

Challenges within the Eastern Cape Department of Health

SAHR Commissioner meeting with MEC

Introduction

The below constitutes a brief summary of some of the systemic issues faced by the Eastern Cape Department of Health. It should be noted with concern that most of these issues have persisted since 2004. While there are many challenges within the Eastern Cape Department of Health, we have outlined the most significant; those of human resources, stock outs, emergency medical services, and infrastructure. Below, we have provided the commissioner with a summary of the findings in each of these challenge areas, as well as a brief recommendation.

Human Resources

Finding:

The lack of a detailed organogram poses a significant challenge to healthcare facilities through-out the Eastern Cape. Without this document, healthcare workers are unable to make demands of the Department of Health.

According to the ECDOH Annual Report 2015/16, within the Human Resources and organisational development and related progressions, the vacancy rate is 15.2%.¹ The fact that the human resources department itself faces such high vacancy rates is concerning because it shows that the Department is not prioritising the need for better labour relations and a fully staffed human resources department.

Another major concern is the 27,9% vacancy rate of permanent medical specialists through-out the Eastern Province.² The 95,9% vacancy rate for the permanent category of the student nurse critical occupation shows the lack of planning on behalf of the Department and is evidence that they are not looking far enough into the future.³

The human resource problems within the Eastern Cape are well-known by the Department, as are their consequences.

Recommendation:

The recommendation in this respect is to prioritise the finalisation of an organogram for each level of healthcare facility. Once these have been finalised, it will be easier for healthcare workers to hold officials to account in respect of the human resources needed in each healthcare facility.

Stock outs

Finding:

Oral evidence has shown that stock-outs are a major problem within the Province. A number of healthcare users have explained that they spend the last of their monthly allowances on getting to a healthcare facility only to arrive and be told that the medication that they requires has run out and that they must return another day.

¹ Eastern Cape Department of Health (2016) Annual Report 2015/16 217.

² Eastern Cape Department of Health (2016) Annual Report 2015/16 217.

³ Eastern Cape Department of Health (2016) Annual Report 2015/16 217.

Recommendation:

Each healthcare facility should be provided with strategic planning and budget allocation assistance in respect of ordering enough stock. There should also be a protocol in place which instructs that orders for stock be placed at a certain point in the month and that same be delivered within a specific time-frame. In this way, healthcare providers will have a clear set of instructions in terms of which to place orders and a clear set of rules which can be utilised to hold service providers to account.

