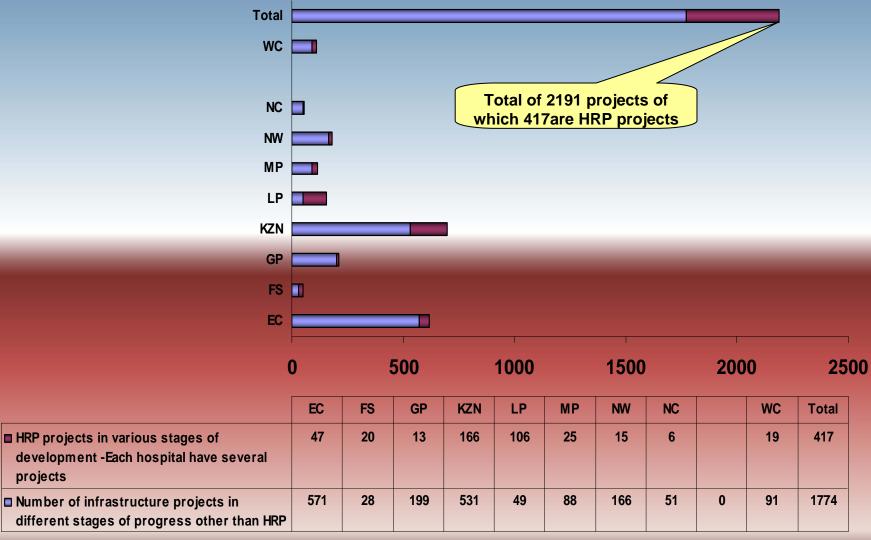


Report to Select Committee on Appropriations

Accelerated Health Infrastructure Delivery Plan

Hospital Revitalization Program
Performance Review

HRP projects in relation with other Infrastructure Projects in all Provinces-2010/11



Number

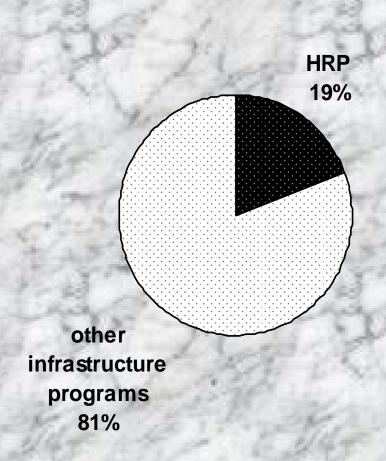
HRP Projects in the context of total infrastructure projects in all provinces in 2010-11 F/Y

Provinces	Number of infrastructure projects in different stages of progress funded by (HRP, IGP, ES, Others including donor funding)	HRP projects in various stages of development - Each hospital have several projects	Sources of information
EC	618	47	IRM first quarter 2010/11
FS	48	20	IRM first quarter 2010/11
GP	212	13	IRM first quarter 2010/11
KZN	697	166	IPMP-2010-11
LP	155	106	IRM first quarter 2010/11
MP	113	25	IRM first quarter 2010/11
NW	181	15	IRM first quarter 2010/11
NC	57	6	IRM first quarter 2010/11
WC	110	19	IRM first quarter 2010/11
Total	2191	417	3

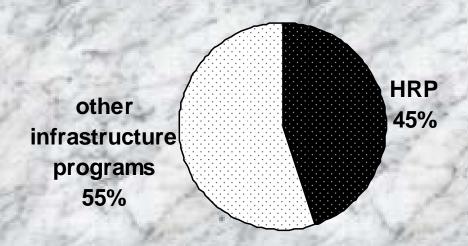
Source of financing the infrastructure program in province-Number of projects and budget 2010-11- IRM First quarter 2010/11

Number of project affected	Amount of allocation for the financial Year 2010/11 0,000	Amount of allocation for the financial Year 2010/11		
417	R4 020 667 (3 466 711)	HRP Conditional Grant		
1774	R 4 924 665	Provincial Infrastructure Grant		
		Equitable share		
		Others including donor funding		
2191	R 8 945 332	Total 4		

