REPUBLIC OF NAMIBIA

FOLLOW-UP PERFORMANCE AUDIT REPORT WITHIN THE MINISTRY OF HEALTH AND SOCIAL SERVICES

PROVISION OF HEALTH SERVICES

For the financial years 2012/13, 2013/14 and 2014/15

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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 Follow-up Performance Audit Report within the Ministry of Health and Social Services, Provision of Health Services for the financial years, 2012/2013, 2013/2014, 2014/2015, 2014/2015 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.

JUNIAS ETUNA KANDJEKE
AUDITOR-GENERAL

WINDHOEK, December 2016

Contents

ABBREVIATIONS

ABBREVIATION	DESCRIPTION
CEW	Clinical Engineering Workshop
The Ministry	Ministry of Health and Social services
AG	Auditor-General
PSM	Public Service Management
OPM	Office of the Prime Minister
OPD	Out Patient Department
MOHSS	Ministry of Health and Social Services

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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, 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."*

The purpose of the follow-up audit is to provide Parliament with timely information on the audited entity, operations and to determine the progress made by the audited entity based on the Auditor - General's reports.

The major findings and conclusions revealed by the audit were as follows:

- At the time of the audit, most of the posts of health workers were filled, as per establishment, but the audit indicated that the number of health workers was insufficient. Some of the services such as outreach were not carried out as planned due to the shortage of staff.

- The interviews indicated that Ministry of Home Affairs can take three (3) to six (6) months to approve the application/renewal of a work permit. The exact reason for the delay was not stated by respondents. The audit further revealed that there was an improvement in this process as applicants applied for a work visa that can be obtained in a shorter period (three months) compared to a work permit.

- Staff accommodation in urban areas was full to capacity and no accommodation was available to staff within the hospitals. Most of the accommodation facilities were in a dilapidated state and beyond renovations, thus minimizing the availability of accommodation. The demand is higher than accommodation available.

- Lack of spare parts and technicians delay the maintenance of medical equipment.

- According to the documents analysed, all the health facilities visited have works order books to records all the equipment sent for repairs, as was recommended by the Auditor-General.

- According to the interview and documents analysed, the regions have been faced with a shortage of fully equipped ambulances and drivers at health facilities. Some of the ambulances are not in a good running condition as their mileage was very high and sometimes they frequently break down.

- The wards were admitting more patients than the bed capacity whereby, at times patients were accommodated on the floors, corridors, store rooms and wards' cafeterias. This does not only lead to the mixture of patients with different illnesses which affect their health condition, but also results in poor health services.

- The service delivery process is frustrating to both employees and clients, for instance the long queues for the patients before being treated.

RECOMMENDATIONS

In order for MOHSS to improve health service delivery, the following areas should be taken care of:

Medical equipment

To ensure efficient service delivery, the Ministry should ensure the availability and timely repairing of medical equipment/instruments and spare parts.

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 needs 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 reduce the waiting period of patients at state health facilities by employing more health workers and ensure the availability of medical equipment/instrument at health facilities.

Comments received from the Ministry of Health and Social Services

The Ministry provided comments on the report which are incorporated in chapter 2 of this report.

CHAPTER 1 – INTRODUCTION

1.1 The Historical background of the audit object/auditee

The purpose of the follow-up audit is to provide Parliament with timely information on the audited entity, operations and to determine the progress made with regard to the implementation of audit recommendations by the audited entity based on the Auditor-General's report. Therefore, the Office of the Auditor-General decided to conduct a follow-up audit on the Provision of Health Services within the Ministry of Health and Social Services.

An initial report on the Department of Regional Health and Social Services and Directorate of Tertiary Health Care and Clinical Support Services was completed in 2009 by the Office of the Auditor-General. This follow-up has been compiled to determine the progress made by the Ministry of Health and Social Services since the afore-mentioned report was tabled in Parliament.

The main audit areas of focus were:

- Human resources;
- Medical equipment;
- Transport;
- Wards occupancies; and
- Examination and treatment.

1.2 Design of the follow-up audit

1.2.1 Time and geographical limits

The audit covered the financial years 2012/13, 2013/14 and 2014/15 to establish a trend of performance over the period covered.

The audit covered all the 14 regions of the country and the required information for the follow-up audit was collected from the following 3 regions: Khomas, Oshana and Otjozondjupa.

Due to financial constraints, the selection of the two (2) regions was based on selecting one region that was visited during the main audit and one that was not visited during the main audit.

