MPUMALANGA DEPARTMENT OF HEALTH

ICRM PROGRAMME : 7 YEAR PROGRESS REPORT

2022 ICRM SEMINAR

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

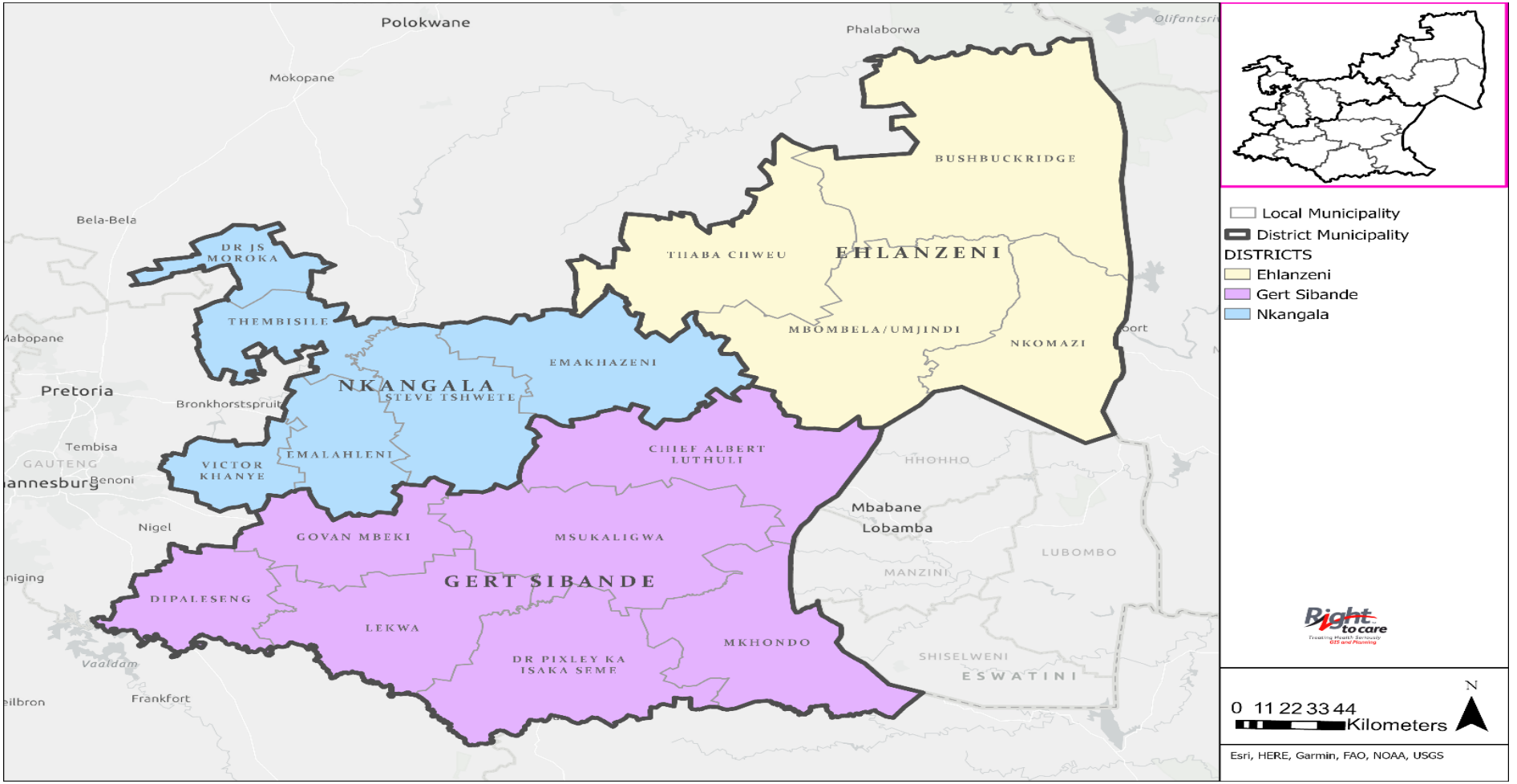
05-06 DECEMBER 2022

MPUMALANGA
THE PLACE OF THE RISING SUN

PRESENTATION OUTLINE

1. Background.
2. Progress from 2015 to date / Number of facilities that attained the status in the past 7 years.
3. Reasons for dropping/ regress and what has been done.
4. Main identified stubborn problems to attain and sustain IC status .
5. How low scoring facilities made to progress to reach higher scores.
6. Functionality of PPTICRM province and district.
7. Budget for IC for the province (Overall).

