

COMMITTEE REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT IN RELATION TO THE 1ST QUARTER PERFORMANCE REPORT FOR 2016/17 FINANCIAL YEAR - DEPARTMENT OF HEALTH – MEETING HELD ON 30 AUGUST 2016 IN COMMITTEE ROOM 07

1. INTRODUCTION

As stated in Rule 218 sub-rule (1) (2) and (3) of the Rules and Orders of the Mpumalanga Provincial Legislature, the Member of the Executive Council responsible for a provincial Department must table quarterly reports of the Department to the Speaker, within 30 calendar days after the end of a quarter.

The Committee considered the 1ST quarterly report of the Department of Health (the Department) for the 2016/17 financial year, reporting period April – June 2016. Interaction with the Department was aimed at assessing the Department's performance for the quarter, in relation to its 2016/17 Annual Performance Plan (APP).

2. METHOD OF WORK

The Speaker referred the Department's first (1st) quarterly report to the Portfolio Committee on Health and Social Development for consideration and report back to the Legislature, as contemplated in rule 218 (4) of the Rules and Orders of Mpumalanga Provincial Legislature (the Rules).

On 30 August 2016, the Committee met with the Department to deliberate and scrutinize in detail the aforementioned document. The Committee then met on 07 September 2016, to consider the draft Committee report.

3. GENERAL OBSERVATIONS

The Committee observed that:

- Only two out of the eight programmes achieved all the planned targets,
- Programme 3: Emergency Medical Services has never achieved any of its planned targets throughout 2015/16 financial year and also this 1st quarter of 2016/17 financial year, this recurrence is of serious concern;

- The Department has rolled out the use of the new electronic filing system in most of its health facilities in Gert Sibande District;
- The Department during the 2016/17 1st quarter had **80** targets and achieved only **34**, this represents **42.5%** of total targets achieved;
- The Department has recorded an expenditure of **24%** for the first quarter compared to **21%** in the first quarter of the previous financial period;
- The total annual budget of the Department of Health is **R 10 642 144 000**. At the end of the first quarter, the Department of Health has spent **R 2 552 244 000**. This represents a **24%** of total expenditure which means in the overall, the Department has underspent its budget by **1%** even though it has only achieved **42.5%** of its total budget.

4. BROAD OVERVIEW BY THE MEC

MEC GP Mashego appreciated the oversight conducted by the Committee. In his overview he report that:

- Dr S Mohangi has been recently appointed Head of the Department, she was acting in the position prior to her appointment;
- During the June (youth) month and July (Mandela) month, the Department successfully opened and operationalized a number of clinics, community health centres and certain units in some hospitals;
- A number of vacancies have been recently filled, administratively and in the health facilities (CEOs and Health professionals), the following key positions have been filled:
 - Head of Department
 - Chief Director (DM): Gert Sibande District
 - Chief Director: Integrated Health Planning
 - Chief Director: financial Accounting
 - Director: Monitoring and Evaluation in HAST
 - Director: Stakeholders Coordination & Management in HAST
 - Director: Supply Chain Management

- Director: Financial Management
- Director: Strategic Planning
- Director: Monitoring and Evaluation
- The Department has procured eighteen (18) mobile clinics to increase access to primary Health Care Services, the mobile clinics are now benefiting communities in various districts provincially;
- Seventy four (74) PHC facilities have been connected on e-health in Gert Sibande District to improve patient care through communication, data management and decreased waiting times;
- The Department managed to reach the target of 60 new ward-based PHC Outreach Teams (123 cumulative). These teams are participating in Operation Vuka Sisebente which is an initiative championed by the Office of the Premier with the aim of ensuring cooperative governance for better and improved service delivery in all municipalities at ward level. A total of 33 296 (27.3% coverage) households provincially were registered through this programme against a target of 18%;
- Forty eight (48) Health Promoting Schools were established against the target of thirty (30), bringing the total number of Health Promoting Schools in the province to 414;
- Thirty one (31) General practitioners were contracted in Gert Sibande District through the National Health Insurance (NHI) Grant;
- The Department has increased the Antenatal health care services at 1st visit before 20 weeks pregnancy from 56.5% in 2014/15 to 65.9% against the target of 55% in 2015/16 financial year. Mother postnatal visit within six days rate is 62% against the target of 60% due to the implementation of Mom-Connect;
- The Department appointed and welcomed four new Orthopaedic Surgeons from Cuba in May 2016; the Department has a total of eight surgeons currently, Rob Ferreira Hospital 2, Mapulaneng Hospital 1, Ermelo Hospital 1, Witbank Hospital 2 and Themba Hospital 2. The Department will continue to head hunt surgeons as Mpumalanga is one of the provinces with serious shortage of specialists;
- In-patient early neonatal death rate is at 9% against the target of 10%. The child under 5 years diarrhoea case fatality rate is at 2.7/1000 against the target of

