

Northern Cape Department of Health



IDEAL HEALTH FACILITY REALISATION AND MAINTAINANCE

November 2021

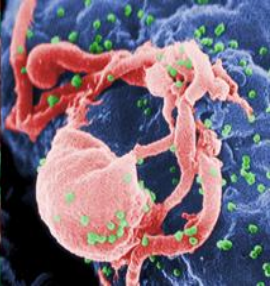
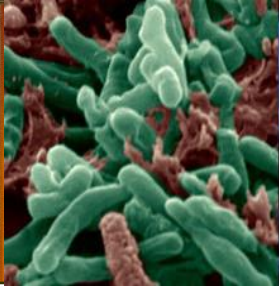
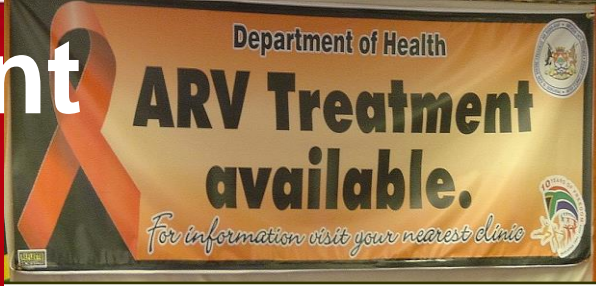
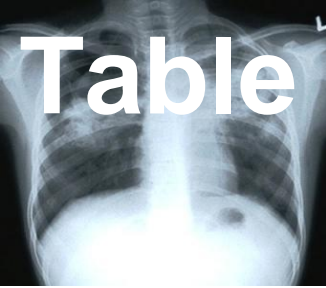
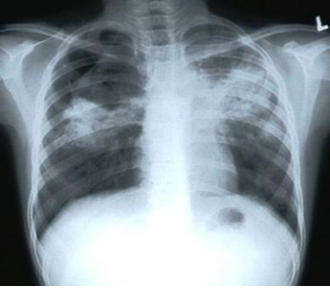
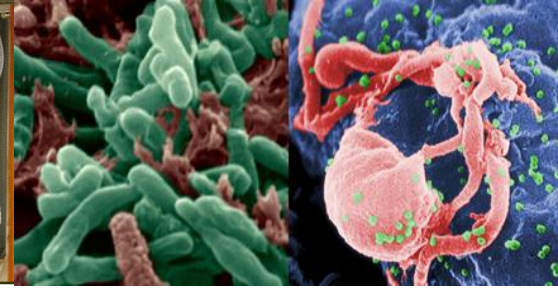


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Background



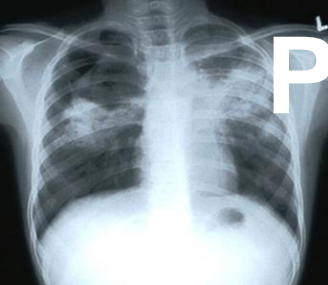
Primary Health care services are rendered from 162 facilities within the Northern Cape.

For the past 20 months since the COVID19 pandemic started in the Northern Cape most of the services were directed to mitigate the spreading of the pandemic.

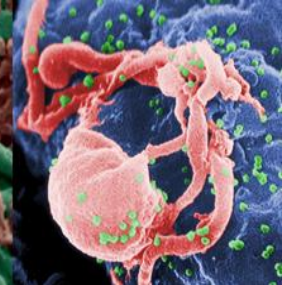
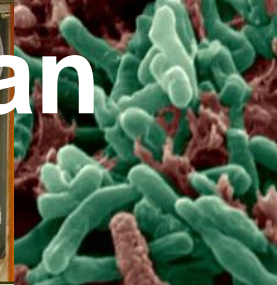
The impact of this on all other programs and services is definitely noticed if one review the performance of different programs.

For the Ideal Clinic concept this resulted in assessments not being done on time as the already thin spread staff had to run with the District Incidence Management Teams as well as Vaccine Roll out teams. Focus has however been redirected over the past 2 months to get colleagues back on track and improvement are noticed.

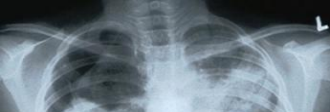
The result, however, is that many clinics lost their Ideal statuses or are no longer platinum achievers but lower down the ranks. This is as a result of the province not being able to do replacements for both clinical and non-clinical posts for the past 12 months as well as the failure to correct Infrastructural challenges.