1.BACKGROUND: POPULATION: 4 748 544



1.BACKGROUND

- The Ideal Clinic initiative has been implemented in Mpumalanga since 2015 following the operation Phakisa laboratory sitting and subsequent launch by the President on the 18 November 2014
- The ICRM Programme was received with much enthusiasm, Political will, buy in from Managers at all levels, PPTICRM teams were established etc.
- ICRM Implementation plan was developed taking into cognisance the 8 Workstreams Streams (Waiting Time, Infrastructure, HRH, Service delivery, Financial Mx, Supply Chain, Sustainability, Institutional Arrangements)
- Progress made to date is highlighted in the slides to follow:

2. PROGRESS :NUMBER OF FACILITIES THAT ATTAINED THE STATUS IN THE PAST 7 YRS

Province	Total # of facilities	Ideal by 2015/16	Ideal by 2016/17	# Facilities that remained Ideal in 2017/18 from 2015/16 and 2016/17 financial year	# Facilities with IC status in 2017/18 (PR and PRU SDs only)	Total # of Ideal Facilities in 2017/18	Total # of Ideal Facilities in 2018/19	% of Ideal facilities in 2018/19
Mpumalanga	**287**	**19**	**60**	**46**	**41**	**87**	**133**	**46.34%**
Ehlanzeni	121	4	5	2	8	10	26	21.5%
Gert Sibande	76	11	37	37	18	55	69	90.8%
Nkangala	90	4	18	7	15	22	38	42.2%

2. PROGRESS :NUMBER OF FACILITIES THAT ATTAINED THE STATUS IN THE PAST 7 YRS CONT..

Province	Total # of facilities	Ideal by 2019/20	Ideal by 2020/21	Ideal by 2021/22	% of Ideal facilities in 2021/22
Mpumalanga	**291**	**160**	**96**	**172**	**60.1%**
Ehlanzeni	124	35	25	48	38.4%
Gert Sibande	75	72	55	62	82.6%
Nkangala	92	53	16	62	67.3%

2. PROGRESS :NUMBER OF FACILITIES THAT ATTAINED THE STATUS IN THE PAST 7 YRS CONT.. MILESTONES

* SD = status determination 2015/16

District	# of Facilities	Average % scored	# of Facilities with Silver Status	% of Facilities with Silver Status	# of Facilities with Gold Status	% of Facilities with Gold Status	# of Facilities with Platinum Status	% of Facilities with Platinum Status
mp Mpumalanga Province	294	54%	3	1%	12	4%	5	2%
mp Ehlanzeni District Municipality	125	54%	1	1%	3	2%	1	1%
mp Gert Sibande District Municipality	77	54%	1	1%	9	12%	1	1%
mp Nkangala District Municipality	92	55%	1	1%	0	0%	3	3%
Average / Total	294	54%	3	**1%**	12	**4%**	5	**2%**

* SD = status determination 2020/21

District	# of Facilities	Average % scored	# of Facilities with Silver Status	% of Facilities with Silver Status	# of Facilities with Gold Status	% of Facilities with Gold Status	# of Facilities with Platinum Status	% of Facilities with Platinum Status
mp Mpumalanga Province	294	78%	20	7%	60	20%	93	32%
mp Ehlanzeni District Municipality	125	74%	12	10%	18	14%	19	15%
mp Gert Sibande District Municipality	77	84%	1	1%	17	22%	44	57%
mp Nkangala District Municipality	92	78%	7	8%	25	27%	30	33%
Average / Total	294	78%	20	**7%**	60	**20%**	93	**32%**

2.PROGRESS FROM 2015 TO DATE CONT…

- Status determination conducted by the District PPTICRM in all 292 PHC facilities, to establish a baseline.
- Newly targeted PHC facilities were subjected to scale up plan annually in the three district These are PHC facilities that were never subjected to scale up plan.
- Gert Sibande was the first to subject all PHC facilities on scale up plan and the District PPTICRM conducted assessments based on the continuous update done by the PHC facilities.
- Cross district peer review assessments were initially conducted with the support of the NDoH, then between the participating districts in the same province.
- Peer review updates are conducted by the relevant district PPTICRMs in the 4th quarter to those PHC facilities that have failed, and requiring minor issues to be addressed.