Percentage of projects in each Infrastructure programs

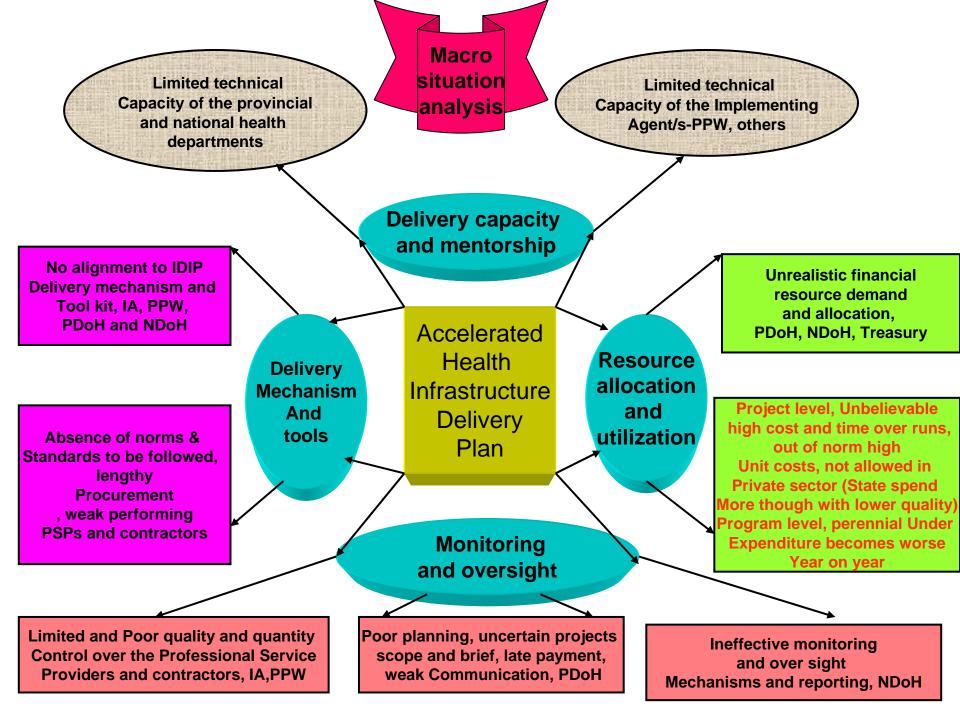


Allocated budget 2010/11 for HRP and other infrastructure project



Type of infrastructure per project status

	Number of Projects	Identified	Feasibility	Design	Tender	Construction	Retention	Handed-Over	Cancelled	status not captured
Accommodation	97	12	5	6	6	28	30	3	7	0
Ambulance base	81	7	4	15	9	14	18	0	14	0
Civil work	34	1	0	7	1	9	13	0	3	0
Clinic	767	90	34	79	25	167	268	37	67	0
Community Health Centre	122	21	1	18	3	25	29	3	22	0
Hospital - Central	166	23	13	19	5	51	39	4	12	0
Hospital - District	500	52	20	68	22	157	134	16	31	0
Hospital - Regional	198	24	13	24	17	46	32	11	31	0
Hospital - Specialised	82	8	5	19	3	18	21	5	3	0
Laboratory	2	0	0	o	o	2	0	0	0	0
Medical equipment	31	6	1	5	0	7	5	0	7	0
Mobile clinic	1	1	0	0	0	0	0	0	0	0
Mortuary	42	4	0	5	1	19	8	0	5	0
Pharmaceutical depots	16	0	1	4	0	3	6	1	1	0
Sanitation	65	28	24	1	2	0	7	2	1	0
Training College	24	10	1	4	0	2	3	2	2	0
Type of Infra. not captured	44	5	0	5	o	12	7	5	1	9
Funding Class. Not captured	27	0	0	0	0	0	0	0	3	24
Total	2,299	292	122	279	94	560	620	89	210	33



Synopses of the deficiencies of health departments and their IA Public Works departments

Health Departments

- Poor management of the Professional Service Providers in many cases
- Poor management of the Implementing Agent
- Inadequate Norms and standards
- Poor input into quality planning, design, specification- Voluminous but very inadequate project brief (poor planning), Inadequate and wrong design, wrong HT and other equipment, frequent and costly modifications (poor planning)
- Frequent and costly changes on the scope of works
- Poor quality and quantity of project spending-Contribution to late payments
- Lack or Poor involvement of the management of the facility under revitalisation and to some extent other stake holders
- Poor over sight, communication, coordination and reporting
- Poor performance of the roles and responsibilities of the client body (Departments of health) in the project development and management cycle⁹

Synopses of the deficiencies of health departments and their IA Public Works departments

Public Works Departments

- Poor input into quality planning, design, specification, and contract documentation
- Inadequate project Management system in place
- State is always the loser in fee negotiations (if any) with Professional Service Providers
- Ignoring the potential savings on repetitive designs and documentations in many instances
- Poor and lengthy procurement process-some times 8 to 9 months before the contact is awarded
- Poor contract management, administration and communications- high cost and time over run, many Variation Orders, – Abandoned projects- Never ending projects,, Poor quality workmanship of the contractors, late payment
- Non closure of many projects- Files are still open and retention moneys not paid, as built plans and manuals not produced or not delivered to the clientsome projects are outstanding for the past 7 years



 Photograph below depicts example of sub-standard work, e.g. support beams that have structurally been weakened, and poor brickwork.



Photograph : No progress in 12 months



 Photograph: Admin block - completed in 2006 but not handed over due to absence of electricity



Photograph: broken windows in patient ward

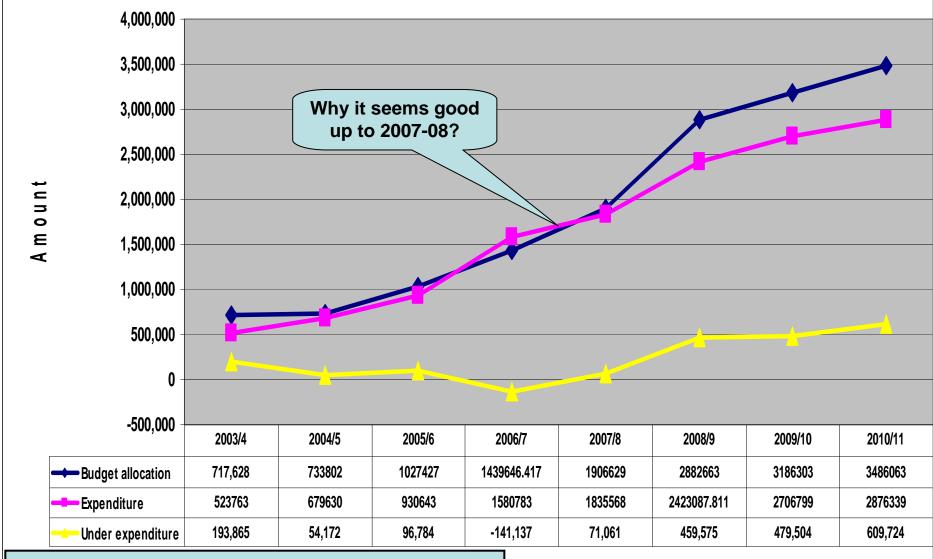


Fully equipped but unutilised theatre

Problems of Infrastructure

- Revitalization of health infrastructure, a disaster for the past 16 years
- Persistent under-spending in hospital revitalization grant which doubles from year to year
- Year 1 2006/-7 R 199 158 million
- Year2 2007/08 R 273 226 million
- Year3 2008/09 R 472 564 million
- Year4 2009/10 R 813 614 million
- Year5 2010/11 R 1.6 billion ????