11.5/1000 and the child under 5 years pneumonia case fatality is at 3.7/1000 against the target of 5.5/1000;

- To improve quality and access to health care, twenty one (21) facilities have reached the ideal clinic status;
- Programme 3: Emergency Medical Services appointed 143 personnel, procured and distributed 32 ambulances and 12 all-terrain response vehicles. The Department has started with the preparation for the accreditation process that will allow the college to train EMS personnel;
- On infrastructure development, the Department has a new digital X-Ray Department constructed at Themba Hospital, an additional Intensive Care Unit (ICU) was opened in Ermelo Hospital – this hospital will serve as a referral centre for the district hospitals in Gert Sibande at the same time reducing the burden at Witbank Hospital. Orthopaedic Workshop, new warehouse and stores at Ermelo Hospital are complete and functional. Procurement is underway for a digital X-Ray equipment and one operating theatre table at Themba Hospital and one video laryngoscope and one ultrasound machine for Mapulaneng Hospital;
- The Department does not have a psychiatric hospital, however the Department is in engagement with Mpumalanga Economic Growth Agency (MEGA) which is working on a funding model for Psychiatric Hospital, Academic Hospital and State of the Art TB Hospital;
- In areas where the Department cannot have an ideal clinic due to limited funding, Innovative Building technology structures are erected, they are durable for a period of 50 years and are almost like a fully-fledged clinic.

5. DELIBERATIONS ON THE 1st QUARTERLY REPORT

After the MEC's overview, the HOD was requested to brief the Committee on the progress made on the implementation of the APP's strategic objectives of the 1st quarter. Thereafter the Committee interacted with the Department.

Programme analysis

Programme	2016/17 first quarter performance				2015/16 first quarter performance			
	Total Targets	Targets achieved	% of targets Achieved	% of total expenditure (25%) benchmark	Total targets	Targets achieved	% of targets achieved	% of total expenditure (25%) benchmark
Administration	2	0	0%	17.1%	3	1	33.3%	24.7%
District Health Services	46	17	36.9%	26%	43	27	62.8%	21.5%
Emergency Medical Services	4	0	0%	22.8%	4	0	0%	18%
Provincial Hospital Services	10	6	60%	25.1%	10	9	90%	22.9%
Central Hospital Services	6	3	42.9%	23.3%	10	8	80%	21.4%
Health Science and Training	2	2	100%	18.6%	0	0	0%	26.4%
Health care support	7	4	57%	16.3%	2	1	50%	16.5%
Health facility management	2	2	100%	14.1%	0	0	0%	19.9%

PROGRAMME 1: ADMINISTRATION

The Committee noted that this programme provides the overall management of the Department, strategic planning, legislative, communication services and centralised administrative support through the MEC and administration.

The programme has been budgeted **R 424 112 000** which accounts for **3.9%** of the total budget of the Department. The total expenditure of this programme for this quarter is **R 72 412 000** which accounts for **17.1%**. The programme has two planned targets for this quarter and did not achieve any of its targets.

Contrary to the first quarter of the previous financial period, the programme was budgeted **R283 305 000** for the financial period and at the end of the first quarter the Department had spent **R69 959 000** which was **24.7%**, this was against that the three planned targets and only one achieved, resulting in **33.3%** achievement of its planned targets.

Movable Assets

The Committee noted that the Department is not doing well on the management of movable assets. The Department reported that some of the medical equipment were de-componentised and as a result assets included in the asset register were duplicated and not

correctly valued. It further reported that asset management officials from provincial office and institutions were involved with the asset verification process but medical technicians were not included as the Department did not anticipate the challenges encountered. In addressing the challenge, a circular has reportedly been issued to all institutions instructing them to involve Asset Management officials in the procurement of medical equipment to assist with the correct classification. Medical technicians have been reportedly included in the project plan for physical verification. Medical technicians are also involved during the delivery and barcoding of medical equipment.

