



REPUBLIC OF NAMIBIA



REPORT OF THE AUDITOR-GENERAL ON PERFORMANCE AUDIT STUDY ON

MINISTRY OF HEALTH AND SOCIAL SERVICES

PROVISION OF HEALTH SERVICES

FOR THE FINANCIAL YEARS 2006, 2007 AND 2008

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REPUBLIC OF NAMIBIA



TO THE HONOURABLE SPEAKER OF THE NATIONAL ASSEMBLY

I have the honour to submit herewith my performance audit report on the Ministry of Health and Social Services – Provision of health services for the financial years 2006, 2007 and 2008 in terms of Article 127(2) of the Namibian Constitution. The report is transmitted to the Honourable Minister of Finance in terms of Section 27(1) of the State Finance Act, 1991, (Act 31 of 1991) to be laid upon the Table of the National Assembly in terms of Section 27(4) of the Act.

WINDHOEK, October 2009

**JUNIAS ETUNA KANDJEKE
AUDITOR-GENERAL**

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LIST OF ABBREVIATIONS

CEW	Clinical Engineering Workshop
R-CEW	Regional Clinical Engineering Workshop
PPM	Planned Preventive Maintenance
RMT	Regional Management Team
MEM	Medical Equipment Management
EMO	Equipment Management Officer
WCH	Windhoek Central Hospital
NHCTP	National Health Care Technology Policy
ARV	Antiretroviral
TB	Tuberculosis
MOHSS	Ministry of Health and Social Service
OPM	Office of the Prime Minister
SD	Sub-Division
PS	Permanent Secretary
PMS	Public Service Management
PMTCT	Prevention of Mother To Child Treatment
Ministry	Ministry of Health and Social Services

EXECUTIVE SUMMARY

The Office of the Auditor-General is authorized to carry out performance audits in terms of Section 26 (1) (b) (iv) of the State Finance Act of 1991, (Act 31 of 1991), which reads as follows: (The Auditor- General) “may investigate whether any moneys in question have been expended in an efficient, effective and economic manner”.

This audit report concentrated on the state health services and facilities within the Department of Regional Health and Social Services and Directorate of Tertiary Health Care and Clinical Support Services (Division of Windhoek Central Hospital and Medical Equipment Management Sub-division).

FINDINGS

Human resources

The MOHSS (Ministry of Health and Social Services) is experiencing a shortage of Health professionals more especially, doctors, social workers, registered nurses and pharmacists.

The shortage of staff in state health facilities is mostly caused by the unavailability of health professionals in the country as a result most of the posts are filled by foreigners.

Recruitment process on promotional posts and entry posts filled by non-Namibians

Vacant posts in the MOHSS are supposed to be filled within four months, but the audit revealed that it takes the MOHSS up to 14 months to fill promotional posts and to recruit foreign health workers.

Allocation of staff

The audit revealed that, due to unavailability of health workers in the country, some clinics have only one nurse and an institutional worker while there was suppose to be at least two nurses, a registered nurse and one enrolled nurse.

Accommodation for health workers

The allocation of health professions at health facilities is mostly affected by a shortage of health professionals as well as unavailability of accommodation, especially at clinics in remote areas. As a result of lack of accommodation, health workers are not willing to go and work in remote areas.

Additional programmes

The audit established that there were no provisions for additional health workers made to serve at the recent introduced programmes like Anti-retroviral Treatment (ARV). This has left the Ministry with no option but to use the existing health workers to serve those programmes. However, this contributed to high work load and long waiting period at the health facilities. This results in an inefficient service delivery at health facilities.

Medical equipment

Health facilities have essential medical equipment; some of the health facilities have recently received new equipment through the Finnish Government. However, some medical equipment like BP (blood pressure) machines, diagnostic sets, haemoglobinometer and patella hummers are still being shared at health facilities.

Repair of medical equipment

The audit has found that there is a delay in the repair of medical equipment. However, it was found that the unavailability of spare parts at some hospitals and lack of manpower (engineers and engineering technicians) in the regions leads to the delay in the repair of medical equipment.

Transport

It was found that 50% of the ambulances at the health facilities visited were in good running condition, 31% are regarded as not reliable and fit for transporting patients for long distances due to frequent break down. However, 19% of the ambulances are written off/recommended for auctioning.

Wards Occupancies

The audit found that, some health facilities (Oshakati and Katutura state hospital) visited still experience overcrowding in the wards. This leaves such hospitals with no option but to make use of corridors to accommodate patients.

Examination and treatment

The audit revealed that patients spend between one to six (6) hours at health facilities waiting to be attended to due to staff shortage. However, patients wait considerable long at the hospitals than at the clinics.

CONCLUSIONS

Generally, the MOHSS is faced with the inefficient service delivery to the citizen at the state health facilities mostly due to the shortage of staff, shortage of medical equipment and poor condition of transport at health facilities.

Human resources

The unavailability of health professionals in the country and the delay in filling of promotional and entry posts as well as the delay in process of obtaining a work permit within the stipulated time, leads to the shortage of staff in the Ministry.

Health workers are reluctant to work at some health facilities; especially in remote areas where there are no accommodation.

Medical equipment

Because of the shortage of medical instruments that are supposed to be in consulting/examination rooms of some health facilities, unavailability of spare parts which are supposed to be kept at hospitals and transport of engineers/engineering technician to go out for parts, efficient service delivery will not be achieved by the Ministry.

Medical equipment/instruments sent for repairs to CEWs are not properly recorded as it is supposed to be.

Transport

The distance between health facilities and the catchment population was not taken into consideration when vehicles were allocated at different health facilities. This led to some health facilities not having vehicles to transport patients and other materials, thus resulting in an inefficient services delivery.

Wards occupancies

Admission of patients in hospital wards more especially in medical wards beyond ward capacities, does not only lead to the mixture of patients with different illnesses which affect their health condition.

Examination and treatment

Due to shortage of manpower and increase of population in the country, patients wait considerably long to be treated and examined in state health facilities.

RECOMMENDATIONS

In order for MOHSS to improve health service delivery, the following areas should be taken care of; filling of posts of health workers, ensure that admission of patients in hospital wards do not exceed capacity, provision of transport and adequate medical equipment/instruments in state health facilities, that would enable the Ministry to achieve its objectives as well as to be the leading public provider of quality health and social welfare service in Africa as stated in its vision statement.

Human resources

To transform the current public health services in state health facilities in a more efficient way, the Ministry should:

- Ensure an optimal filling of posts of professional health workers as per staff establishment and posts should be filled within stipulated time as stated in the PSM's circular.
- Ensure that approval of applications/renewals of work permits of foreign health workers within stipulated time by the Civic Affairs Department of the Ministry of Home Affairs and Immigration.
- Availability of accommodation of health workers at health facilities in remote area as an incentive for them to work in such areas.

Medical equipment

Spare parts should be kept readily available at the CEWs to ensure timely repair and maintenance of medical equipment and availability of transport of engineers/engineering technicians to go out for repairs at health facilities.

Medical equipment/instruments being sent for repairs should be properly recorded to avoid loss of such equipments.

Transport

When allocating vehicles to different health centres and clinics, the Ministry should consider the distances between health facilities and the catchment population in order to deliver efficient health services to the public.

Wards occupancies

The Ministry should avoid the admission of patients in hospital wards beyond the capacity and mixture of patients with those who need to be isolated as it has an effect on the health condition of the other patients with whom they share the same ward.

Examination and treatment

The Ministry should take into consideration the increase in population size (catchment population of health facilities) when allocating health workers at different health facilities, to reduce the waiting period of patients at health facilities.