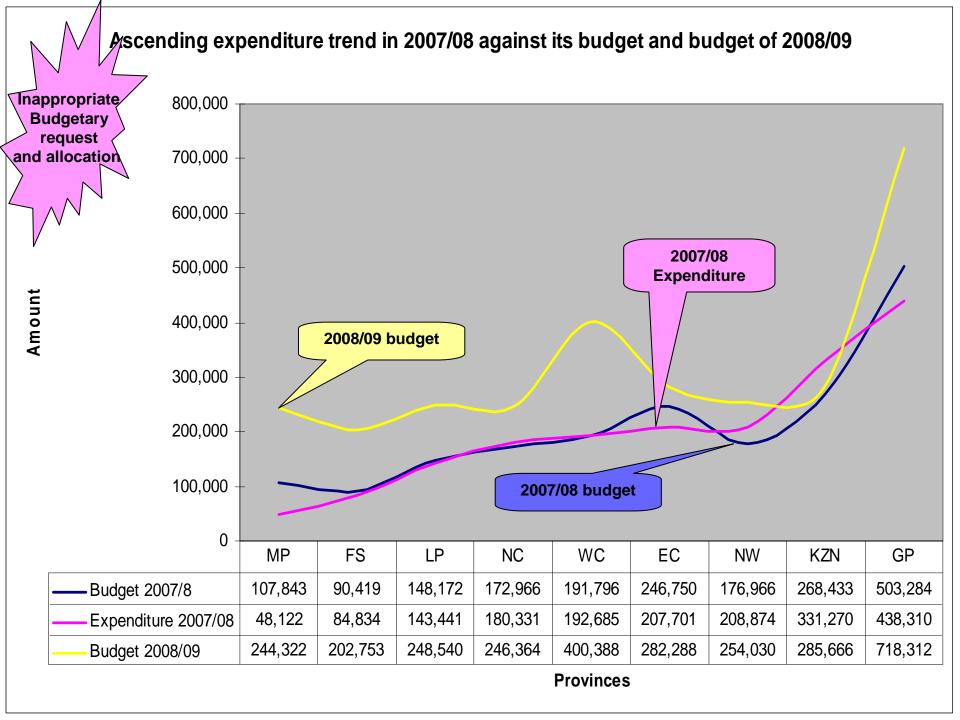
HRP Budget, expenditure and under expenditure 2003/04 till 2010/11

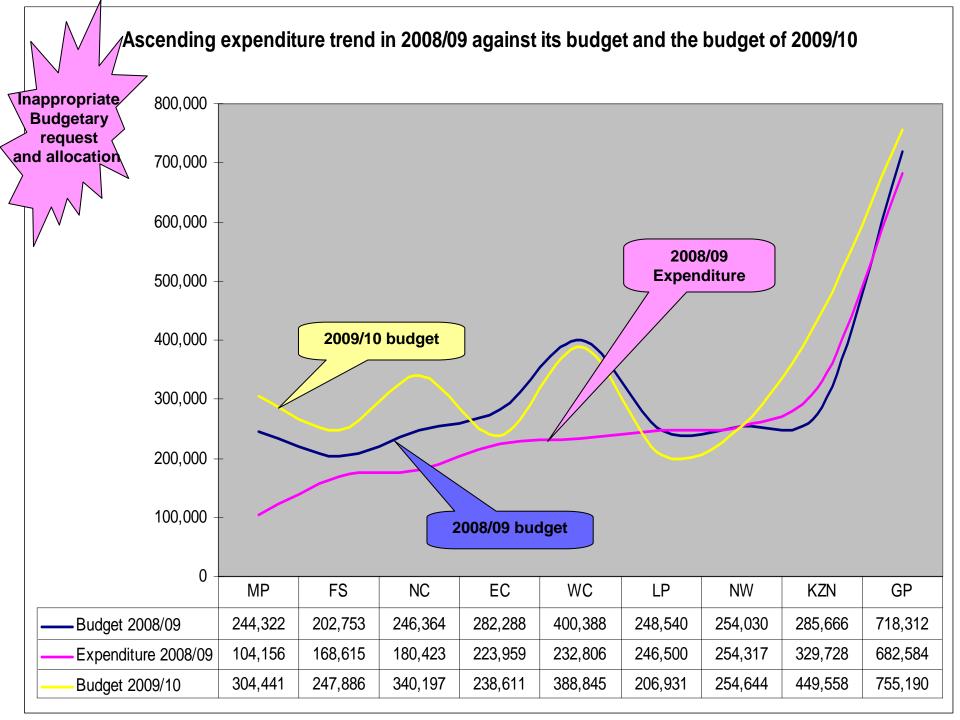


Roll overs are not included

• 2010-11 budget adjusted based projected revised cash flows

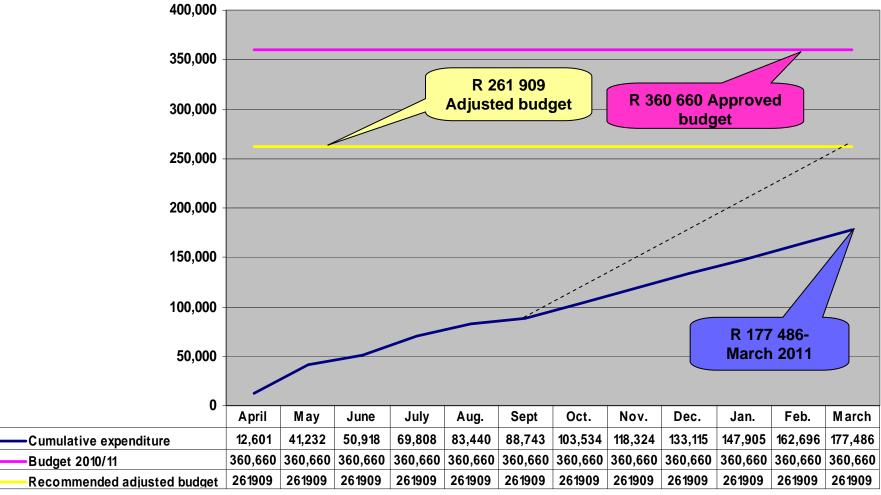
Financial years





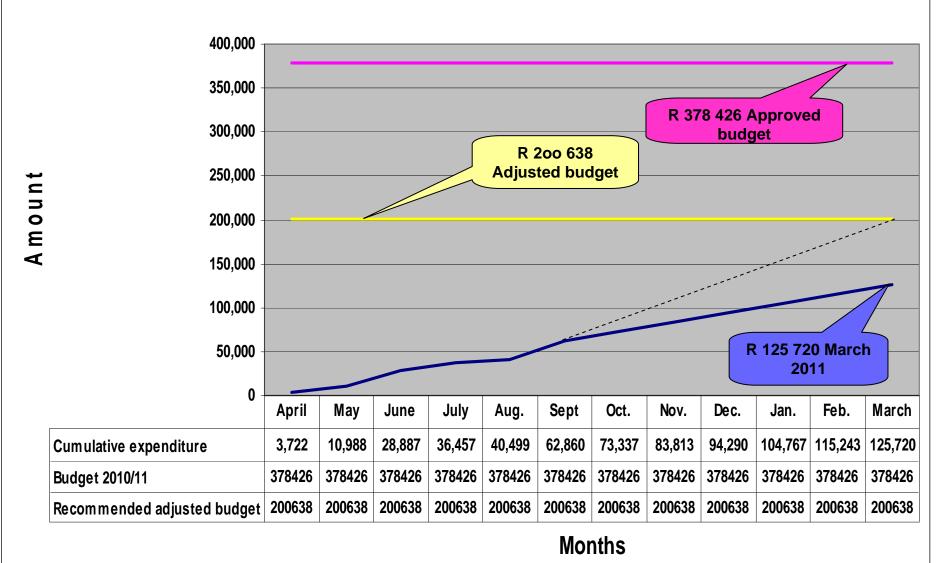
National Department of Health- HRP Expenditure report 2nd Quarter