The Department further reported to have engaged in the 100% asset verification to purify the asset register; however this did not yield positive results as technicians from the health technology unit were not involved. The Department reported that Director: Supply Chain and Asset management has been appointed and started work with effect from 15 August 2016; and that a financial management policies workshop / training was conducted in August 2016. The Department reported to continue with the training of asset management officials as planned to ensure quality asset verification process. Physical verification has been planned to commence in September 2016 and project plan has been approved.

Management of Specialist Doctors

The Committee asked why the Department failed to ensure that all specialist doctors sign attendance register and further enquired on the implication of this failure. The Department reported that the Doctors and Specialists sign monthly call verification forms kept by different hospitals; however the accounting officer failed to ensure that specialists and doctors sign attendance registers. And the implication of this failure is that the Department paid all doctors 16 hours of commuted overtime without daily verification.

As follow-up, the Committee asked if the Department paid any of the doctors who did not sign attendance register an overtime and the financial implication. The Department reported that payments were made based on hours verified by the clinical manager/ head of clinical departments on the monthly call verification forms and not on the basis of an attendance register.

Primary Health Care (PHC) Facilities Broadband Connection

With concern, the Committee noted that the Department failed to ensure that PHC facilities are connected to broadband considering the previous commitment done by the Accounting Officer. The Department reported that the PHC facilities could not be connected to broadband because neither the Department nor SITA had a contract for broadband connectivity. On consultation with the National Department of Health, the Department requested to participate in the national contract with CSIR who had connected the first eight (8) PHC facilities.

The Department further reported that all hospitals are connected to broadband, 28% (80) of fixed PHC facilities have access to broadband connectivity and a further 52% (147) will be added this 2016/17 financial year.

PROGRAMME 2: DISTRICT HEALTH SERVICES

The purpose of programme 2 is to render comprehensive primary health care services to the community using the district health system model.

This programme is budgeted **R 6 355 241 000** which is **59.7%** of the total budget of the Department. The expenditure of this programme in the first quarter is **R 1 656 768 000** which accounts for **26%** of total expenditure for this programme. This is against the fact that the programme achieved only seventeen (**17**) targets of the forty six (**46**) planned targets.

In the previous financial period this programme was budgeted **R 6 131 596 000** and at the end of the first quarter of the previous financial period, the Department in this programme had spent **R 1 320 792 000** which was **21.5%** of the total budget. Thus representing an under spending of **3.5%** then. In that period the programme achieved twenty seven of the forty three targets.

Primary Health Care (PHC) Facilities Utilisation Rate

The Committee enquired if the Department quantified the shortage of doctors and medicine as a result of the Department's failure to meet the target on PHC utilisation rate; further enquiring on the shortage (doctors and medicine) and the affected PHC facilities and the type of medication that was in shortage and for how long. The Department reported to have quantified the shortage of doctors and medicine in each district. The results of a study that

was conducted during September 2015 to determine the causes for by-pass of PHC facilities ultimately leading to low PHC Utilisation rate have shown that among others, lack of support visits by Doctors and shortage of medicines are challenges. The Department reported that according to the current organizational structure, each Community Health Centre (CHC) is supposed to have an appointed doctor who will also support the feeder clinics on weekly basis, as each CHC must support at least six feeder clinics. Currently 4/60 CHCs in the province reportedly have appointed doctors, Ehlanzeni has 2/15 CHCs (Phola Nsikazi and Nelspruit CHC) that have appointed doctors, Gert Sibande has 2/23 CHCs that have appointed doctors (Amsterdam and Driefontein CHC) and Nkangala has no CHC with an appointed doctor (0/22 CHCs). The Department reported to have however ensured that PHC facilities are supported through utilisation of Doctors from District Hospitals, sessional Doctors and GP contracting in Gert Sibande District. Currently sixty eight (68) PHC facilities are not visited by a Doctor at least once per week. The number of facilities not supported by a Doctor varies in the three districts as follows as reported by the Department:

- Ehlanzeni District: 47/121
- Gert Sibande District: 13/75
- Nkangala District: 8/90