2.CRITICAL SUCCESS FACTORS: SIGNAGE

2.CRITICAL SUCCESS FACTORS: INFRASTRUCTURE

2.CRITICAL SUCCESS FACTORS: INFRASTRUCTURE

2. CRITICAL SUCCESS FACTORS : ICSM

2.CRITICAL SUCCESS FACTORS: DRESS CODE

Admin Clerks / Data Capturers

Professional Nurses

3. REASONS FOR DROPPING/ REGRESS AND WHAT HAS BEEN DONE

Reasons for dropping/regress	Strategies to address identified challenges
Inadequate functionality of PPTICRMs	-Revival of established PPTICRMs at all levels by meeting quarterly. -Monitor functionality of PPTICRM at all levels
Inadequate management of PHC facilities, some PHC facilities have acting OPMs.	-Prioritize appointment of OPMs for identified PHC facilities. -Provide support and monitor performance of OPMs.
Shortage of staff, mostly lower category of staff, like, Enrolled Nurses, Enrolled Nursing Assistants, Data capturers, pharmacists Assistants, Grounds men and Cleaners.	Determined staffing needs according to WISN. Filling of vacant funded posts according to the organizational structure.
High staff turn over	-Constant recognition of excellence and provision for team building sessions -Prompt filing of vacant funded posts

3. REASONS FOR DROPPING/ REGRESS AND WHAT HAS BEEN DONE CONT..

Reasons for dropping/regress	Strategies to address identified challenges
Dilapidated infrastructure	Infrastructure upgrading / renovation / construction of Infrastructure to address the needed space as per Ideal Clinic tool pending budget availability
Inadequate maintenance of infrastructure and equipment	Develop and implement Maintenance Plans for infrastructure and equipment.
Poor records management.	-Continuous training of personnel on records management at all levels. -Prioritize space for filing of patient records. Implementing partner providing support with infrastructure to improve filing.
Management of general waste- municipality lacking capacity	Municipality to provide support with management of general waste in rural areas
Inadequate implementation of QIPs	Monitor implementation of QIPs To enforce accountability at all levels To apply consequence management Recognition of excellence Annual training of OPMs and PHC supervisors on management including ICRM.

3. REASONS FOR DROPPING/ REGRESS AND WHAT HAS BEEN DONE CONT..

Reasons for dropping/regress	Strategies to address identified challenges
Outdated / non availability of NDOH Policies.	NDOH to prioritize finalization of relevant policies and MOUs e.g. (MOU with SAPS)
Inadequate transport for PHC supervision	Procurement of additional vehicles as per identifies need, e.g. for PHC supervision, mobile clinic, school health services and ward-based outreach teams.
Inadequate PHC supervision due to inadequate number of PHC supervisors	Prioritize appointment of PHC supervisors/ rationalize available staff for efficient use of available resources.
Late delivery of procured equipment/goods by suppliers.	Contract management, that is to reinforce adherence to the schedule for delivery of procured goods as stipulated in the contracts.
Inadequate budget for non-negotiables, e.g. pest control and cleaning material.	Provision of adequate Ideal Clinic grant, to cater for all the identified resources, including signage, furniture, cleaning equipment and material, etc.

4.MAIN IDENTIFIED STUBBORN PROBLEMS TO ATTAIN AND SUSTAIN IC STATUS

- Dilapidated and not fit for purpose infrastructure.
- Maintenance of infrastructure.
- Insufficient medical and surgical equipment.
- Maintenance of medical equipment.
- Human resources or filling identified vacant posts.
- Training (BLS, IMCI)
- Inadequate stationery e.g., Integrated patient files, Maternity case records
- Records Management
- PHC supervision. (No of Supervisors, Transport)
- Implementation of QIPs.

