

170215 PC defence

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PARLIAMENTARY QUESTIONS FEB 17

FEEDBACK TO PCD ON BRRR RECOMMENDATIONS 2016

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1



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Aim

To Provide Feedback on the BRRR Recommendations

2



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Question 1

The DOD should provide the committee with a report on the work done by military judges on addressing the backlog in outstanding military court cases

• **Response**

- Assignment of (senior) military judges within the SANDF for the FY2016/17 was subject to the members being in possession of a valid secret security clearance.
- Eighteen (18) members (3 x senior military judges and 15 x military judges) were assigned by September 2016. Five members (1 x senior military judge and 4 x military judges) await the completion of the DI vetting process.
- The FY2016/17 commenced with 2 396 backlog cases.
- On 31 December 2016 the number of outstanding backlog cases declined to 1 439 cases.
- The total of 957 backlog cases were finalised within the financial year to date
- Reducing backlog cases before the military courts is a continuous process.



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3

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Question 2

The DOD should inform the committee in writing of the status of litigation against the department as well as other contingent liabilities

• **Response**

- The under-mentioned table reflects the status of litigation against the DOD (Note: *Figures exclude military motor vehicle accidents (MVA) and debtor accounts*)

CONTINGENT FOR IN-YEAR CIVIL CLAIMS 16/17 AGAINST DOD	AMOUNT
RM 859 421	
STATUS OF LITIGATION AGAINST THE DOD 16/17	
Received:*	96
Finalised:	31
Settled in favour/Win:	26
Cases lost	5



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4

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Question 2

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• **Response**

- In addition to the above, below is the status of Contingent Liabilities (Civil Claims) as at 18 January 2017.

Nature of Liability	Opening Balance 1 April 2015 R 000	Liabilities incurred during the year R 000	Liabilities paid/cancelled/reduced during the year R 000	Closing Balance 19 January 2017
Civil claims	804 059	67 176	11 814	859 421
Mobile Assets Accidents (MAA)	12 182	3 448	3 582	12 048
Subtotal	816 241	70 624	15 396	871 469



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5

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Question 3

The DOD should finalise the military discipline bill as a matter of urgency and inform the committee on when this bill can be expected as soon as possible

• **Response**

- The Military Discipline Bill (Bill) was approved by the DOD during the FY2012/13. The draft Bill was pre-certified by OCSLA on 06 May 2016
- The DOD team consulted the JCPS Cluster and its Development Committee on 16 May 2016 and 07 June 2016.
- Plans to finalise compulsory consultations finalised in early 2017 .
- MDB will be submitted to Cabinet (Cabinet memo) by 29 June 2018 and the Office of the State Law Adviser will take it to the Legislation and Proceeding Unit in Parliament by 18 October 2018
- Dates are subject to variables within the legislative process that may affect the proposed submission dates.



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6

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Question 4

The DOD should inform the Committee in writing of the status of the 20 investigations regarding SCM, procurement and contracting investigations

• **Response**

- Feedback on the status of the 20 investigations as required by the committee:
 - Six (6) are under investigation at Directorate Anti-Corruption and Anti- Fraud (DACAFA)
 - One (1) has been cancelled due to lack of evidence and that there was no fraud and corruption detected
 - One (1) closed due to a lack of concrete evidence
 - Ten (10) under investigation by the Military Police Division
 - One (1) under investigation by the Public Service Commission
 - One (1) under investigation by Human Resources Division



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7

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Question 5

The DOD should finalise its revised Procurement policy to deal with the decentralisation of this function as a matter of urgency and present the Committee with the update on this matter as soon as the revised policy has been completed. Clear measures to reduce the 90-day procurement target should form part of this policy

• **Response**

- The DOD has decentralised procurement to the lowest level. The following procurement entities are established:
 - Three Procurement Centres with a RM5 delegation
 - Six Procurement Units with RM1 delegation
 - Procurement Sections- ASB level with a R100 000,00 delegation and FSE's with a R30 000,00 delegation
- The draft Procurement policy completed. CSD and the Procurement Bill delay process. Completion date is shifted end of the financial year 2017/18

Team report.



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8

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Question 6

The DOD should inform the Committee of its plans, with detailed timelines and costing, for the finalisation of the 1 Military Hospital refurbishment project, including the appointment of the medical technologist required for the finalisation of the project

• **Response**

- **Plans.** NDPW did not address all requirements of the DOD relating to aspects of functionality and legal compliance. Reconfiguration of the 1st floor and extensive scope changes were necessary that would make provision for:
 - ✓ **Theatre Department.** The upgrading of 13 instead of only 5 theatres to accommodate digitalisation technology
 - ✓ **Radiology Department.** The installation of an MRI and a CT scanner on the reconfigured. This ensures that all X-rays equipment is now housed in one area.
 - ✓ **Isolation/Burns Unit.** The establishment of an Isolation/Burns unit with its own theatre.