Comments on factuality of the report

The draft audit report was sent to the MOHSS for comments. The Ministry responded that they are in agreement with the findings and recommendations made in the report. (See Appendix 6)

CHAPTER 1

1.1 Introduction

This report is based on the service delivery of the Ministry of Health and Social Services focusing on the Department of Regional Health and Social Services and the Directorate of Tertiary Health Care and Clinical Support Services as well as the Division of Windhoek Central Hospital (WCH) and the Medical Equipment Management Sub-division.

1.2 Reason for the audit

The audit was motivated by the long waiting period patients are spending at state health facilities and general complaints by the public in local newspapers regarding the efficiency of the public health facilities.

1.3 Background

The Ministry's regional structure from early 1990s up to 2002 was divided into four regional directorates which were changed to 13 regional directorates as from 2003 to be in line with the 13 political regions of the country. The Ministry remained with the same three levels of the public health system with the increase in the number of health facilities country wide.

1.4 Mandate of the Ministry

The Ministry of Health and Social Services (MOHSS) has the mandate to oversee, provide and regulate public, private and non-governmental sectors in the provision of quality health and social services, ensuring that equity, accessibility, affordability and sustainability is achieved.

1.5 Vision statement

The leading public provider of quality health and social welfare services in Africa.

1.6 The Department's mission statement

To provide an integrated, affordable, accessible, quality health and social welfare services, which is responsive to the needs of the Namibian population.

1.7 Goals and objectives of Tertiary Health Care services

To supervise, coordinate and provide technical support with regard to diagnostic services rendered by the health institutions. To supervise, coordinate and provide technical support to all government health institutions with regard to the management of medical equipment. To provide timely and appropriate medical supplies and related equipment including medicines to government health institutions.

1.8 Goals and the objective of Regional Health and Social Welfare services

To maintain and improve community and environmental health standards, to improve the awareness of individual and communities concerning health practises and behaviour and to encourage them to accept greater responsibility for their own health; to reduce health risks through the provision of appropriate primary health care services including clinics, health centres and district hospitals.

1.9 Organizational Structure

The Ministry of Health and Social Services is divided into seven Directorates at national level, 13 Regional Directorates as well as 34 districts. The Directorates at national level consists of Primary Health Care, Developmental Social Welfare Services, Special Programmes, Tertiary Health and Clinical Support Services, Policy, Planning and Human Resources Development.

The public health sector in Namibia is divided into three levels as follows:

1.9.1 Central level

The Permanent Secretary (PS) of the Ministry is the overall supervisor of the Ministry assisted by the Deputy Permanent Secretary. The Ministry of Health and Social Services is divided into three departments namely; the regional health and social welfare services, Department of policy development and resource management and department of health and social welfare policy. Departments are further divided into seven directorates at this level. The audit is focusing on the department of regional health and social welfare services in the Directorate of Tertiary Health Care and Clinical Support Services and well as the division of WCH and sub-division Medical Equipment Management.

1.9.2 Regional level

The department of regional health and social welfare services is divided into 13 regional directorates. Regional directorates are headed by directors who are chairpersons of the regional management teams as the highest body at the level.

1.9.3 District level

Each regional directorate is divided into health districts and the health district is headed by Principal Medical Officers who are the head of the District coordinating committees as the highest body at the level.

▪ Structure of the health facilities:

Health facilities are divided into five categories determined by the nature of health services offered at facilities. The national referral hospital is the highest health facility at the national level while the clinic is lowest at the district level where the structure of the Ministry ends. The following are categories of health facilities and the number of facility (s) in the country is indicated in brackets.

- a) National referral hospital (1)
- b) Referral/intermediate hospitals(3)
- c) District hospitals (30)
- d) Health Centres (40)
- e) Clinics (260)

1.10 Staffing

Table 1: Number of health workers in the Country.

Category of health professionals	Department of regional health	Referral hospitals	Total
Medical Officers	77	118	195
Registered Nurses	920	815	1 735
Enrolled Nurses	1 305	741	2 046
Pharmacists	41	19	60
Social workers	83	11	94
Health Inspectors	39	0	39
Total	2 465	1 704	4 169

CHAPTER 2

2.1 Audit design

2.1.1 Audit scope

2.1.1.1 Audit objectives

- To assess the efficiency of health services provided in state health facilities.

2.1.1.2 Audit object

The audit focused on the operations of the Directorate of Tertiary health Care and Clinical Support Services: Division of Windhoek Central Hospital and Subdivision Medical Equipment Management, the Department of Regional Health and Social Welfare Services.

2.1.1.3 Time limitation

The audit covered three financial years, 2005/06, 2006/07 and 2007/08.

2.1.1.4 Audit limitation

The audit team visited five regions in total and within those regions health institutions were selected as follows: Khomas (WCH, Katutura Intermediate Hospital, Khomasdal health Centre and Dordabis Clinic), Karas (Keetmanshoop District Hospital, Bethanie Health Centre and Tses Clinic), Kavango (Rundu Intermediate Hospital and Mashare Clinic), Oshana (Intermediate Hospital Oshakati, Ongwediva Health Centre and Ekamba Clinic) and Erongo region (Swakopmund District Hospital, Tamariskia and Arandis clinic). However the audit was limited to the following health workers:

- Medical Officers
- Registered Nurses
- Pharmacists
- Social workers

The selection criteria of the above institutions was based on the following:

Khomas region where the only national referral hospital is situated as well as one out of four referral hospitals in the country.

Oshana and Kavango regions were selected because of the intermediate hospitals which were the biggest in terms of catchment population and serves as the referral hospitals for the northern part of the country.

Erongo and Karas regions were selected for comparison purposes with Oshana, Kavango and Khomas regions which have high population.

2.2 Audit methodology

Documentary review, observations and interviews were used in carrying out the audit.

2.2.1 Interviews

A total of 51 interviews were conducted during the main-study, which includes 4 Regional Directors, 2 Principal Medical Officers, 4 Hospital Superintendents, 15 Registered Nurses, 3 Enrolled nurses, 6 Control officers, 6 Transport Officers, 3 Engineers, 7 Human resource practitioners and 1 Head of Medical Equipment Management Unit.

2.2.2 Document Analysis

The documents were reviewed to obtain information on the activities and operations of the department of Regional health and Social Welfare services. These included:

- Health and Social Services Review-2008
- Namibia Demographic and Health Survey-2008
- Regional and health facilities' reports
- Transport policy
- Health Policy Framework-1998
- Patient Charter
- Integrated Health Care Delivery- January 1995
- Oshana region' supervisory support visit report (2007)
- National Health Care Technology Policy
- Ministerial Staff Establishment
- Wards guidelines
- Stock control files
- Vehicles master lists

2.2.3 Physical observations

The team carried out physical observations at all the health facilities visited in order to see the working conditions at those health facilities. During observations, the team paid more attention as to how patients are attended to, and the duration they spend in the queues waiting to be attended to, as well as the accommodation of patients in the wards. This enabled the audit team to determine the time patients have to wait before being attended to and the busyness/workload in health facilities.

CHAPTER 3

3. PROCESS DESCRIPTION

3.1 Description of Health and Social Services System

3.1.1 Health workers

According to the World Health Organization (WHO) the benchmark is “2.5 health workers per 1000 population.” In order to deliver efficient health services to the Namibian citizens, the Ministry of Health and Social Services different categories of health workers must be employed. The health professionals can either be Namibian citizens or foreigners on a contractual basis depending on the availability of health professionals in the country.

Role players in the recruitment process

- **The MOHSS**

The human resources management division within the MOHSS is responsible for the recruitment process of both foreign and Namibian health workers.

