

**REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT
IN RELATION TO THE 4th QUARTER PERFORMANCE REPORT FOR 2019/20 FINANCIAL
YEAR - DEPARTMENT OF HEALTH**

1. INTRODUCTION

As stated in Rule 218 of the Rules and Orders of the Mpumalanga Provincial Legislature, the Member of the Executive Council (MEC) 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 Portfolio Committee on Health and Social Development (the Committee) considered the 4th quarterly report of the Department of Health (the department) for the 2019/20 financial year, reporting period January – March 2020. Interaction with the department was aimed at assessing the department's performance for the quarter, in relation to its 2019/20 Annual Performance Plan (APP) as approved by the committee.

2. METHOD OF WORK

The Speaker referred the department's fourth (4th) quarter performance report to the committee 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 11 June 2020, the committee met with the department to deliberate on the 4th quarter performance report; the committee further met to consider and adopt the draft committee report.

3. GENERAL OBSERVATIONS

The Committee observed that:

- The department during the adjustment budget had its total budget reduced by **R105 900 000**;
- At the end of the fourth quarter, the department incurred expenditure amounting to **R14 259 078 000** which result in a **99.8%** expenditure when compared to the adjusted budget.

4. POLITICAL OVERVIEW BY THE MEC

MEC, Ms SJ Manzini, appreciated the oversight role done by the portfolio committee and cited that the recommendations, advices and appreciation from the portfolio committee on the work done by the department assists the department to improve on service delivery to the community. The following was noted from her political overview:

- The overall preliminary performance in the quarter under review is at 63%, as compared to 64%, 55% and 69% achieved in the 3rd, 2nd and 1st quarters of 2019/20 respectively, with a financial expenditure of 99.8%.

5. DELIBERATIONS ON THE 4th QUARTERLY REPORT

The Head of Department (HOD) briefed the committee on the 4th quarter performance report. Thereafter the committee interacted with the department. The Committee based its interactions on the committee question sent to the department. The presentation of the HOD was limited to the responses of the questions that the committee has sent to the department.

5.1 EXPENDITURE ANALYSIS

PROGRAMME	ADJUSTED BUDGETS	ACTUAL EXPENDITURE AT THE END OF MARCH 2020	%OF EXPENDITURE
Administration	416 142 000	436 829 000	105%
District Health Services	8 808 238 000	8 805 826 000	99.97%
Emergency Medical Services	421 028 000	419 049 000	99.5%
Provincial Hospital Services	1 444 677 000	1 428 973 000	98.9%
Central Hospital Services	1 303 516 000	1 294 467 000	99.3%
Health Science and Training	425 198 000	366 764 000	86.3%
Health Care Support	261 412 000	374 058 000	143.1%
Health Facility Management	1 200 698 000	1 133 112 000	94.37%
Totals	14 280 909 000	14 259 078 000	99.8%

<i>Economic classification</i>	Budget	Expenditure	% expenditure
Compensation of employees	8 420 581 000	8 280 537 000	98.3%
Goods and Services	4 557 074 000	4 607 074 000	101.4%
Interest and Rent on land	-	217 000	-
Total transfers and subsidies	484 910 000	493 926 000	101.9%
Payment for capital assets	818 344 000	877 006 000	107.2%
<i>Total</i>	14 280 909 000	14 259 078 000	99.8%

5.2 PERFORMANCE ANALYSIS

Programme	Quarterly Targets	Targets Achieved	% achieved of quarter target
Administration	6	5	83%
District Health Services	41	17	41%
Emergency Medical Services	6	3	50%
Provincial Hospital Services	5	2	40%
Central Hospital Services	5	4	80%

Health Science and Training	4	3	75%
Health Care Support	7	3	43%
Health Facility Management	7	7	100%
Totals	81	44	54%

Irregular Expenditure

The committee requested the Accounting officer to outline in detail if any, the irregular expenditure incurred in the period under review. The Accounting Officer reported that a total amount of **R 9 141 238.09** was incurred as irregular expenditure in the quarter under review. The services were from the Supply Chain Management unit at Impungwe and Witbank Hospitals on food contracts, private hospital ICU and photocopier services. The Chief Director: Financial Accounting and the CEOs of both Impungwe and Witbank hospitals are the personnel said to have caused the irregular expenditure. Investigation letters were sent to the responsible managers to account and for appropriate steps to be taken.

