



**health**

Department of  
**Health**  
North West Province  
REPUBLIC OF SOUTH AFRICA



# **IDEAL CLINIC REALIZATION AND MAINTENANCE**

**24 November 2021**

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Acting DDG District Health Services

# PRESENTATION OUTLINE

- Provincial Overview
- Districts layout
- NW Health Facilities
- Progress from 2015 to date
- Success Factors
- Challenges
- Strategies to address challenges
- Sustainability Mechanisms

# PROVINCIAL OVERVIEW

51% rural, with peri urban areas

Poor IT infrastructure

Section 100(b) Administration

Under allocation on baseline

Most Municipalities under Administration

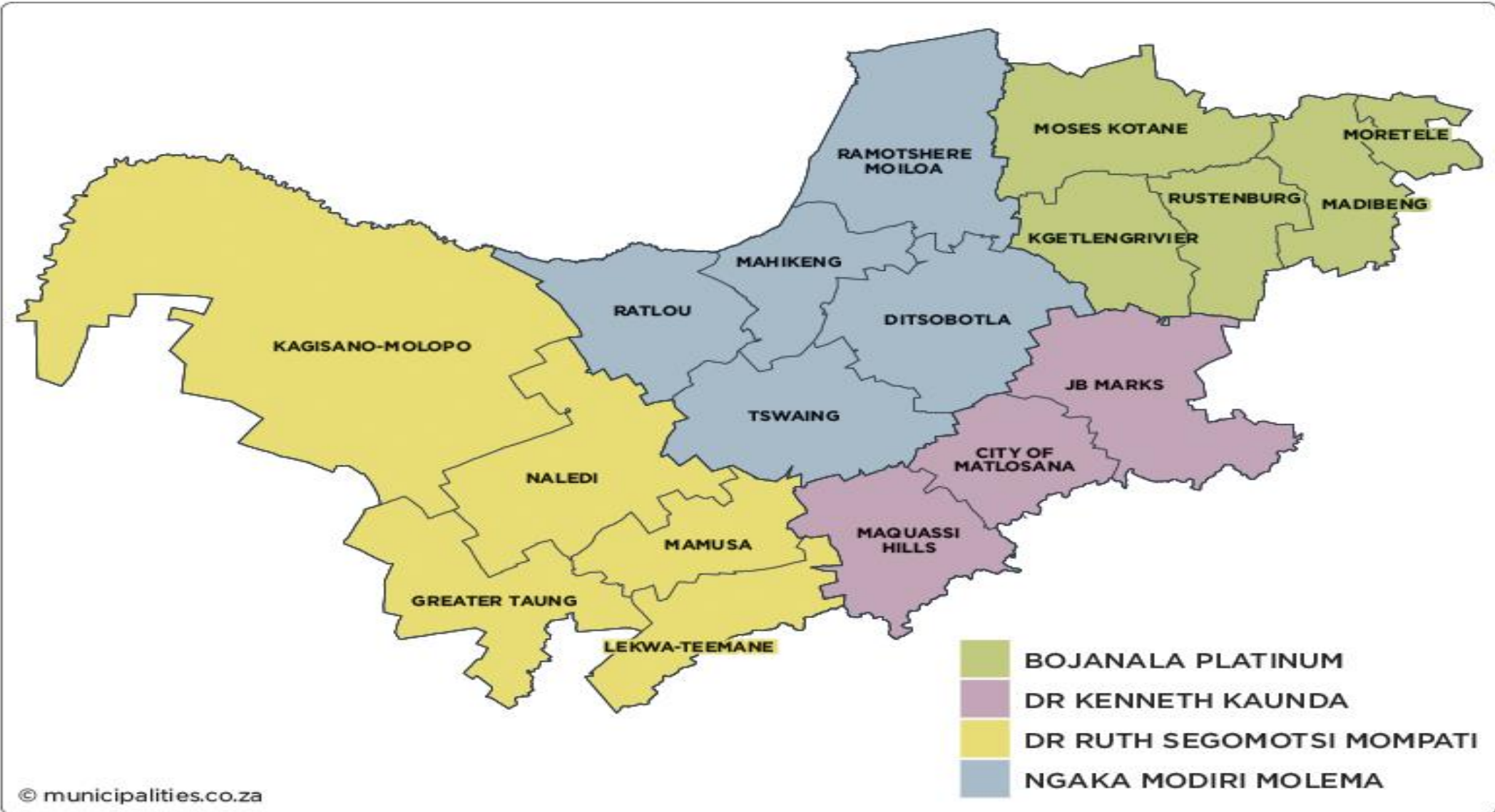
Committed and competent Managers and Staff