9



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• **Response**

- ✓ **Second Floor Pharmacy.** The establishment of a Pharmacy on the 2nd floor. This solved the challenge regarding the availability of space for an Isolation/Burns unit to be established on the 1st floor.
- ✓ **Mechanical and Electrical Systems.** Realising potential challenges regarding the mechanical and electrical systems at 1 Military Hospital, an independent condition assessment on all (not only 1st floor) mechanical-, electrical-, wet services, lifts and electronic systems. Repair work had to be done on all these systems servicing the whole hospital.
- ✓ These include, inter alia, fire detection and protection, access control, the building management system and the evacuation and public address systems

10



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PARLIAMENTARY QUESTIONS FEB 17

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• **Response**

- **Amended Designs.** The following additional amendments on the previous DWP plans were made:
 - ✓Casualty -, radiology -, intensive care and central sterilising service departments, service and technical floors as well as the mortuary
 - ✓**Medical Equipment.** The DOD entered into an agreement with the consultants to render a multi professional building/construction service to the DOD. The procurement, installation and commissioning of medical equipment did not form part of the contract with the consultants
 - ✓Areas that need to be rectified include water reticulation, storm water removal, sewerage and electrical installation

11



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• **Response**

- **Timelines.** The DOD acknowledged that medical equipment should be part of the project. The timelines linked to procurement and engineering processes are as follows:
 - ✓Completion of tender documentation (including medical equipment design) 30 Jun 17
 - ✓Call for tenders, evaluate tenders, received and appoint a building contractor 31 Aug 17
 - ✓Construction and commissioning (months construction period) 1 Sep 17 to 28 Feb 19

12



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• **Response**

- **Costing.** The estimated final value of the project including the medical equipment is as follows:
 - ✓ Building/construction work R327 000 000.00
 - ✓ Medical Equipment R591 730 313.00
 - ✓ **Total R918 730 313.00**
- **Appointment of the Medical Technologists to Finalise the Project**
 - ✓ Call for tenders for rendering of medical technology services : **2 Dec 16**
 - ✓ Closing of tenders : **10 Jan 17**
 - ✓ Appointment of Medical Technologists : **28 Feb 17**

13



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keep out

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Question 7

The Committee encourages the DOD to increase the use of technology as a force multiplier for land and air border safeguarding

• **Response**

- The DOD is aware of the need to constantly make use of the latest technology. This was first emphasised in the 1996/98 White Paper on Defence and subsequent Defence Review. It is re-emphasised in the 2015 Defence Review where reference is made to "technology innovation", as well as to the possible appointment of a Chief Defence Scientist to manage the technology spectrum that the DOD is involved with
- There is currently constant R&D interaction between the DOD and scientific institutions such as CSIR and IMT, as well as a variety of defence-related industries, through the offices of Defence Material and the broader acquisition and project environment
- It must be noted that the DOD is engaged in all these activities with a limited R&D budget

14



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Question 8

Unregistered airports and airstrips in the RSA. The Joint Standing Committee on Defence posed the questions, "Are there unregistered airports and airstrips in RSA, if so, how many and do we know them?" and "Can the existing radars detect drones?"



• **Response**

- 1 433 airfields and landing strips in the RSA.
- 469 registered with the SA Civil Aviation Authority.
- 964 unregistered.
- Information was verified with the SA Civil Aviation Authority.
- All airfield/landing strips are known and registered on SANDF dataset that was updated in Oct/Nov 16
- Detection of the UAV's by radar depends on the size of the UAV and whether the UAV is equipped with the transponder. The small UAV that are generally in private hands – too small to be detected by radar and not equipped with transponders

15



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The very nature of radars allows a detect even with the specified will require a closed session.

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Question 9

Costs of outsourcing. The Joint Standing Committee on Defence posed the question, "Does outsourcing reduce costs?"



• **Response (SAMHS will be used as an example)**

- In the case of the SAMHS, the variables that influence the decision to outsource are many and varied. Some of these are the following:
 - ✓ **Outsourcing as an Inherent Medical Service Multiplier.** All medical service providers make use of outsourcing to some degree; it is an intrinsic characteristic of the healthcare system. It would not make economic sense to cater for an ailment that only surfaces once or twice a year. In disciplines where low potential patient numbers can be expected, it makes economic sense to outsource ie nuclear medicine or stem-cell transplant
 - ✓ **Geographic Distribution.** The SAMHS is required to provide healthcare services across the width and breadth of South Africa. SAMHS facilities located in mostly urban and semi-urban centres and generally co-exist with other military installations.

16



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PARLIAMENTARY QUESTIONS FEB 17

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• **Response (SAMHS will be used as an example)**

- In the case of the SAMHS, the variables that influence the decision to outsource are many and varied. Some of these are the following:
 - ✓ **Geographic Distribution. (cont)** Having members stationed in remote areas travel to appropriate tertiary medical facilities in metropolitan areas involves travel costs, accommodation, meals and relevant allowances. In such instances, outsourcing to local private or state facilities is cheaper than transporting the patient to a SAMHS facility
 - ✓ **State of Facilities.** Failure by third parties to fully complete the upgrading of the three military hospitals into composite facilities. Certain departments are closed for renovations, while others are yet to be established, leading to a need for outsourcing. The same applies to support services such as laundry facilities, which cannot be catered for in-house.