5. HOW LOW SCORING FACILITIES MADE TO PROGRESS TO REACH HIGHER SCORES

- All 292 PHC facilities have been subjected to scale up plan and to date 172 PHC facilities obtained the ideal clinic status.
- Status determination is conducted in all PHC facilities annually, and QIPs are developed to monitor progress and to address identified gaps.

Infrastructure

- Budget is allocated for infrastructure upgrade and maintenance, though very limited as it cannot cover all identified health facilities.
- Support from implementing partners.
- Commitment from all staff members in reporting and addressing maintenance challenges.
- Support from the provincial, district & subdistrict infrastructure unit

5. HOW LOW SCORING FACILITIES MADE TO PROGRESS TO REACH HIGHER SCORES

Equipment

- Budget is allocated annually for ICRM, though it is inadequate.
- Medical equipment is prioritized for targeted PHC facilities.
- Procurement of equipment is done by the districts with the support of provincial PHC and Health Technology unit.
- Support from implementing partners.
- Commitment from all staff members in asset management.

5. HOW LOW SCORING FACILITIES MADE TO PROGRESS TO REACH HIGHER SCORES

The following trainings were conducted among other, in 2019/20:

- Integrated clinical services management (ICSM) with the support of NDOH- in the three districts.
- Patient-centric culture conducted with the support of NDOH, to Operational Managers for targeted PHC facilities, two trainers for Ehlanzeni and two trainers for Nkangala district in September 2019.
- Basic life support (BLS) was ongoing, however due to resource constraints and the re-allocation of the trainer to a hospital, the training got interrupted.
- Training of OPMs and supervisors including Health Information Officers conducted on an annual basis.
- Training on HPRS.

5. HOW LOW SCORING FACILITIES MADE TO PROGRESS TO REACH HIGHER SCORES

- Team work and commitment from all relevant stakeholders at all levels.
- Buy-in from critical role players for the success of Ideal Clinic, that is: The MEC, HOD, provincial PHC managers at all levels, District managers all levels, PHC supervisors, OPMs and all facility personnel at all levels.
- Facility Support from the PPTICRM .
- Continuous rendering of quality services by personnel at PHC facilities .
- Support from the Clinic Committees.
- Pockets of good leadership and governance.
- Competent operational managers.
- Implementing the ideal clinic initiative as a process and not a once off event but as maintaining it consistently.

6. ESTABLISHMENT AND CONTINUOUS FUNCTIONALITY OF PPTICRM - KEEPING ICRM TEAMS MOTIVATED

- Revive functionality of established Provincial and district PPTICRMs.
- Continuous support of PHC facilities by Districts and Provincial management.
- Conducting sub-district peer reviews.
- ICRM is a standing agenda item in the district and sub-district PHC meetings.
- Need for continuous monitoring of the ideal clinic quality Improvement plans and reinforcement of compliance to promote change.
- Acknowledgement of good performance = MEC Awards
- Included in the PMDS of managers at all levels

6.FUNCTIONALITY OF PPTICRM PROVINCE AND DISTRICT

Composition	Response
Appointments	Yes
Frequency of meetings	Districts - twice per year
Minutes/ report of the meetings	Yes
PPTICRM Terms of reference available	

7. Budget for IC for the province (Overall)

Item	Budget
Infrastructure Plan- Routine maintenance	Available – though limited Provincialisation versus Maintenance
Transport management- province and district (support / monitoring visit)	Equitable share

7. IDEAL CLINIC BUDGET ALLOCATION FROM THE EQUITABLE SHARES

District	Budget Allocation 2020/2021	Percentage Allocation	Budget Allocation 2021/2022	Percentage Allocation	Budget Allocation 2022/2023	Percentage Allocation
Ehlanzeni	R 4 500.000	45%	R 4 890.000	46.4%	R 4 794.048	46.4%
Gert Sibande	R 2 200.000	22%	R 2 200.000	20.9%	R 2 159 .388	20.9%
Nkangala	R 3 300.000	33%	R 3 450.000	32.7%	R 3 378 .564	32.7%
Province	R 10 000.000		R 10 540.000		R 10 332.00	

Thank you