Total: 68

Two hundred and eighteen (218) PHC facilities are visited by a Doctor at least once per week as indicated below:

- Ehlanzeni District: 74/121
- Gert Sibande District: 62/75
- Nkangala District: 82/90

Total: 218

- Ehlanzeni District: 66/121
- Gert Sibande District: 12/75
- Nkangala District : 51/90

Funding of Primary Health Care (PHC) Facilities

Aware of the underfunding complaint by PHCs, the Committee asked if the Department is aware of such and the measures put in place to addressing it. The Department reported that it has established how PHC facilities (Community Health Centres and Clinics) are

underfunded through the District Health Expenditure Review (DHER) report. The National norm on funding of Primary Health Care services dictates that 60% of the budget should be allocated for District Health Services in line with the resolution of prioritising the Preventive and promotive health services versus curative health services. The total budget allocated to Program 2 (DHS) complies with the norm; however the allocation within the same program still prioritises District hospital services above the Clinics and Community Health Centres. The Department further reported that district Hospitals have a budget of R 2 866 604 versus the allocation of R 2 063 431 for the 226 Clinics, 60 Community Health Centres and Community Based Services. The Department reported that this trend of funding is however informed by the package of services rendered in District Hospitals. The Department committed to continue to monitor measures put in place to improve efficiency at both levels of care and that they are implemented; also to ensure that available resources are used optimally so that the services are sustained.

Hospital Boards and Clinic Committees

The Committee asked if the Department ensures that Clinic Committees and Hospital Boards are in contact with the communities as per the requirement (public participation and involvement) and for improved service delivery. The Department reported to have ensured that Clinic Committees and Hospital Boards are in contact with the communities by:

- Ensuring that Clinic Committees are nominated in line with the prescripts of section 42 of the National Health Act which stipulates that the Committee must at least include:
 - “(a) one or more local government councillors.”
 - “(b) one or more members of the community served by the health facility”

The local government councillors and other community members participate in community meetings.

- Clinic committee members are trained on various topics including community participation in health governance.
- Hospital Boards communicate with communities through open days that are conducted by hospitals to discuss health issues and get feedback from communities regarding services that are rendered. The Department will ensure that all hospitals conduct Open days at least once per year.

The Committee further asked if the Department has ensured that clinic committees and hospital boards functions as per the Act and Guidelines of the Department and also enquired on their effect in the health facilities. The Department reportedly ensured that clinic committees and hospital boards are effective by:

- Providing a 5 day learning programme where they were capacitated on their roles and functions.
- A template to monitor activities of clinic committees on a quarterly basis was developed and effectively implemented in Nkangala district, yet to be rolled out to the other two (2) districts.
- Clinic committees in Nkangala District were trained. Training of Clinic Committees for Ehlanzeni and Gert Sibande Districts and all Hospital boards will be conducted by the end of the second quarter of 2016/17.

The Department reportedly derives value from these structures in their current form and set up because there is a noted improvement in the manner in which Clinic Committees and Hospital boards are functioning, and issues pertaining to the facilities in which they are serving are also raised through the Executive Authority.

New Patient Electronic Filing System

The Committee asked if the Department conducted trainings on professional nurses and other health officers using the new electronic patient filing system and its effect thereof. The Department reported to have trained professional nurses, data capturers and admin clerks through onsite training that was conducted in all facilities in Gert sibande on the new electronic patient filling system. The Department further reported that all nine (9) Provinces are moving towards implementing the eHealth strategy during 2016/17 financial year. In the 3rd quarter, the National Department of Health will further train Information Officers, Data capturers, admin clerks and nurses in the use of systems being roll-out (like Web-based DHIS, HPRS/Headcount system).

The Committee further asked if the Department has ensured that there is an uninterrupted access to internet or data bundles in the clinics where the new electronic patient filing system is used. The Department reported that data bundles are provided by the National Department of Health for implementation of the e-Health strategy in Gert Sibande PHC facilities. However, sometimes the data bundles are reportedly depleted and access to

internet is interrupted. The Department reported to be currently in discussion with Telkom to provide unlimited access to internet and to also restrict access for use in systems that are being implemented.

