

PSAM

Public Service
Accountability
Monitor



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ADVANCING YOUR RIGHT TO SOCIAL ACCOUNTABILITY

Evaluation of Health Service Delivery Challenges in the EC

12 April 2013 – ECPC Quality Healthcare Workshop

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Presentation outline

- Budgeting & Planning
- Expenditure Management
- Performance Management
- Integrity
- Role of Oversight
- Solutions / Way Forward

EC Health Budgeting

- Tension b/n poor budget execution vs budget constraints in EC DoH – hard sell to Treasury
- History of Goods & Services prejudiced by CoE exp
- Census Results – negative impact on provincial equitable share - less money to all Depts
- Under-funded and weakly implemented OSD
- Flawed roll out of HROPT - continues to exert budget pressure on Dept – in 2013 funds reprioritised from G&S in DHS programme and allocated to CoE budget (EPRE 2013)

EC DoH Planning

- PSAM annual analysis has noted improvements in planning – move away from compliance based planning towards more meaningful APPs and slightly improved use of budget

NDP 2030 emphasizes:

“Human capacity is key. Managers, doctors, nurses and community health workers need to be appropriately trained and managed, produced in adequate numbers, and deployed where they are most needed”.

“The national health system as a whole needs to be strengthened by improving governance and eliminating infrastructure backlogs”. (Chap 10 NDP p. 329)

Performance Management

- EC DoH has extremely poor track record of managing staff performance – far too few staff appraised annually – far too little disciplinary action for breaches/misconduct
- “All senior managers did not have signed perf. agreements for the year under review (EC Health Annual Report 2011/12, p. 213)
- Implication of this?
- History of high vacancy rates especially within critical posts – unsustainable burden on committed staff

EC DoH Expenditure

- Long history of not spending allocated funds well
- Characterised by accruals, under-expenditure, irregular expenditure, fruitless and wasteful expenditure
- AG Findings of last three years show some progress:
 - 2011/12 – qualified opinion
 - 2010/11 – qualified opinion
 - 2009/10 – disclaimer of opinion
- Flawed roll-out of HROPT
- Widespread conflicts of interest in SMS
- Slow progress in addressing vacancy rates

EC DoH Expenditure cont.

- Longstanding failure by MEC's to undertake annual post provisioning i.t.o law and approve an updated organogram
- Implications of this:

Integrity Concerns/Challenges

- History of systemic corruption - Snr managers implicated in misconduct – including ex CFO's and HOD's
- Widespread failure to make declarations of interest.
- Currently:

“Some 544 department workers were suspected of being ghost employees after it emerged they had invalid identity numbers, the department said in a statement on Sunday 3 February 2013”.

“A total of 8 034 employees were directors of active companies and 929 were listed as suppliers for the health department. Of the 8 034 staff members, 235 had received payments of R42.8 million from the department.”

Oversight

- History of weak oversight by Health PC and SCOPA
 - mirrored by slow & inadequate responses by MEC's & HODs
- Audit results show some progress by Dept in response to AG findings
- Perf. Agreements and annual appraisal of staff must occur

Solutions / Way fwd

Get the basics right

- Appoint HOD & CFO as a matter of urgency – improve leadership
- Conclude perf. agreements with all SMS members and appraise annually – cascading effect
- Ensure staff implicated in irregular activity disciplined
- Undertake annual post provisioning, revise & approve organogram – fill funded vacancies
- Recoup undue HROPT money
- Overhaul SCM – draw on lessons from Mpumalanga Housing Dept revamp of SCM
- Ensure PERSAL clean-up finalised with PT help
- We have to do more with less.
- Batho Pele principles...

Thanks - Q & A