fatality is noted at 0,4% against the set target of 5.3%. the committee is noting and commending the achievement on these targets.

The implementation of quality improvement initiative and Idea hospitals status was achieved with 11.1% against the target of 11.1% in the quarter under review. The committee commends the department for this target and encourages the department to implement the same to other facilities.

PROGRAMME ME 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 Academic, Dr George Mukhari Academic and Steve Biko Academic.

In the overall performance of tertiary hospitals in the second quarter, the target was not achieved on Maternal mortality with 232 against the set target of 200. It is further noted that the child under 5 years diarrhoea case fatality is at 3.6% against the set target of 2.6%. Child under 5 years pneumonia case fatality 2% against the target of 2.7% and severe acute malnutrition case fatality is noted at 6.7% against the set target of 2.7%. The committee is noting a 3% increase in the current quarter as compared to the previous quarter. The department will continue to initiate integrated support visits

to monitor progress in the implementation of key interventions to address identified poorly performing indicators.

PROGRAMME ME 6: HEALTH SCIENCES AND TRAINING

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

This programme is monitored annually and there was no reporting in the quarter under review. However, the committee is of a view that the quarterly reporting should be conducted as spending still occurs within this programme, this is in order to monitor if the budget is being utilised optimally.

PROGRAMME ME 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 department achieved its set target on vital medicine availability which is at 96% against the set target of 96%. On essential medicine availability at health facilities the department did not achieve its target which is at 95% against the set target of 96%. The department attributes this underperformance to the suppliers not delivering stock on the quantity that is required. In mitigating this, the supplier that delivers stock late will be penalised on monthly basis.

Further, the report is silence on issuing of assistive devices and types of devices issued and beneficiary thereof which is a concern to the committee as there is still a demand for service. On the Central Chronic Dispensing and Distribution of Medicine the department achieved its set target by enrolling a total of 887 966 against the set target of 735 676 in the quarter under review. This is commendable since the country is facing a pandemic and patient will easily access their medication through this programme.

PROGRAMME ME 8: HEALTH FACILITY AND MANAGEMENT

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

This programme is measured on annual basis and there was no reporting in the quarter under review. However, the committee is of a view that the monthly reporting should be provided as there is still spending within this programme in order to monitor if the budget will be optimally utilized.

7. OVERSIGHT ON BUDGET EXPENDITURE

Programme R'000	Budgeted payments 2019/20	Final appropriation for 2020/21 R000	Projected Budgeted Payments end of quarter 2 R'000	Actual expenditure as at the end of quarter 2 R'000	Percentage expenditure
Administration	876 426	2 004 072	288 530	1 113 414	104%
District Health Services	17 212 688	19 973 067	4 748 582	4 639 346	41%
Emergency Medical Services	1 541 714	1 586 670	475 828	505 762	48%
Provincial Hospital Services	9 536 383	10 680 446	2 590 891	2 708 657	46%
Central Hospital Services	18 263 481	20 204 885	4 855 432	4 883 699	46%
Health Sciences and Training	1 248 743	1 264 139	324 285	234 605	33%
Health Care Support Services	317 788	340 264	82 096	95 894	57%
Health Facilities Management	1 769 940	4 223 045	679 038	1 267 145	43%
Total	50 767 163	60 276 588	14 044 682	15 448 522	46%

The table above reflects the total appropriation budget allocation for the 2020/21 FY is **R60 276 588 000**. **The department has projected to spend R14 044 682 000** on the overall Vote 4 budget appropriation, with the department spending **R15 448 522 000** which makes the total percentage of 46% of its overall appropriation allocation for 202/21 FY. The department has complied with the provisions of the Sector Oversight Model by spending 46% in the quarter under review, reflecting an underspending of 4%. The budget appropriation is within target limit because ideal expenditure should have been 50% of the total appropriation budget for the year under review.

The main reasons for underspending and overspending tendencies are outlined in each programme as follows:

Programme 1: Administration.

In the quarter under review, the programme was allocated an amount R288 530 000 and spent R1 113 414 000. The programme has overspent by 104%. The programme is overspending due to continuous payment of medico legal claims and the centralisation of the COVID-19 expenses to the programme.

Programme 2: District health Services.

In the quarter under review the programme was allocated an amount of R4 748 582 000 and has spent R4 639 346 000. The programme has underspent utilising 41%.