All entry posts which must go through the normal recruitment procedures of the PSM and get approval by the PS of the MOHSS. This however is different to promotional posts and entry posts filled by foreigners where the process has to go through the PSC for recommendation.

- **Ministry of Home Affairs**

It is the requirement by the Immigration Control Act, 1993 Section 27 that any foreigner who intends to work in Namibia must first obtain a work permit and the Ministry of Home Affairs is mandated to issue work permits/visas. An acceptance letter of employment is one of the requirements that should be attached to the application for the work permit. The application/renewal of the work permits must take one to three months. Only after the approval of work permit can the candidate assume duty.

- **Health workers’ registration boards**

In order for any professional health worker to practice in Namibia she/he must be registered with the relevant boards, whereby the health workers are examined to see if they are qualified to practice in the country. There are various boards in the country depending on the categories of health workers and they are as follows:

- Medical and Dental Profession (Act 21 of 1993), Section 13 (1)
- Nursing Profession Act (Act 30 of 1993) Section 13
- Social and Social Auxiliary Workers’ Profession (Act 22 of 1993) Section 14 (1)
- Pharmacy Profession (Act 23 of 1993) Section 13

- **Recruitment on promotional posts and entry posts filled by foreigners**

The recruitment of health workers on promotional posts is done through the normal public service procedures on advertisement, short listing and interviewing process.

According to the Public Service Management (PMS) guidelines, the filling of vacant posts must take 30 days to notify the PSC. Posts must be advertised within the running period of thirty 30 days, interview must be conducted within 14 days, submission to PSC for recommendation takes 14 days, approval by PS 14 days. The whole process must take more than four months to be completed.

- **Recruitment of professional foreign health worker**

The Ministry of Health and Social Services has entered into bilateral agreements with countries such as Cuba and Kenya for the supply of foreign health workers on a contractual basis to supplement the health workers in the Country. Individual foreign health workers from other countries who are interested to work in Namibia are also encouraged to apply for vacant positions.

- **Filing of positions in the regions**

The staff establishment is the main tool in the allocation of health professional posts at their respective health institutions. In addition health workers are allocated according to the population/catchment population and their areas of specialization. Health workers apply for vacant posts at the health facilities of their choice based on their qualifications. The successful candidates will then be appointed.

- **Planning of new programmes**

The Public Service Commission of the Republic of Namibia is the custodian of structures of all government Ministries/Offices/Agencies. The provision is made for the Ministries to apply for the amendment/extension of the structure when introducing new programmes to the Public Service Commission. The purpose of applying for the extension of the structure is to ensure that the Ministries/Offices/Agencies have adequate manpower in order to provide better services to the public.

3.1.2 Medical equipment

- **Repair of medical equipment**

According to the National Health Care Technology Policy (NHCTP 2003), maintenance serves the purpose of keeping the equipment in a good running order through its anticipated lifetime.

The Ministry has five Clinical Engineering Workshops (CEW) countrywide for the maintenance of medical equipment; Windhoek Central Clinical engineering workshop and four regional workshops (Oshana, Otjozondjupa, Karas and Kavango) that are responsible for the repairs of all the medical equipment at various health facilities.

The Windhoek CEW serves as the national referral unit for the regional central engineering workshops and is equipped with all relevant equipment and staff to carry out more complex maintenance and repair activities. CEWs must keep replacement parts to avoid delay in the repair process.

See appendixes 1 and 2 for procedures for repair of medical equipment and stationed medical equipment.

* Stationed equipment are big equipment in hospitals that are not removed out of the premises for repair e.g. X-ray machines.

3.1.3 Transport

○ Acquisition and Maintenance

The acquisition of all vehicles must be done at the national level (head office). The hospitals have to submit their vehicle requests to the head office through their respective regional offices.

There are no criteria on the number of vehicles each health facility must have. As a result, head office then provides transport based on the available budget as well as on the motivation letter from a particular region. Allocation of vehicles to different facilities is the responsibility of the districts concerned.

When the maintenance cost of a vehicle has exceeded its value the vehicle must then be recommended for auctioning or should be written off. The regional office then submits the requisition to the head office for approval.

○ Use of transport or Transportation of patients

The Ministry is responsible for transporting patients who are referred to referral health facilities and return them back to their referring facilities.

3.1.4 Wards occupancies

Wards should only accommodate patients based on its capacity. The admission of patients depends on their illnesses and they can either be admitted in a medical ward, psychiatric ward, paediatric ward, maternity ward or TB ward.

The medical officer/general practitioner may admit the patients into wards if they are of the opinion that the patient requires to be hospitalized immediately. The medical ward can then arrange with the outpatient department for a relevant doctor to come and see the patient as soon as possible for the evaluation for admission. The ward secretary then completes the admission form with all the patient details.

3.1.5 Examination and treatment

Upon coming to a health facility, patients have to first pay a fee depending on whether it is at the hospital, health centre or clinic. The fees also depend on whether it is a first time visit or a follow-up, and whether the patient is a Namibian or a foreigner.

Patients that are unable to pay, are recorded in a separate book and can pay when they get money. After the payment is done, patients then go for screening where the temperature, blood pressure and weight of the patient are taken before they go for treatment. Patients receive medicine after being treated if the medicines are available in the treatment rooms, if the medicines are not available then they go and collect them at the pharmacy.

CHAPTER 4

4. FINDINGS

4.1 Human resource

The health workers' capacity as per WHO benchmark should be 2.5 health workers per 1000 population and therefore all posts on the staff establishment must be filled. The audit found that the current health workers' capacity in the public sector is 2.0 health workers per population, which is below the WHO benchmark.

The shortage of staff is mainly caused by the unavailability of health workers in the country. This has left the Ministry with no option but to enter into agreement with countries such as Cuba and Kenya, to assist the country with doctors and nurses because professional health workers are not enough in the country. The shortage of health workers has led to high workload and long waiting period at health facilities.

The audit revealed that there is a shortage of health workers in the Ministry of Health and Social Services more specifically in the professional categories such as Doctors, Social Workers, Registered nurses, Enrolled nurses and Pharmacists as indicated in table two. According to table two, professional category for doctors is the mostly effected with 36% vacant posts, while registered nurses have a lower percentage of vacant posts.

Table 2: The total number of filled posts in relation to vacant posts for 2007/2008 financial year.

Category of health workers	No of posts in establishment	Posts filled	% of posts filled	Posts vacant	% of posts vacant
Doctors	306	195	64	111	36
Registered nurses	2048	1735	85	313	15
Enrolled nurses	2482	2046	82	436	18
Pharmacists	91	60	66	31	34
Social workers	138	94	68	44	32

According to table three below, four categories of health workers have been selected for further analysis because these posts are mostly filled by non-Namibians in comparison to other health workers. Doctors topped the list of proportion of total posts filled by non-Namibians with 65%, followed by pharmacists 33%, social workers 16% and registered nurses with 5% as the lowest.

Table 3: Posts filled by Namibians in relation to foreigners as at 2007/2008 financial year.

Categories of health workers	Posts filled	Filled by Namibians	% Filled by Namibians	Filled by non-Namibians	% filled by non-Namibians
Doctors	195	68	35	127	65
Reg. nurses	1 753	1 672	95	81	5
Pharmacists	60	40	67	20	33
Social workers	94	79	84	15	16

4.1.1 Recruitment process

According to the PMS guidelines, the vacant posts must be filled within four months from the date a post became vacant and the approval of work permit/visa should take one to three months.

Table 4: Time spent in the recruitment process on promotional posts.

