

Eastern Cape Department of Health**Strategic Plan Evaluation****2014/15**

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Monitoring and Advocacy Program, Public Service Accountability Monitor

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Findings and Recommendations**Finding**

The indicators contained within the 2014/15 APP to assess progress made within health infrastructure delivery in the province are not encompassing enough to speak to all the concerns regarding health infrastructure provisioning in the Eastern Cape.

Recommendation

Health Infrastructure is a crucial area of health care delivery and requires that all of its components, from its administration right down to the implementation and completion of projects are reported against. Each level of delivery against health infrastructure needs to have an indicator against which it can be measured and assessed. When such level of detail is made available, it will become easier to know who holds what responsibility against its delivery and therefore who should be held accountable.

Finding

There are no baselines provided in the most recent 2014/15 APP against the few indicators provided to give a sense of what progress has been made over an extended period of time with regards to health infrastructure delivery.

Recommendation

These baselines need to be made available and with consistency to allow for a clearer picture of health infrastructure progress taking place, as well as to allow the citizens of the Eastern Cape to hold those responsible for delivery to account.

Finding

Government has embarked on and put into place new efforts and plans to address infrastructure challenges in the Eastern Cape Province as well as across the rest of the country across many of its sectors. Although new ways of addressing infrastructure challenges within the ECDoH specifically are welcomed, the new ideas/plans are short of giving a clear enough picture of how all these infrastructure plans will be situated and structured together to tackle each of the health sector's backlogs. This leads to inferences and assumptions being made as to how these infrastructure systems as well as the management of such systems are meant to work.

Recommendation

It is important that the Department as well as the wider government goes into explicit detail and make the linkages clearer about how each of these features of infrastructure management fit into one another and how they are meant to work together to enhance health infrastructure delivery at provincial level.

Finding

The Eastern Cape government has embarked on new efforts to address infrastructure backlogs across a number of sectors in the province. The Eastern Cape Department of Health stands to benefit from the newly introduced management system for infrastructure projects and backlogs. Although the introduction of these new efforts is welcomed, there is still not a clear enough picture of how all these ideas will be situated and structured to tackle health sector backlogs. Additionally, due to limited information available, it is difficult to know where the starting point to address these backlogs will be. In particular, it is not clear to what extent and in what manner deeper underlying issues such as weak leadership, inadequate capacity and weak internal oversight will be addressed as part of infrastructure management reforms.

Recommendation

Whilst infrastructure management reforms are welcomed, care needs to be taken to not approach such reforms as though existing challenges were the result exclusively of

management system failures. In addition, reforms, and future planning for reforms, need to integrate broader challenges related to leadership, capacity and oversight.

1. Introduction

Chapter Two of the South African Constitution protects and promotes the progressive realisation of socio-economic rights within available resources. These include rights such as housing (section 26), health care (Section 27) and education (Section 29). Social accountability as defined by the PSAM is the obligation upon public officials and private service providers to justify their performance in progressively addressing the above rights via the provision of effective public services. To achieve the effective realisation of these rights through the delivery of public services, both the state department as well as the private service providers have the responsibility of managing public resources, and must implement effective accountability and service delivery systems.

The aim of this report is to analyse and evaluate the impact of policy priorities at different levels of governance (national, provincial, sectoral and departmental) on the Eastern Cape Department of Health's (ECDoH) 2010 – 2014 Revised Strategic Plan. Through the use of annual and medium-term plan planning documents such as the ECDoH's *Annual Performance Plan* for years 2014/15 to 2016/17 and *Operational Plan* for 2014/15, the Strategic Plan Evaluation seeks to deepen understanding of the goals and targets set in the health infrastructure plans made at the beginning of the 2009-2014 electoral cycle.

The evaluation also considers steps and measures taken by the ECDoH over this period to address delays that may have taken place in achieving these goals and targets. Ultimately, what will emerge from the discussion to follow is the manner in which achievements and continued challenges in health infrastructure planning and delivery impact upon the implementation of efficient health services to the users of those services.

2. Health Infrastructure in the Eastern Cape

Provincial health infrastructure is financed primarily through the Health Infrastructure Grant, a conditional grant from national government.¹ The purpose of the grant is to “supplement provincial funding of health infrastructure to address backlogs, accelerate the provision of health facilities and ensure proper life cycle maintenance of provincial health infrastructure”.²

The Provincial Health Vote consists of 8 main programmes, one of which is the Health Facilities Management Programme. The core objective of this programme is to “improve access to health care services through provision of new health facilities, upgrading and

¹ Eastern Cape Estimates of Provincial Revenue and Expenditure 2014/15, p.134.

² Eastern Cape Department of Health Annual Report 2013/14, p.173.

revitalisation as well as maintenance of existing facilities, including the provision of appropriate health care equipment.”³ This programme, then, is closely responsible for managing the conditional grant received. The Health Administration and Management Programme (Programme 1) gives assistance to infrastructure demands by providing, where necessary, “policy, strategic planning and development, co-ordination, monitoring and evaluation.”⁴

The Eastern Cape has a long-standing challenge of health infrastructure backlogs. Several Departmental reports have acknowledged this as a continued challenge over a number of years. The ECDoH *Annual Report* for the 2011/12 financial year for example pointed out that even though progress had been achieved in that year, “targeted and well-funded infrastructure development for the department” still posed a challenge.

