COMMITTEE REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT IN RELATION TO THE 4th QUARTER PERFORMANCE REPORT FOR 2014/15 FINANCIAL YEAR - DEPARTMENT OF HEALTH

1. INTRODUCTION

The Portfolio Committee on Health and Social Development has a Constitutional mandate, in terms of Section 114(2) (b) of the Constitution of the Republic of South Africa (Act 108 of 1996) read with Rule 218 and Rule 131 of the Rules and Orders of the Mpumalanga Provincial Legislature (the Rules) to oversee the performance of the Department of Health (the Department) and hold it accountable through various measures.

2. METHOD OF WORK

The Speaker referred the department's forth (4th) 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 22 July 2015, the researcher briefed the Committee on the analysis of the 4th quarterly report; thereafter the Committee met with the Department on 31 July 2015 to deliberate and scrutinize in detail the aforementioned document. The Committee then met on 13 August 2015, to consider the draft Committee report.

3. GENERAL OBSERVATIONS

The Committee observed that the Department:

- Has improved on its overall performance as compared to the 3rd quarter;
- Has spent within its budget;
- Still has a challenge on infrastructure development.

4. BROAD OVERVIEW BY THE MEC

MEC GP Mashego appreciated the opportunity for the Committee to conduct its oversight on the Department and welcomed in advance the recommendations that were to follow in enabling the Department to foster service delivery.

The MEC reported that the Department had improved significantly after starting the year negatively; with accruals, bad media coverage and being put under Section 18 (2) (G) in terms of the PFMA for intervention, to mention but a few. He went on to report that the Department still had challenges in terms of infrastructure development and management. The Department is in the process of capacitating its officials in this regard to avoid relying on the implementating agent.

MEC Mashego also reported that the newly appointed Chief Financial Officer (CFO) has already developed a structure for asset management and in the process of putting systems in place for financial management.

The issue of HR delegation in the health facilities has been finalised, the MEC cited that this would reduce the challenges experienced daily in hospitals.

The Department is currently supplying water to KwaMhlanga Hospital whilst looking for a long-term/permanent solution to this challenge.

With regard to the in facility mortality case that was reported by the media on Evander Hospital where a mother and her child died, the Doctors that performed the emergency C-Section procedure outside the theatre room have been suspended pending investigations. The family was approached for condolences and a way forward (advice) in case they decide to go the litigation route. The MEC reported that the Department was responsible for the funeral costs.

The MEC reported that the Department would conduct a skills audit on all the Hospital CEOs to address the issue of poor management, this to avoid maladministration and litigation cases to mention but a few.

5. DELIBERATIONS ON THE 4th 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 4th quarter. Thereafter the Committee interacted with the Department per programme.

MILLENNIUM DEVELOPMENT GOALS (MDGs)

MDG4: Reduce Child Mortality

The Committee wanted to know why the Department failed to achieve the target of under 5 year old children in-facility mortality rate of 5/1000 or less. The Department reported that Mpumalanga is second after KwaZulu- Natal on the prevalence of HIV and AIDS; hence the province is facing high mortalities of children who are under 5 years, dying from opportunistic diseases like Pneumonia, Diarrhoea and Severe Malnutrition. Community members delay to report and send sick children for health care; eventually reaching health facilities too late to be assisted.

The Committee further asked how many officials the Department had trained and being monitored to implement Integrated Management of Childhood Illness (IMCI) Strategy and Prevention of Mother to Child Transmissions (PMTCT) in facility and the impact thereof on under 5 year old children in-facility mortality rate. The Department reported that Nkangala District trained 14 Professional nurses, Gert Sibande District 11 and Ehlanzeni district trained 20 on IMCI. The following impacts were reported by the Department:

- The in-patient death rate for children under five years was at 7.8/1000 in 2013/14 and it has increased to 8.2/1000 in 2014/15. The reduction to 7.7/ 1000 in the first quarter of 2015/16 financial year therefore translates to a positive impact of the implementation and monitoring of the IMCI strategy.
- PMTCT is implemented and monitored in all health facilities in the province.
- The baby Nevirapine uptake has increased from 99.9% in 2013/14 to 100% in 2014/15 financial year achieving the set target. This has therefore resulted in the reduction of infant first Polymerase Chain Reaction (PCR) positive rate

from 2.1% in 2013/14 to less 2% in 2014/15 against the target of less 2%, which results in the reduction of inpatient death rate of children under five years due to HIV and AIDS related diseases. Thus resulting in a positive impact of the implementation and monitoring of the Prevention of Mother to Child Transmission (PMTCT) programme.