Range	No. of cases
1-4 months	0
5-9 months	7
10-14 months	3
Total	10

NB The statistics above is combined for all financial years. Information was not available for all the financial years.

According to table four above, ten cases on promotional posts have been analysed to determine the time spent in recruitment process. As indicated in the table, the MOHSS took five to nine months to finalise seven cases while on three other cases, the time spent was ten to 14 months to finalize the process. Furthermore, none of the cases has been completed within the stipulated time frame of four months as stated first paragraph 4.1.1. The audit established that the delay in recruiting of health workers is due to the long recruitment process. As a result posts remain unfilled for a long period that eventually contributes to high work load in the Ministry.

According to table five below, during 2005/2006 financial year three out of five renewals took more than three months to be approved. While in 2006/2007, all renewals analysed have been approved within the stipulated time. During the 2007/2008, three out of four renewals took more than three months. This process is between the dates of submission to the Ministry of Home Affairs to the approval date of the application of renewals for work permits. This excludes the process of sending applications at the regional level of MOHSS.

As a result the long time it takes to approve the work permit, the MOHSS will still experience a shortage of health workers. See table two.

Table 5: Time spent in the applications/renewals for Work Permit

Time period	2005/2006		2006/2007		2007/2008	
	Number of new applications	Number of renewals	Number of applications	Number of renewals	Number of new applications	Number of renewals
Less than a month	0	0	1	0	0	0
One month	0	1	0	1	0	0
Two months	0	0	1	0	0	0
Three months	0	1	1	3	1	1
More than three months	0	3	4	0	1	3
Total	0	5	7	4	2	4

4.1.2 Allocation of staff

Health workers are allocated at various health facilities and departments based on the need, knowledge, experience, area of specialization as well as according to the availability of posts as per the staff establishment. The audit revealed that, due to unavailability of health workers in the country some clinics have only one nurse and an institutional worker, while there were supposed to be at least two nurses. The audit further established that the Mashare clinic in the Kavango region was closed between the 26th and 28th February 2007, when the only nurse at the clinic went on leave. As a

result patients who make use of the clinic had to travel to the next health facilities which are about 30 kilometres away.

4.1.3 Accommodation for health workers

Health workers should be provided with accommodation at health facilities more especially in remote areas. The audit revealed that health facilities in remote areas especially clinics have only accommodation for one nurse while there are posts for two nurses. The audit found that due to unavailability of accommodation at some health facilities, health workers are not willing to go and work at those facilities especially in rural areas where there are no accommodation to rent. This contributes to staff shortage and high work load in those areas.

The shortage also lead to the closure of some rural clinics for instance, Shamaturu clinic in Kavango region (Andara district) was closed in 1995 due to the staff shortage. (according to 2007/2008 regional annual report the clinic was still closed).

4.1.4 Additional programmes

Provision is made by Office of the Prime Minister (OPM) for the Ministry to apply for the additional staff when they are planning to introduce new programmes. However according to documents analyzed, the Ministry of Health and Social Services applied for additional staff, but the structure was never extended because the Ministry was already struggling to fill all the existing posts on the structure. This forced the Ministry to use the existing health workers for new programmes. For example, the establishment of the cardiac unit at the Windhoek Central Hospital (WCH) and the extension of Anti-retroviral Treatment (ART) to health centres and some clinics where no provision was made for additional staff. This hampers the Ministry's effort to bring these services closer to the people, while at the same time leads to high work load and long waiting period for patients.

4.2 Medical equipment

The audit has found that although health facilities visited have all essential medical equipment, some of the medical equipment are old and need to be replaced because they are constantly breaking down. As a result, patients are often referred to other health facilities. Observations conducted indicated that some of the medical equipment such as patella hammers and diagnostic sets which are supposed to be in every consulting/treatment room are being shared at health facilities; this causes inconveniences in the provision of health services.

4.2.1 Repair of medical equipment

A network of Regional Clinical Engineering Workshops (R-CEWs) is responsible for the repair and maintenance of medical equipment. According to the National Health Care Technology Policy (NHCTP 2003) medical equipment going for repair at the workshops must be accompanied by a requisition form.

The audit revealed that there is poor record keeping at the health facilities visited in terms of medical equipment sent for repairs at the R-CEWs. However, due to poor record keeping the auditors could not determine how long it takes to repair medical equipment. Health facilities especially clinics are reporting orally to the R-CEWs and there were no written records available at such health facilities indicating when the equipments were reported to R-CEWs for repair. As a result medical equipment could easily get lost or being send to wrong health facilities.

Maintenance of high-tech equipment which are still under warranty are done by the contractor/suppliers while the repair of low-tech equipment is done by clinical engineering workshops. Documents reviewed from the R-CEWs indicated that it takes an average of a day for the CEW to repair medical equipment from the entrance to departure date.

According to the NHCTP-2003, hospitals must keep some spare parts for minor repairs of medical equipment. Interviews however indicated that unavailability of spare parts at some hospitals and lack of manpower (engineers and engineering technicians) in the regions lead to the delay in the repair of medical equipment. At some of the health facilities, there were no proper records of those equipment sent for repairs; therefore it was not possible for the auditors to determine the delay in the repair process.

4.3 Transport

The allocation of vehicles/ambulances at health facilities within each district is the responsibility of the district office. However, the audit established that two out of six clinics visited have posts of drivers but they are stationed at the district hospitals because there are no vehicles at those clinics. At three health centres visited, only one health centre has an ambulance and a driver stationed at the health centre. The other drivers at the other two health centres are stationed at the district hospitals.

The structure of the Ministry only made provision for driver posts at few clinics. Thus vehicles are centralized at district hospitals and health centres/clinics request transport from the district hospital if there is a need to refer patients to the next health facility. This has a negative impact on in-time services delivery due to the long distances between health facilities.

Some ambulances are not reliable to transport patients on long distances to the national referral hospital because of frequent break downs.

The shortage of ambulances attributed to health facilities transporting patients with pick-ups which are not equipped with ambulance facilities, thus poor treatment of patients.

The audit found that 69% of the ambulances at the health facilities visited were in a running condition, while 12% were not in a running condition and the other 19% were written off or waiting to be auctioned. See appendix 5 for more details.

However, the Swakopmund district hospital has only one ambulance which is in a poor condition compared to Keetmanshoop district hospital which has five ambulances.

4.4 Wards Occupancies

Wards should only accommodate patients based on its capacity. The daily ward census reports from Oshakati and Katutura referral hospitals indicated that they experience overcrowding in the wards, especially the female and the male medical wards which have 45 bed capacities and are accommodating above 50 patients per day. This has a negative impact on the quality of service delivery in these hospitals. However it also leaves the hospitals with no option but to make use of corridors as wards to accommodate patients.

Observations conducted in different health facilities indicated that overcrowding of wards has a negative impact on the health conditions of in-patients. According to interviews patients with different illnesses such as those that need to be in isolation are mixed up with others which hinders the Ministry to stop and treat such diseases. Furthermore, the overcrowding of wards lead to the sharing of resources within the wards such as build-in oxygen supply cables.

According to observations carried out at the Oshakati state hospital psychiatric ward, the ward is not fit for mentally challenged patients. The inner set-up of the ward is too low making it easy for the patients to go out of the ward through ceilings and go to other sections within the ward or even outside.

The audit has also found that some of the health facilities visited such as the Keetmanshoop hospital and the Rundu hospital are no longer experiencing overcrowding in the medical wards. This according to them is due to the effective information dissemination and prevention measures of various diseases such as malaria and tuberculosis by the Ministry and better understanding on preventative issues by the community.

