Scale up and Sustainability

Summary lab report

05 December 2014
Contents

- Context
  - Aspiration
  - Issues and root causes
  - Initiatives
  - Impact
Since 1994, government has introduced significant reforms to transform the public healthcare sector; the Ideal Clinic Initiative is the latest

<table>
<thead>
<tr>
<th>Year</th>
<th>Institutional/policy reforms and initiatives</th>
</tr>
</thead>
</table>
| 1996 | ▪ Constitution amended to establish the right of every South African to have access to healthcare  
▪ National Health Act amended to provide a framework for a structured uniform healthcare system |
| 2004 | ▪ Health roadmap mapped out key systemic challenges as precursor to 10-point plan  
▪ 10-point plan for the improvement of the healthcare sector (2010-14) released as part of the government’s programme of action  
▪ National Service Delivery Agreement formalises the 10-point plan as key stakeholders sign up to deliver on the government’s programme of action |
| 2008 | ▪ National Health Insurance announced with an aim of achieving universal health coverage for all South Africans |
| 2010 | ▪ Ideal Clinic concept developed to systematically improve deficiencies in primary healthcare clinics (PHC) |
| 2013 | ▪ Office of Health Standards Compliance (OHSC) established as a statutory body. OHSC will be tasked with monitoring compliance with the norms and standards of healthcare delivery and will inspect public health facilities for 6 basic health standards: cleanliness, infection control, attitude of staff, safety and security of staff and patients, waiting times and drug stock-outs |
| 2014 |  |
| 2015 | ▪ Ideal Clinic Initiative rolled out to improve primary care service delivery in SA |

SOURCE: Government websites
Lessons can be drawn from previous health transformation initiatives

<table>
<thead>
<tr>
<th>Programme</th>
<th>Launched</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HCT</td>
<td>2009</td>
</tr>
<tr>
<td>2 Accelerated PMTCT</td>
<td>2009</td>
</tr>
<tr>
<td>3 NIMART</td>
<td>2009</td>
</tr>
<tr>
<td>4 Pneumovar &amp; Rotavirus</td>
<td>2010</td>
</tr>
<tr>
<td>5 Tshwane breastfeeding declaration</td>
<td>2011</td>
</tr>
<tr>
<td>6 DCST’s</td>
<td>2011</td>
</tr>
<tr>
<td>7 Tier.net</td>
<td>2011</td>
</tr>
<tr>
<td>8 WBOTS</td>
<td>2011</td>
</tr>
<tr>
<td>9 ISHP</td>
<td>2012</td>
</tr>
<tr>
<td>10 CARMMA</td>
<td>2012</td>
</tr>
<tr>
<td>11 HPV</td>
<td>2013</td>
</tr>
<tr>
<td>12 Family planning Implant (CFP)</td>
<td>2014</td>
</tr>
</tbody>
</table>

In the last 5 years, SA has had many health transformation initiatives...

...from which we have distilled key success factors and challenges faced during scale-up

**Key success factors**
- Evidence-based planning
- Stakeholder engagement incl. communication strategy
- Political leadership
- Governance
- Ownership and buy-in
- Dedicated resources (HR, FIN, SC)
- Strong monitoring and evaluation with clear targets and outcomes

**Key challenges**
- Poor change management
- Poor integration of health initiatives into existing health systems
- Competing priorities
- Launching health programmes without the necessary guidelines and toolkits
- Non-development of accompanying information systems during the design phase
- Poor documentation of lessons and good practices

‘...scaling-up is about political and organisational leadership, about vision, values and mindset, and about incentives and accountability......’ Hartmann and Linn, 2008, Framework and Lessons for development of effective scale up

SOURCE: Operation Phakisa Health Lab –Scale-up and Sustainability Lab
Contents

- Context

- Aspiration
  - Issues and root causes
  - Initiatives
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Our aspiration is to enable all 3,507 PHC facilities to achieve sustainable Ideal Clinic status by 2018/19

<table>
<thead>
<tr>
<th>Aspiration</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Develop a comprehensive plan to implement and sustain system-wide change, ensuring success of the Ideal Clinic Initiative</td>
<td>▪ Ideal Clinic initiatives implemented with a focus on clinics, to strengthen the district health system and sustain change throughout the 3-year implementation period</td>
</tr>
<tr>
<td>▪ Embrace a culture of quality service delivery by the Department of Health and key stakeholders</td>
<td>▪ Every staff member to understand what is required to implement and sustain Ideal Clinic status by mid-2015 and to subscribe to these ideals</td>
</tr>
<tr>
<td>▪ Improve health outcomes through transformation and maintenance of Ideal Clinic status in all PHC facilities</td>
<td>▪ More promotive and preventative healthcare at the primary level, resulting in reduced morbidity and mortality across South Africa</td>
</tr>
</tbody>
</table>