Fruitless and Wasteful Expenditure

The committee further noted that the department recorded an amount of **R 41 466.55** for fruitless and wasteful expenditure, through various institutions. The District Managers (Nkangala and Ehlanzeni), Director: EMS, Chief Director: PHC and CEOs (Mapulaneng, Mammetlhake, Shongwe, Tintswalo and Rob Ferreira Hospitals) are said to have attributed to the fruitless and wasteful expenditure, on late payments of electricity and municipal accounts and wasteful expenditure. The department also indicated that investigation letters were sent to the responsible managers to account and for appropriate steps to be taken.

PROGRAMME 1: ADMINISTRATION

This programme provides overall management of the department, strategic planning, legislative, communication services and centralised administrative support through the MEC's Office and administration.

Executive Management Teams

The committee enquired on the challenges incurred relating to the filling of all executive management teams in hospitals and how they were addressed. The Accounting Officer reported that the department's overall performance on the appointment of Executive Management team is at 89%, and indicated that the filling of vacancies is influenced by staff turnover. However, the plan is reportedly to fill all vacated posts during the 2020/21 financial year.

Human Resource (HR) Plan

The Accounting Officer was asked to indicate the elements of the HR Plan, what the HR plan seeks to achieve and if the plan can be achieved with the available budget. The Accounting Officer reported the following as the elements of the HR plan:

- Recruitment and Selection;
- Human Resource Development;
- Performance Management;
- Employee Health & Wellness Programme;
- Implementation of the Employment Equity Act.

And outlined that the HR plan seeks to achieve adequate production and provision of skilled healthcare professionals. The budget is reportedly inadequate to achieve the HR plan elements, however, the department prioritizes the filling of critical posts in the beginning of the financial year based on the allocated budget for compensation of employees.

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.

TB Treatment

The committee enquired on the measures developed to improve the departmental performance on all the TB related performance targets, and their effectiveness thereof. The department outlined the following in response:

TB/HIV co-infected on ART and Cure rate:

The algorithms for Tier.net and WebDHIS systems were not aligned and affected the performance of the two indicators. Namely: TB/HIV co-infected on ART rate and TB cure rate. The National Department of Health has updated the TB/HIV information System Software. Tier.net (version 1.13) has been released. Upgrading of the Tier.net from version 1.12.6 to version 1.13 will be completed by 30 June 2020 at both facility and sub-district levels.

TB client treatment success rate:

The target for TB success rate could not be reached due to high lost to follow ups and death rates. However, there is significant increase on the Drug Resistance – TB treatment success rate for the short regimen as compared to the long regimen.

The following measures are reportedly in place:

- Expansion of all oral bedaquilline short term regimen;
- Trained Allied Health professionals, nurses and doctors on TB management, adherence to the national policy guidelines, and on treatment outcome indicators;
- Health education was conducted at Schools and TVET colleges to improve TB patient management;
- Training and mentoring to clinicians on new regimen;
- Occupational Health and Safety officers in PHC facilities conducted TB education, screening and testing, private and mining sector as part of build-up activities for the World TB day 2020 event;
- To improve lost to follow up, TB awareness events, radio talk shows and comprehensive health screening including HIV Testing Services & TB were conducted

in all districts in order to find the missing TB patients and educate the community on the importance of completing TB treatment;

- The department will continue using WBPHCOT to trace TB lost to follow up;
- To reduce the death rate due to late presentation of TB patients at Health care facilities, the department conducted training on TB screening for Traditional Health Practitioners in all districts; this will assist patients who first visit Traditional Health Practitioners before Health care facilities.

The department further indicated that the measures put in place such as the introduction of oral Bedaquilline short-term regimen and the upgrading of the Tier.net is intended improve the effectiveness of management and outcomes of TB treatment.

Integrated Management of Childhood Illness (IMCI)

The committee enquired on the effectiveness of the measures put in place to improve the implementation of the Integrated Management of Childhood Illness. The department reported that the World Health Organization (WHO) researched the measures put in place and proven effective in contributing to the effective Integrated Management of Childhood Illnesses. However, the effectiveness of the strategy also depend on the timeous presentation of children for health intervention in our facilities. This is often a challenge in the province as the community needs constant education to comprehend the behavior change of presentation to health facility when children are not well.

The following measures are reportedly put in place:

- The training is rolled to Community Health Workers on household IMCI;
- The communities, parents and guardians are being provided with knowledge through media platforms of education and awareness on reporting early for healthcare, these include radio slots and distribution of IEC material in local languages;
- The Child Health Clinics have been integrated to Expanded Immunization (EPI) Clinics to ensure that no sick child is missed during a clinic visit.