4.5 Examination and treatment of patient

According to the patient charter of the MOHSS on the access to services, patients have the right to be examined and treated as soon as reasonably and practically possible. However, during the audit it was found that this is not the case as shown by figure1 below.



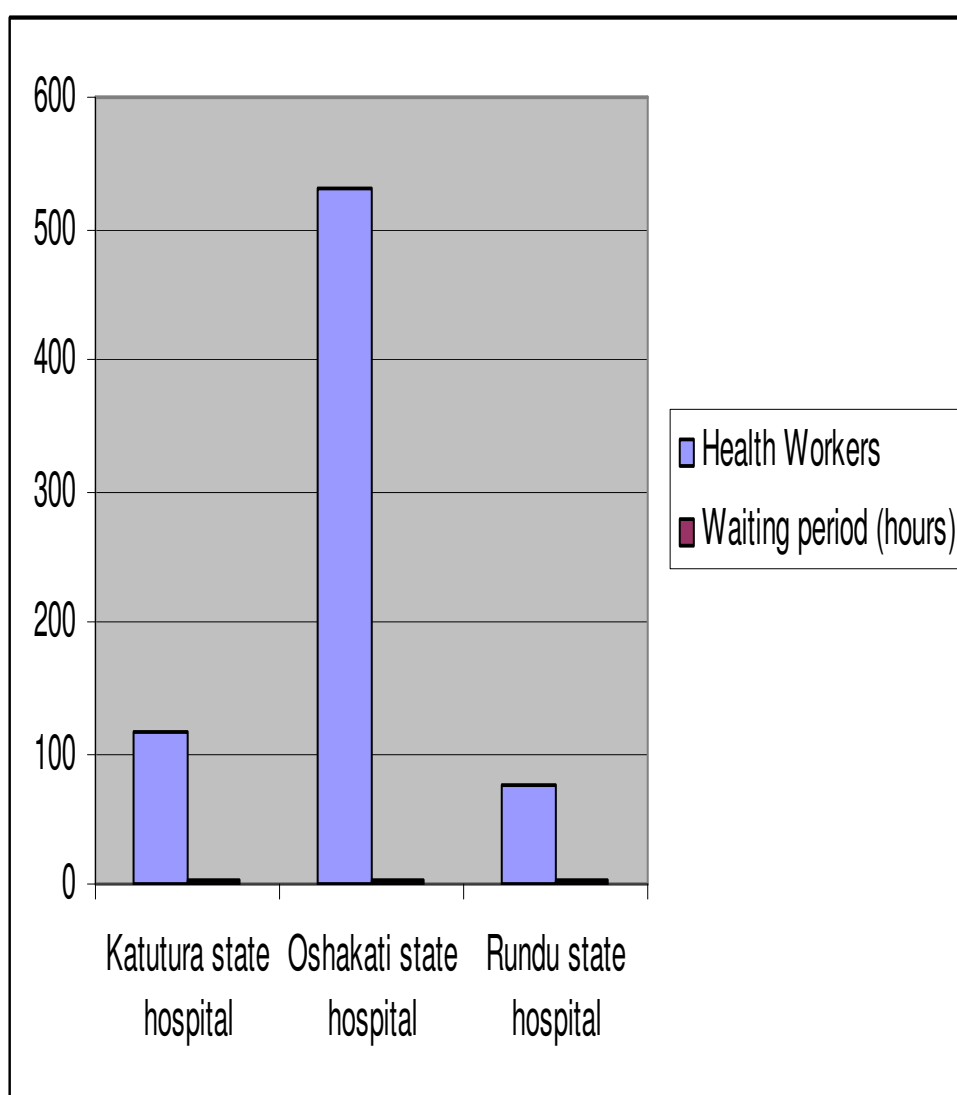
Figure 1: Shows the patients in the queue at admission point of Oshakati state hospital.

This was also confirmed by the observations carried out at selected health facilities that patients spend between one to six hours to be examined and treated as indicated in table 6 below. Observations further indicated that patients spend relatively long (two hours-six hours) at hospitals than at health centres and clinics because hospitals are receiving more patients from different health centres and clinics in the district. This leads to delay in examination and treatment of patients at hospitals. The long waiting is mostly due to staff shortage and the available doctors have to first attend to in-patients before attending to outpatients. For instance at the district hospital of Keetmanshoop, out-patients are normally told to come back at 14h00. At Rundu intermediate hospital and Swakopmund district hospital, out-patients are attended to as from 10h00.

Table 6: Waiting period at referral and district hospitals

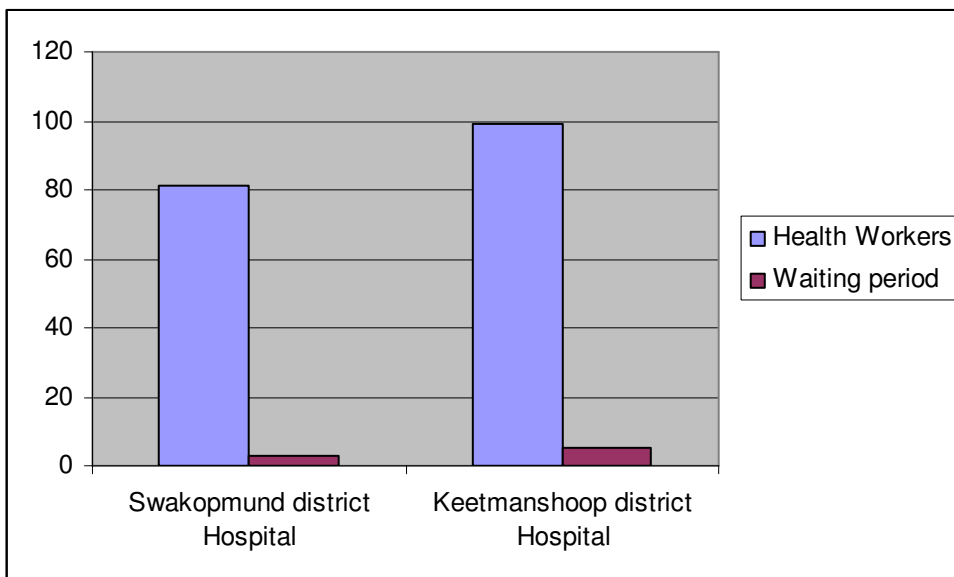
Name of Health facilities	Population	No. of health workers	Average Waiting period (hours)
Katutura state hospital	339 147	116	4
Oshakati state hospital	180 208	531	4
Rundu state hospital	252 066	74	4
Swakopmund district Hospital	116 338	81	3
Keetmanshoop district Hospital	36 427	99	5

Graph 1



Graph 1 above, Shows the number of health workers (doctors and nurses) and the waiting period at the three referral hospitals. Oshakati hospital is having 531 health workers, Katutura 116 health workers while Rundu hospital is having only 74 health workers, but the waiting periods of the above-mentioned three hospitals are the same.