	Q2: Hospital Revitalisation Grant-2010- 2011											
PROV.	DORA ALL: 2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	YTD EXP (IYM) (Sep'10)	YTD TRANS (Sep'10)	YTD EXP VS BUDGET	YTD EXP VS YTD TRANS	YTD TRANS VS BUDGET
	000'	000'	000'	000'	000'	000'	000'	000'	000'	%	%	%
EC	360,660	12,601	1 28,631	9,686	18,890	13,632	5,303	88,743	195,115	25%	45%	54%
FS	378,426	3,722	7,266	17,899	7,570	4,042	22,361	1 62,860	200,558	17%	31%	53%
GP	798,609	1,252	2 123,103	132,023	11,765	88,420	34,832	2 391,395	435,606	49%	90%	55%
KZN	500,815	19,682	7,312	25,541	16,343	15,866		84,744	179,834	17%	47%	36%
LP	323,425	197	7 8,895	28,254	940	15,578	11,692	2 65,556	159,093	20%	41%	49%
MP	331,657	6,256	31,961	34,580	-7,657	6,048	95,380	166,568	190,095	50%	88%	57%
NC	420,218	16,379	9 18,787	25,503	20,813	3 24,229	16,436	6 122,147	176,741	29%	69%	42%
NW	326,303	386	6 682	153,390	13,793	13,736	7,972	189,959	216,182	58%	88%	66%
WC	580,554	40,612	2 38,821	42,439	55,407	43,198	51,478	8 271,955	320,053	47%	85%	55%
TOTAL	4,020,667	101,087	7 265,458	469,315	137,864	224,749	245,454	1,443,927	2,073,277	36%	6 70%	6 52%
							1	1			Under spend by:	16%

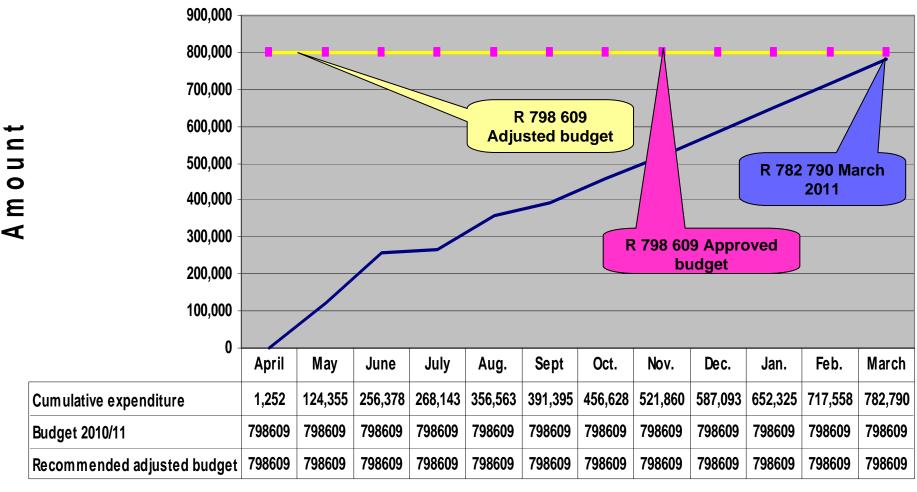


Amount

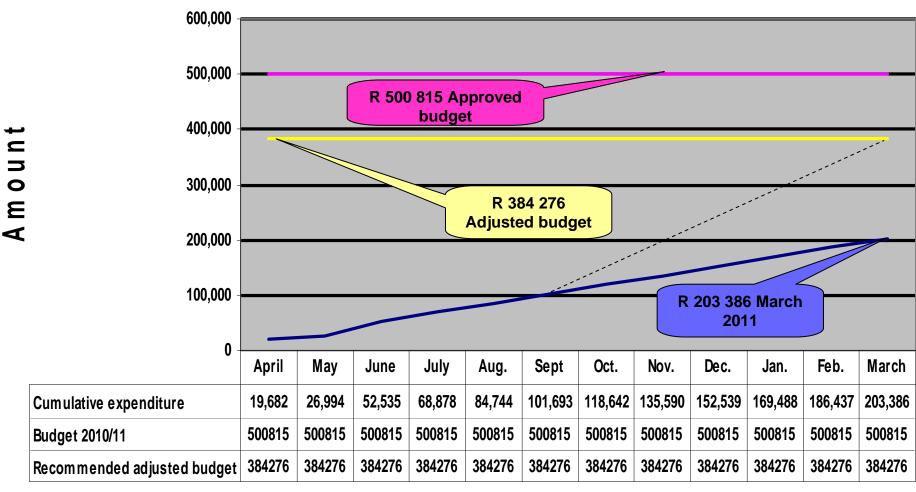
FS- HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