17



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• **Response**

- ✓ **State of Facilities. (cont)** The same applies to support services such as laundry facilities, which cannot be catered for in-house.
- ✓ In the long run, in-house provision of the affected services will lead to a cost saving, but in interim outsourcing cannot be avoided.
- ✓ **Availability of Healthcare Practitioners.** The insufficient budget of the SAMHS has resulted in a significant loss of qualified healthcare practitioners.
- ✓ Inability of the SAMHS to compete with remuneration in the private sector.
- ✓ Outsourcing is the only way to supplement the shortage of qualified healthcare practitioners
- ✓ **State of Equipment.** Main medical equipment of the SAMHS is out dated or obsolete. This affects the capacity of the SAMHS to perform certain specialised tests, scans and procedures. At present, outsourcing is therefore the **only**

18



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PARLIAMENTARY QUESTIONS FEB 17

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Costs of outsourcing. The Joint Standing Committee on Defence posed the question, "Does outsourcing reduce costs"?

• **Response**

- **Conclusion.** The provision of healthcare is expensive. Year-on-year, medical-cost-related inflation is between 16 and 25%, which is markedly above the general consumer inflation rate. The SAMHS, however, can only budget according to the consumer inflation rate. The SAMHS is doing a lot of work to mitigate the shortage of allocated funds, but outsourcing is sometimes the only option when it comes to a lack of facilities or personnel, or where time and distance is the deciding factor
- Ultimately, to the question 'Does outsourcing reduce costs? In some instances, outsourcing is **unavoidable**. For a healthcare system to function optimally, all elements (qualified and skilled personnel, suitable equipment/ technology, appropriate facilities and sufficient budget) must be present. The absence of any of these elements must inevitably result in outsourcing

19



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Question 10

DOD Endowment property. The Joint Standing Committee on defence opined that the DOD has a vast amount of endowment property and posed the question, "Will this property be used to generate additional revenue"?

• **Response**

- The matter is being considered by the Department as part of the Defence Review Funding Model

20



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...ill - health

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Question 11

The DOD should inform the Committee in writing of reasons for the high number of disability leave (99 560 days in 2015) in the Department and what plans are in place to mitigate the loss of working days in this regard

• **Response**

- SANDF members and PSAP are entitled to 36 working days sick leave with full pay over a three year cycle (average of 12 working days per annum). The previous sick leave cycle of all officials commenced on 1 January 2013 and ended on 31 December 2015.
- For an official's application iro Temporary Incapacity Leave (TIL) to be considered, the official must submit sufficient proof (ie medical certificates, x-rays, medical reports etc) that he/she is too ill/injured to perform his/her work satisfactorily. There is currently **NO Limitation** on the number of days for TIL in Policy. Get extended in 30 tenures.
- If the official continues to be ill or permanently incapacitated, he/she may apply for Ill Health Retirement or the Department of Defence (DOD) will initiate the process

21



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• **Response**

- It is confirmed that 99 560 days TIL were utilised in the DOD during 2015.
- The three year sick leave cycle commenced on 1 January 2013 and ended on 31 December 2015 which contributed to the high number of TIL days utilised in 2015.
- DOD's total strength during the period under review was 77046 of which 4963 officials utilised TIL .
 - ✓ Represents 6.4% of the DOD.
 - ✓ 597 officials utilised more than 36 working days sick leave in the cycle of three years - 0.8% of the DOD's total strength

22



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Combat Report needed.

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Question 12

Inquiry on the equipment of OP VIMBEZELA

• **Response**

- RSA Contingent (Operation VIMBEZELA) which has been providing General Military Assistance (in the CAR) was involved in an armed conflict situation in Bangui, Central African Republic on the 22 – 23 March 2013 with the SELEKA rebels and their allies.
- RSA Contingent suffered casualties/loss of soldiers and equipment (which could not be brought back to RSA).
- Situation was complex, volatile and ambiguous as our soldiers had difficulties in identifying rebels and innocent civilians.
- Impossible to search for lost equipment when the possibility of finding it was improbable in the midst of conflict.

23



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PARLIAMENTARY QUESTIONS FEB 17

Question 12

Inquiry on the equipment of OP VIMBEZELA

• **Response**

- As in any combat situation, the SANDF lost the equipment to the rebels and it could not have been retrieved.
- The priority for the SANDF was to find ways to rescue our soldiers out of a volatile situation.
- When all our soldiers were confirmed back in South Africa, the SANDF convened a Board of Inquiry (BOI) to determine, amongst other things, the losses which have been incurred.
- The equipment losses as a result of the conflict situation in Bangui, Central African Republic must be written-off.
- The total loss is estimated to the value of R4 458 430.

24



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Conclusions

• Closing Remarks



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