Availability of Pharmacists

With concern, the Committee noted that a substantial number of clinics do not have Pharmacists and Pharmacists Assistants. The Department reported to have ensured that clinics have Pharmacist Assistants in view of the fact that the available Pharmacists are mostly appointed in the hospitals. Only four Community Health Centres have Pharmacists (KaNyamazane, Bhugha, Kabokweni and Phola Nsikazi). The Department acknowledged that not all PHC facilities have Pharmacist Assistants, and committed to continue with training of Pharmacist Assistants to ensure that all PHC facilities are covered. Currently Pharmacist Assistants are distributed in the Districts as follows:

- Ehlanzeni District: 113
- Gert Sibande District: 68
- Nkangala District 47

The Department also reported that Pharmacists from hospitals often visit the clinics for support and all PHC Professional Nurses are authorised to dispense their own prescriptions.

Air Conditioners in Health Facilities

The Committee outlined with concern that most if not all the health facilities they visited for oversight has air conditioner challenges – it is either not there or it is not functional. The Department reported to have conducted a situational analysis to check for medicine rooms and dispensary rooms with working air-conditioners and also to identify facilities without air conditioners. Monitoring of functionality of air-conditioners in the clinics is done by the Operational Manager who reports to the District Infrastructure Manager in cases of challenges.

The number of PHC facilities without air conditioners are as follows as per the report of the Department:

- Ehlanzeni District: 88/121
- Gert Sibande District: 16/75

- Nkangala District: 18/90

The process of procuring air conditioners for the clinics without air-conditioners is reportedly underway.

The Committee asked if the Department has decentralised the procurement processes in relation to air conditioners in the Districts in addressing the challenge on air conditioners among other issues not requiring large sums of money. The Department reported that installation of air-conditioning units have been decentralised to the districts and installation has commenced. The Department reported that this has benefited the Department since procurement is done at the districts and the turn-around time has improved with regard to installation and maintenance of the units.

Ambulances

During the Pre TLP Oversight visits conducted at Lekwa Local Municipality, particularly the visit to Morganzone clinic; the Committee noted that an ambulance is stationed at the clinic with a standby driver, however authorisation for the ambulance to service cases of emergency is issued at Bethal/Evander. The Committee enquired how the Department plans to improve the logistics towards improving response time. The Department reported that the reason for the ambulances being authorised at the call centre is to exercise control and to enable the dispatchers to know the status of the ambulances in order to avoid misuse of resources. The dispatcher will be in a position to identify which ambulance to dispatch and to which patient according to priority (severity of injury or illness). To improve the response times, the Department reported that employees are trained on the Standard Operating Procedures that also speak about: Emergency Response Procedures, to ensure that employees know what their responsibilities are with regard to the management of emergencies. The Department indicated that this will ensure that employees are held accountable for responding to and treating patients.

Community Health Workers

The Committee asked if the Department has resolved the issue of under-payment of Community Health Workers (CHWs). The Department reported that there are two (2) sources of NPO funding: Expanded Public Works Programme (EPWP) and equitable share, and the Community Health Workers in NPOs funded under the EPWP Grant receive R1848.00 stipends that are compliant to Basic Conditions of Employment Act. The

Department reported that the Community Health Workers in NPOs that are funded under equitable share are still under paid; the stipend for the untrained is R1000 and R1200 for those that are trained. The Department further reported that the National Department of Health has called a meeting for provincial CFO's and one of the items in the agenda is the funding of NPO's – recommendations from that meeting will inform the Department's way forward on the matter.

Morganzone Clinic in Standerton

Noting that Morganzone is located at least 48km from Standerton and that the Morganzone Clinic is operating 5 days a week with no health services rendered on weekends, the Committee requested the Department to consider extending the operating hours. The Department reported that Morganzone clinic is currently operating 8 hours, 5 days a week. The Department outlined that the norms and standards of operations dictates that a 24 hour facility is erected for the population that is between 50 000 – 60 000 in size. And according to the Gert Sibande' s IDP 2016/17, Morganzone has a population size of 21062 with an average head count of 2200 per month, therefore the facility does not qualify to operate as a 24hour facility. However, the Department reported that the following measures will be considered:

- The extension of days to cover the weekend - after a detailed analysis has been conducted taking the size of the population, number of patients and the burden of diseases into consideration.
- A campaign on CCMDD Programme referring clients to the local pharmacist to issue treatment for those working after hours.