In the ECDoH’s view, as expressed in this *Annual Report*, it has been mainly the manner in which health infrastructure was being funded that remained a problem, and specifically that the following were not taken into account:

- Differences in “cost of delivery between the service points”⁵ and in particular rural setting additional costs;
- Other poor infrastructure, such as roads, water and electricity, make the cost of providing health infrastructure that much more expensive – and in instances where even the local municipalities are inadequately capacitated to provide these support services, the situation becomes worsened;⁶
- The Service Delivery Platform was inappropriate to render health services in the manner intended – even though many of the health facilities in the province were in a bad state, budget cuts to address these challenges compounded the problem of backlogs faced;⁷
- The budget set aside for maintenance was also inadequate – the Department expected to have a maintenance budget of at least R1.1 billion. What they had in reality however was a maintenance budget of R200 million;⁸
- Budget challenges had the ripple effect of weakening other aspects of delivery such as on-time payment of contractors, who in some instances pulled out of

³ Eastern Cape Department of Health Annual Performance Plan 2014/15 – 2016/17, p.225.

⁴ Ibid at p.61.

⁵ Eastern Cape Department of Health 2011/12 Annual Report, p.166.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

construction bringing planned projects to a standstill. Such disruptions and delays were taking place against an already highly stressed and unpredictable backdrop of “extreme infrastructure backlog in the Eastern Cape”;

Although these challenges undoubtedly have relevance, the list cited above suggests that all the problems faced by the ECDoH are ultimately exogenous, that is, beyond the policy or administrative control of the ECDoH. Inadequate focus is given here to the Department’s own shortcomings. In particular, given the pressure that the national fiscus is under and will remain under for the foreseeable future, what is needed is more decisive consideration, in planning for infrastructure delivery, of both value for money and budgetary reprioritisation. The declines in revenue that come from national to the province are already well known beforehand. It is inevitably left to provinces to work with what is made available to them and become efficient with their budgets and deliver on their targets in any given period of time.

3. Health Infrastructure: National Reform Initiatives

At the national level, policy priorities have been developed to address many types of infrastructure backlogs. Chapter 10 (Promoting Health)⁹ of the *National Development Plan (NDP)* sets out broad health goals, indicators, and action points that are intended to guide South Africa to achieve the state of health care it wants to have by 2030. This document explicitly acknowledges that health infrastructure and equipment at facilities in the country are of a poor standard.

According to the Sub-Output 4.4.4 of the *Negotiated Service Delivery Agreement (NSDA)*, the infrastructure backlog within the public health sector has grown larger over the years. In summary, the NSDA is a “charter that reflects the commitment of key sectoral and intersectoral partners linked to the delivery of identified outputs as they relate to a particular sector of government”.¹⁰ There are 12 key outcomes that government has agreed upon, and these outcomes will be used as indicators for the government’s programme of action for the period 2010 – 2014. Each of the outcomes has a number of outputs attached to it “ that will inform the priority implementation activities that will have to be undertaken over the given timeframe to achieve the outcomes associated with a particular output”.¹¹ In order to achieve the health outcomes the policy also acknowledges that organisational restructuring of the current situation will have to take place in order to meaningfully “better manage infrastructure maintenance...pay greater attention and support to the infrastructure service delivery

⁹ National Development Plan Vision 2030, p.237.

¹⁰ <http://www.hst.org.za/publications/nsda-long-and-healthy-life-all-south-africans>

¹¹ Ibid.

through building capacity at the national and provincial health departments as well as their implementing agents”.¹²

In the most recent *Strategic Plan*¹³ of the National Department of Health, the strategic goals to be achieved by the Department in the years covered by the plan do not make specific mention of a goal aimed at targeting health infrastructure backlogs. Programme 5 (Hospitals, Tertiary Services and Workforce Management) has as one of the aims of the programme “to ensure the planning of health infrastructure to meet the health needs of the country”. That aim is further addressed through the sub-programme of Health Facilities Infrastructure Planning. This sub-programme has the responsibility of coordinating and funding health infrastructure “to enable provinces to plan, manage, modernise, rationalise, and transform infrastructure” amongst other things.¹⁴ Additionally, this sub-programme has the responsibility of two conditional grants for health infrastructure – the provincial health facility revitalisation grant, and since the 2013/14 financial year, the infrastructure component of the national health grant. The National Health Grant serves two purposes – that is, firstly, addressing constraints of capacity that may exist within provinces and acts as an alternative track to speeding up infrastructure delivery; secondly, this grant assists in improving spending, performance, the monitoring and evaluation of the National Health Insurance pilots and infrastructure projects.¹⁵

