



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA



IDEAL CLINIC REALIZATION AND MAINTENANCE

05 December 2022

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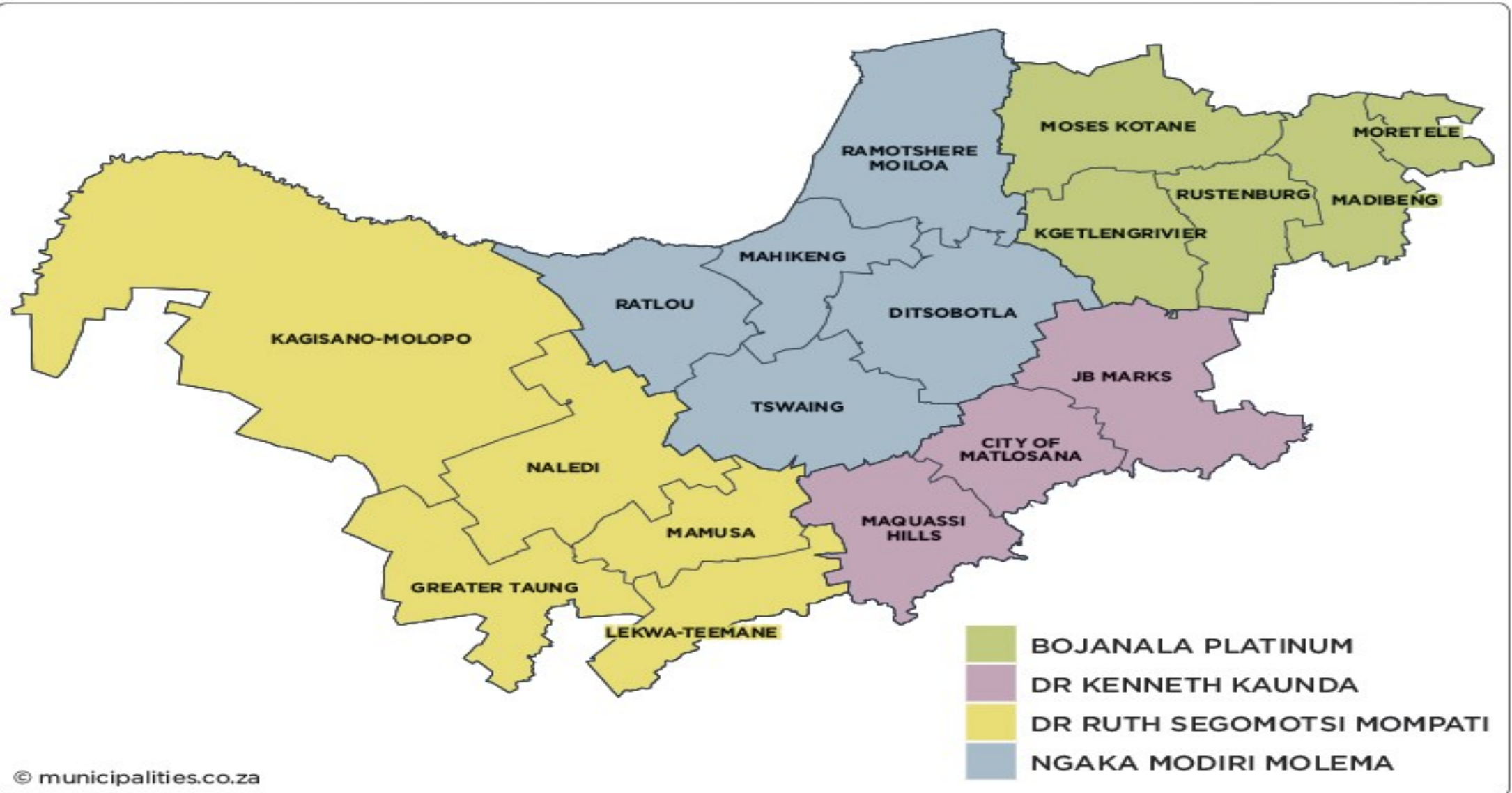
PRESENTATION OUTLINE

- Purpose
- Districts layout
- Progress from 2015 to date
- NW IC that lost status
- Reasons for facilities to regress
- Province/ District interventions done
- Proposed measures to sustain achievement
- Main/stubborn challenges identified
- How low scoring facilities made progress
- Functionality of PPTICRM Province/District
- Budget for ICRM

PURPOSE

To reflect on the performance of the program as well as to share what the province did to ensure that improvement is realized.