The Department further reported that the number of women booking early for their Antenatal Care Classes has increased, antenatal first visits before 20 weeks rate has increased from 39% to 56.3% and the rate of maternal mortality has decreased from 133/100 000 during 2013/14 to 108/100 000 live births in 2014/15 financial year.

The Committee wanted to know which diseases were causing the under 5 year old children in facility mortality rates and how the Department was responding to those diseases. The Department reported that according to the Child Problem Identification Program 2014, the following were the causes: Pneumonia, Acute Diarrhoea and shock, Septicaemia, Chronic Diarrhoea and Severe Malnutrition. The Department also reported that Professional nurses are given an in-service training on Integrated Management of Childhood Illnesses which is a strategy that is implemented by the Department to manage the illness of the under 5 years on continuous basis through the mentorship and coaching by the District Clinical Specialist Teams.

Noting that the deadline for this MDG was 2015, the Committee wanted to know how the Department would report on this outcome. The Department reported that it is planning to continue intensifying the management of MDG 4, 5 and 6 beyond 2015. The new goals beyond 2015 will be called the Sustainable Developmental Goals that the country will have to report on to the United Nations by 2020.

MDG6: Combat HIV and AIDS, Malaria and other diseases

The Committee wanted to know if the Department has evaluated the Health Care Provider Initiated Counselling and testing (HCT) campaigns and trainings of behavioural change and the impact thereof. The Department reported that there has been no formal evaluation of the Health Care Provider Initiated Counselling and Testing (HCT) campaigns and trainings of behaviour change. However this is offered by professional nurses at facilities at a small scale due to staff shortages and

multitasking of professional nurses in facilities. HCT is offered mainly by lay counsellors at all public health facilities and at community level. Although no formal evaluation has been conducted, the impact of HCT was evidenced by the increase in client testing from 552 901 in 2013/14 to 620 039 in 2014/2015; and access to ART increase from 61195 to 71649 respectively as more and more people are becoming aware of their status.

On the fights against HIV amongst youth aged 15 to 24, the Department reported that they were in collaboration with the following partners:

- Department of Social Development: providing counselling, testing and provision of ART in drop in centres;
- Department of Education: providing peer education, life orientation as well as HCT and condoms targeting boys and girls in schools and tertiary institutions in the province;
- Department of Agriculture in partnership with AgriAIDS for HCT in farming communities and farm workers;
- Department of COGTA: through the support to traditional initiation schools which resulted in adverse events and deaths reduced from 31 in 2013 to less than six (6) in 2014;
- South African Police Services and Department of Justice is through the treatment of rape cases and Sexual Translated Illness and providing comfort packs in Victim Empowerment Centres (Thuthuzela Centre)
- Department of Correctional Services: through capacity building on HIV policies, provision of condoms, VMMC services, HCT and inmates on ART are also managed in the nearby facilities. There is a provision of TB treatment inside the correctional service facilities
- Department of Public Works, Roads and Transport is through the condom distribution and peer education in High Transmission Areas (Construction sites and truck routes)

- Love Life is a non-governmental organization training the youth on life skills including HIV and AIDS, STIs, TB and teenage pregnancy. They have ground breakers who are working as youth trainers at community level.

The Department reported that the impact of these collaborations is to increase awareness of HIV prevention and treatment of HIV/AIDS and this was evidenced by the increase in client testing from 552 901 in 2013/2014 to 620 039 in 2014/2015; and access to ART increase from 61 195 in 2013/2014 to 71 649 in 2014/2015.

The Committee asked how the Department plans to reduce the defaulter rate of TB patients in Mpumalanga, Nkangala district specifically. The Department reported that it would be reduced through:

- The use of Ward-Based Outreach Teams to strengthen patient support and supervision;
- Working collaboratively with partners;
- On-going adherence counselling of TB patients during visit to facility;
- Increase access to treatment centres through decentralisation where staff has been adequately trained in Nurse Initiated Management of Multi Drug Resistant TB.