Good working relationship with Developmental Partners

Functional Governance structures

Functional DDM

# North West Province



# NW Performance from 2015/16 - 2020/21

District	# of Facilities	# of IC 2015/2016	% of IC 2015/16	# of IC 2016/17	% of IC 2016/17	# of IC 2017/18	% of IC 2017/18	# of IC 2018/19	% of IC 2018/19	# of IC 2019/20	% IC 2019/20	# of IC 2020/21	% of IC 2020/21
nw North West Province	310	7	2%	93	30%	122	39%	141	45%	180	58,06%	153	49,35%
nw Bojanala Platinum District Municipality	120	0	0%	18	15%	34	28%	29	24%	46	38,33%	47	39,17%
nw Dr Kenneth Kaunda District Municipality	40	0	0%	35	88%	31	78%	37	93%	37	92,50%	41	102,50%
nw Dr Ruth Segomotsi Mompati District Municipality	60	7	12%	19	32%	27	45%	36	60%	45	75,00%	26	43,33%
nw Ngaka Modiri Molema District Municipality	90	0	0%	21	23%	30	33%	39	43%	52	57,78%	41	45,56%
Average / Total	310	7	2%	93	30%	122	39%	141	45%	180	58,06%	153	49,35%

# NW: Nr of IC as at 23 November 2021

District	# of Facilities	# Facilities that conducted SD	% of Clinics that conducted SD	# Facilities with IC status	% of Facilities with IC status	# of Facilities with Silver	% of Facilities with Silver	# of Facilities with Gold Status	% of Facilities with Gold Status	# of Facilities with Platinum Status	% of Facilities with Platinum
nw North West Province	310	301	97%	133	43%	44	14%	58	19%	31	10%
nw Bojanala Platinum District Municipality	120	117	98%	64	53%	23	19%	31	26%	10	8%
nw Dr Kenneth Kaunda District Municipality	40	40	100%	8	20%	0	0%	5	13%	3	8%
nw Dr Ruth Segomotsi Mompati District Municipality	60	60	100%	19	32%	6	10%	8	13%	5	8%
nw Ngaka Modiri Molema District Municipality	90	84	93%	42	47%	15	17%	14	16%	13	14%
Average / Total	310	301	97%	133	43%	44	14%	58	19%	31	10%

# KEY SUCCESS FACTORS

- Ideal Clinic Realisation is a standing agenda item on the Health Services Branch meeting.
- Demand and procurement plans based on ICRM gaps
- Executive management support e.g. DMT meetings held at facility level
- Assignment of Professional Nurses as quality assurance coordinators.
- Procurement of equipment and equipment donated by NDoH and partners( Aurum)..
- Establishment of equipment and maintenance committees
- Appointment of requisite skills on maintenance( Foremen) in every District
- Quarterly meetings of assessors and champions with DDG making inputs and participating
- Orientation of Clinic committees to ICRM and their capacitation to play their oversight role.
- Improved team work across the districts.
- National support; availing guidelines
- Support from Developmental Partners on programme implementation and procurement of equipment
- Local and District Municipalities on waste management, water reticulation challenges and disease outbreak

# CRITICAL ROLE PLAYERS

- Operational Managers
- Local Area Managers
- District Management Teams
- District Clinical Specialist Teams
- Clinical Program Managers
- PPTICRMs
- Governance Structures
- National Department of Health
- Provincial Department Management Committee
- Developmental Partners
- Local and District Municipalities