1.2.2. Methods of data collection

The following methods were used to carry out the audit:

- Interviews
- Documentary review
- Observations

All information received was analysed to determine whether the recommendations have been implemented or not, if not what were the reasons for the none implementation.

The following documents were analysed:

- Staff establishments;
- Statistics on staff movements from the HR department;
- Daily register book of patients at health facilities;
- Hospital information system (HIS);
- Transport policy and Vehicle masterlists;
- Regional and health facilities reports;
- Patient charter; and
- Health Care technology policy.

Interviews
The following persons were interviewed from the Ministry of Health and Social Services:

- 3x Regional Directors;
- 1x Deputy Director for Human Resources;
- 4x Heads of health facilities;
- 5x Hospital Matrons;
- 5x Human Resources Officers;
- 8x Registered/enrolled nurses ;
- 5x Medical Officers;
- 4x Transport Officers;
- 4x Engineers/Artisans; and
- 8x Patients.

Observations
Observations were carried out on the medical equipment, transport, health workers' accommodation, ward occupancies and examination and treatment. The aim of the observation was to obtain physical knowledge of how things are done on the ground and whether there were improvements since the initial report.

CHAPTER 2 – FINDINGS

2.1 Human resources

2.1.1 The AG recommended that in order 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.

The structure of the Ministry (for 2003) at the time of the audit appeared to be limited. The Ministry employed additional health workers outside of the existing structure. The majority of these posts were for medical officers, registered nurses and enrolled nurses. At the time of the audit, most of the posts of health workers were filled, as per the establishment as indicated in Table 1 below but the Ministry indicated that the number of health workers were insufficient. Some of the services such as outreach where not carried out as planned due to the shortage of staff.

Table 1: The posts filled rates of health workers for the Ministry

Categories	Establishment	Vacant	Filled	% of filled post	% of filled post on initial report (2009)	Additional staff
Medical officers/Doctors	365	39	326	89	64	39
Specialists	99	14	85	86	N/A	0
Registered nurses	2 411	216	2 195	91	85	99
Enrolled nurses	2 698	290	2 408	89	82	31
Pharmacists	58	4	54	93	66	12
Social workers	142	15	127	89	68	4

Source: Human resources statistics

Table 1 above shows the percentage of posts filled at the time of the audit, for the Ministry. The statistics is for six (6) categories of health workers as reported in the initial AG report. According to the table above, there has been an improvement in the rates of post filled for doctors, pharmacists and social workers in comparison to post filled rates reported in the initial AG report. The initial AG report indicated the posts filled rates for doctors, pharmacists and social workers as 64%, 66% and 68% while the current filled rates have improved to 89%, 93% and 89% respectively.

The OPM guideline standard states that post should be filled within the period of four (4) months starting from the date a post became vacant until the date of appointment and the approval of work visa should take one to three months.

The audit revealed through interviews and documents analysed that 46% (11 out of 24) posts in the regions visited were filled within the required time frame of four (4) months, while 54% posts took more than four months to be filled, (see table 2 on appendix 1). The reason for the delay was that, there were many channels within the Ministry, through which an application has to go through. The application can go through eight (8) stages starting from human resources in the region to the Permanent Secretary (PS) at head office, depending on the region of the applicant. The audit further revealed that, the process could take up to three months before reaching the Public Service Commission (PSC). This was also confirmed through the analysis of employees' personal files.

2.1.2 The AG recommended that in order to transform the current public health services in state health facilities in a more efficient way, the Ministry should ensure the 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.

The standard states that the approval/renewal of the work permit should take one (1) to three (3) months. Employees' personal files analysed, indicated an average of five (5) months to complete the whole recruitment process (see appendix 1 Table 3). Information for 2012/13 could not be obtained as there were no applications for renewals and only one application was obtained for 2013/14.

Auditors could only determine the duration as from the date of an application has been received at the Ministry of Health up to the date of approval of the work permit from the Ministry of Home Affairs. This is due to the non-availability of a receipt date by Home Affairs in the employees' personal files during the follow up audit. The duration includes administrative time used by the Ministry of Health before the application is received by the Ministry of Home Affairs.
The effects of not employing foreign health workers within stipulated time could result in patients not receiving the required care from health workers. The Ministry could end up spending more money on overtime as the existing health workers may resort to work longer hours in order to finish the work.

2.1.3. The AG recommended that in order to transform the current public health services in state health facilities in a more efficient way, the Ministry should ensure that accommodation is made available for health workers at health facilities in remote areas as an incentive for them to work in such areas.