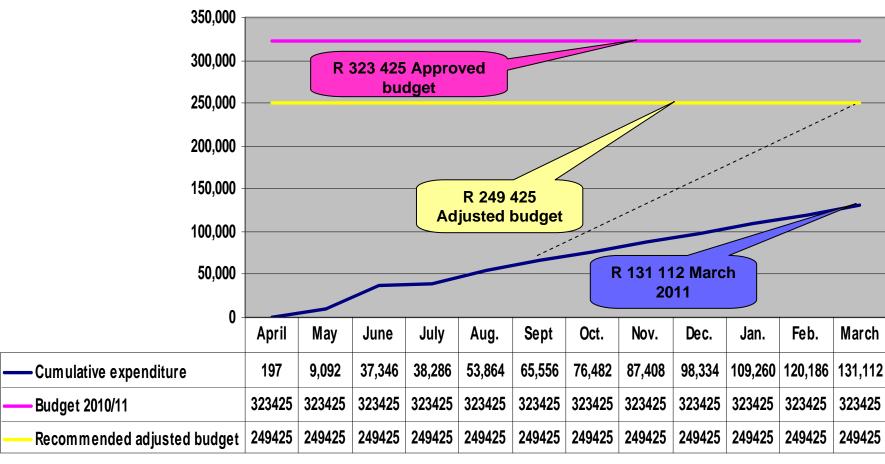
GP-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



KZN-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Aug.)-



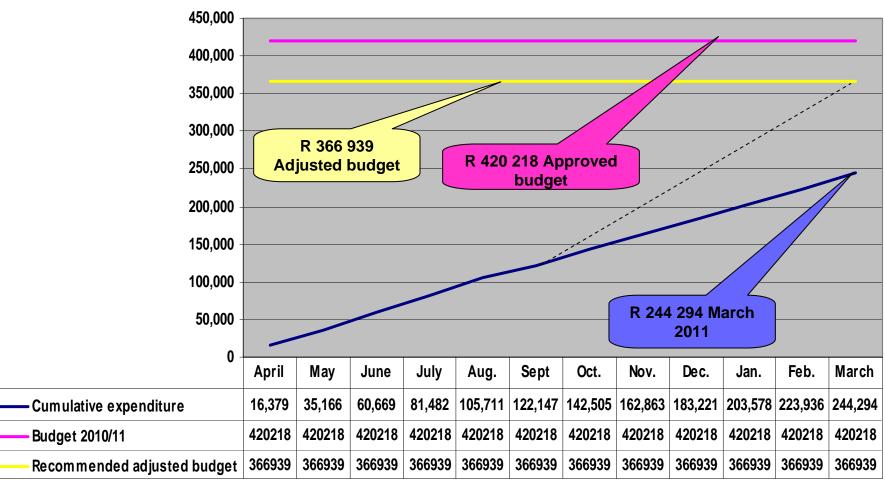
LP-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



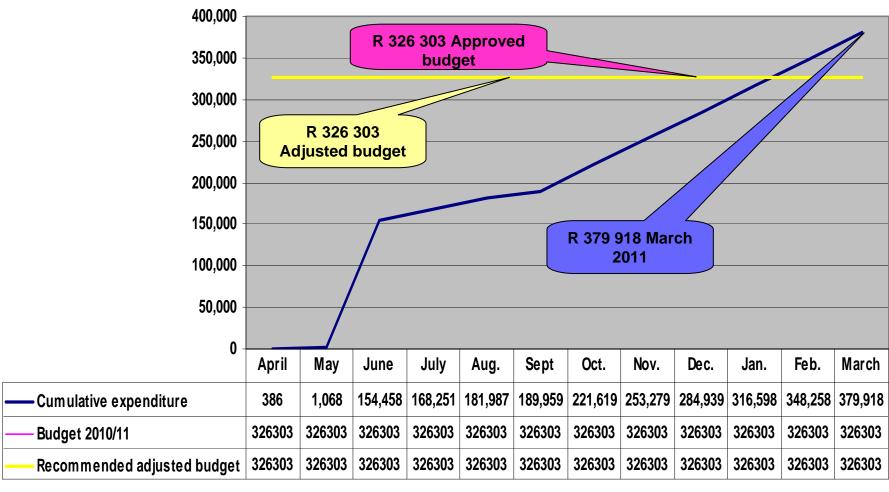
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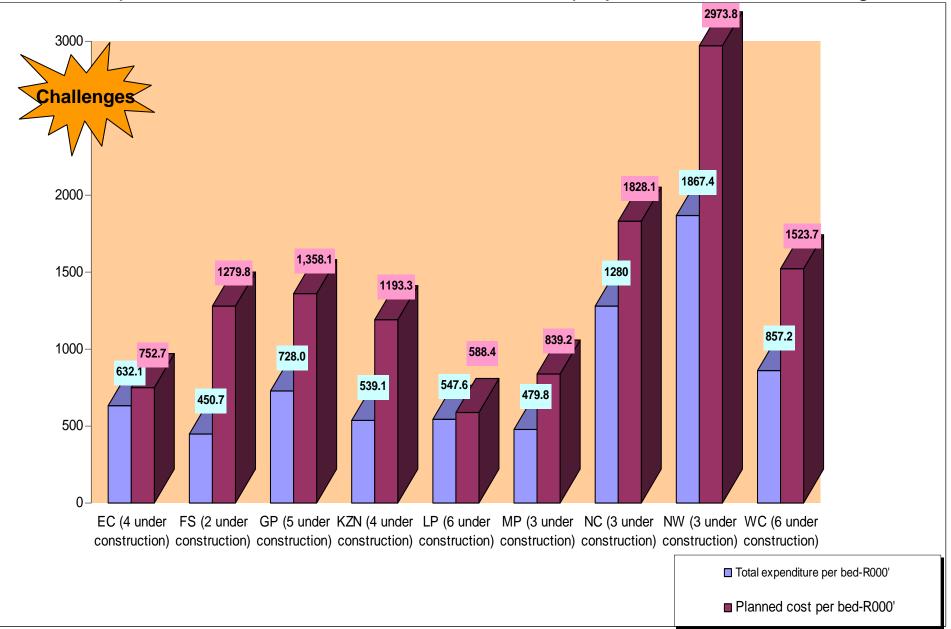
NC-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