Programme 3: Emergency Medical Services.

Emergency Medical Services, for the quarter under review was allocated an amount of R475 828 000 and has spent R505 762 000. The programme has underspent by utilising 48%.

Programme 4: Provincial hospital services.

The programme was allocated an amount of R2 590 891 000 for the quarter under review and spent R2 708 657 000. The department has underspent by utilising 46%.

Programme 5: Central hospital services.

Central Hospitals, for the quarter under review was allocated an amount of R4 855 432 000 and spent R4 883 699 000. The programme underspent by utilising 46%.

Programme 6: Health science and training.

The programme was allocated an amount of R324 285 000 and spent R234 605 000. The programme has underspent by utilising 33%.

Programme 7: Health care support

In the quarter under review, the programme was allocated an amount of R82 096 000 and spent R 95 894 000. The programme overspent its budget by utilising 57%.

Programme 8: Health facilities management.

The programme was allocated an amount of R679 038 000 and spent R1 267 145 000, the programme overspent its budget by utilising 43%..

10. OVERSIGHT ON RESOLUTION MANAGEMENT

RESOLUTIONS MANAGEMENT		
RESOLUTIONS PASSED DURING THE PREVIOUS QUARTER	RESOLUTIONS / ACTION DUE DURING THE QUARTER UNDER REVIEW	RESOLUTIONS CLOSED
<i>Number of Resolutions passed during the Previous Quarter</i>	<i>Number of Resolution Responses / Action due in the Quarter under review</i>	<i>From those due in the Quarter under review, how many Resolutions are now closed</i>
14	14	0
<i>Nature of Resolutions</i>	<i>How many new and how many outstanding</i>	<i>Reasons for Resolutions not yet closed</i>
Service Delivery – 10 Internal Arrangement – 1 Governance – 3	14	14 awaiting the departments response

RESOLUTIONS MANAGEMENT		
RESOLUTIONS PASSED DURING THE PREVIOUS QUARTER	RESOLUTIONS / ACTION DUE DURING THE QUARTER UNDER REVIEW	RESOLUTIONS CLOSED
<i>With respect to the Resolutions / Action due during the Quarter under review but still Open, what measures has the Committee taken to ensure speedy Closure of these Resolutions</i>		
Resolutions that remain open will have been forwarded to the department for proper response and monitoring.		

11. OVERSIGHT ON PERFORMANCE VERIFICATION

The Committee is satisfied that the Department maintains portfolios of evidence to verify its reported performance information.

12. FINDINGS, RECOMMENDATIONS AND IMPLICATIONS ON LAW MAKING

12.1 Committee Findings / Concerns

The Committee is concerned with:

- 12.1.1 The exhausted overall budget under the administration programme.
- 12.1.2 None reporting and availability of data on township enterprises against the identified commodities.
- 12.1.3 With the loss to follow up on ART and TB patients.
- 12.1.4 Unachieved target on child under 5 years diarrhea case fatality.

12.2 Committee Recommendations

The Committee recommends that the department should provide detailed strategies on the following by 30 January 2021:

- 12.2.1 Detailed breakdown report as to where the 104% of budget under administration has been utilized.

- 12.2.2 Report detailing the mitigation plan to improve data and utilize the budget for the township enterprises against the identified commodities.
- 12.2.3 Detailed report on plans to address loss to follow up and utilization WBOT's teams.
- 12.2.4 Detailed report on the mitigation plan to improve performance in ANC visits before 20 weeks.
- 12.2.5 Detailed reporting on measure to be implemented in order to address and improve child under 5 years diarrhea case fatality.

13. ACKNOWLEDGEMENTS

The Chairperson wishes to thank the Hon. Acting MEC for Health, Jacob Mamabolo and his team, for the preparation of the Second Quarterly report for 2020/21 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: L Lasindwa, D Dakile, P Mabunda, J Bloom, A Fuchs, A Delange, A Gana and C Mabala.

Last but not least, I would like to acknowledge the support staff: Group Committee Co-ordinator Ms Z Pantshwa-Mbalo; Senior Researcher, Ms 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.

14. 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 Second Quarterly Report for the 2020/21 Financial Year, be adopted by the House, taking into account the Committee concerns and recommendations made in this report.