The majority of the remote health centres/clinics in the regions visited has accommodation available. However, the documents and observation indicated that the accommodation is not sufficient to accommodate additional health workers, especially those who may be send for relief duties.

Most of the accommodation facilities were in a dilapidated state and beyond renovations, thus minimizing the availability of accommodation. The demand for accommodation is higher than the supply of available accommodation.

The insufficient accommodation of health workers at health facilities in remote areas discourages the health workers to take up positions at such areas. As a result, the provision of quality health services to remote areas may be affected.

Comments received by the Ministry of Health and Social Services

"The Ministry acknowledges that the recruitment process is significantly long due to beaurocratic internal processes. As of 2015 the Ministry has reengineered the internal process and it has significantly improved the recruitment period.

Furthermore, in 2016 the Public Service Commission has delegated some of its powers to the Permanent Secretary and Human Resource Manager in the Ministry to recruit staff below management cader with the exception of expatriates.

With regards to speeding of work permits, the Ministry engages with the Ministry of Home Affairs and there is a staff member assigned to follow-up progress on work permits on a regular basis.

With regards to accommodation facilities the Ministry has difficulties in the execution of capital projects, especially challenges in funding. However, the Ministry is considering innovative ways to attract professionals to remote areas."

2.2 Medical equipment

The AG recommended that spare parts should be kept readily available at the Clinical Engineering Workshops (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.

According to the interviews with the staff and observations at three (3) Clinical Engineering Workshops (CEWs) visited, the workshop keeps spare parts and accessories for use. The workshop did not have a standard indicating the minimum stock of spare parts and accessories to be kept as the spare parts are kept based on parts' volume of usage.

Some of the medical equipment were serviced/repaired by the suppliers especially high tech equipment as they were still under warranty, while others were outsourced due to lack of skills to maintain them. However, workshops experience delay in repair of medical equipment as parts were not available in the local market especially parts of donated medical equipment.

Furthermore, an annual report of 2012/13 for one of the regions visited, highlighted that some of the factors contributing to the delay are the following; staff shortage; some health districts not reporting faulty equipment on time and lack of spare parts; whereas others delivered incomplete equipment to the workshop. Another constraint that was also highlighted in the report is that the Hospital does not receive sufficient funds to purchase the necessary instruments and equipment.

According to interviews and observations, all three (3) CEWs visited had transport available that they can use to repair medical equipment at health facilities in the region. In cases where assigned vehicles were not available they are allowed to book a vehicle from the respective regional offices.

Lack of spare parts and technicians delay the maintenance of medical equipment and hence hampers the provision of health services.

The AG recommended that medical equipment/instruments being sent for repairs should be properly recorded to avoid loss of such equipment.

According to the documents analysed, all the health facilities visited have work order books to record all the equipment sent for repairs. On the work order book, one (1) copy should accompany the equipment to the workshop and the other one remain in the book at the health facility. The work order books were not only used to record medical equipment, but also included everything that needed to be repaired at the facility.

Proper recording has been found at all the three (3) CEWs visited where they keep a register for all the medical equipment received for repairs.

Comments received from the Ministry of Health and Social Services

"The Ministry is very low on capacity especially skills to maintain proper inventories, drawing up of specifications, maintenance and repair. A new Directorate of Health Care Technology has been approved. This directorate will look at means and ways of improving equipment replacement and utilization."

2.3 Transport

The AG recommended that 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 service to the public.

Interviews and documents state that the regions have been faced with a shortage of fully equipped ambulances and drivers at health facilities. Furthermore, some of the ambulances are not in a good running condition as their mileage was very high and sometimes frequently break down, and as a result, pickups were also allocated to the health facilities and used to transport patients. Interviews and documents further state that Oshakati Intermediate Hospital, are experiencing a shortage of fully equipped ambulances especially for long distance referrals to Windhoek and wish to have three more fully equipped ambulances with a carrying capacity for two patients.

Auditors' analysis from the various vehicle reports in terms of mileages and conditions from health facilities indicate the following as per Table 4 below:

- The highest mileage of 695 661 and a lowest of 8 313.
- Condition ranging from 3 running, 3 good, 2 moderate and 1 standing.