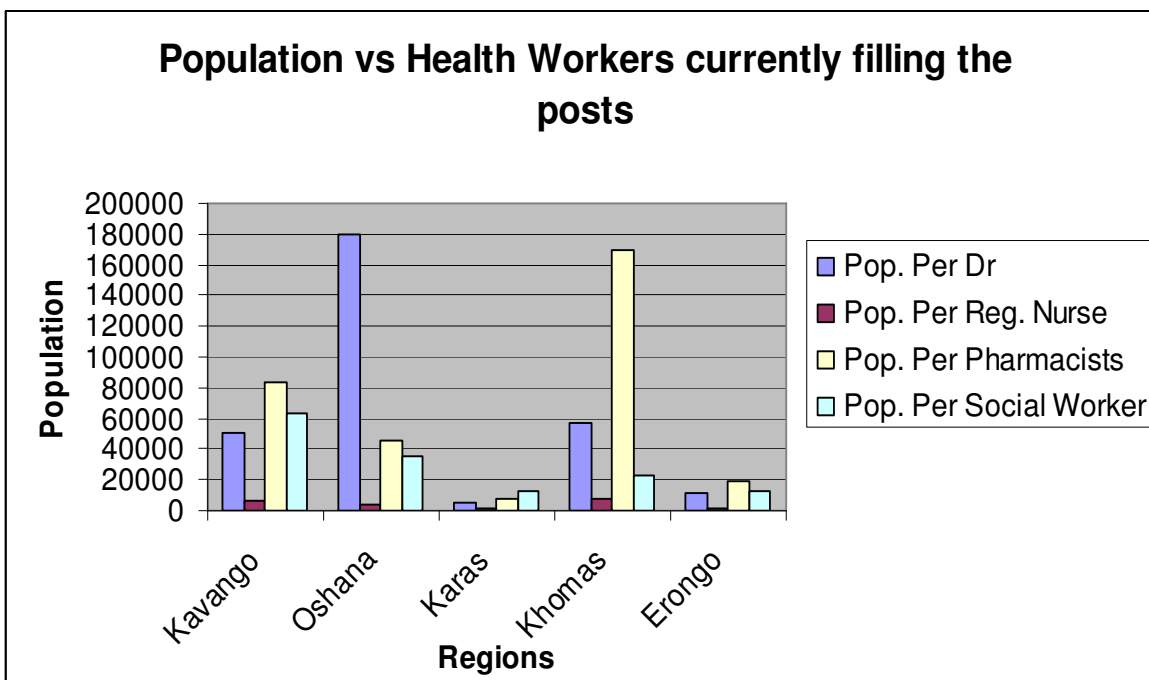
Graph 2



Graph 2, Shows the number of health workers (doctors and nurses) and the waiting period at the Swakopmund and Keetmanshoop district hospitals visited.

The above graphs one and two show that there is no correlation between the number of health workers and the waiting period at the health facilities. This means that an increase in the number of health workers does not really reduce the time patients spend at the health facilities. This is because the figure is inflated by the large number of enrolled and registered nurses, but the observation indicated that most of the people who spent more hours in hospitals have been waiting to be treated by doctors.

Figure 4.5.1; Population vs. Health Workers currently filling the posts



NB: The numbers of health workers in Khomas, Oshana and Kavango region do not include the health workers at referral hospitals (Katutura, Oshakati and Rundu hospital) because referral hospitals are independent from their respective regions in terms of the budget and management. The number of health workers also excludes volunteers and other health professions who supplement the current health workers on the staff establishment.

Figure 4.5.1 shows the population vs. health workers currently filling the posts. As indicated in the above figure, the population per health workers is high in Kavango, Oshana and Khomas region especially the population per doctors and pharmacists.

This clearly indicates that there is high work load for doctors and pharmacists in those three regions. This is as a result of unequal distribution of posts on the staff establishment as well as high number of vacant posts.

Figure 4.5.2; Population vs. Health Workers as per posts on the staff establishment

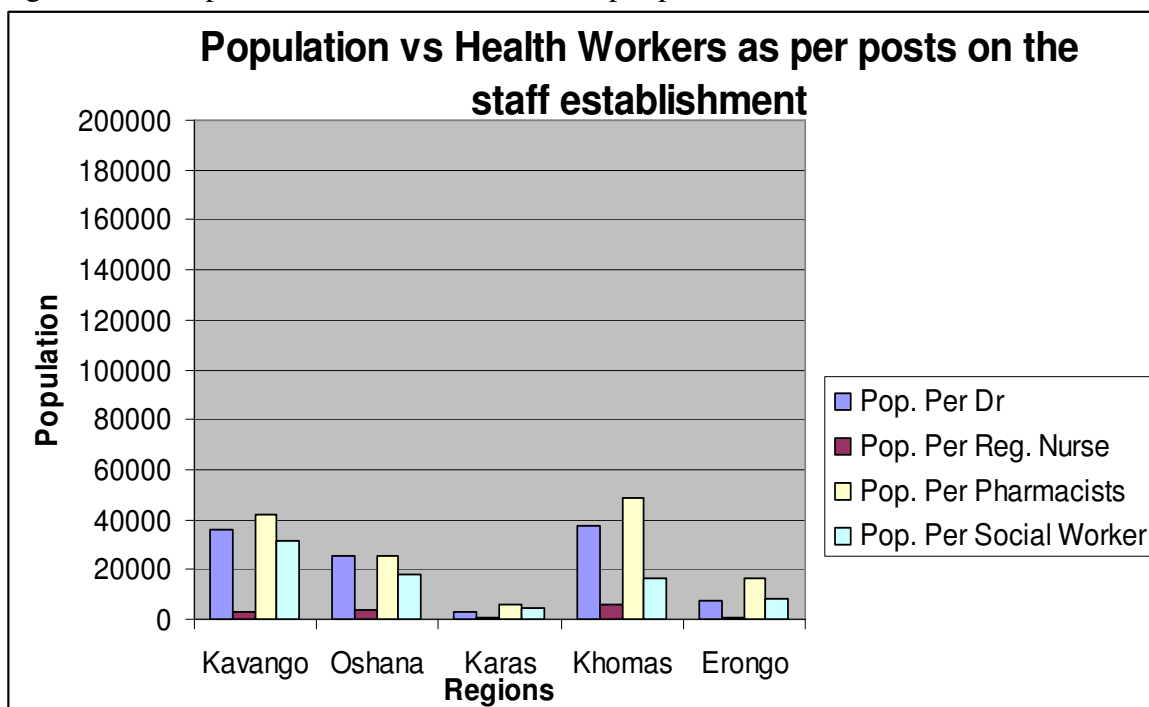


Figure 4.5.2 shows the population vs. health workers as per posts on the staff establishment. The figure indicates a reduction in the population per health workers especially the population per doctors and pharmacists in Kavango, Oshana and Khomas region. This however, indicates that filling of all vacant posts of health workers on the staff establishment will reduce the work load in state health facilities.

CHAPTER 5

5. CONCLUSION

5.1 General conclusion

The MOHSS is currently faced with a big challenge to provide efficient health services to the public. This is because of the slow processes in some areas within the MOHSS such as filling of health worker's positions, admission of patients in hospital wards, provision of transport and unavailability of medical equipment/instruments in state health facilities. However, this affect the Ministry in achieving its objectives to be the leading public provider of quality health and social welfare service in Africa as stated in its vision statement.

5.1.1 Human resources

The unavailability of health professionals in the country and the delay in filling promotional and entry posts by foreigners within the stipulated time, leads to the shortage of staff in the Ministry. The process of obtaining a work permit takes longer then the stipulated time by the Department of Civic Affairs of the Ministry of Home Affairs and Immigration. This lead to posts remaining unfilled for a long period, thus contribute to high work load.

Health workers are reluctant to work at some health facilities; especially in remote areas were there are no accommodation. This is hampering the Ministry's effort in delivering efficient and effective services to the citizens.

5.1.2. Medical equipment

Efficient service delivery will not be achieved by the Ministry because of the shortage of medical instruments that are supposed to be in the consulting/examination rooms of some health facilities, and also due to the unavailability of spare parts which are supposed to be kept at hospitals and transport of engineers/engineering technician to go out for repairs.

Medical equipment/instruments sent for repairs to CEWs are not properly recorded as it is supposed to be, this might lead to the loss of equipment by health facilities.