1 Subject to budgeting and resources to be confirmed

SOURCE: Scale up and Sustainability Workstream
Contents

- Context
- Aspiration
- Issues and root causes
  - Initiatives
  - Impact
ISSUES AND ROOT CAUSES

We identified several potential challenges to attain successful scale-up and sustainability

- Limited stakeholder engagement
  - Limited stakeholder analyses
  - Poor communication
  - Lack of inclusive/integrated planning processes
- No framework for change management
- Resistance to change
  - Change fatigue
  - No change agents
  - Competing priorities
- No implementation guide-lines
  - Lack of focus beyond Ideal Clinic pilot
- No implementation capacity
  - No formal programme for ideal clinics (i.e., dedicated funding)

- Lack of enablers to reach overarching goals on the national healthcare system such as:
  - Financial management
  - Human resources
  - Infrastructure
  - Service delivery
- No accountability mechanisms
  - No M&E framework
  - No programme performance management framework
- No sustainability framework
  - No long-term plan for sustainability
- Changing political leadership

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
... and developed solutions to tackle all that can be resolved in the scope of the Operation Phakisa Health Lab

<table>
<thead>
<tr>
<th>Description</th>
<th>Impact of the issue …</th>
</tr>
</thead>
</table>
| Lack of ownership and empowerment at the local level | ▪ Basic requirements that could be met at the local level are not implemented  
▪ Undue dependence on external parties for success |
| Limited stakeholder engagement | ▪ No buy in/ownership from key stakeholders  
▪ Missed opportunities for collaboration and implementation support  
▪ Lack of understanding of stakeholder, needs, interests and concerns |
| No change management plan | ▪ No structured process for managing and supporting change  
▪ Risk of change fatigue and resistance to change disrupting or preventing transformation |
| No branding and communication plan | ▪ Inconsistency in standard and quality of service provided at clinics across South Africa  
▪ Limited awareness of what the Ideal Clinic Brand stands for |
| No sustainability framework | ▪ Risk of regression of accredited clinics and no mechanism to ensure new Clinics will be accredited as Ideal Clinics  
▪ No consequence management and lack of incentive systems to sustain change |
Contents

- Context
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  - Initiatives
- Impact
We have developed a fully costed scale-up plan to be supported by 5 initiatives designed to ensure successful transformation and lasting change.

1. Fully costed scale-up plan

2. Branding and communication: creating and living a brand that builds confidence in the PHC for all citizens

3. Stakeholder engagement: managing purposeful interaction

4. Monitoring and evaluation: driving results-based performance

5. Change management: preparing and managing the transformation

6. Sustainability: supporting lasting change

1 Please note that costing is subject to confirmation. There was not sufficient time within the scope of the Lab to cost the scale-up plan. This task is being completed by Treasury who will report separately.
The Operation Phakisa Health Lab produced over 80 initiatives which have been classified into 4 categories

<table>
<thead>
<tr>
<th>Definition</th>
<th>Implementation method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quick wins</strong> - Interventions that can be implemented quickly, independently and unilaterally in all facilities</td>
<td>Coordinated by a central project team</td>
</tr>
<tr>
<td><strong>Ideal Clinic Accelerator</strong> - Interventions that will be implemented at the clinic level</td>
<td>Supervisors/change agent team deployed for a period of time to assist with implementation</td>
</tr>
<tr>
<td>- Implementation will be supported by existing supervisory structures, or in certain instances, a team of change agents who will take facility through predefined journey of change</td>
<td>Likely to be rolled out on a geographic basis</td>
</tr>
<tr>
<td><strong>District booster</strong> - Interventions that will be implemented at the district level</td>
<td>Supervisors/change agent team deployed for a period of time to assist with implementation</td>
</tr>
<tr>
<td>- Implementation will be supported by existing supervisory structures, or in certain instances by team of change agents who will take district through predefined journey of change</td>
<td>Likely to be rolled out on a geographic basis</td>
</tr>
<tr>
<td><strong>Overarching interventions</strong> - Interventions that will be coordinated at provincial or national level</td>
<td>Rolled out according to optimal pace and sequence (i.e., needs, performance)</td>
</tr>
</tbody>
</table>

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
Our ultimate deliverable is a plan for scale-up and also the structure for implementation