Progress Scale Up Plan

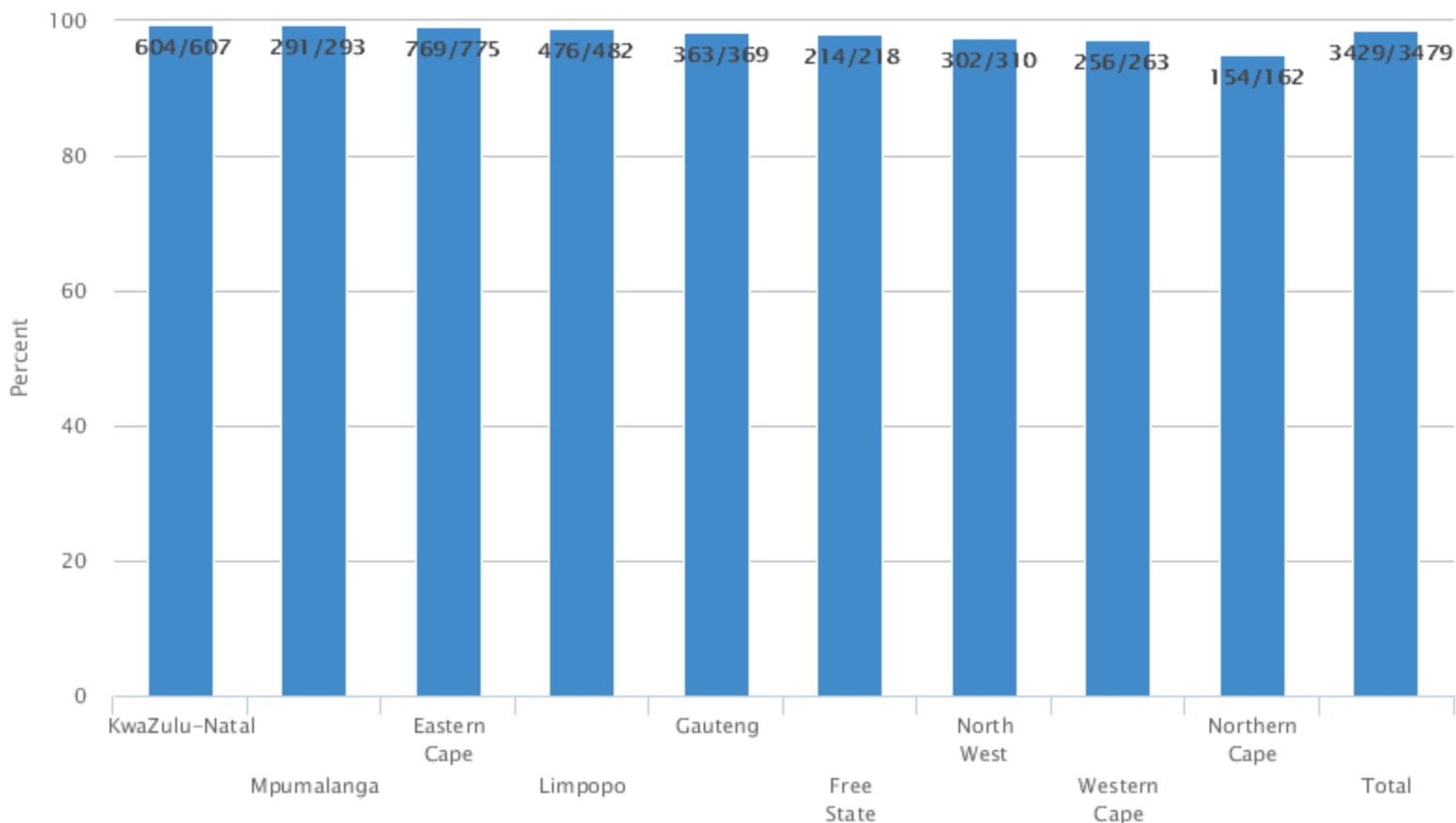


District	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Frances Baard	11 Achieved:0 Not achieved: 11	9 Achieved:1 Not achieved: 8	14 Achieved:3 Not achieved: 11	15 Achieved:4 Not Achieved:11	7 Achieved:0 Not Achieved:7	1 Not achieved
JT Gaetsewe	12 Achieved: 0 Not achieved: 12	12 Achieved:6 Not achieved: 6	18 Achieved:4 Not achieved:14	24 Achieved:4 Not Achieved:20	15 Achieved:0 Not Achieved:15	5 Achieved:0 Not Achieved:5
Namakwa	13 Achieved:2 Not achieved:11	11 Achieved:2 Not achieved: 9	14 Achieved:2 Not achieved:12	21 Achieved:7 Not Achieved:14	9 Achieved:0 Not Achieved:9	
Pixley ka Seme	15 Achieved:1 Not achieved:14	14 Achieved:13 Not achieved: 1	1 Facility (Hopetown clinic) and achieved status (silver)	35 Achieved:35	-	
ZF Mgcawu	8 Achieved:0 Not achieved:8	7 Achieved:1 Not achieved: 6	10 Achieved:1 Not achieved:9	11 Achieved:5 Not achieved:6	2 Achieved:1 Not Achieved:1	