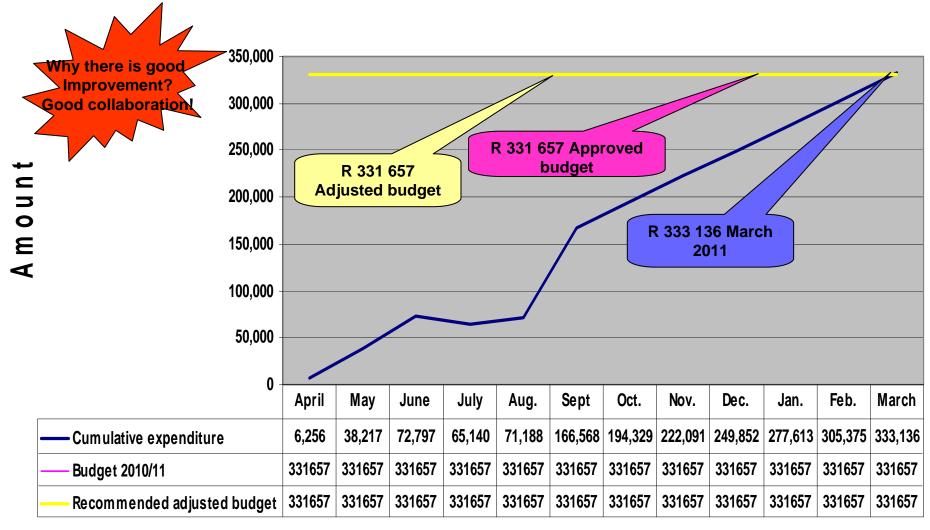
NW-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



National Department of Health-HRP-Cost and expenditure per bed, planned and spent from 2003 till end 2009-10 F/Y-Some projects at construction stage



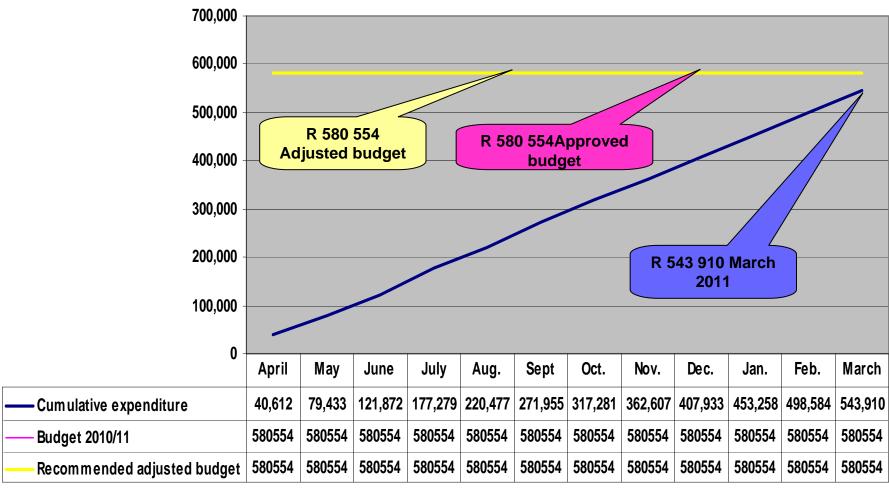
MP-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



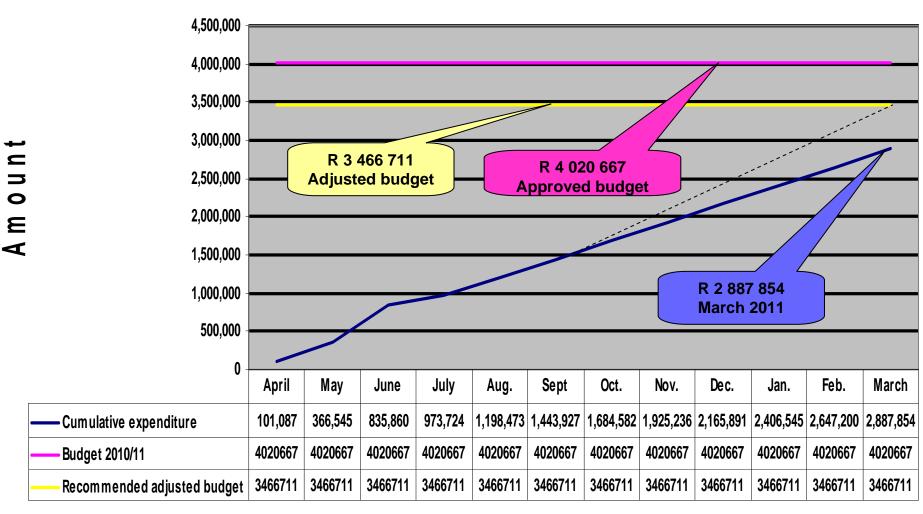
Mnoths

Amount

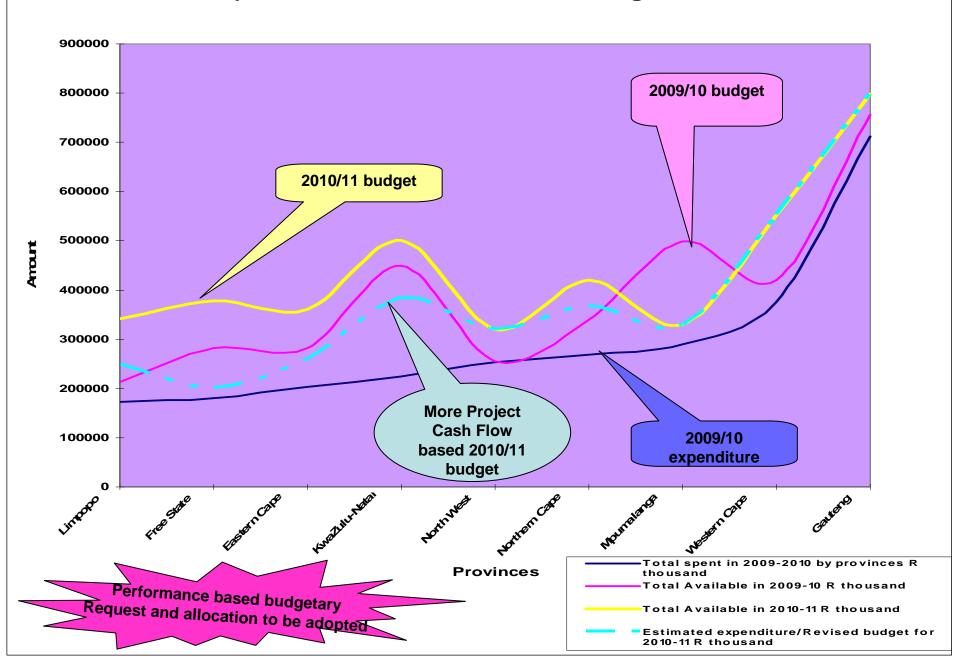
WC-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