<table>
<thead>
<tr>
<th>Who will implement?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHC-Tech</strong></td>
</tr>
<tr>
<td>Chair: DG</td>
</tr>
<tr>
<td>Members: DG's Provinces, DDG PHE, Co-opted officials, Other stakeholders nominated by DG</td>
</tr>
<tr>
<td><strong>National Delivery Unit</strong></td>
</tr>
<tr>
<td><strong>Provincial SteerCo</strong></td>
</tr>
<tr>
<td>Chair: HOD</td>
</tr>
<tr>
<td>Members: HOD, District Managers, Chief Dir./Dir. DHS, Co-opted officials, Other stakeholders nominated by HOD</td>
</tr>
<tr>
<td><strong>Provincial Delivery Unit</strong></td>
</tr>
<tr>
<td><strong>District Management Team</strong></td>
</tr>
<tr>
<td>Chair: District Manager</td>
</tr>
<tr>
<td>Members: Sub-district managers, Managers GA, PHC, Finance, HR, Infrastructure</td>
</tr>
<tr>
<td><strong>District Delivery Unit</strong></td>
</tr>
<tr>
<td><strong>Sub-district Management Team</strong></td>
</tr>
<tr>
<td>Chair: Sub-district Manager</td>
</tr>
<tr>
<td>Members: Facility Managers</td>
</tr>
<tr>
<td><strong>Roving Support Teams</strong></td>
</tr>
</tbody>
</table>

- Structure of the delivery units who will implement the Lab initiatives at a national, provincial, district, sub-district and facility level
- Terms of reference for the governance structure

<table>
<thead>
<tr>
<th>What will they implement?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinic accelerator</strong></td>
</tr>
<tr>
<td><strong>Quick wins</strong></td>
</tr>
<tr>
<td><strong>District booster</strong></td>
</tr>
<tr>
<td><strong>Overarching National/Provincial</strong></td>
</tr>
</tbody>
</table>

- Collation and classification of the initiatives created by the 8 workstreams
- Initiatives will be in 4 categories depending on level of implementation

<table>
<thead>
<tr>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The scale-up programme will happen in 3 phases</td>
</tr>
</tbody>
</table>

- Phasing of the scale-up taking into account considerations such as:
  - Budgetary constraints
  - Timing and locus of impact
  - Time required to set up for implementation

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
### Proposed structure for the ICRM operating model

<table>
<thead>
<tr>
<th>Roles and responsibilities</th>
<th>NHC-Tech</th>
<th>Reporting lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Create an enabling environment for IC realisation</td>
<td>Chair: DG</td>
<td>▪ Reports to DG (Minister), NHC-Tech</td>
</tr>
<tr>
<td>▪ Mobilise resources for implementation</td>
<td>members: HOD’s Provinces</td>
<td></td>
</tr>
<tr>
<td>▪ Address bottlenecks</td>
<td>▪ DDG PHC</td>
<td></td>
</tr>
<tr>
<td>▪ Monitoring and evaluation</td>
<td>▪ Co-opted officials</td>
<td></td>
</tr>
<tr>
<td>▪ Drivers for implementation</td>
<td>▪ Other stakeholders nominated by DG</td>
<td></td>
</tr>
<tr>
<td>▪ 2-3 full-time team reporting to DG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Oversee implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Support implementation at other levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ As for national level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Act as gatekeeper</td>
<td>▪ Reports to NHC and Operation Phakisa</td>
<td></td>
</tr>
<tr>
<td>▪ Mobilizes resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Support implementation in facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Provide monthly reporting to province</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Address bottlenecks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Assist with initial/quarterly peer reviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Support implementation of facility improvement plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Facilitate peer review sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Initial and quarterly assessments;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Prepares facilities-based action plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Assist with initial/quarterly peer reviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Provide roving support teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Support implementation of facility improvement plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Roles and responsibilities**

- Create an enabling environment for IC realisation
- Administrative oversight
- Mobilise resources for implementation
- Address bottlenecks
- Monitoring and evaluation
- Drivers for implementation
- 2-3 full-time team reporting to DG
- Oversee implementation
- Support implementation at other levels
- As for national level
- Act as gatekeeper
- Mobilizes resources
- Support implementation in facilities
- Provide monthly reporting to province
- Address bottlenecks
- Assist with initial/quarterly peer reviews
- Support implementation of facility improvement plans
- Facilitate peer review sessions
- Initial and quarterly assessments;
- Prepares facilities-based action plans
- Assist with initial/quarterly peer reviews
- Provide roving support teams
- Support implementation of facility improvement plans