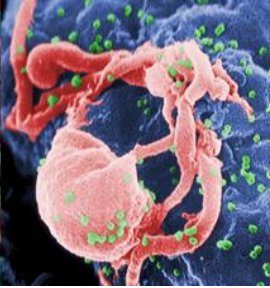
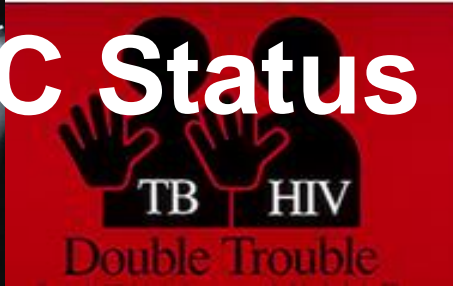
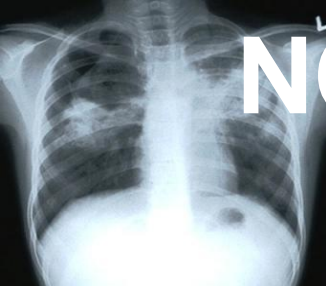


CURRENT STATUS DETERMINATION

Number of status determinations conducted per Province



NC Status Determination



District	# of Facilities	# Facilities that conducted SD	% of Clinics that conducted SD	Average % scored
nc Northern Cape Province	162	154	95%	69%
nc Frances Baard District Municipality	30	29	97%	68%
nc John Taolo Gaetsewe District Municipality	43	43	100%	69%
nc Namakwa District Municipality	32	26	81%	70%
nc Pixley ka Seme District Municipality	36	36	100%	69%
nc Zwellentlanga Fatman Mgawu District Municipality	21	20	95%	68%
Average / Total	162	154	95%	69%

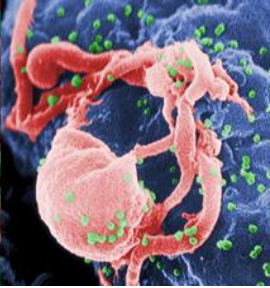
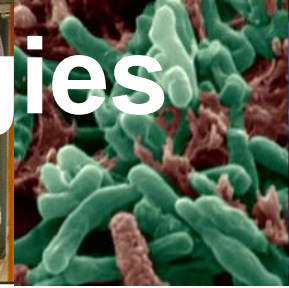
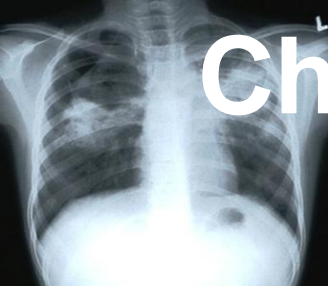
Current Ideal Clinic Status