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 total expenditure for the programme was **R 196 528 000-00 (86.8%)** an under expenditure in the 4th quarter.

Provincial Human Resource for Health Plan

The Committee requested the Department to provide a linkage between the development of the Provincial Human Resource for Health Plan and the Workload Indicators for Staffing Needs (WISN) Norms and whether the WISN Norms are a prerequisite for the development of the Provincial Human Resource for Health Plan.

The Department reported that WISN Model is a human resource planning tool that enables managers to determine staffing requirements based on the workload of their facilities. The WISN Primary Health Care (PHC) norms have been approved by the Technical National Health Council for implementation by provinces. However, WISN norms for hospitals are being developed.

Noting that the Department does not have the Provincial Human Resource for Health Plan, the Committee wanted to know the effect thereof and what the Department was doing to addressing the matter. The Department reported that the unavailability of the Provincial HRH Plan might cause the Province to over/under-estimate the staffing requirements. Under-estimation results in staff shortages and this necessitates performance of overtime which is very costly to the Department. An over-supply of staff will result in under-utilisation of staff. The Department further reported that the Province was conducting WISN workshops for all PHC facilities to capacitate all Operational Managers to be able to calculate their staffing requirements based on the workload of their facilities. Currently the staffing requirements for hospitals are calculated based on the ratio per 10 000 population pending the approval of hospital staffing norms nationally.

Vacancies

The Committee wanted to know if the Department had abolished all unfunded vacant positions and the effect thereof. The Department reported that they had not commenced with the process of abolishment of posts. The Department is in the process of placement of staff in relevant posts and thereafter abolishment of posts will take place with the assistance of National Treasury.

Noting that the Department has a high rate of vacancies (on enrolled nursing assistants, doctors, pharmacists, medical specialists and general workers) in their health facilities, the Committee wanted to know the impact to this and the mitigation plan that has been put in place. The Department reported that the shortage of health professionals compromises the quality of health care as a result of low staff morale, high absenteeism and high staff turnover, the shortage of general workers has a negative impact on cleanliness, infection prevention and control as well as patient safety which form part of the six (6) key priority areas for the National Core

Standards. The Department further reported that the Employees Assistance Programme in place provides for various interventions directed at improving staff morale and continuous recruitment and retention strategies are implemented.

The Department also stated that they have an amended recruitment and selection policy to make provision for head-hunting of medical doctors, pharmacists, medical specialists and other scarce skilled personnel. The National Department of Health assists with recruitment of foreign work force (e.g. four Cuban Specialists have been recruited during June 2015; Ophthalmologist, Obstetric & Gynaecologist, Plastic and Reconstructive Surgeon and Intensive Care Unit Specialist and allocated at Themba, Mapulaneng, and Rob Ferreira and Ermelo hospitals respectively). Doctors and pharmacists are appointed into permanent posts on completion of their community service if the posts are available.

The Department reported that they have advertised the executive management posts in hospitals. The profiling process of all advertised posts has been completed and the shortlisting and interviewing processes were in progress.

The Department further reported that by end of June 2015, Department had appointed nine (09) PHC Supervisors who are allocated as follows:

- Thembisile Hani Local Municipality x 2;
- Thaba Chweu Local Municipality x 2;
- Mbombela Local Municipality x 3;
- Bushbuckridge Local Municipality x 2.

The recruitment of outstanding eight (08) PHC Supervisors is planned to be finalised by end of August 2015.

Expenditure

As reported that the Department did not achieve most of its targets in this programme, the Committee wanted to know how the Department spent 86.79% of its allocated budget. The Department reported that cost drivers in this programme were Litigations, Licences (Microsoft) and Security Services.

Risk Management Unit

The Committee urged the Department on the significance of the Risk Management Unit in terms of risk assessment and development of prevention measures. The Department reported that the Risk Management Unit had been strengthened with the appointment of an Independent Risk Committee Chairperson. All Risk Management Policies and Strategy have been approved; however, the unit has a shortage of staff, with only two officials. The Department also reported that quarterly meetings were held and risk management has been included as a KPI on all Senior Managers' Performance Agreements.