Electricity Cut-off in Health Facilities

The Committee asked what measures are put in place by the Department to ensure that electricity cut offs are avoided and or better managed in future. The Department reportedly obtains the list of invoices from the institutions on monthly basis and follow on payment. The Department also reported to ensure that disputes with municipal accounts are resolved before municipalities cut off the services. The Department reported to have further put other measures in place by writing letters to municipalities requesting the municipal statements for completeness and to strengthen monitoring.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

This programme provides pre-hospital medical services, inter-hospital transfers, Rescue and Planned Patient Transport to all inhabitants of Mpumalanga within the national norms of 15 minutes in urban areas and 40 minutes in rural areas.

This programme is budgeted **R 333 801 000** which is **3.1%** of the total budget of the Department. At the first quarter, this programme recorded an expenditure of **R 76 143 000** which is **22.8%** of the total budget. The programme has four **(4)** targets for this quarter and has achieved none **(0)**.

In the previous financial period, this programme was budgeted **R 325 837 000** for the financial period and at the end of the first quarter of the previous financial period, the Department spent **R 58 807 000** which was **18%** of the total budget.

Performance

The Committee asked why did the Department failed to meet the targets of this programme for the past three years consecutively. The department reported to have made some efforts to improve on the achievement of the targets as follows:

Indicator	2013/14	2014/15	2015/16
P1 response urban under 15 minutes	(80) 78%	73%	75.5%
P1 response rural under 40 minutes	(75) 61%	66%	71%
Integration of PPTS into EMS	(20) 0%	0%	20%
Increase in obstetric Ambulances	(6) 6	12	18

The Department reported that currently the number of rostered ambulances is 105 and an additional 96 personnel is needed to fully operate the 105 ambulances. The Department is reportedly in the process of interviewing and appointing 96 personnel with the allocated budget of R 16.5 million. The take-over of the Planned Patient Transport Services (PPTS) function should alleviate some pressure from EMS which will result in shared servicing of calls. The Department also reported to be engaging with the Department of Cooperative Governance and Traditional Affairs (COGTA) and Department of Public Works, Roads and Transport (DPWRT) to address the challenges of road infrastructure and street names in rural areas which leads to delays in response times. And an amount of R 15 338 000 has been set aside for procurement of ambulances.

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

The Committee noted that this programme renders level 1 and 2 health services in regional hospitals to render TB specialized and Psychiatric hospital services.

This programme is budgeted **R 1 212 177 000** which is **11.4%** of the total budget of the Department. At the end of the first quarter, the programme has spent **R 303 896 000** which is **25.1%** of the total budget of the programme. This programme has ten **(10)** targets and achieved six **(6)** targets. In the previous financial period at the end of the first quarter, this programme achieved **9** of the **10** targets and spent **22.9%**.

Compliance with the National Core Standards

The Committee enquired on the measures put in place for compliance with the NCSs and the effect thereof. The Department reported that the hospitals do not meet the national core standards; however, the Department has ensured that each hospital has a Quality Improvement Plan (QIP) geared towards closing the gaps identified during the assessments. The implementation of QIPs is monitored on a monthly basis. The Department further reported that the regional hospitals formed part of the provincial team that benchmarked in KwaZulu-Natal to learn the best practices and share experiences with their counterparts on compliance with National Core Standards.

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITAL SERVICES

The purpose of this programme is to render secondary and tertiary health care services and to provide a platform for training of health care workers including research.

This programme is budgeted **R 1 039 902 000** which is **9.7%** of the total budget of the Department. At the end of the first quarter, this programme recorded an expenditure of **R 241 881 000** which is **23.3%** of the total budget of the programme. The programme has seven **(7)** targets and achieved only three **(3)** of those targets.

In the 2015/16 financial period this programmes was budgeted **R 1 037 983 000** and at the end of the first quarter of that financial period, the Department in this programme has spent **R 222 400 000** which was **21.4%** of the total budget. At that time it had ten targets and achieved eight of them.