The measures reportedly are effective as:

- Children are being brought in for their immunizations as per schedule;
- Parents/guardians are cooperating during immunization catchup campaigns;

- The use of media platforms particularly the radio has resulted to noticeable behavior change as parents are bringing children for healthcare which show reception of the knowledge shared;
- Parents/guardians are empowered in that they now report to the receptionist on their arrival at the health facility if they are bringing a very sick baby.

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.

Ambulance Response Time

The committee enquired on the effectiveness of the measures put in place to improve ambulance response time. The Accounting Officer reported that the measures put in place to improve ambulance response time are proving effective and outlined the acceleration plan as follows:

- To improve accurate response times, R 50 million has been earmarked to procure an Emergency Management System with call taking and dispatch modules in the 2020/2021 financial year;
- Procured 67 new EMS vehicles, which are at conversion stage to replace the ageing fleet;
- Planned Patient Transport Services will be launched in the 2020/21 financial year to deal with Planned (Booked) Patients and non-emergency transport to alleviate non-emergency call responded to by ambulances.

The department indicated that the above measures are intended to improve the response time for both rural and urban emergency calls. To accelerate the above measures, the Planned Patient Transport Services will be expanded to Ehlanzeni and Nkangala districts in the 2020/21 financial year and the 67 ambulances will be operationalized in the third quarter of 2020/21.

The Accounting Officer further indicated that the few operational ambulances are due to an ageing fleet that has frequent breakdowns and prolonged turnaround time from merchants. And outlined that the distribution of the 67 ambulances is as follows:

- Ehlanzeni District – 20
- Gert Sibande District – 23
- Nkangala – 24

The department reportedly plans to have 100 operational ambulances daily by supplementing the fleet with new ambulances that have been procured.

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALIZED)

This programme renders level 1 and 2 health services in regional hospitals and TB specialized hospital services.

Classification of Ermelo Hospital

The committee asked the Accounting Officer to indicate the process undertaken to classify Ermelo Hospital as a rural hospital. The Accounting Officer reported that there was no process undertaken to classify Ermelo hospital as a rural hospital. However, the intention to request rural allowance for Ermelo hospital is to improve the recruitment and retention of specialists. The steering committee at National Department of Health is considering the reclassifications of hospitals throughout the country.

Expenditure per Patient Day Equivalent (PDE), Average length of Stay and Inpatient bed utilisation rate

The committee asked the Accounting Officer to indicate effectiveness of the measures put in place to deal with the undermentioned challenges: Expenditure per Patient Day Equivalent, Average length of Stay and Inpatient bed utilisation rate. The Accounting Officer indicated that the following measures put in place are intended to improve effectiveness of the programme:

- Expenditure per PDE:

Expenditure per PDE is monitored through In-Year Monitoring reports, the target was not reached due to payment of accruals, and however, the measures put in place to improve efficiency are effective and listed as follows:

- Monitor budget utilisation;
- Implement Electronic Gate Keeping;
- Control utilization of blood and blood products.

- Average length of stay (ALOS):

The department has established a specialist-training programme to train medical officers on various specialist domains aimed at improving average length of stay and improve quality of care. To date a total of 36 medical officer are on the training programme at different academic levels. The planned intervention for having specialists is to offer bursaries to medical officers to go and train as specialist, this takes 4-5 years and the impact will be realized long term.

- Inpatient bed utilisation:

The measures for managing bed utilisation rate are effective, as the utilisation rate for the regional hospital is 68.1%, which is within the acceptable range.

Specialist Doctors

The committee enquired on the process undertaken to ensure the filling of Specialist position in the regional hospitals. The Accounting Officer reported to have established a Registrar programme with the aim of increasing the pool of specialists in the province, currently 36 registrars are enrolled on the programme at different levels of training.

The registrar programme offers bursaries to Medical Officers training to be COVID-19 specialists. These Medical officers sign a contract with a work back obligation to ensure that after completion training the specialist serve back the people of the province.

The other approach taken by the department is to continue to headhunt specialist for the critical clinical domains and do incidental appointments as per available specialties.

Compliance with Professional Clinical Standards and Protocols

The committee requested for further briefing on the risk faced by doctors and clinicians for non-compliance with professional clinical standards and protocols, the causes and how that can be addressed. The Accounting Officer reported that non-compliance with professional clinical standards and protocols is a potential risk that was identified which could affect patients care and management. The risk is caused by clinicians that are trained in different clinical platforms, which results in them using different approaches to manage common conditions.