**National Delivery Unit**

- Chair: HOD
- Members: District Managers
- Observers: Chief Dir./Dir. DHS

**Provincial SteerCo**

- Chair: HOD
- Members: District Managers
- Observers: Chief Dir./Dir. DHS

**Provincial delivery unit**

- Chair: HOD
- Members: District Managers

**District Management Team**

- Chair: District Manager
- Members: Sub-district managers
- Managers QA; PHC, Finance, HR, Infrastructure

**District Delivery Unit**

- Chair: Sub-district Manager
- Members: Facility managers

**Sub-district Management Team**

- Chair: Sub-district Manager
- Members: Facility managers

**Roving Support Teams**

- Chair: Sub-district Manager
- Members: Facility managers

**SOURCE:** Operation Phakisa Health Lab – Scale-up and Sustainability Lab
The scale-up programme will happen in 3 phases

**Preparation 2014-15**
- Engage stakeholders and get buy-in
- Establish, train and induct implementation teams
- Kick off communication and change management process
- Customise plan at national and provincial levels

**Implementation 2015-19**
- Lab initiatives implemented in a sequence that takes into account resources and budgeting
- Clinic booster and District booster activities to be rolled out on a geographic basis

**Sustainability and continuous improvement 2019+**
- Improved health outcomes
- Communities empowered to engage on the social determinants of health
- Facilities have essential medicine, clinical equipment and supplies
- PHC facilities are clean, safe and comfortable for staff and patients

**Principles applied for sequencing:**
- **Budget**
  - Identified existing programme and assumed they will continue to run
  - Marked the big ticket items and made sure they were spaced out
  - Allowed the start of initiatives with delayed budget flows
- **Impact:**
  - Restriction on too many initiatives starting at the same time
  - Reduce burden on implementers
  - Minimise disruption at the clinic level
  - Avoid overwhelming the system
- **Preparation**
  - Allow for lead times

**Description**
- All ICRM plans and targets to be shared
- Transparency on progress at all levels
- A peer review process to provide support and encourage continuous quality improvement amongst facilities
- Apply sustainability principles throughout

**Principles**
- Control and sequence introduction of changes to limit/prevent the system being overwhelmed
- Identify dependencies
- Specify preparatory work and time required by each initiative
- Link implementation of initiative to resources available and required
- Identify initiatives that need to be piloted before scale-up
- Apply sustainability principles throughout e.g. use existing resources, leveraging on and strengthening of existing structures and operating systems, integrate initiatives within existing district health system

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
Overarching initiatives will be rolled out in a number of different ways depending on what is being rolled out and needs of the community

Facility selection can be based on a number of different criteria

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic sample</td>
<td>Based on a geographic distribution across provinces, or health districts of e.g. percent of total facilities/ population</td>
</tr>
<tr>
<td>Workload prioritisation</td>
<td>Based on headcount: busiest clinics get prioritised</td>
</tr>
<tr>
<td>Disease burden prioritisation</td>
<td>Prioritisation based on certain diseases/ conditions, e.g., ART patients, antenatal care patients</td>
</tr>
<tr>
<td>Size of facility</td>
<td>Gain insights from selection of small, medium, large facilities prior to further rollout at a national level</td>
</tr>
<tr>
<td>Selection based on baseline assessment</td>
<td>Start with clinics that scored highest on the core standards audit</td>
</tr>
</tbody>
</table>

Different timelines and approaches likely to apply depending on element of the Ideal Clinic being rolled out, e.g.
- Infrastructure rolled out by national might occur in one big bang across the country
- The ICRM package of services being rolled out at a local clinic level might occur incrementally
- Training which is ongoing, might be carried out centrally at district, provincial or national level

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
However, no lasting change is possible if we do not follow a holistic approach towards change management and transformation.

<table>
<thead>
<tr>
<th>1</th>
<th>Stakeholder engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Government bodies</td>
</tr>
<tr>
<td>2.</td>
<td>Community</td>
</tr>
<tr>
<td>3.</td>
<td>Internal stakeholders</td>
</tr>
<tr>
<td>4.</td>
<td>Private sector</td>
</tr>
<tr>
<td>5.</td>
<td>Opinion shapers</td>
</tr>
<tr>
<td>6.</td>
<td>Donors and partners</td>
</tr>
</tbody>
</table>

| 2  | Branding and communication |

| 3  | Change management |

| 4  | Sustainability |

We will highlight one initiative from each quadrant.

Note: Defining quick wins is not discussed here as it forms part of the scale-up plane.