Over the MTEF period, the focus of this programme continues to be on health infrastructure planning. The bulk of the work of this programme is executed at the provincial levels where over 90% of this programme’s budget will be transferred to the provinces over the MTEF. The Health Facilities Management Programme has the responsibility of managing the Health Facility Revitalisation Grant which over the MTEF period has been allocated R16.3 billion (R5.2 billion, R5.3 billion and R5.6 billion respectively).¹⁶

The National Department of Health has noted the slow spending of funds on the National Health Grant across most of the provinces, and as a result Cabinet has approved reductions of R704.3 million over the MTEF period.¹⁷

Encouragingly, however, it is noted that the trend towards “persistent under-spending of large health infrastructure grants” has begun to diminish. Much effort has been devoted to provincial health departments to assist them in strengthening “planning, management

¹² NSDA – A Long and Healthy Life for All South Africans, p.16.

¹³ Strategic Plan 2014/15 – 2018/19, National Department of Health, p.15.

¹⁴ Ibid at p.32.

¹⁵ Ibid at p.41.

¹⁶ Ibid at p.33.

¹⁷ Ibid.

capacity and technical skills”.¹⁸ Through a collaborative effort of the Infrastructure Unit Support Systems (IUSS) project, the National Department of Health is now working closely with the Development Bank of Southern Africa (DBSA) and the Council for Scientific and Industrial Research (CSIR) to improve the delivery and financing of health infrastructure conditional grants. The focus of the IUSS is to pay attention to and assist with the “development of norms and standards, cost modelling, implementation of a *Project Management Information System (PMIS)* and a project monitoring and oversight support unit (PMSU) to provide oversight to the provinces, and the rapid assessment of all current public health sector capital projects in the country.”¹⁹

4. A New Approach to Health Services Delivery in the Eastern Cape

The foreword provided by the new MEC for the ECDoH in the *2014/15 Annual Performance Plan (APP)*, notes that there is a “new approach in ensuring that the strategic and policy priorities raised in this APP are realised”. The Department is now making use of Rapid Response Teams (RRT) to assist in the “efficient and effective” delivery of health services to communities of the EC operating at both the Provincial and District Levels. RRT has been identified as being pivotal to ensuring the success of the Department’s plans in the province.²⁰

Another new effort put in place by the ECDoH over the MTEF aims at the strengthened governance of facilities. The Department has made a decision to decentralise the responsibilities and functions of Finance, Supply Chain Management (SCM) and Human Resources Management to District Managers and Hospital CEO’s. Not enough information has been provided in the latest APP, however, to explain why this decision has been taken, or on the intricacies of how this new arrangement will work, which would ideally include a discussion of how the provincial department will be giving support to the decentralised parts.²¹

Table 1 below shows the strategic goals contained within the 2013/14 – 2015/16 APP, against the revised ones of the new 2014/15 – 2016/17 APP. The strategic goals described in the 2013/14 APP include a fuller explanation to them, whilst those described in the 2014/15 APP are a lot shorter and succinct.

¹⁸ Ibid at p.76.

¹⁹ Ibid.

²⁰ Eastern Cape Department of Health Annual Performance Plan 2014/15 – 2016/17, p.9.

²¹ Ibid at p.10.

Table 1:

Strategic Goals contained within the 2014/15 – 2016/17 APP ²²	Strategic Goals contained within the 2013/14 – 2015/16 APP ²³
SG1 - Prevent and reduce the disease burden and promote health	SG1 - To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs
SG2 - Health facility planning	SG2 - To combat and reduce the impact of TB and HIV/AIDS with a special focus on preventing the emergence of drug resistant strains
SG3 - Improved financial management in the health sector	SG3 - To improve and strengthen the mother and child health services
SG4 - Efficient health management information system for improved decision making	SG4 - To combat and reduce disease lifestyle and mental condition
SG5 - Improved quality of care	SG5 - To enhance institutional capacity through effective leadership, governance, accountability and efficient and effective utilisation of resources
SG6 - Implement re-engineering of Primary Health Care	
SG7 - Universal health coverage	
SG8 - Improved human resources for health	
SG9 - Enhance good governance through effective leadership and accountability	

There are a few more observations that stand out from the most recent years' strategic goals. Firstly, there are four more strategic goals contained in the 2014/15 APP in comparison to the 2013/14 APP. Secondly, the strategic goals relating to HIV/AIDS, & TB,

²² Ibid at p.14.

²³ Ibid at p.15.

as well as mother and child health services in the 2013/14 APP have been collapsed into more generalised/ all-encompassing goals (represented within the first three strategic goals). Programme 1 (Health Administration and Management)²⁴ and Programme 8 (Health Facilities Management – HFM²⁵) aim to address SG 2 (Health facility planning). The previous financial year's APP did not make specific goals towards addressing health infrastructure as has been done in the current financial year's APP in terms of SG 2, 'Health Facility Planning'.