5.1.3 Transport

The distance between health facilities and the catchment population was not taken into consideration when vehicles were allocated at different health facilities. This lead to some health facilities not having vehicles to transport patients and other materials, thus resulting in an inefficient services delivery.

5.1.4 Wards occupancies

Admission of patients in hospital wards more especially in medical wards beyond ward capacities, does not only lead to the mixture of patients with different illnesses which affect their health condition but also results in poor health services.

5.1.5 Examination and treatment

Due to shortage of manpower sharing of equipment and increase of population in the country, patients wait considerably long to be treated and examined in state health facilities.

CHAPTER 6

6. RECOMMENDATION

6.1. General recommendation

In order for MOHSS to improve health service delivery, the following areas should be taken care of; filling of posts of health workers, ensure that admission of patients in hospital wards do not exceed capacity, provision of transport and adequate medical equipment/instruments in state health facilities, that would enable the Ministry to achieve its objectives as well as to be the leading public provider of quality health and social welfare service in Africa as stated in its vision statement.

6.1.1 Human resources

To transform the current public health services in state health facilities in a more efficient way, the Ministry should:

- Ensure optimal filling of posts of professional health workers as per staff establishment and posts should be filled within the stipulated time as stated in the PSM's circular.
- Ensure that approval of applications/renewals of work permits of foreign health workers within stipulated time by the Department of Civic Affairs in the Ministry of Home Affairs and Immigration.
- Availability of accommodation for health workers at health facilities in remote areas as an incentive for them to work in such areas.

6.1.2 Medical equipment

Spare parts should be kept readily available at the CEWs to ensure timely repair and maintenance of medical equipment and availability of transport of engineers/engineering technicians to go out for repairs at health facilities.

Medical equipment/instruments being sent for repairs should be properly recorded to avoid loss of such equipment.

6.1.3 Transport

When allocating vehicles to different health centres and clinics, the Ministry should consider the distances between health facilities and the catchment population in order to deliver efficient health services to the public.

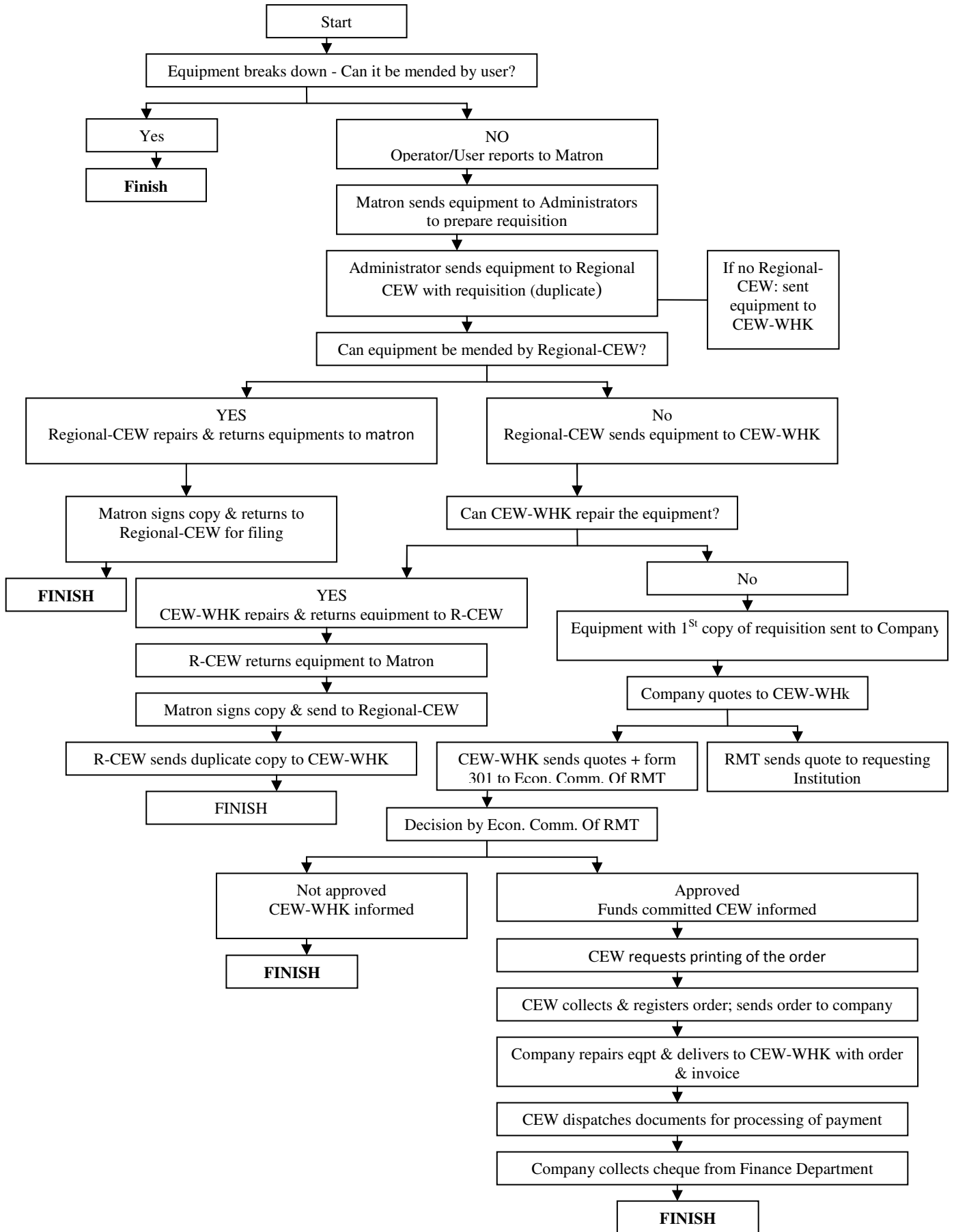
6.1.4 Wards occupancies

The Ministry should avoid the admission of patients in hospital wards beyond the capacity and mixture of patients with those who needs to be isolated as it has an effect on the health condition of the other patients with whom they share the same ward.