Orthopaedic Surgeons

The Committee noted with appreciation that more Orthopaedic Surgeons have been appointed at the following institutions:

- 1x Ermelo hospital
- 1x Witbank hospital
- 1x Mapulaneng hospital
- 2x Rob Ferreira hospital

Total orthopaedic surgeons appointed are five (5)

Research Studies

The Committee enquired if the Department has conducted any research studies in the programme, as research is part of the purposed activities in the programme. The Department reported to have ensured that there is research conducted under this programme; Research study conducted: Outcomes of clubfoot and neck of femur fractures on neglected adolescent Blount's disease. The research reportedly started during 2015 and, it will be completed end of 2017 because patients are followed over a period of three years.

PROGRAMME 6: HEALTH SCIENCE TRAINING

The Committee noted that the purpose of this programme is to ensure the provision of skills development programmes in support of the attainment of the identified strategic objectives of the Department.

The programme is budgeted **R 386 213 000** which is **3.6%** of the total budget. The programme recorded an expenditure of **R 71 855 000** which is **18.6%** of the total budget of the programme. The programme has two **(2)** targets and **achieved both** of the targets for this quarter. .

In the previous financial period **2015/16**, this programme was budgeted **R 294 926 000** for the financial period and at the end of the first quarter the Department in this programme spent **R 77 977 000** which was **26.4%** of the total budget.

Training for Nurses within the Province

Aware of the departmental agreement with KZN for the training of nurses, the Committee enquired on the provincial capacity for the training of nurses in order to reduce cost. The Department reported that the provincial capacity is still not at the required level in terms of the human resources and infrastructure however, plans are underway to address the challenge. The Department is reportedly working on finalising the procurement of equipment for Rob Ferreira Hospital and also ensuring that Ermelo and Witbank Hospitals become accredited nursing schools.

The Committee further noted that students from rural areas are considered during the recruitment process per municipality for student nurses intake. The selection of students for the year 2016 was distributed as follows:

- Ehlanzeni: 51
- Gert Sibande: 50
- Nkangala: 50

The Committee enquired on the Department's strategy to assist qualifying students to take advantage of the Doctor's programme in Cuba. The Department reported that it places advertisements on local Newspapers to invite individuals to apply, uses local radio stations to explain the application process and encourage individuals to apply and conduct career exhibitions in conjunction with the Department of Education. The Department further reported that application forms have been made available on the Departmental website.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

The purpose of this programme is to improve the quality and access of healthcare services through:

- The availability of pharmaceuticals and other ancillaries;
- Rendering of credible forensic health care which contributes meaningfully to the criminal justice system;
- The availability and use of the appropriate health technologies;
- Improvement of quality of life by providing needed assistive devices;
- Coordination and stakeholder management involved in specialized care;
- Rendering in-house services within the health care value chain.

The programme is budgeted R 175 925 000 which is 1.6% of the total budget of the Department. At the end of the first quarter the programme recorded an expenditure of R 28 628 000 which is 16.3%. This programme, for this quarter, has seven (7) planned target and achieved four (4) of them.

Availability of Medicine

To ensure availability of medicines, the Department reported that the Stock Visibility System (SVS) is being implemented by the National Department of Health at PHC facilities and Rx solution is being rolled out at hospitals.

Expiry of Medicine

Aware that the value of the expired medicine is R 2, 439,019.00 for 2015/16 financial year, the Committee enquired on the factors that led to the expiry and the remedial and preventative measures put in place and also the consequence management measures instituted. The Department responded as follows:

Factors that cause medicine to expire are:

- Changes in treatment protocols from National Department of Health.
- Shortage or lack of maintenance of the air conditioners in the facilities.
- Inadequate infrastructure resulting in store rooms that are packed inappropriately.
- Shortage of Pharmacist and Pharmacists assistants.
- Shortage of Responsible Pharmacists in the facilities.

The following remedial and preventative measures were instituted:

- The Department has implemented stock management system in the facilities to ensure that medicine does not expire.
- Facilities share information and redistribute medicine that is about to expire to facilities that do not have stock.
- The Department is procuring air conditioners for facilities to ensure that the efficacy of medicine is maintained.

- The Department has also entered into a contract with service providers for the maintenance of the air conditioners.

The following remedial actions were taken:

- The Department developed SOP for management of pharmaceutical stock.
- Pharmacists have been appointed in the Districts to oversee and monitor management of stock.
- The Stock visibility system has been implemented in the facilities. The System will give alert to medicine that is about to expire.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

The Committee noted that the purpose of this programme is to build, upgrade, renovate, rehabilitate and maintain health facilities.