Asset Verification

The Committee urged the Department to deal with the challenge of physical asset verification. The Department reported that they received a qualified audit opinion on assets, a 100% physical verification of assets is planned to commence at the end of August 2015 to resolve the following problems as raised by the Auditor General.

- Adjustment to opening balance;
- Additions;
- Transfers in and out;
- Disposals;
- Completeness in terms of checking from the asset register to the floor and vice versa.

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. Total expenditure was R 5 502 763 000-00 (101.8%) an over expenditure in the 4th quarter.

By-passing of PHC

Noting the reasons provided by the Department on the by-passing of PHCs and the measures put in place to addressing the challenge in their 2013/14 Annual Performance Report and in their 2014/15 1st Quarterly Performance Report, it has

been noted that the challenge persists as per the 4th Quarterly Performance Report. The Department reported that a survey would be conducted during the second quarter (July-September 2015). The purpose of the survey is to further determine the reasons for by pass of PHC facilities, so that targeted interventions are put in place as informed by the survey results.

The Committee wanted to know how many mobilisation campaigns to communities have been undertaken thus far, to mobilise communities to use PHCs, the impact of those campaigns as well as what was entailed in the " intensify mobilisation of communities to utilise appropriate level of care". The Department reported that mobilisation campaigns were not yet conducted; however, Radio slots were allocated for discussing PHC utilisation by communities. Gert Sibande District has planned to conduct 25 community dialogues four (4) major dialogues will be conducted by the district and 21 dialogues will be conducted by sub-districts. The first district dialogue was conducted at Lekwa on the 31 July 2015.

The Committee requested the Department to provide a brief report on the rollout of the Ideal Clinic Initiative. The Department reported that the Ideal Clinic initiative was initially implemented at Buhlebempilo (Breyten) and Nthoroane Clinics in Gert Sibande District. Both Clinics have not yet reached the Ideal Clinic Status; however, there is remarkable progress. The Roll-out of the Ideal Clinic was preceded by determining the readiness for implementation of the initiative in the three Districts; a total number of 87 PHC facilities are targeted for realisation of the Ideal Clinic status during 2015/16.

The Department reported that on the contracting of General Practitioners to clinics in Gert Sibande District, a total number of 33 GPs for 46 clinics were contracted. The remaining clinics are visited by a Hospital and Sessional doctors as an outreach service.

Contracting of General Practitioners (GPs)

The Committee wanted to know the plan for Contracting GPs in all the health facilities provincially. The Department reported that they will continue to recruit and

strengthen the retention of Doctors to ensure that all PHC facilities are supported adequately. Doctors supporting PHC facilities are categorised as follows:

- General Practitioners (GP) contracting which is a National DOH initiative in the National Health Insurance (NHI) pilot District.
- Sessional Doctors
- Outreach Services by Doctors from Hospitals

Currently a total number of 185/279 PHC facilities are supported by Doctors and 94 PHC facilities are not supported by Doctors. The estimated cost for the 94 PHC facilities that are not supported by Doctor would be = R8, 789,376 per annum.

Gert Sibande District

A total number of 54/72 PHC facilities are supported by doctors, the remaining 18 PHC facilities for at least four hours weekly would cost as follows: 16hrs x R487 = R140, 256 per month x 18 PHC facilities = R1 683 072 per annum.

Ehlanzeni District

A total number of 72/121 PHC facilities are supported by Doctors, the remaining 49 PHC facilities for at least four hours weekly would cost as follows: 16hrs x R487= R381,808 per month x 49 PHC facilities = R4 581 696 per annum.

Nkangala District

A total number of 59/87 PHC facilities are supported by doctors. the remaining 28 PHC facilities for at least four hours weekly would cost as follows: 16hrs x R487= R218 176 per month x 28 PHC facilities = R2 618 112 per annum.