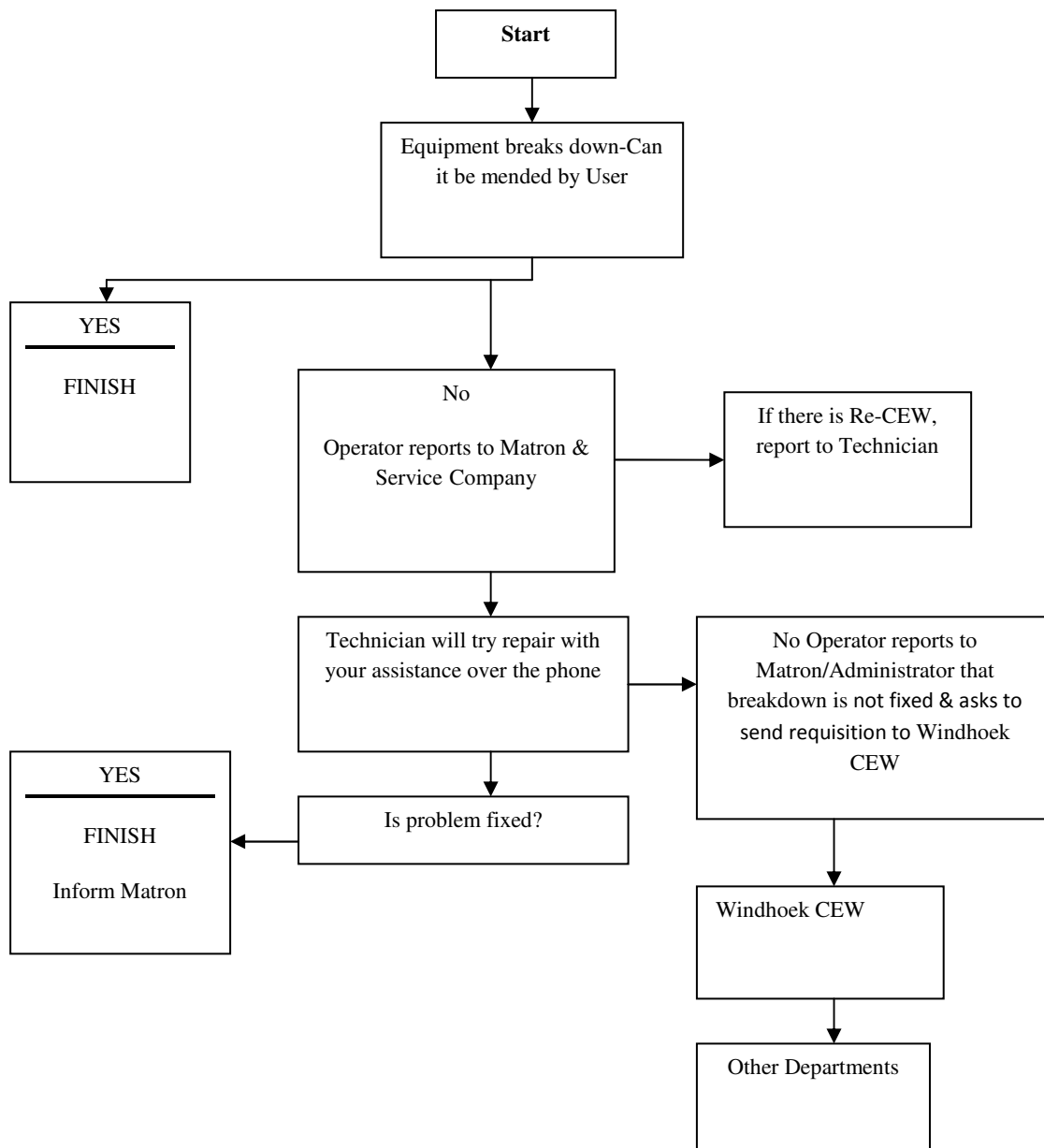
6.1.5 Examination and treatment

The Ministry should take into consideration the increase in population size (catchment population of health facilities) when allocating health workers at different health facilities, to reduce the waiting period of patients.

Appendix 1: Procedure for repair of medical equipment



Appendix 2: Procedure for repair of medical equipment: stationery equipment



Appendix 3: The total number of filled posts in relation to vacant posts for 2007/2008 financial year.

Category of health workers	No of posts in establishment	Posts filled	% of posts filled	Posts vacant	% of posts vacant
Doctors	306	195	64	111	36
Registered nurses	2 048	1 735	85	313	15
Enrolled nurses	2 482	2 046	82	436	18
Pharmacists	91	60	66	31	34
Social workers	138	94	68	44	32

Appendix 4: Population per health workers for the five regions visited.

a. Health Workers currently filling the posts

Regional Statistics

Regions	Population	No. of Doctors	No. of Reg. Nurse	No. of Pharmacists	No. of Social	Pop. Per Dr	Pop. Per Reg. Nurse	Pop. Per Pharmacists	Pop. Per Social Worker
Kavango	252 066	5	44	3	4	50 413	5 729	84 022	63 017
Oshana	180 208	1	43	4	5	180 208	4 191	45 052	36 042
Karas	36 427	7	50	5	3	5 204	729	7 285	12 142
Khomas	339 147	6	43	2	15	56 525	7 887	16 9574	22 610
Erongo	116 338	10	71	6	9	11 634	1 639	19 390	12 926

Appendix 4: Population per health workers for the five regions visited.

b. Health Workers as per staff establishment

Regions	Population	No. of Doctors	No. of Reg. Nurse	No. of Pharmacists	No. of Social	Pop. Per Dr	Pop. Per Reg. Nurse	Pop. Per Pharmacists	Pop. Per Social Worker
Kavango	252 066	7	95	6	8	36 009	2 653	42 011	31 508
Oshana	180 208	7	51	7	10	25 744	3 533	25 744	18 021
Karas	36 427	12	88	6	8	3 036	414	6 071	4 553
Khomas	339 147	9	60	7	21	37 683	5 652	48 450	16 150
Erongo	116 338	15	118	7	14	7 756	986	16 620	8 310

Appendix 5: Ambulances at health facilities visited

Health facilities	Total No. of ambulance	Ambulance in running condition	% of Ambulance in running condition	Ambulance Waiting for repair/not in running condition	% of Ambulance Waiting for repair/not in running condition	Ambulance to be written off/ recommended for auctioning	% of Ambulance to be written off/ recommended for auctioning
Katutura Intermediate hospital	6	5	83	0	0	1	17
Keetmanshoop district hospital	5	3	60	2	40	0	0
Oshakati Intermediate hospital	8	5	63	1	13	2	25
Rundu intermediate hospital	6	4	67	0	0	2	33
Swakopmund district hospital	1	1	100	0	0	0	0



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OFFICE OF THE PERMANENT SECRETARY

The Deputy Auditor-General
Office of the Auditor-General
Private Bag 13299
Windhoek

Dear Sir

PERFORMANCE AUDIT REPORT ON THE PROVISION OF SERVICE DELIVERY AT STATE HEALTH FACILITIES.

Reference to your letter dated 28 September 2009.

The Ministry agreement with the findings and recommendations made in the report and the management is hard at work to address the areas accordingly. In this regard the MOHSS Strategic Plan 2009 - 2013 is guiding our actions.

We also would like to comment on the following:

Medical equipment:

All health facilities are equipped with modern medical equipment through the Namibia-Finnish Project. During the 2008/9 financial year Directorate Tertiary Health Care and Clinical Support Services was financially assisted by Directorate Policy Planning and Human Recourse Development to purchase additional medical equipment requested by hospitals. Currently the departments which need our attention are X-Rays and Cancer Care Center.

Windhoek Central Hospital:

In order for the hospital to provide effective and efficient service to the nation, the hospital developed a Five Year Master Plan (2009/-2013) in an effort to address the shortage and lack of medical equipment. The Master Plan covers their main areas, namely Area A - Capital Projects, Area B - Minor Capital Project and Area C - Equipment/Furniture, Linen and Network Infrastructure. A copy attached for reference.

"Health for All"

Repair of medical equipment

The basic spare parts for repairs are kept at Clinical Engineering Workshops. Large number of the spares is kept at Windhoek CEW, which operates as a national referral workshop. Due to high cost of spare parts, especially for the high technology equipment, workshops are ordering spare parts only after faulty parts are identified.

Four out of the five workshops were supplied with mobile workshops for medical equipment repairs and planned preventive maintenance activities. These mobile workshops were fully equipped with tools for repair and maintenance of medical equipment.

Accommodation for health workers

This concern is also addressed in the MOHSS Strategic Plan. Regional Directors are assigned to create awareness of the use the housing scheme and it benefits to the staff. Regional Directors are also tasked to request Regional and Local Authorities in their respective regions to consider construct houses for Ministry of Health and Social Services staff members to rent.

Human Resource

The Ministry has sought membership of the Committee on Work Permits at the Ministry of Home Affairs and Immigration but still await for their response. This is hoped to assist the Ministry on faster approval of Work permits.

Yours sincerely



MR. KSM KAHUCHE
PERMANENT SECRETARY