5. Eastern Cape Health Infrastructure in the 2009/10 Strategic Plan

The strategic goals articulated in the Department's 2009/10 Strategic Plan did not explicitly single out health infrastructure as a priority to be addressed over the next five years to come.²⁶ However, the Department noted that it would be guided by the implementation of the *National Health Systems Priorities - NHS (the Ten Point Plan)* which sought to achieve several objectives. One of the priorities/objectives articulated in the NHS is the "revitalisation of infrastructure".

The targets set to be achieved by 2015 were however thin on spelling out what the state of health infrastructure should be like by 2015.²⁷ Furthermore, the situational analysis of the Eastern Cape Province provided in 2009 has had adjustments since the results of the 2011 Census became available. Another policy guide that the Strategic Plan acknowledged is the "implementation of the *Eastern Cape Provincial Strategic Framework* through an Integrated and Collaborative work with other Provincial Departments for 2009/10 – 2014/15". Within it a set of goals to be achieved were put forward. One of those goals (provide leadership and management of health care facilities including hospitals, and service delivery via the comprehensive Primary Health Care Programme)²⁸ listed activities that would be undertaken and achieved by 2014/15.

When interrogating further the strategic plans made in 2009 for the HFM programme, the following matters arise:

- the programme name as at 2009 has been called both the Health Facilities Management²⁹ programme as well as the Health Facilities Development and Management programme,³⁰

²⁴ Ibid at p.57.

²⁵ Ibid at p.225.

²⁶ Ibid at p.12.

²⁷ Ibid at p.48.

²⁸ Five Year Strategic Plan 2009/10 – 2014/15, p. 52.

²⁹ Ibid at p.125.

³⁰ Ibid at p.126.

- several objective statements of the programme were articulated , namely, “facilitate the building, upgrading and replacement of health facilities to support service delivery imperatives of the organisation, facilitate the maintenance of all health facilities and health equipment within the Province on the condition rating of 4 to 5, facilitate the availability of office space to two sub-districts, to procure essential health equipment for all clinics and upgraded hospitals within the Province, to facilitate the revitalisation of 6 health facilities that are in the Hospital Revitalisation Programme”;³¹
- as at 2009 the department/province had a baseline of 750 clinics, 47 District Hospitals, 30 Community Health Centres (CHC’s), 18 Provincially Aided Hospitals, 14 Socialised Hospitals, 2 Regional Hospitals and 3 complexes
- the targets aimed for by 2014/15 were as follows (against each of the objective statements):
 - 27 new clinics would be built and comply with Occupational Health and Safety Standards and Legislation;³²
 - Upgrading of 8 clinics;³³
 - Upgrading of 15 hospitals “to meet the required clinical standards”, including compliancy with the Occupational Health and Safety Standards and Legislation;³⁴
 - Replacement of 23 clinics compliant with the Occupational Health and Safety Standards and Legislation;³⁵
 - “all health facilities to be provided with an adequate maintenance budget and all capital equipment and plant will have maintenance contracts”;³⁶
 - “2 LSA offices for employees to perform optimally”;³⁷
 - “all clinics will be fully equipped with essential equipment and all upgraded hospitals to be fully equipped” ,³⁸ and
 - “completion of 5 of the 6 institutions under the revitalisation programme which they will be fully equipped in phases, and filling of all critical positions for those health facilities will also be achieved”³⁹

³¹ Ibid at p.126 – 128.

³² Ibid at p.126.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Ibid at p.127.

³⁷ Ibid at p.127.

³⁸ Five Year Strategic Plan 2009/10 – 2014/15, p. 127.

When these targets are matched against the sub-programme expenditure of the Department (audited amounts, current budgets as at 2009, and outer MTEF estimates dating to year 2014/15), what can be seen is that the bulk of the budget has shifted in priority between two sub-programmes – that is, between the District Hospital Services and Provincial Hospital Services. The overall budget of the HFM programme has had a gradual nominal increase over the same expenditure period.⁴⁰

Expenditure by Economic Classification has also shown that the bulk of the HFM budget has gone towards the Buildings and other Fixed Structures line item, followed by the Goods and Services line item. While the Buildings and other Fixed Structures line item has shown a steady growth in its budget (in nominal terms) since the 2006/07 financial year to the 2014/15 financial year,⁴¹ the Goods and Services line item on the other hand has only shown gradual nominal increases between 2008/09 to 2010/11, and gradual decline from the 2011/12 financial year to the 2014/15 financial year.⁴²

Looking at the overview of the Department's performance being assessed in the 2014/15 – 2016/17 APP, there has been much emphasis placed on “revitalising and strengthening the primary health care (PHC) services”.⁴³ Even though some achievements have been seen in some areas, service volumes to the public have been recorded to have dropped in other areas for the 2013/14 financial year. The Department has cited that a service strike that took place in August 2010 contributed extensively towards the drop in service volumes and affected the PHC headcount in PHC facilities.⁴⁴

In the wider departmental context of what was planned for 5 years from what was set in the 2009 Strategic Plan of the Department, overall targets of the Department to deal with health infrastructure were not clearly expressed. Instead, what is found more pronounced in that Strategic Plan are the wider national and provincial policies which have made reference to infrastructure concerns and targets that would have to be achieved by 2015. This is discussed further in Table 2 below.