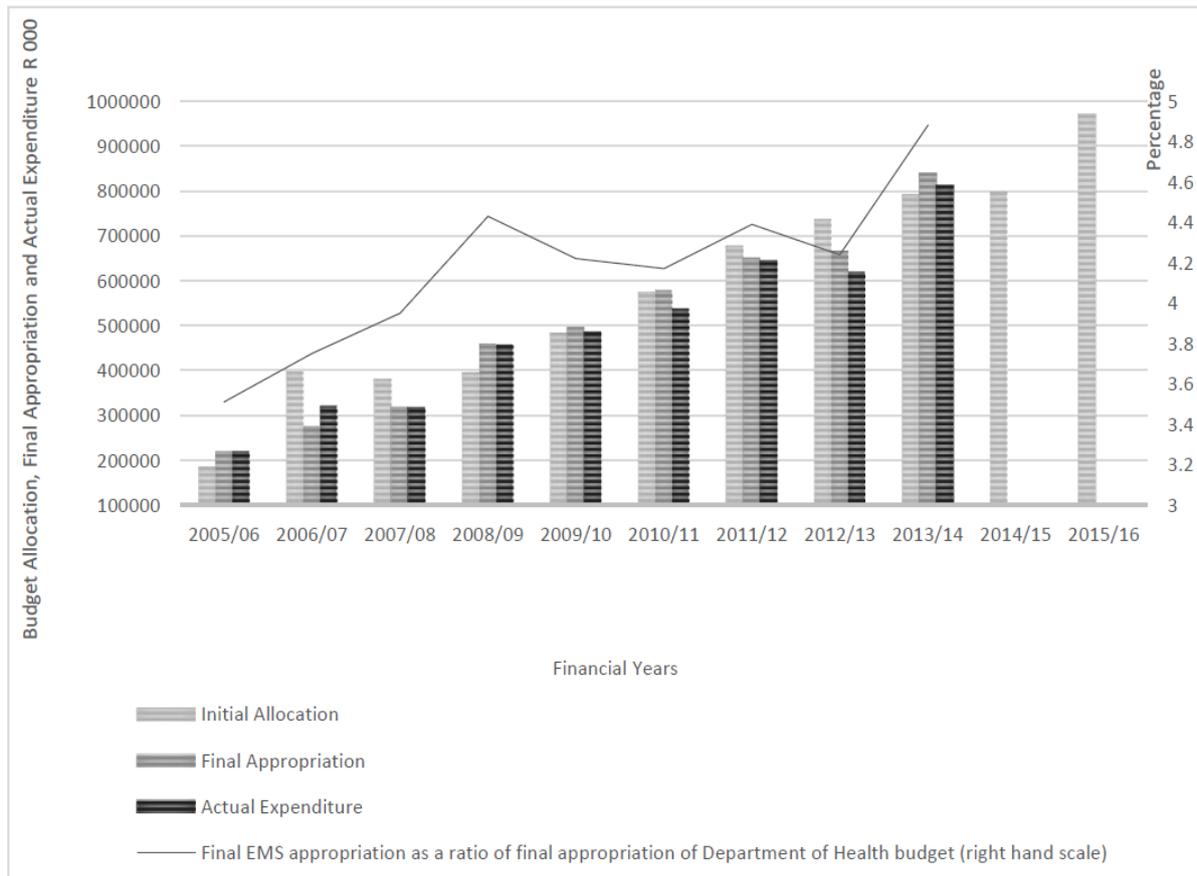
Emergency Medical Services**Finding:**

While emergency medical services has been highlighted as a priority within the department for a number of years, our research has shown that there has been a lack of adequate planning within the strategic planning and budget allocation process and this has resulted in the Department failing to achieve its targets.⁴

In addition to the above, the vacancy rate for Permanent Emergency Medical Services staff lies at 15,5 % as of 31 March 2016. This is a high vacancy rate bearing in mind that EMS is a priority programme.

Financial Years	Number of posts	Number of posts filled	Vacancy Rate
2005/06 ²⁹	2231	1135	49.1
2006/07 ³⁰	2231		
2007/08 ³¹	2186	1956	10.5
2008/09	No data	No data	No data
2009/10 ³²	7941	1955	75.4
2010/11 ³³	2157	1955	9.4
2011/12 ³⁴	6828	1845	73
2012/13 ³⁵	1884	1828	3
2013/14 ³⁶	1938	1837	5.2
2014/15 ³⁷	3067	1884	38.6

⁴ Mtsolongo, T (2015) Emergency Medical Services in the Eastern Cape 2005-2015 4



As can be seen from the above graphs, while the allocation to the EMS programme has increased in the past years, there is still drastic underspending. This underspending speaks to poor strategic planning. Considering that EMS is a priority area, the prevalence of underspending within this programme is worrying.

Recommendation:

The Department needs to conduct an audit of the number of ambulances which are in use, which ambulances are equipped with 4x4 capabilities and whether there is the correct number of ambulances servicing a certain number of people in accordance with the world health organisation requirements.

Infrastructure

Finding:

Old and poor infrastructure is another challenge plaguing healthcare facilities in the Eastern Cape which prevents patients from receiving the quality healthcare that they are entitled to. Oral evidence has been given to the effect that healthcare facilities (especially on the lower levels such as community health centres) have crumbling walls with no water and no electricity.

Recommendation:

Audits of healthcare facilities need to be conducted in order to ascertain what upgrades are needed by which healthcare facilities.

Conclusion

The abovementioned challenges are not new to the Department of Health. These are also systemic challenges which speak to poor planning and inefficient resource allocation. With better planning and a specific focus on improved human resources, these challenges can be overcome. Civil Society Organisations can be called upon in order to provide assistance to the office of the MEC. Most civil society organisations understand that the needs are many and the resources few, and are therefore most willing to provide assistance to the extent that they can. It must be emphasised that it is the opinion of the Public Service Accountability Monitor that improved strategic planning and better resource allocation will solve many of the Department's challenges.

Thank you.