Table 4: Condition of ambulances

Region	Number of Ambulances	Condition	Highest (km) reading	Lowest (km) reading
Katutura Hospital	3	-	349 795	135 354
Khomas	3	2 running and 1 standing	-	-
Otjozondjupa	5	2 moderate 3 good	695 661	8 313
Oshana	6	Running	-	-

Source: MOHSS transport database

According to the documents reviewed health facilities that are more in remote areas especially in Okakarara and Grootfontein district and Okaukuejo clinic in the Oshana region have been allocated with transport because of the long distances to be served by vehicles from the district hospital. Other clinics that are nearby the districts' centres had no vehicles allocated, therefore they have to call the district hospital/centre in case the need arise to refer a patient. Interviews revealed that ambulances from the district hospital take many hours in case of emergencies. The reason given was that sometimes there were no drivers or ambulances went to other health facilities.

The current structure (at the time of the follow-up audit) does not make provision for the positions of drivers at some clinics; therefore it was not possible to allocate vehicles at such facilities.

Comments received from the Ministry of Health and Social Services

The Ministry appreciates the Auditor-General's advice on the matter. It is however, the ministry's standard procedure that vehicle needs including ambulances are received from the regions and hospitals that are on the ground and not determined at the Head Office.

A request is sent to the stakeholders annually to indicate their vehicle needs. Based on their inputs vehicles including the ambulances are allocated and distributed but, not all needs maybe catered for in a particular financial year."

2.4 Wards occupancies

The AG recommended that 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.

According to observations carried out and interviews conducted, the hospital wards were admitting more patients than the bed capacity whereby, at times patients were accommodated on the floors, corridors, store rooms and wards' cafeterias. This problem was mostly experienced at some hospital wards like medical, maternity, surgical, paediatric, psychiatric etc., while the admission in other wards were within the bed capacity most of the time.

The mixture of patients with different illnesses and unconducive health environment could affect their health condition and also result in poor health services.

Picture 1: Patients accommodated on the floor, in the corridor at one of the visited referral hospitals.

Source: Auditors picture taken at Windhoek Central Hospital

Comments received from the Ministry of Health and Social Services

"The Ministry cannot avoid admission beyond capacity. This is due to insufficient capacity in district hospitals, in terms of infrastructure and human resource skills. Progress is underway with restructuring and training to improve the situation in districts and this will alleviate pressure on the referral hospitals. Furthermore, the Minister's outreach program is bringing much relieve that leads to reducing referrals."

2.5 Examination and treatment

The AG recommended that 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.

According to the interviews with patients at the visited health facilities, patients waited for a period ranging from one (1) to three (3) hours to be treated. Furthermore, patients also stated that they spend more time at district and at referral hospitals especially when they have to see a doctor. According to interviews with nurses from OPD, clinics and health centres stated that a waiting period to attend to patients ranges from less than an hour to 7 hours depending on the health services a patient needs, for e.g. health services such as family planning, dressing and getting follow up medication can take about 30 minutes, especially at clinics.

According to the World Health Organisation benchmark the health worker's capacity should be 2.5 health workers per 1000 population (0.25%). The table below indicates that the clinics do not meet the World Health Organisation target because of the shortage of staff.

The table 5 below shows the number of health workers currently filled in relation to the catchment population.

Table 5. Population per facility

Clinics visited	# of Health workers	Catchment population	% of Health worker per population
Kalkfeld Clinic	2	2 000	0.1
Orwetoveni Clinic	6	37 854	0.02
Ondangwa HC	12	31 130	0.04
Ombundja Clinic	1	3 695	0.03
Baumgartsbunn	2	2 319	0.09
Donkerhoek clinic	5	33 246	0.02
Dordabis clinic	2	4 639	0.04
Groot aub clinic	2	3 866	0.05
Hakahana clinic	7	35 565	0.02
Katutura HC	61	99 738	0.06
Khomasdal HC	12	33 246	0.04
Okuryangava clinic	25	35 565	0.07
Robert Mugabe clinic	11	73 450	0.02
Wanaheda clinic	9	33 246	0.03

Source: Statistics 2015

Annual reports for the financial years under review stated that the Ministry has been faced with severe shortage of staff, especially medical doctors that results in long waiting time of patients, result in poor health care.

Service delivery process could frustrate both health workers and patients because of the long queues.

CHAPTER 3 – CONCLUSIONS

3. General conclusion

The MOHSS is currently still faced with a big challenge to provide efficient health services to the public. The Ministry of Health and Social Services only managed to implement 20% of the initial recommendations.

3.1. Human resources

There has been a slight improvement in post filled rate of health workers in the Ministry of Health and Social Services, but the Ministry still faces challenges of shortage of staff due to unavailability of health professionals in the country and limited staff establishment.