³⁹ Ibid at p.128.

⁴⁰ Ibid at p.129.

⁴¹ Ibid at p.131.

⁴² Ibid at p.130

⁴³ Ibid at p.28.

⁴⁴ Ibid.

Table 2:

Reflection on wider health infrastructure targets set in the ECDoH's SP 2009/10 – 2014/15		
Target	Source	Progress made between 2009 - 2014
<p>Revitalise health infrastructure in the province, targets set for 2015 included:</p> <ul style="list-style-type: none"> -the establishment of an SSSC unit at the regional level;⁴⁵ -clinical technicians at each district hospital;⁴⁶ -health technology assessment committees at the facility level;⁴⁷ -to train clinical technicians for district hospitals for hospitals through the HPTD grant;⁴⁸ -to standardise in-service training for managers and committee members at the facility levels;⁴⁹ -to establish norms and standards of each type of facility and service;⁵⁰ 	<p>National Health Systems Priorities (the Health Ten Point Plan) for 2009/10 – 2014/15⁵¹</p>	<p>Reflection given on these targets in the ECDoH's Annual Performance Plans in the subsequent years show a reporting back on 'key activities' listed against the targets or goals pronounced in 2009, and less of a reflection on progress achieved so far each year specific to the Province.</p> <p>To be noted as well is that the list of activities against the priority area of the Ten Point Plan do not necessarily follow on those activities found in the 2009 Strategic Plan of the Department.</p>

⁴⁵ Five Year Strategic Plan 2009/10 – 2014/15, p.48.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

<p>Reflecting upon the goal to be met was the provision of “leadership and management of health care facilities including hospitals, and services delivery through the comprehensive Primary Health Care approach.”⁵²</p>	<p>Eastern Cape Provincial Strategic Framework through an integrated and collaborative work with other provincial departments for 2009/10 – 2014/15⁵³</p>	<p>Progress against this provincial framework is not clearly and specifically discussed within the APP’s over the years.</p>
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6. Current Infrastructure Management Plans of the Eastern Cape Department of Health

Reporting against the *Negotiated Service Delivery Agreement (NSDA)*,⁵⁴ the ECDoH has given an overview of its own infrastructure delivery currently taking place in the province.⁵⁵ From what has been described by the Department, there seems to be a common thread in the manner that projects are reported. That is, there is an inconsistent description of infrastructure projects that are currently under way or in place. The details of targets of when some projects will commence or end are not always provided. The insufficient detail of the targets provided creates a further challenge in that it becomes difficult to fully grasp what progress has been made on these projects over time and therefore how far matters are for health infrastructure delivery in the province. Ultimately this has a direct impact on the quality of health care services rendered to the citizens of the Eastern Cape.

As a way to respond to these challenges, the Eastern Cape government, with support from the National government has now geared itself toward integrated planning in order to address backlogs.⁵⁶ The overarching framework is the *Provincial Infrastructure Delivery Framework (PIDF)*.⁵⁷ From this, the implementation of the *Infrastructure Delivery Management System (IDMS)* has been initiated. This initiative will make use of a “gateway control system” in making sure that infrastructure “is delivered within time, with the appropriate cost and the relevant quality throughout the infrastructure value chain”.⁵⁸ The ECDoH has also planned to put in place and implement the Infrastructure Procurement

⁵² Ibid at p.52.

⁵³ Ibid.

⁵⁴ NSDA Sub-Output 4.4.4: Improved Health Infrastructure Delivery, p.16.

⁵⁵ Eastern Cape Department of Health Annual Performance Plan 2014/15 – 2016/17, p. 35 – 36.

⁵⁶ Eastern Cape Estimates of Provincial Revenue and Expenditure 2014/15, p.36 & 37.

⁵⁷ Ibid at p.39.

⁵⁸ Ibid.

Project “in the coming year” which will assist in “enhancing procurement and improve expenditure and the delivery of infrastructure facilities in the sector”.⁵⁹ What is being developed at the National department of Health is the *Project Management Information System (PMIS)* “to enable the Department to manage the infrastructure implementation programme in a more effective and efficient manner”.⁶⁰ With the integration in planning it is hoped that these efforts will go a long way in preventing the “duplication of resources and facilitate the packaging of infrastructure projects to achieve economies of scale”.⁶¹

In the 2013/14 financial year, the Hospital Revitalisation Grant consisted of three components, a Health Infrastructure component, the Hospital Revitalisation component and the Nursing Schools and Colleges component.⁶² However, in the 2014/15 financial year these components have been collapsed into a single grant, the Hospital Revitalisation Grant. It has been argued that this is to “allow more flexibility for the shifting of funds between components”,⁶³ “to accelerate the delivery of new and existing infrastructure projects; to enable provinces to plan, manage, modernise, rationalise and transform health infrastructure and technology, and improve the quality of care”.⁶⁴