All Provinces-HRP 2010/11 budget/Recommended adgusted budget 2010/11/Expenditure(Actual up to Q 2)



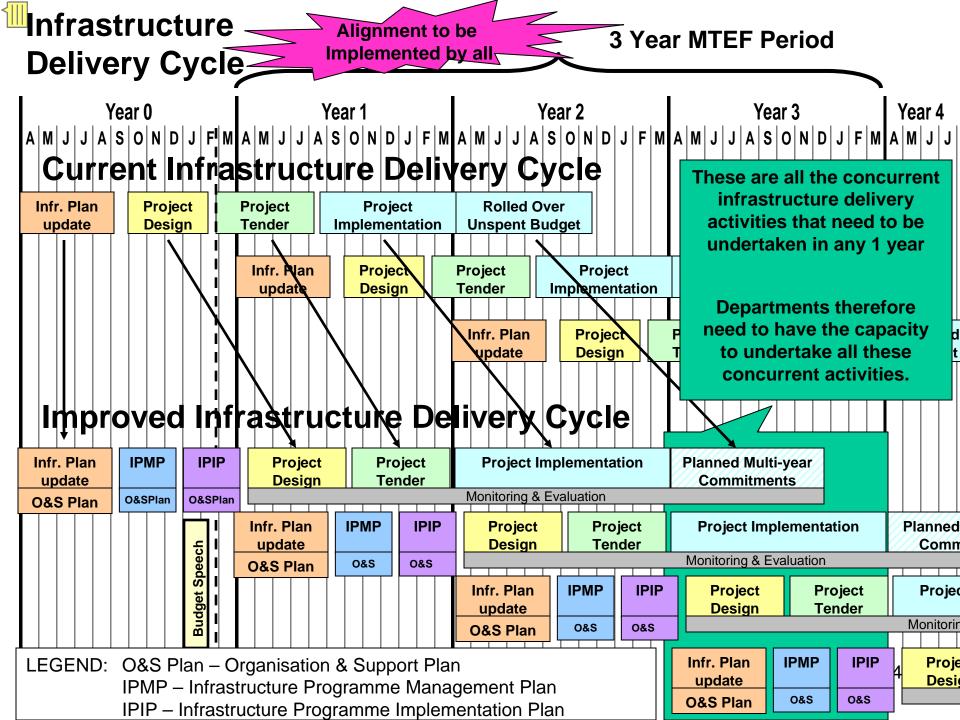
Corrolation between financial allocation in 2009-10 and 2010-11 with expenditure in 2009-10 and Revised budget 2010-11



Project Cash flow analysis –Extent to which HRP provincial budgets will be spent in 2010/2011

PROVIN CE	BUDGET 2010/2011	EXPENDITURE AT END Aug. 2010	% OF TOTAL BUDGET SPENT AFTER 5 MONTHS	ESTIMATED TOTAL EXPENDIT URE AT END MARCH 2011	% OF TOTAL BUDGET SPENT AFTER 12 MONTHS	R VALUE OF UNDEREXP ENDITURE ENVISAGED
EC	360 660 000	94 948 407	26.3	261 909 000	72.6	93 996 190
FS	378 426000	35 006 038	9,2	200 637 998	53.0	177 790 002
GP	798 609 000	268 131 578	33,8	798 609 000	100.0	0
KZN	500 815 416	67 154 768	13,3	384 276 416	37.0	116 539 000
LP	323 425 000	38 385 858	11,2	249 425 000	72.8	93 000 000
MP	331667000	103 956 327	31.4	331 667 000	100.0	0
NC	420 218 000	81 279 344	19,3	366 939 000	87.3	53 279 000
NW	326 303 000	182 705 818	56,9	326 303 000	100.0	0
WC	580 554 000	156 229 114	28,2	580 4554000	100.0	0
	4 020 667 416	1 027 797 252	25.66	3 466 711 414	86.5	534 604 192

33



Various components, directorates or sections dealing with various types of infrastructure related tasks

Provinces	HRP Directorate/ Section	PPP Directorate/ Section	HT Directorate/ Section	Infrastructure Directorate/ Section
EC	yes	no	yes	yes
FS	yes		yes	no
GP	yes	no	yes	yes
KZN	yes	no	yes	yes
LP	yes	yes	yes	yes
MP	yes		yes	yes
NC	yes	no	no	no
NW	yes		yes	yes
WC	yes		yes	yes
NDoH	yes	yes	yes	Nursing colleges and Forensic

Action: silo approach is avoided all relevant directorates and sections in PDoH Are being brought under one umbrella as adopted in National Department of Health

National Department of Health-Infrastructure Unit composite directorates and collaborative directorates Infrastructure Unit How to improve **IDIP TAS** performance appointed in **NDoH** In collaboration In collaboration To improve with with infrastructure **Nursing Colleges Health Technology** service **Directorate and Forensid** delivery **Directorate Directorate** In collaboration 2 IDIP Technical with **All provinces Assistants** Infrastructure units **Health facility Project** PPP