NORTH WEST PROVINCE



NW PHC FACILITY PERFORMANCE FROM 2015/16 - 2021/22

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	# of IC 2021/22	% of IC 2021/22
nw North West Province	310	7	2%	93	30%	121	39%	141	45%	173	58,06%	147	47%	180	58%
nw Bojanala Platinum District Municipality	120	0	0%	18	15%	33	28%	29	24%	44	38,33%	45	36%	66	55%
nw Dr Kenneth Kaunda District Municipality	40	0	0%	34	85%	31	78%	37	93%	36	92,50%	38	95%	32	80%
nw Dr Ruth Segomotsi Mompoti District Municipality	60	7	12%	20	33,%	27	45%	36	60%	43	75,00%	25	42%	38	63%
nw Ngaka Modiri Molema District Municipality	90	0	0%	21	23%	30	33%	39	43%	50	57,78%	39	43%	44	49%
Average / Total	310	7	2%	93	30%	121	39%	141	45%	173	58,06%	147	47%	180	58%

NW IC THAT LOST STATUS : NOVEMBER 2022

District	# of Facilities	# of Facilities that achieved IC status 2015 - 2021	# Facilities that achieve IC status that conducted SD 2022/23	%Facilities that achieve IC status that conducted SD 2022/23	# Facilities that maintain IC status	% of Facilities that maintain IC status	# Facilities that lost IC status	% of Facilities that lost IC status
nw North West Province	308	247	242	98%	166	67%	81	33%
Bojanala Platinum	120	91	88	97%	50	55%	41	45%
Dr Kenneth Kaunda	42	40	40	100%	21	53%	19	47%
Dr Ruth Segomotsi Mompati	60	50	49	98%	37	74%	12	24%
Ngaka Modiri Molema	86	66	65	98%	58	88%	7	10%
Average / Total	308	247	242	98%	166	67%	81	33%

REASONS FOR FACILITIES TO REGRESS

- Resources

- Limited supply of critical Human resources such as cleaners, groundsmen and OPM, associated with staff turnover, COE budget
- Lack of support by structures DMT and PPTICRM
- Inconsistent monitoring of CQIP
- Emergence of COVID-19
- Inadequate supply of essential healthcare technology
- Inconsistent supply of pharmaceuticals and surgical supplies, some times because of national constraints
- Infrastructure limitation including ageing infrastructure
- Limited budget

PROVINCE/ DISTRICT INTERVENTIONS DONE

- Strengthened Provincial & District PPTICRM
- Delegated Quality Assurance coordinators at Sub District level
- Ideal health facility as standing agenda point in EMT/DMT/Health branch meetings
- Implementation and monitoring of maintenance and equipment (quick wins projects)
- Recruitment of operational managers prioritized- some appointed
- Provincial Quarterly QA meetings
- Training on new ideal version
- Establishment of equipment and maintenance committees

PROPOSED MEASURES TO SUSTAIN ACHIEVEMENT

- Executive management support e.g. DMT meetings held at facility level
- Delegation of Professional Nurses as quality assurance coordinators at Sub Districts
- Orientation of Clinic committees to ICRM and their capacitation to play their oversight role.
- Implement accelerated infrastructure and equipment program
- Establish Provincial ideal clinic Program monitoring
- Ring-fence budget for consistent supply of surgical items
- Ensure that there are Quality champions at health facilities.
- Establishment of an online platform for stock management at facility level with key stake holders, pharmacists, LAM, QA managers so that stock can be moved around
- Daily facility dashboard of priority items.
- Adherence to PPTICRM schedule

MAIN/STUBBORN CHALLENGES IDENTIFIED

- Infrastructure limitation, Maintenance of buildings and non availability of Certificates of Compliance
- Inability to attain BLS training saturation due to the training requirements and its financial implications
- Limited Human resources associated with staff turnover
- Inadequate healthcare technology
- Inconsistent supply of pharmaceuticals and surgical supplies due to stock management and supplier issues
- Limited budget

HOW LOW SCORING FACILITIES MADE PROGRESS

- Reviewed and updated documents
- Adoption and support of low scoring facilities by Senior managers
- Improved staffing of the QA units at sub district level
- Delegation of dedicated teams to support low performing facilities
- Donation of some equipment from developmental partners and National DoH
- Appointment of Operational Managers

FUNCTIONALITY OF PPTICRM PROVINCE/DISTRICT

- **COMPOSITION**

- Appointments done according to components

- **APPOINTMENTS**

- All teams appointed at District and Provincial level

- **FREQUENCY OF MEETING**

- Meetings planned quarterly

- **MINUTES/REPORTS OF MEETING**

- Minutes of meetings and reports are kept.
- Reflections are made on the action list at all sittings

BUDGET FOR ICRM

NW Province could not ring-fence budget for ICRM since 2020

For transport and support activities the districts are using operational budget

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