Northern Cape	Frances Baard DM	Dikgatlong LM	Delportshoop Clinic	173	61		4	238	100	78	68	77	74	Gold	SD Facility Manager
Northern Cape	Frances Baard DM	Magareng LM	Warrenton CHC	191	88		1	280	100	77	69	58	68	Silver	SD PPTICRM
Northern Cape	Frances Baard DM	Phokwane LM	J Kempdorp Clinic	222	15		1	238	100	95	92	95	94	Platinum	SD Facility Manager
Northern Cape	Frances Baard DM	Phokwane LM	Pampierstad CHC	194	76		10	280	100	69	71	75	72	Silver	SD PPTICRM
Northern Cape	Frances Baard DM	Sol Plaatje LM	Dr Torres Clinic	149	83		6	238	100	60	64	67	64	Silver	SD Facility Manager
Northern Cape	Namakwa DM	Hantam LM	Loeriesfontein CHC	221	47		12	280	100	78	85	82	82	Gold	SD PPTICRM
Northern Cape	Namakwa DM	Kamiesberg LM	Leliefontein Clinic	200	32		6	238	100	78	86	92	86	Gold	SD PPTICRM
Northern Cape	Namakwa DM	Karoo Hoogland LM	Williston CHC	256	22		2	280	100	88	93	94	92	Platinum	SD PPTICRM
Northern Cape	Namakwa DM	Nama Khoi LM	Komaggas Clinic	199	35		4	238	100	76	86	90	85	Gold	SD PPTICRM
Northern Cape	Namakwa DM	Nama Khoi LM	Nababeep CHC	243	15		22	280	100	95	96	91	94	Platinum	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Emthanjeni LM	Britstown Clinic	208	27		3	238	100	94	85	88	89	Platinum	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Emthanjeni LM	De Aar Town Clinic	188	44		6	238	100	81	74	88	81	Platinum	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Siyancuma LM	Campbell Clinic	152	77		9	238	100	69	64	67	66	Silver	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Siyancuma LM	Lehlohonolo Adams Clinic	175	54		9	238	100	78	74	77	76	Gold	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Siyathemba LM	Niekerkshoop Clinic	170	57		11	238	100	78	75	72	75	Gold	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Thembelihle LM	Hopetown Clinic	217	21			238	100	95	89	91	91	Platinum	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Thembelihle LM	Strydenburg Clinic	179	45		14	238	100	75	78	85	80	Gold	SD PPTICRM
Northern Cape	Pixley ka Seme DM	Ubuntu LM	Richmond CHC	251	27		2	280	100	87	93	88	90	Platinum	SD Facility Manager
Northern Cape	Pixley ka Seme DM	Ubuntu LM	Victoria West CHC	200	80			280	100	79	69	68	71	Gold	SD Facility Manager
Northern Cape	Pixley ka Seme DM	Ubuntu LM	Victoria West Clinic	172	65		1	238	100	76	65	78	73	Gold	SD Facility Manager
Northern Cape	ZF Mgcawu DM	!Kheis LM	Boegoeberg Clinic	186	49		3	238	100	75	82	78	79	Gold	SD PPTICRM
Northern Cape	ZF Mgcawu DM	Kai !Garib LM	Lennertsville Clinic	199	27		12	238	100	79	89	92	88	Gold	SD Facility Manager

Challenges and Strategies

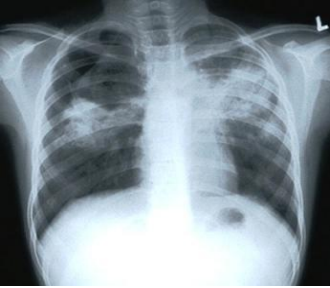
Component	Subcomponents	Strategies to address challenges
Infrastructure	Physical space and routine maintenance Essential Equipment Bulk supplies ICT infrastructure and hardware	-Review Table B5 -Procurement of essential equipment through the HIV/AIDS conditional grant -Vodacom fixed connectivity in JTG
Support Services	Finance and SCM management Hygiene and cleanliness Security Disaster Preparedness	-Delegations -Decentralisation of certain functions -Cash flow management Upgrade guard houses (Table B5) and availability of more security officers
Communication	Engagement of clinic committees	Appointment of governance structures
District Health Support	District Health support operational plans, PPTICRM Emergency Patient Transport Referral system	-Micro plans, align operational plans with DHP and APP (Bottom up approach) -Costed operational plans, align plans with the budget -Regular support visits by the district/provincial PPTICRM -Procurement of relevant vehicles for that area and maintenance of emergency patient transport -Align provincial referral policy with NDoH policy