The infrastructure budget for health is mainly put towards the construction and maintenance of hospitals, clinics, community health centres and the Hospital Revitalisation Programme.⁶⁵ The National Health Grant which resides with the National Department of Health was introduced in the 2013/14 financial year and consists of three main parts, that is, “support for infrastructure projects; support for NHI pilot sites; and support for the rollout of HPV treatment”.⁶⁶ Within the infrastructure component, the focus has been placed on the acceleration of the “construction, maintenance, upgrading and rehabilitation of new and existing health infrastructure, and to supplement expenditure on infrastructure delivered through public-private partnerships”.⁶⁷ At this stage, the NHI pilot project has been prioritised in infrastructure concerns. What has also been prioritised is the “funding of the general maintenance of existing assets and repair works for the infrastructure facilities”.⁶⁸

It has been argued that the decrease in total spending on the Health Facilities Management programme over the MTEF across all provinces has mainly been as a result of “reforms

⁵⁹ Ibid at p.127.

⁶⁰ Ibid.

⁶¹ Ibid at p.40.

⁶² Eastern Cape Estimates of Provincial Revenue and Expenditure 2013/14, p.16.

⁶³ Eastern Cape Estimates of Provincial Revenue and Expenditure 2014/15, p.22.

⁶⁴ Provincial Budgets and Expenditure Review: 2010/11 – 2016/17, p.65.

⁶⁴ Ibid at p.65.

⁶⁵ Eastern Cape Estimates of Provincial Revenue and Expenditure 2014/15, p.38.

⁶⁶ Provincial Budgets and Expenditure Review: 2010/11 – 2016/17, p.64

⁶⁷ Ibid at p.65.

⁶⁸ Ibid at p.64.

made to the provincial infrastructure grant system⁶⁹ with the intention by national government to “institutionalise proper infrastructure planning”.⁷⁰ Funds have now been shifted from the direct provincial Health Facility Revitalisation grant to the indirect National Health Grant.⁷¹ The requirement now upon provinces is that they “bid for infrastructure allocations two years in advance and financial incentives will be built into the infrastructure grant for provinces that implement best practices”.⁷²

Although new ways of addressing infrastructure challenges in Eastern Cape are welcomed, the most recent planning documents do not necessarily paint a clear enough picture of how all these ideas will be structured and integrated. Inferences and assumptions are instead drawn about how these infrastructure systems will work. For both the Province and specifically the ECDoH there needs to be a deliberate attempt to make the linkages between these infrastructure systems to aid better understanding for the general public. Additionally, clearer information needs to be provided that will give in-depth detail of how these new management initiatives will go to the core/centre of where infrastructure challenges lie and address challenges from that point. So, where infrastructure backlogs can be traced to challenges such as inadequate capacity, weak leadership and decision making, and weak oversight these too need urgent attention in order to have the success envisaged from these interventions. There needs to be clarity on who holds what responsibility on each of the levels of the projects cross the combined arrangement of infrastructure delivery. The channels of responsibility as to who will be held accountable in each of the phases of implementation need to be discussed in far more detail.

The Department has shifted the manner in which it has been addressing infrastructure concerns in the past, that is, from the building of new facilities, to maintaining the ones that already exist.⁷³ Renovations as well as repairs of Primary Health Care facilities are now being prioritised.⁷⁴ Though this may go a long way towards being able to achieve more with limited funds available, care must be exercised that where there is a clear need for new structures to be erected to replace dilapidated ones and that those will be dealt with accordingly. Ultimately, what remains of importance in all these projects is that quality health care is rendered to beneficiaries of public health care services. The responsibility for the

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

⁷⁴ Eastern Cape Department of Health Annual Report 2013/14, p.182.

maintenance of health facilities has been with the Coega Development Corporation (CDC) implementing agent since the 2012/13 financial year.⁷⁵

Although it is good to know that the Department has put the necessary personnel in place to see to the different responsibilities of these projects, none of these positions are clearly described so as to better understand the nature of skills sets required in the responsibility for infrastructure.⁷⁶ The job/work opportunities created, as well as set of skills transferred (if any) through the existence of these projects have not been given enough description so as to understand the nature of upliftment that is likely to take place in these jobs. In other words, the Department needs to be a lot clearer in its descriptions on the duration of the work experience provided, the nature and levels of skills acquired, as well as the ratios of women and men employed in these projects.⁷⁷

As alluded to earlier, the HFM programme has as its key purpose the responsibility “to improve access to health care services through provision of new health facilities, upgrading and revitalisation as well as maintenance of existing facilities, including the provision of appropriate health care equipment”. The HFM strategic objective in this regard is to increase to 80% “Infrastructure Projects that comply with the National norms and standards by 2019”.⁷⁸ To support this objective, two indicators will be made use of. The **first** indicator is the “proportion of programme 8 budget spent on maintenance (preventative and scheduled), the **second** indicator is the “number of districts spending more than 90% of maintenance budget”.⁷⁹

Between years 2010/11 to 2013/14 actual performance of these indicators was not measured as these are new indicators from those found in the 2010 to 2013 APP's . In the 2014/15 financial year, right through to the 2016/17 financial year, the Department is targeting to spend 29% of its budget to realise the first indicator. As there is no baseline provided of what currently exists or what the current situation is on how much of the budget has been spent, it becomes difficult to know if the Department will come close to meeting its target or not.⁸⁰ A similar argument can be raised for the second indicator as well - the targeted number of districts are difficult to measure without any baseline of what past performance has been and an explanation of why that target was chosen as a means of

⁷⁵ Ibid at p.150.