The situation of obtaining a work permit from the Ministry of Home Affairs and Immigration has improved since the introduction of the work VISA.

Accommodation facilities of health workers in remote areas is insufficient, therefore discourage them to take up positions in such areas.

3.2 Medical equipment

Efficient service delivery has still not been achieved by the Ministry because of the shortage of medical equipment/instruments and spare parts for repairs of medical equipment. The Ministry cannot keep all the spare parts needed due to other agents involved in the repairs of medical equipment.

CEWs have transport for engineers and engineering technicians that can be use when carrying out their duties to repair medical equipment at health facilities in the region.

3.3 Transport

Health facilities still do not have sufficient vehicles to transport patients especially at health facilities in remote areas, thus resulting in inefficient service delivery.

3.4 Wards occupancies

There has been no improvement on admission of patients in hospital wards. The hospitals still admit patients beyond ward capacities, especially in medical wards that results in provision of poor health services.

3.5 Examination and treatment

Due to shortage of staff, and the forever increasing population in the country, patients are still waiting considerably long to be treated and examined in state health facilities, especially for those who need to be attended by doctors. The situation could improve once the Ministry has finalized the restructuring process.

CHAPTER 4 – RECOMMENDATIONS

In order for MOHSS to improve health service delivery, the following areas should be taken care of:

4.1 Human resources

The Ministry should continue filling posts to 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.

The Ministry should continue with the improvement to ensure the speedy application/renewal of work permits within stipulated time by the Ministry of Home Affairs and Immigration for better efficient public services.

The Ministry should ensure that sufficient accommodation facilities are available for health workers in remote areas that may attract them to work in the remote areas.

4.2 Medical equipment

To ensure efficient service delivery, the Ministry should ensure the availability of medical equipment/instruments and spare parts for repairing medical equipment timely.

4.3 Transport

When allocating vehicles to different health centers 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.

4.4 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.

4.5 Examination and treatment

The Ministry should reduce the waiting period of patients at state health facilities by employing more health workers.

APPENDIX 1

Table 2: Time spent in the recruitment process on entry and promotional posts.

Categories	Date of Application	Appointment date	Duration in days	Duration in Months
Diagnostic Radiographer	22/11/2013	17/04/2014	145	5
Physiotherapist	16/04/2012	17/07/2012	91	3
Medical Officer	22/08/2014	01/04/2015	219	7
Registered Nurse	28/10/2014	01/06/2015	213	7
Registered Nurse	29/09/2013	01/08/2014	302	10
Radiographer	04/12/2012	28/12/2012	24	1
Specialist	09/10/2014	22/06/2015	253	8
Specialist	19/02/2014	08/07/2014	139	5
Radiographer	05/12/2012	28/12/2012	23	1
Pharmacist	25/04/2012	10/08/2012	105	4
Radiographer	28/10/2013	22/04/2014	174	6
Occupational Therapist	11/11/2013	29/10/2014	348	12
Registered Nurse	27/02/2013	05/03/2013	8	0
Enrolled Nurse	30/03/2015	01/06/2015	61	2
Registered Nurse	16/02/2015	12/05/2015	86	3
Orthopedic Technologist	11/05/2015	01/11/2015	170	6
Rehabilitation Officer	11/06/2013	01/01/2014	200	7
Radiographer	09/04/2014	03/11/2014	204	7
Enrolled Nurse	31/03/2015	01/05/2015	31	1
Radiographer	04/06/2015	01/09/2015	87	3
Medical intern	22/07/2014	01/05/2015	279	9
Enrolled Nurse	03/04/2014	01/05/2014	28	1
Registered Nurse	15/05/2014	05/08/2014	80	3
Average			**142**	**5**

Source: Employees, personal files

Table 3: Time spend on application/renewals for work permits

Rank	Application Date	Approval Date	No. of Days	Months
Registered Nurse	20/12/2013	07/10/2014	287	10
Medical Officer	03/07/2013	10/09/2013	67	2
Pharmacist	21/01/2015	09/06/2015	138	5
Registered Nurse	07/11/2012	04/12/2012	27	1
Registered Nurse	02/05/2014	19/08/2014	107	4
Medical Officer	01/08/2014	21/11/2014	110	4
Chief Medical Doctor	04/02/2014	10/04/2014	66	2
Social Worker	19/08/2014	08/12/2015	469	16
Medical Officer	25/02/2015	27/07/2015	152	5
Average			**158**	**5**

Source: Employees, personal files