Mobile Clinics

The Committee wanted to know if the Department would procure and replace old mobile clinics over the MTEF, the projected amount to be spent and which communities would benefit in this regard. In responding, the Department reported that procurement of 16 mobile clinics was targeted for 2015/16; however, the number has increased to 18 because estimated prices were higher than those in the approved RT57 Tender contract. The cost for the 18 Mobiles is R14, 600,000

including conversion, branding and registration. The 18 mobiles targeted for 2015/16 will benefit communities in the following local municipalities:

- **Ehlanzeni District x 9:** Bushbuckridge x 2; Mbombela x 2; Nkomazi x 2; Umjindi x 2 and Thaba Chweu x 1;
- **Nkangala District x 9**: Steve Tshwete x 2; Emakhazeni x 2; Emalahleni x 2; Thembisile Hani x 1 and Victor Khanye x 2.

District Clinical Specialists Teams

The Committee asked why the Department failed to appoint Clinical Specialists Teams as planned and further asked the negative impact of not having these teams as well as the measures put in place to mitigate the challenge. The Department reported that there is a general scarcity of specialists in the country, making it difficult especially in Mpumalanga Province where the majority of facilities are in rural areas to attract and retain specialists. However, the province was planning to continue headhunting specialists. The Department also reported that they have sent 21 doctors for training as specialists and they (the doctors in training) have signed a contract to come back and serve the province. The work/serve back period is equivalent to the funded study period (e.g. if the study period is four years, that person will sign a contract to serve back the Department for four years).

School health services

The Committee wanted to know how many school health services teams were going to be established and which communities were going to benefit. The Department reported that the norm is one (01) School Health Team for 30 schools; each School Health Team must visit at least 30 schools with normal enrolment rate per year. Taking into consideration the number of schools that are in the province currently including the enrolment of learners, the Department will need 121 teams to be able to reach all the schools. All communities with public schools are going to benefit as Integrated School Health Policy of 2012 directs that all schools from Primary to the FET level should be visited by School Health Nurses at least once a year.

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. The total expenditure was R 319 314 000.00 (102.8 %) in the 4th quarter, resulting in an over expenditure.

Under Achievement

The Committee noted with concern that the Department did not achieve any of its targets for this quarter, with the following reported challenges: shortage of personnel; operational vehicles, lack of Computer Aided Dispatch (CAD) system and non-appointment of staff for the Planned Patient Transport Services (PPTS) unit due to budget constraints. The Committee wanted to know how these challenges were affecting the service delivery. The Department reported that this resulted in some patients receiving medical attention later than they normally would. However, the Department has increased funding for EMS from R310 556 000.00 to R325 837.00 in the 2015/16 financial year. The Department will appoint 150 officials as per the following categories:

- 3 x District Managers;
- 11 x Station Managers;
- 1 x Fleet Manager;
- 1 x Communication Manager (Head Office);
- 1 x Communication Officer (Nkangala Communication Centre);
- 20 x Advanced Life Support Practitioners;
- 113 x Basic and Intermediate Life Support Officers.

The Department also reported that no budget had been set aside for the CAD system. However, this would be budgeted for in the 2016/17 financial year as the specifications were under review by the National Department of Health to standardise the system across the country.

With regards to operational vehicles, the Department would procure 26 ambulances, 6 obstetric ambulances and 12 all-terrain response vehicles. However, as a

replacement of ageing and written off fleet with only increase in obstetrics ambulances from 12 to 18. The cost is broken down as follows:

- 32 Ambulances - R17 773 396.00
- 12 All terrain response vehicles - R4 497 156.00

Total cost: R22 270 552.00

During the 2nd quarter, the Department had procured and distributed 30 ambulances, three (3) PPTS buses and 14 all-terrain response vehicles as follows:

- Ehlanzeni District: 9 x Ambulances, 2 x Obstetric Ambulances, 7 x all-terrain response vehicles and 1 x PPTS bus;
- Gert Sibande District: 9 x Ambulances, 1 x Obstetric Ambulances, 3 x all-terrain response vehicles and 1 x PPTS bus;
- Nkangala District: 7 x Ambulances, 2 x Obstetric Ambulances, 4 x all-terrain response vehicles and 1 x PPTS bus.