⁷⁶ Ibid at p.35.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

measure.⁸¹ Therefore, it becomes difficult to understand how realistic or not so realistic the set targets are.

Information contained within the latest *Operational Plan*⁸² of the Department provides for a little more detail through the annexure provided about the infrastructure projects underway in the 2014/15 financial year. Though there is more detail provided about these projects than what the *APP* was able to discuss, what the *Operational Plan* also does not expand on are the starting and end points of the health infrastructure projects in the province. Put differently, the information made available does not really show when projects were started and in some cases how long they have been going on for. What the Department has provided information about is confined to the selected projects targeted for completion in the 2014/15 financial year. The quarterly targets for the 2014/15 financial year as expressed in percentage form is not easy to understand in terms of what a particular percentage of a target aimed for translates into in expressing how far the project is from completion.⁸³

Table 3: Performance Indicators for Health Facilities Management⁸⁴

Strategic Objectives	Performance Indicators	Means of Verification	Frequency (Quarterly/Annually)	Type	Audited Performance			Estimate	Medium Term Targets		
					2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
To increase to 80% Infrastructure Projects that comply with the National Norms and Standards by 2019	Proportion of programme budget spent on maintenance (preventative and scheduled)	BAS, Expenditure Report	Quarterly	%	Not Measured	Not Measured	Not Measured	Not Measured	29%	29%	29%
	Numerator								104 723	109 959	115457
	Denominator								361 114	379 170	398129
	Number of districts spending more than 90% of maintenance budget	BAS, Expenditure Report	Quarterly	No	Not measured	Not measured	Not measured	Not measured	8	8	8

⁸¹ Ibid.

⁸² Eastern Cape Department of Health 2014/15 Operational Plan.

⁸³ Ibid at p.102 – p.107.

⁸⁴ Eastern Cape Department of Health Annual Performance Plan 2014/15 – 2016/17, p.226.

As shown above, two indicators have been highlighted under this programme to assist towards achieving the programme's strategic objective, that is, "to increase to 80% Infrastructure Projects that comply with the *National Core Standards*". They are the following:

1. "the proportion of the programme 8 budget spent on maintenance (preventative and scheduled)"⁸⁵ and
2. the "number of districts spending more than 90% of maintenance budget".⁸⁶

What comes out clearly from both indicators is that the planned budget set to be spent on maintenance will be a key determinant of how close or near the programme's strategic objective will be realised. The audited/actual performance of the first indicator was not measured in the financial years of 2010/11 to 2013/14. It has been set out that for this indicator, 29% of the programme's budget are the targets set for the 2014/15 to 2016/17 financial year.⁸⁷ The second indicator also shows that the audited/actual performance was also not audited for financial years 2010/11 to 2013/14. The targets set for the MTEF years (2014/15 to 2016/17) are that 8 districts should be spending more than 90% of their maintenance budgets.⁸⁸ It would have been useful to engage with information provided by the report that explained what informed the target estimates. Information contained within APP alone does not provide enough information to interrogate whether targets will be met or not. In other words, from the indicators provided, it is difficult to measure what the indicator given will have achieved in a span of one year.

A matter that needs to be emphasised is that the indicators listed in the 2014/15 APP to measure progress made on health facilities management in the province are new. These indicators are a shift away from those used previously between the 2009 to 2014 financial years. Although slight differences in the wording of the indicators used in the earlier years have been found, these indicators aimed for progress towards the same challenges. The indicators in the earlier years gave more attention to measuring progress against actual output over the course of the years to come. In contrast, and as mentioned previously, the indicators contained within the 2014/15 APP use the amount of the HFM budget spent as a measure of progress without giving a reflection on the actual challenges or outputs that will need to be addressed.

⁸⁵ Eastern Cape Department of Health Annual Performance Plan 2014/15 – 2016/17, p. 226.

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Ibid.

In light of what has been mentioned above, it is difficult to meaningfully measure the continuous progress that the Department would have made on a year to year basis, as well as by the end of one electoral cycle's planning to the next. A shift in the indicators used raises questions of whether the planning regarding this programme has changed or not, and reasons for these changes. This has not been communicated successfully by the Department. Additionally to these changes, concerns once again arise as to who is to be held responsible for the implementation of these indicators and progress thereof.