This programme is budgeted **R 714 774 000** which is **6.7%**. This programme, at the end of the first quarter, recorded an expenditure of **R 100 662 000** which is **14.1%**. This programme has two **(2)** planned targets for the quarter and has achieved the two **(2)** targets.

6. COMMITTEE FINDINGS FROM THE INTERACTION WITH THE DEPARTMENT

After the interaction with the Department, the Committee made the following findings:

- a. The Department failed to achieved all its set targets;
- b. The Department will conduct the physical verification of its movable assets in September 2016, the project plan has been approved;
- c. The Department failed to ensure that all Doctors (Specialists) sign attendance registers and as a result this has led to the Department paying all doctors 16 hours of commuted overtime without daily verification;
- d. The Department has rolled out the e-health strategy in Gert Sibande District; currently in discussion with Telkom to provide unlimited access to internet and also to restrict access for use in systems that are being implemented;

- e. One hundred and twenty two (122) PHC facilities do not have air conditioning out of two hundred and eighty six (286) provincially, however procurement and installation is reportedly underway;
- f. Programme 3: EMS has continuously failed to achieve its set targets, however, the Department is reportedly in the process of interviewing and appointing 96 personnel with the allocated budget of R 16.5 million;
- g. The Department is reportedly working to finalise the procurement of equipment for Rob Ferreira Hospital
- h. The Department is also in the process of ensuring that Ermelo and Witbank Hospitals become accredited nursing schools;
- i. Aware that orthopaedic surgeon is a scarce skill, only five (05) hospitals in the province have permanent appointed orthopaedic surgeons, the Department has a total of eight surgeons currently, Rob Ferreira Hospital 2, Mapulaneng Hospital 1, Ermelo Hospital 1, Witbank Hospital 2 and Themba Hospital 2.

7. RECOMMENDATIONS IN RESPECT OF THE FINDINGS

The Committee recommends that the Department must:

- a. Improve on planning and ensure that set targets are Specific, Measurable, Attainable, Realistic and Time bound (SMART), and supported accordingly for effectiveness and efficiency;
- b. Provide progress report on the physical verification process on the movable assets inclusive of the asset register (as evidence) by 30 September 2016;
- c. Strengthen its monitoring system and provide a detailed report (inclusive of financial implications) on the commuted overtime paid to all doctors without daily verification as well as measures put in place to curbing this from occurring in future, by 30 September 2016;
- d. Provide progress report on the Department's discussion with Telkom (inclusive of the Memorandum of Understanding if any) to provide access to internet (the access must be limited for monitoring purposes and because payment has to be made and the

Department does not have unlimited budget)and also to restrict access for use in systems that are being implemented by 30 September 2016;

- e. Provide progress report on the procurement and installation of air conditioners in the PHC facilities without air conditioners provincially by 30 September 2016;
- f. Provide a detailed progress report on the appointment of the 96 EMS personnel and the effect on performance if any by 30 September 2016;
- g. Fast track the procurement process of equipment for Rob Ferreira Hospital and also provide progress report by 30 September 2016;
- h. Provide progress report on the accreditation of Ermelo and Witbank Hospitals to become accredited nursing schools, by 30 September 2016;
- i. Ensure that the eight available orthopaedic surgeons have orthopaedic sessions in the other hospitals without appointed orthopaedic surgeons to accessibility of services; provide progress report on the matter (inclusive of the sessions timetable and attendance register) by 30 September 2016.

8. CONCLUSION

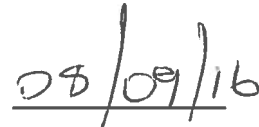
The Chairperson wishes to express her gratitude to the MEC Hon GP Mashego; the HOD and the senior officials of the Department of Health for their active involvement during the deliberations with the Department.

The Chairperson further wishes to thank the Hon. Members of the Committee for their sterling participation and inputs during the deliberations on the 1st quarter report of the Department of Health and also thanked the Legislature staff for their support and contribution towards the production of this report.

Lastly, the Chairperson requests the august House to adopt the report with its recommendations and provide a progress report by 30 September 2016.



HON. P NGOBENI



DATE

**CHAIRPERSON: PORTFOLIO COMMITTEE ON
HEALTH & SOCIAL DEVELOPMENT**