Over Expenditure

The Committee wanted to know how the Department over spent in this programme with no achievements. The Department reported that EMS operations has 694 operational staff and runs on an average of 98 operational ambulances. There are eight (08) people attached to one ambulance meaning that with 98 ambulances there should be 784 personnel, resulting in a shortage of 90 personnel to effectively run the 98 ambulances. Therefore EMS would use overtime to close the gaps that exist; hence the overtime budget expenditure has increased. The Department further reported that this does not include the shortage due to people being on leave (sick or vacation) and those on suspension.

Current staff	Staff per Ambulance	Total staff needed for 98 operational ambulances	Deficit
694	8	784	90

The EMS also caters for events that take place within the borders of Mpumalanga and transports stretcher ridden transfers amounting to 9 500 per annum, further placing a burden on EMS operations. The Planned Patient Transport function is

done by EMS. The PPTS unit and its integration have not taken place yet. Changes will be monitored and recorded once the unit is fully established. The non-establishment of PPTS unit has a huge impact on the achievement of response time. The Department reported that to increase the number of operational ambulances from 98 to 120 will need 176 more personnel to ensure that there is a slight increase in patients being responded to within the set targets. This will further result in the increase in the fuel and maintenance budget by R9.5 million per annum to cater for the increase in the number of ambulances on the road. The current deficit of 90 plus the extra 176 equals to 266 personnel needed.

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. The total expenditure was R 1 047 351 000 (95.5 %) in the 4th quarter, resulting in an under expenditure.

Compliance with the National Core Standard (NCS)

The Committee expressed its concern on the non-compliance by the health facilities with the NCS on the six priority areas. The Committee also cited that the health services rendered and the conditions noted during their oversight visits conducted in a number of the health facilities was not satisfactory. The Committee wanted to know what measures have been put in place to address the challenge. The Department acknowledged that the hospitals failed to comply with the National Core Standards; however, the Department reported that there was significant improvement noted in the assessment reports of the hospitals. The failure is attributed to infrastructural challenges in some areas, shortage of essential equipment and health professionals. In an effort to ensure compliance, the Department reported that the hospitals have developed Quality Improvement Plans to close the gaps identified during the assessments. The Department has invested through the Rapid Implementation Unit (RIU) on repairs and maintenance and will further the investment on repairs and maintenance programme after the budget adjustment in 2015/16 financial year.

The following hospitals have been prioritised for medical equipment for 2015/16 financial year period: Ermelo, Themba and Mapulaneng Hospitals.

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. The total expenditure was R 945 055 000-00 (98.6 %) in the 4th quarter.

Hospital length of stay

The Committee noted that the length of stay was reported to be at 7.2 days against the targeted 5.2. The Committee wanted to know the negative impact and its financial implications. The Department reported that patients were not discharged on time; due to the shortage of orthopaedic specialists. During the fourth quarter, the target cost for patient day equivalent was R2 367-00 per day. Within the average length of stay of 5.3 days, one patient was estimated to spend R12 545 (R2 367 x 5.3 days). Within 7.2 days one patient spent R2 367 per day which amounts to R17 042 (R2 367 x 7.2 per day). The variance is R4 497 (R17 042 – R12 545). This variance could have been redirected to other service delivery needs. The Department further reported that an orthopaedic Letsima is planned for 2015/16 to minimize the length of long staying orthopaedic patients.

Waiting Time

With concern, the Committee asked how the Department was planning to improve the waiting time in hospitals and what the financial implication will be if any. The Department outlined the following strategies to minimize waiting time in 2015/16:

- The conducting of waiting time surveys monthly;
- The implementation of help desks and queue marshals.

The Department further reported that monitoring of turnaround time of diagnostic tests sent to the National Health Laboratory Services will be done for Casualty and Out Patient Department. The above strategies will be implemented in 2015/16 financial year at no additional cost as own personnel will be delegated.

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 total expenditure was R 305 236 000 (106.8%) resulting in an over expenditure in the 4th quarter.

Over Expenditure

The Committee wanted to know what led the Department to over spend in this programme. The Department reported that the challenge of accommodating students in the hospitals led to the need for their accommodation in private settings thereby causing over-expenditure in this programme.

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 total expenditure was R 102 656 000(93.7%) in the 4th quarter, resulting in an under expenditure.