Challenges and Strategies

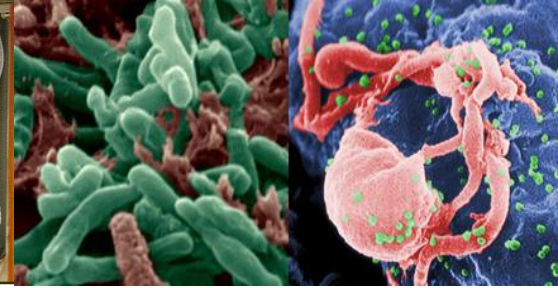


Component	Subcomponents	Strategies to address challenges
Medicines, Supplies and Laboratory Services	Medicines and Supplies Laboratory	-Monitoring and reporting on the SVS -Procurement and monitoring of suppliers to be done at the Depo -Gatekeeping and monitoring
Implementing Partners and Stakeholders	Multi-sectoral collaboration	-Strengthen the involvement of the multi-sectoral collaboration
Administration	Staff identity and dress code	-Maintain the prescribed dress code for all service providers





Reflections



● Relation between OHSC and ICRM

- Alignment of assessment tools
- Improve quality of health care services in all facilities
- Continuous preparation for the NHI
- Sustainability of the Quality Improvement Plans

Establishment of PPTICRM

- District and provincial PPTICRM established

Critical success factors:

- NHI grant in Pixley ka Seme

Key actions to sustain the programme:

- Dedicated budget to address the inefficiencies

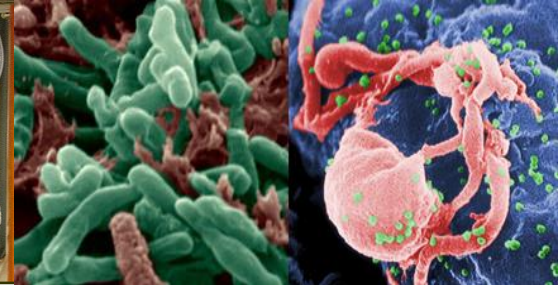
Factors that lead to facilities dropping status:

- Lack of accountability
- Leadership and governance



Reflections cont...

TB HIV
Double Trouble

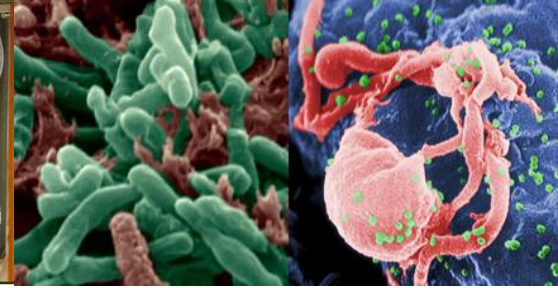
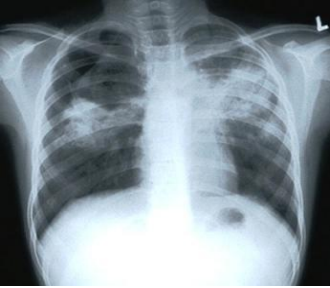


Critical Role Players

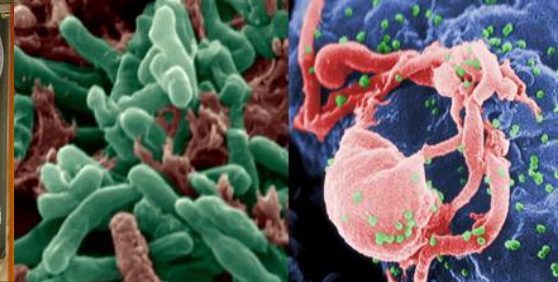
- Politicians
- Administration
- Inter-sectoral collaboration (e.g mines, other depts., private sector, NGO, CBOs etc)
- All health care providers

How the ICRM program can be used to prepare for the implementation of the first phase of NHI:

- 95% of facilities were assessed and are implementing the quality improvement plans
 - Quality learning centres identified
 - Advocacy of the CUPs structures
 - Development of strategies on CUPs to be implemented
 - Training to be conducted by Sefako Makgatho Health Sciences University on quality improvement plans
 - Training in all districts on the quality improvement plans
 - Tertiary and Regional hospitals involved the rollout of the quality improvements



- Identify gaps in the system
- Establishment of the QIPs
- Continuous monitoring and implementation of Quality Improvement Plans
- Address inefficiencies that leads to regression of ICRM status



QUESTIONS / COMMENTS

***** END OF PRESENTATION *****