To mitigate this risk, the clinical teams reportedly conduct clinical audits to monitor and enforce compliance. In addition, the protocols are reviewed regularly to keep abreast with new technological developments in the management of diseases.

PROGRAMME 5: TERTIARY HOSPITALS

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 and to conduct research.

By-pass of clinics for Primary Healthcare Facilities (PHCs)

The committee noted that the measures put in place by the Accounting Officer to curb the bypass of patients are reportedly effective as the outreach teams conduct visits to district hospitals and PHC facilities. This ensures that patients are seen at the lower level facilities and do not have to go to a tertiary hospital for review of treatment or any other minor ailment.

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

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.

Low Expenditure

The committee noted the report by the Accounting Officer that the recorded low expenditure for this programme in the quarter under review was due to among others, resignations of PHC lecturers at the Nursing College and delays in the integration project of nursing schools to the college budget. The project will be finalized during 2020/21 financial year.

Health Schools and Nursing Colleges

The committee wanted to know if and how the Covid-19 pandemic has affected the tuition in the various health schools and Nursing College and how the institution will ensure the rescue of the academic year. The Accounting Officer reported that all contact-learning sessions were suspended from 23 March 2020 following the outbreak of the covid-19 pandemic. From the 01 June 2020, the final year students, the bridging course, midwifery and PHC students have been recalled back to their respective clinical areas through the risk-adjusted approach. A recovery plan has been developed by the college and has been rolled out with effect from 01 June 2020.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

This programme aims to improve the quality and access to 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.

Over Expenditure

The committee noted the report by the Accounting Officer that the overspending in the programme is due to the R25 million in-kind grant for medical equipment that the National

Department of Health (NDOH) allocated to the province. The over expenditure was a preliminary expenditure whilst awaiting NDOH to carry over the costs, this has since been addressed.

Poor Performance

The Accounting Officer was asked to indicate the reasons for the failure in the under mentioned targets and the measures put in place to improve performance: Improve quality of care by increasing availability of medicine and surgical sundries at the medical depot, the number of hospital providing laundry services planned and the number of hospital with functional transfusion committees. The department responded as outlined below:

a. Availability of medicine

- Poor supply of critical medicines like contraceptives and antipsychotics and diabetic treatment was due to shortage of active ingredients from the manufacturers;
- Due to COVID-19 pandemic, there has been an increase in the demand of certain surgical and pharmaceutical items and the supply thereof is strained.

b. Hospitals providing laundry services

- Delays in completion of the designs and commencement of construction of the laundry in Witbank hospital led to an underachievement of 22/23 hospital laundries.

c. Hospitals with functional transfusion committee

- The Committees that failed to meet their scheduled meetings in the fourth quarter were due to the COVID-19 pandemic outbreak during March 2020.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

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

Msogwaba Clinic

The committee noted the report by the Accounting Officer that the installation of a concrete palisade fence at Msogwaba clinic is complete. The contractor without additional costs as part of the retention period (project liability period) rectified the part of the collapsed fence.

6. COMMITTEE FINDINGS FROM THE INTERACTION WITH THE DEPARTMENT

After the interaction with the department, the committee made the following findings:

6.1 A total amount of R 9 141 238.09 was incurred as irregular expenditure and R 41 466.55 for fruitless and wasteful expenditure in the quarter under review, letters for investigation were sent out to the relevant managers for accountability and discipline where necessary.

7. RECOMMENDATIONS IN RESPECT OF THE FINDINGS

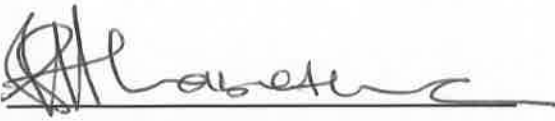
Based on the findings, the committee recommended that the department must implement the following and **submit a detailed progress report by 30 July 2020:**

7.1 submit a detailed progress report on the investigation process on the irregular, fruitless and wasteful expenditure, inclusive of the disciplinary steps taken and how the money will be recovered if ever.

8. CONCLUSION

The Chairperson wishes to express her gratitude to the MEC, the HOD and the senior officials of the Department of Health for their active involvement during deliberations on their 4th Quarterly Performance Report for 2019/20 financial year.

The Chairperson further wishes to thank the Hon. Members of the committee for their sterling participation and inputs during the deliberations and also thanked the Legislature staff for their support and contribution towards the production of this report.



HON. J.L THABETHE
CHAIRPERSON: PORTFOLIO COMMITTEE ON
HEALTH AND SOCIAL DEVELOPMENT



DATE