Pharmaceutical Therapeutic Committee (PTC)

The Committee wanted to know how the Department was planning to strengthen the Mpumalanga Pharmaceutical Therapeutic Committee. The Department reported that PTCs are composed of departmental personnel at no extra cost. The Mpumalanga Pharmaceutical Therapeutic Committee (MPTC) will provide training for the District and Hospital PTCs.

Availability of Medicine

The Committee asked which medication is not available at the depot and how the Department intending to address this challenge. In response, the Department outlined the following drugs:

- BCG vaccines (The Department will do a catch-up on missed cases as soon as the vaccine becomes available);
- Zidovudine 100mg;
- Lamzid (AZT + 3TC) was not available but has been received at the depot;
- Abacavir was a challenge, but is now being received at the depot;
- Nevarapine 240ml syrup;
- Ampicillins.

The Department further reported that they were going to buy out on quotations and the National Department of Health provides guidelines for alternative therapeutic regimen. The National Department of Health can buy medicines for Provinces in terms of Section 21 (National Department of Health is able to buy any medication that may not be available in the country and get it registered with the Medicine Control council and import into the country).

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

The Committee noted that the purpose of this programme is to build, upgrade, renovate, rehabilitate and maintain health facilities. The total expenditure was R 471 108 000 (72.9 %) in the 4th quarter, resulting in a huge under expenditure.

With the reported progress in infrastructure development, the Committee enquired if the Department had developed and costed the following plans: Provincial Infrastructure Master Plan, Provincial Maintenance Master Plan and Infrastructure Implementation Plan. The Department reported that the plans were in place with the cost estimates.

Infrastructure Unit

The Committee noted the poor performance by the Infrastructure Unit and asked how the Department would strengthen this unit. The Department reported that the following positions have been filled:

- Director: Infrastructure Planning with effect from 01June 2015
- From 01 August 2015:
    - Dep. Director: Maintenance - Nkangala District;
    - Dep. Director: Occupational Health & Safety;
    - Dep. Director: Institutional Improvement;
    - Chief Works Inspector;
    - Inspector of Works;
    - Engineering Technician.

The Department also reported that letters of appointment have been issued for the following posts and the appointees have requested for a review of the package being offered:

- Chief: Mechanical/Electrical Engineers x 2;
- Chief: Civil/Structural Engineer.

Further, the Department reported that the following posts were at an advanced stage of recruitment:

- Control Engineering Technician;
- Director: Infrastructure Programme Management ;
- Director: Engineering and Technical Services.

Twenty (20) infrastructure posts were re-advertised on 28 May 2015 due to the non-availability of suitable candidates. The closing date was on 10 July 2015.

- Dep. Director: Monitoring & Evaluation;
- Dep. Director: Finance;
- Dep. Director: Health Facility Planning ;
- Chief Architect x 3;

- Chief Quantity Surveyor x 2;
- Chief Civil/Structural Engineer;
- Electrical Engineer x 2;
- Mechanical Engineer x 2;
- Architect x 3;
- Quantity Surveyor x 3;
- Works Inspector.

Performance by Contractors

The Committee wanted to know what actions were taken against the contractors in Ermelo and Standerton for their slow performance. The Department reported that both contractors were subjected to penalties for the remainder of the project. The project in Standerton has since been completed as of 13 June 2015 and that in Ermelo is scheduled to be completed by 31 August 2015.

The Committee also asked what actions the Department had taken to speed up the upgrading and renovation of the following Hospitals: Themba, Carolina, Sabie, Mammetlhake, Ermelo and Betha. The Department reported that they had formally engaged the Department of Public Works, Roads and Transport, contractors and principal agents to review the performance on the respective sites. A revised programme was developed and warning letters were issued. The Department further reported that, frequent monitoring by the departmental project managers to ensure successful completion of these projects is being done.

Infrastructure Conditional Grant

Noting that the Department under spent by R 71,993,000 on the infrastructure conditional grant, the Committee wanted to know the factors that led to the under expenditure and the effect of the under expenditure on future grants. The Department reported that, slow performance by contractors and consultants led to distorted monthly expenditure, resulting to non-compliance with National Core Standards. The under expenditure might affect future grant allocations if not mitigated against, however, in this instance the funds were committed and thus formed part of roll-over funding request that was submitted to Provincial Treasury.