# REASONS FOR LOSS OF STATUS

- Infrastructure
  - Non compliant waste rooms, security guardrooms, ageing infrastructure
- Resources
  - Financial, Human and equipment
- Inconsistent availability of pharmaceuticals and surgical supplies
- Emergence of Covid-19: Material and Human resources had to be stretched

# HOW ASSESSMENTS OBJECTIVITY IS ENSURED

- Provincial Workshops on the assessment tools so that there is common understanding of the requirements.
- Inter district assessment teams.
- Formal Appointment of Permanent Provincial Assessors with clear ToR.
- Emphasis of team work.
- Standard Operating Procedure developed on Assessment and Verification/ Validation

# Facilities never achieved status

DISTRICTS	FACILITIES	CHALLENGES
Bojanala (08)	Kgabalatsane, Rabokala, Hoekfontein, Molorwe, Welgeval, Pitsedisulejang, Boitekong, Mankaipaya, .	Infrastructural challenges (toilets for people with disabilities, waste storages, essential equipment's, backup water and electricity, small, old facilities) .
Dr KK (01)	Wolmaranstadt Clinic Oold Jouberton CHC	
Dr RSM (03)	Manthe CHC, Upper Majeakgoro and Mokgareng Clinic	non compliance to ICSM Prescripts.
NMM (03)	Groot Marico, Dithakong and Braaklaagte clinics	
<b>TOTAL</b>	<b>16/ 310(5%) clinics</b>	

# RELATIONSHIP - ICRM, OHSC and NHI

- Ideal Clinic facilitates continuous quality improvement and compliance to Regulated Norms and standards.
- The ICRM program has built a culture of continuous quality improvement.
- Managers at all levels and across all disciplines( DHS, EMS, Regional and Tertiary facilities) must be able to continuously use the information generated by ICFRM assessments to inform management decision making and resource allocation
- Integration of systems within the Public Service critical in improving data management and making informed and sound decisions

# KEY ACTIONS TO SUSTAIN THE PROGRAMME -MTSF DIRECTIVES

Outcomes	Intervention	Target
<p>Universal health coverage for all South Africans achieved by 2030</p>	<p>Enabling legal framework created for the implementation of NHI Bill</p>	<p>NHI Fund purchasing services by 2022/23  <b>This necessitates the establishment of DHA</b></p>
	<p>Roll out a quality health improvement programme in public health facilities to ensure that they meet the quality standards required for certification and NHI</p>	<p>80% by 2022/23 and 100% by 2024/25  <b>The latest assessment shows that we have to go back to the drawing board</b></p>
	<p>Develop a comprehensive policy and legislative framework to mitigate the risks related to medical litigation</p>	<p>Contingent liability of medico-legal cases reduced by 80% (under R18 billion) in 2024  <b>Assessment and defence of cases centralized. Recovered funds must be channelled back to Provinces as incentive</b></p>
	<p>Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme</p>	<p>100% of facilities to maintain their ideal status by 2024  <b>ICRM blue print to be adopted by NHC and funded based on Finance, Constitutional arrangements and Sustainability Workstreams</b></p>
	<p>Develop and implement an HRH strategy 2030 and HRH plan 2020/21-2024/25 to address the human resources requirements, including filling critical vacant posts for full implementation of universal healthcare</p>	<p>HRH Strategy 2030 produced by March 2020  <b>Proto type developed based on package of services &amp; workload</b></p>
	<p>Expand the primary healthcare system by absorbing over 50 000</p>	<p>CHWs to be permanently employed by March</p>

# KEY RISKS

Delayed referrals

Inability to recruit and retain specialized skill

Vulnerabilities relating to social determinants of health

Dilapidated, inadequate infrastructure and poor maintenance

Inadequate management of Information

Inadequate Municipal Services( electricity & water)

“ WE DID NOT INHERIT THE EARTH FROM OUR PARENTS. WE ARE BORROWING IT FROM OUR CHILDREN” CHIEF SEATTLE

REALEBOGA/ SIYABULELA/ THANK YOU