What is also of concern is the quality of the indicators that are provided to follow the progress of the HFM programme. In other words, because the performance indicators currently provided in the *2014/15 – 2016/17 APP* have changed from the indicators used in the *2013/14 – 2015/16 APP*⁸⁹, this has made it difficult to fully hold the Department to account, as well as made it difficult to trace the infrastructure progress that has been made by the ECDoH over a period of time. The progress indicators should be able to show not only how much money is available for health infrastructure, but also show what that money will be used for. The only information available to interact with is how much money is made available to each of the sub-programmes of the HFM programme, and no further details within each of these sub-programmes on what the budget available to it will be used for.⁹⁰

When looking at the Economic Classification table of the HFM programme,⁹¹ the bulk of this budget has been allocated towards the Payments for Capital Assets category. Within it, the allocation towards the Machinery and Equipment line item for financial 2013/14 seems to show slowness in spending. Moreover, what is of concern is the impact that the decreased spending on this line item will result in. What can be seen from the Expenditure Estimates of programme 8 is that the budget is set to decline in the 2015/16 and 2016/17 financial years. All the sub-programmes are set to decline in significant numbers, with the Emergency Medical Rescue Services receiving no allocation in the current and subsequent years.⁹² The National Department of Health has explained that the drop in budget was mainly caused by the provinces' weaknesses in spending their budgets which has led to less money being transferred to them. The Department also noted that expenditure on the G&S line item has shown a fluctuating trend between the financial years of 2010/11 to 2013/14 mainly caused by the challenges faced with projects related to "buildings and other fixed structures in 2013/14 and the reprioritisation to maintenance of infrastructure and equipment".⁹³

⁸⁹ Eastern Cape Department of Health Annual Performance Plan 2013/14 – 2015/16, p.266 – 268.

⁹⁰ Eastern Cape Department of Health Annual Performance Plan 2014/15 – 2016/17, p.229.

⁹¹ Ibid at p.227.

⁹² Ibid at p.229.

⁹³ Ibid at p.232.

The Department has noted a few risks that may affect the achievement of its strategic objectives. Most notable are the following risks:

- the inefficient utilisation of resources; and
- the slow decision making processes within the implementing agencies.⁹⁴

Regarding both these risks the *IDIP* has been highlighted as being pertinent to addressing these risks, as well as the *PMSU*.⁹⁵ What does not come out clearly enough in the information given in the APP is how these programmes are coordinated and are meant to function within existing structures that aim to address infrastructure concerns in the province. Weaknesses on the part of the implementing agents and service providers have also been noted as contributors to inefficiencies of infrastructure backlogs, specifically that the role they play in monitoring of projects has not been at the adequate levels required.⁹⁶ In order to deal with this, the Department has suggested that weekly and monthly monitoring and evaluation mechanisms would be helpful, but is not clear on whether these mechanisms are in place already or if they are still to be developed. The final risk noted by the Department is the “lack of scarce skills” in the province. It states that this risk would be managed through the “approval of capacitation” through which more staff would be in the employ of the Department to carry out the necessary “infrastructure duties at district levels”.⁹⁷ Once more, it does not come out more clearly from the APP whether such a plan is in place or not.

Conclusion

Evidently some progress has been had in the provision of health infrastructure in the Eastern Cape, especially in the areas of policy making as well as the implementation of some of these policies. However much more still remains to be done.

The ECDoH Strategic Plan being currently evaluated in this report does not fully and neatly make the plans conceived five years ago ‘evaluable’ through the annually produced *Performance Plans* and *Operational Plans* of the ECDoH. The indicators used to evaluate the progress of health infrastructure planning are thin on the details needed that would assist in painting a more comprehensive picture of the progress and challenges and future planning for health infrastructure in the Province. In other words, there is a need for tighter linkages to be made between the indicators used and what is eventually produced on ground. The indicators chosen and used by the Department need to show what the outputs of those indicators are intended to be.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Ibid.

Although the Department boasts of the number of successes they have had in the delivery of health infrastructure so far in the province, it is by their own admission that on the whole the budgeting model that is still being utilised to fund infrastructure projects stands as the single biggest challenge that affects progress in health infrastructure delivery. The use of this funding model will continue to undermine any planning and budgeting efforts to meet set targets and goals envisaged.⁹⁸

The Department also needs to provide clearer information on the logic behind the targets it has chosen to be achieved within each year and be able to make linkages to the overall *2009/10 Strategic Plan* of the Department. What it currently has in place is not enough to fully engage and critique the adequacy of the targets set and indicators used to measure the Department's progress in this regard. Not only that, the indicators used by the Department do not show continuity of planning and execution of these plans from one year to the next. As a result, what this leads to is an inability to fully grasp what plans are made for health infrastructure and how the progress of these plans (through continuing indicators used) will be monitored, and those responsible for their achievement will be held accountable. It is hoped that the next Strategic Plan of the Department to come would have made some of the pertinent concerns raised in this evaluation a lot clearer for purposes of understanding where health infrastructure progress in the province stands.

⁹⁸ Eastern Cape Department of Health Annual Report 2013/14, p.151.