Completed projects for hand over

The Committee requested the Department to make available the schedule for the handover of completed projects for the knowledge of the relevant communities. The Department outlined the following schedule for the hand over projects:

Nr	Name of Facility	Sub-district	Date
1.	Lillian Mambakazi CHC	Lekwa	06 August 2015
2.	Tweefontein G CHC	Thembisile Hani	02 October 2015
3.	Greenside CHC	Dr JS Moroka	09 October 2015
4.	Klarinet Clinic	Emalahleni	16 October 2015
5.	Phola Park CHC	Mkhondo	23 October 2015
6.	Wakkerstroom Clinic	Pixley Ka-seme	30 October 2015

Hospital Maintenance Teams

The Committee requested progress on the benchmarking exercise embarked at Mapulaneng Hospital on the hospital maintenance teams. The Department reported that, the benchmarking was done in November 2014 and could not appoint artisans permanently due to financial constraints; however, cooperatives will be piloted in each of the three districts in the 2015/16 financial year. Furthermore MRTT has provided an artisan list for placement by the end of the 2nd Quarter (30 September 2015). The number of artisans to be placed will be determined after consultation with the Department of Public Works, Roads and Transport by the end of August 2015.

6. COMMITTEE FINDINGS FROM THE INTERACTION WITH THE DEPARTMENT

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

a. There is a challenge of water supply at Kwamhlanga hospital;

b. Children under 5 years in-facility mortality rate had increased at the end of the 4th quarter for 2014/15 Financial Year (F/Y) but had since decreased by the end of the 1st quarter (2015/16 F/Y);

c. The number of women booking early for their ante-natal care classes had increased and maternal mortality rate had also decreased;

d. The Department still does not have a Provincial Human Resource for Health Plan (initially reported in the 2nd quarterly report);

e. The Department is not performing well in programme 3: Emergency Services – the Patient Planned Transport Unit is not yet established;

f. There is still a challenge of mobile clinics though reported that 18 would be procured;

g. There is no compliance with the National Core Standards in most health facilities within the province;

h. There is still a challenge of by-passing the PHC though a survey will be conducted to get the root causes of the by-pass;

i. There is a serious shortage of staff in the risk management unit;

j. The Department has planned to pilot the use of Cooperative in each of the three districts on the hospital maintenance teams.

k. A mother and her child died at Evander Hospital during an emergency C-Section procedure done outside the theatre room, the Doctors that performed the procedure have been suspended pending investigations.

7. RECOMMENDATIONS IN RESPECT OF THE FINDINGS

The Committee recommends that the Department must:

a. Engage the Thembisile Hani Local Municipality to assist on the long term plan for water supply in the Kwamhlanga hospital before the end of the 3rd quarter (30 September 2015);

b. Strengthen the implementation and monitoring of the Integrated Management of Childhood Illness (IMCI) Strategy;

c. Strengthen the implementation and monitoring of the awareness campaigns;

d. Ensure the development and approval of the Provincial Human Resource Health Plan by 30 September 2015;

e. Fast-track the appointment of the 150 officials in the PPTS unit by the end of 2015/16 financial year;

f. Fast-track the procurement of the 18 mobile clinics before the end of September 2015;

g. Ensure the development and implementation of the hospital health improvement plans by 30 September 2015;

h. Submit the report on by-passing the PHC to the Committee before the end of the 3rd quarter (September 2015);

i. Speed up the process of appointing staff for the risk management unit before the end of the financial year 2015/16 F/Y;

j. Submit a progress on the piloted project of using Cooperative in all the three districts on the hospital maintenance teams by 30 September 2015.

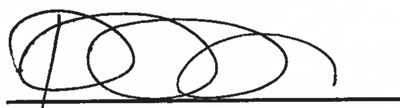
k. Submit a progress report on the case by 30 September 2015.

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 input during the deliberations on the 4th 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 2015**.



13/08/15

HON. P NGOBENI

CHAIRPERSON: PORTFOLIO COMMITTEE ON HEALTH & SOCIAL DEVELOPMENT

DATE