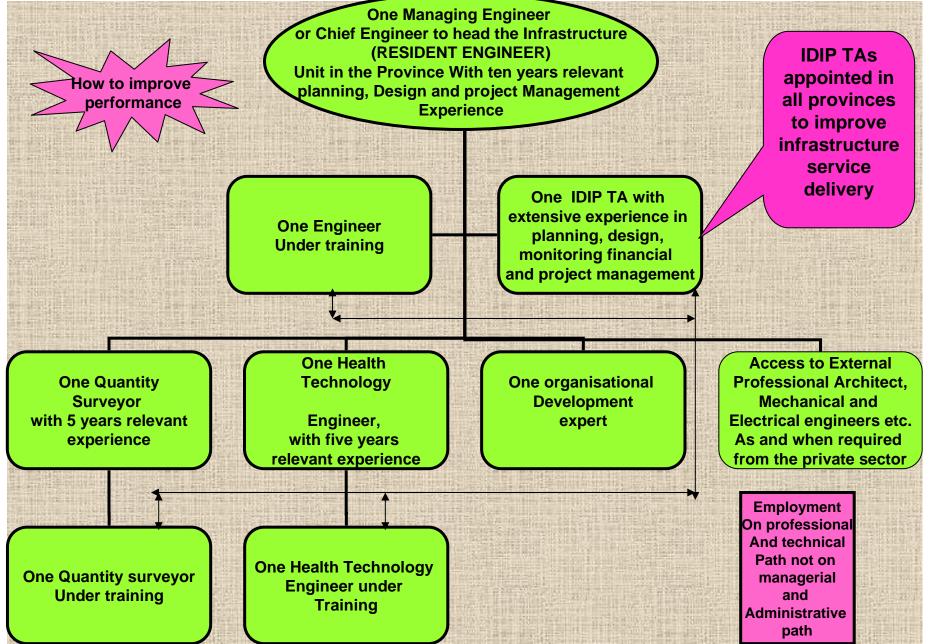
Hospital Revitalisation Directorate

Planning
Directorate

Directorate

Management Directorate

Adopted core Infrastructure unit composition in the Provincial Departments of Health **One Managing Engineer** or Chief Engineer to head the Infrastructure (RESIDENT ENGINEER) **IDIP TAS**



Operational, legal and institutional relation between NDoH, PDoH and IA (PW), Macro roles and responsibilities-Monitoring structure Executive level-**National Health Council Executive advisory level-Technical Advisory Committee** Key **Monitoring** Strategic level-**Solution** Infrastructure sub committee **Implementing Provincial Department** Agent/s-PW, idt. etc **National Department** of Health of Health Legal and Task Team on PPP contractual **Relation-SLA** projects **Operational and Monitoring Provincial Projects Progress Review Committees** Macro roles and responsibilities Macro roles and responsibilities Macro roles and responsibilities Setting Norms and standards, Project management, administrating Project financing, oversight, Project conceptualization, planning

Overall control, support the PDoH and PW in their core responsibilities

Design, budgeting, monitoring and upkeep

and implementation, quality and quantity control, risk management

Operational and Monitoring <u>Provincial Projects Progress Review Committees</u>

- Represented by National Department of Health, Provincial Department of Health, relevant facility manager, Implementing Agent Department of Public Works and their Professional Service Providers/Principal Agents
- Physical and financial Project progress review and trouble shooting- cash flow and expenditure analysis and projection in relation with contract value and budgetary allocation, linked to physical progress
- Comprehensive reporting submitted by the IA covering quality and quantity performance of the Principal Agent/s in various stages of project development cycle, quality and quantity reporting on the performance of the contractors and suppliers
- Making sure that all Compliance related issues in terms of all agreements and regulations are adhered to.
- Communication with stake holders and other role players

STRENGHENINIG OF THE NDOH REVITALISATION SYSTEM AND HEALTH TECHNOLOGY STRATEGY

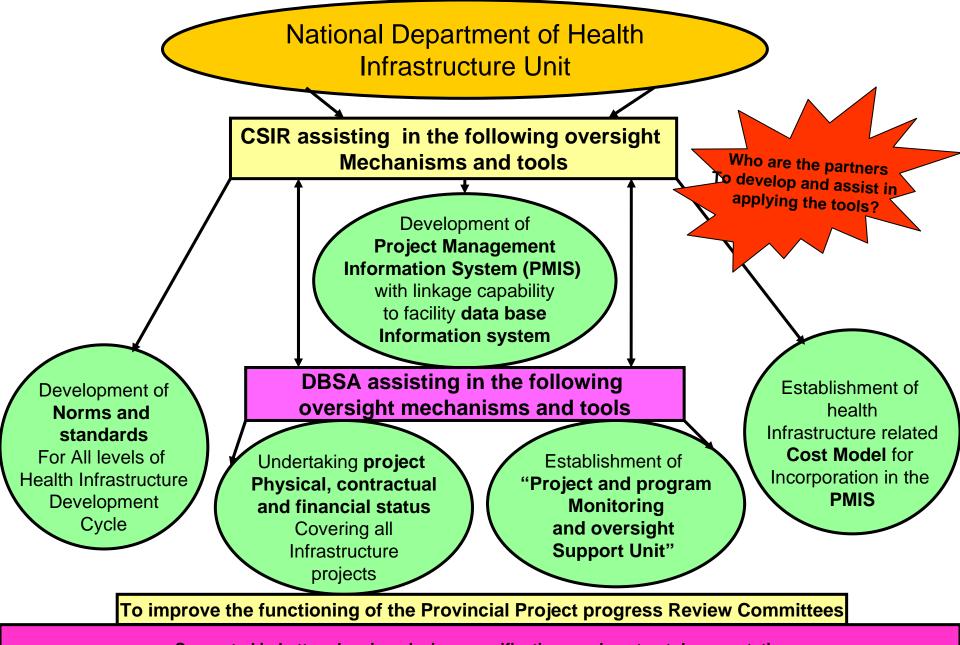
Financial support for Better mechanisms and tools For infrastructure delivery

Ref	Description	Amount
(a)	Procurement, customisation and roll-out of programme management system	R 3 million
(b)	Establish status quo of all infrastructure projects	R 2 million
(c)	Compilation, development and roll-out of planning and design norms and standards for all categories of health facilities	R 2 million
(d)	NDoH contribution to funding of feasibility studies for Flagship projects	R 5 million
(e)	Health Technology audit	R 5 million
TOTAL		R 17 million

Support to Infrastructure Unit

Financial support for Better mechanisms and tools For infrastructure delivery

	Amount needed (R millions)				
Area of financial support needed	2011/12	2012/13	2013/14		
Project 1: Data and Information Management System, linked to a dynamic Cost Model, linked to a Program and Project Management Information System and their activation in all provinces	R 5 million	R 5 million	R 5 million		
Project 2: Development of a "Sector Procurement Strategy" with the help of SPAID and Its implementation in all provinces.	R 2 million	R 2 million	R 2 million		
Project 3: Assistance for development of Planning, design and Construction Norms and Standards for all health facilities as well as for HT equipment	R 2 million	R 2 million	R 2 million		
Project 4: Project Status Confirmation	R 5 million	R 1 million			
TOTAL	R 14 million	R 10 million	R 9 million		



Supported in better planning, design, specifications and contract documentation
 Supported in more accurate project status and its cost implications for PMIS
 Support in better project monitoring and oversight in physical, contractual and financial terms, with PMIS incorporated with a dynamic cost model

Thanks for your attention