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
1. **We identified 4 groupings that are critical to the success of the initiative. They should be engaged immediately**

**Municipalities**

**Key issues**
- May see the policy implementation as removing or reducing managerial authority/functions
- May see Ideal Clinic Initiative as causing more work where there is limited support

**Proposed approach**
- Conduct planning sessions with Mayors and MECs for customising scale-up plans for their jurisdictions
- DG to conduct Operation Phakisa Roadshow immediately after Lab to begin sensitisation

**Other government agencies**

**Key issues**
- The Ideal Clinic Initiative may result in more work for some agencies, e.g., Department of Public Works to fix and maintain roads and facilities

**Proposed approach**
- DGs Health and DPME to immediately engage with DGs of affected agencies post Operation Phakisa to explain and jointly problem solve the issues that will impact their deliverables, budgets and capacitation as a result of it

**Media**

**Key issues**
- Currently view the healthcare system as broken
- Have the ability to shape public opinion

**Proposed approach:**
- Schedule closed sessions/meetings/press conferences to share the outcomes and plans of Operation Phakisa and to make sure media are fully and correctly informed and deliver one message
- Allocate special person responsible for media liaison and, e.g., placement of success stories

**Unions/organised labour**

**Key issues**
- Main objective is to protect workers – major influencer as has the ability to withdraw labour force

**Proposed approach**
- Provide information from the beginning (especially on benefits to staff) and engage on expectations
- Leverage tripartite and other platforms to share information and to test in private what issues may be of concern to workers and labour organisations

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
To restore the image of PHC facilities, we will introduce a social franchising model for Ideal Clinics.

**Approach**

- **Qualification:** a clinic will become an Ideal Clinic after achieving a score of 80% on an OHSC audit
- **The commitment:** clinics must sign a partnership agreement with NDoH and their province to maintain their status until the next audit (including signage, uniform, training courses)
- **Support:** NDoH and the provinces commit to provide ongoing support to the clinics via delivery units
- **Maintenance:** QA and performance monitoring include site inspections (2 years) self-assessments (1 year)

**Impact**

- **Improved public perception** about the quality of health service provision in the public sector leading to increased demand
- **Standardisation** of the provision of services, quality of services and look feel of clinics across South Africa
- **Increased pride** in public health for clinic staff and communities

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
We have used the influence model: an interplay of 4 levers to create initiatives that will drive successful shifts in mindsets and behaviours.

**Change champions**

Change champions will provide visible local support within the health system and communities. Will include people across all tiers and spheres: e.g.,
- Ministers
- DG and DDG PHC
- PHC/DHS Chief directorate DMT
- PPTICRM

**Training**

Training on change and wellness for senior managers, implementation teams, facility managers and community managers scheduled to start in February prior to formal launch and rollout.

Over 10,000 people to be trained.

**Change stories**

Social media to share successful change stories to encourage and support others. Both for internal and external stakeholders.

**Change passports**

A fun and innovative reward system that will give stamps for achievements of change-related milestones, e.g.
- I have been trained on change management
- I have oriented my staff/I have put a support structure in place to address issues around change
- I hold formal change management meetings monthly
- Change management is part of my KPIs

Rewards include free leave days and recognition in quarterly newsletter.

**The influence model**

- Developing talent and skills
- Reinforcing with formal mechanisms
- Role-modelling and leadership
- Foster understanding and conviction

**SOURCE:** McKinsey Quarterly Transformational Change survey; January 2010
## Initiative 3: Change management plan

**Objective**
To improve the receptivity and management of change by healthcare workers

<table>
<thead>
<tr>
<th>Initiative concept/details/highlights</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change management is essential for the achievement of quality health services for Ideal Clinic realisation and maintenance. It is intended to bolster ICRM efforts and is multifaceted and comprehensive. The core values guiding the plan include: ownership, pervasive and sustained communication, transparent and monitored progress, inter-sectoral engagement, accountability and sustainable management of change. The change message being “Masiphumelele Sonke – Lets Achieve Together”. This initiative includes:</td>
<td>All departments of health</td>
</tr>
<tr>
<td>▪ Development of change MANAGEMENT and training plan</td>
<td></td>
</tr>
<tr>
<td>▪ Conduct dialogues for change</td>
<td></td>
</tr>
<tr>
<td>▪ Implement leadership ‘sponsorship’ model to ensure ongoing visible support</td>
<td></td>
</tr>
<tr>
<td>▪ Establish and capacitate the Change Delivery Units</td>
<td></td>
</tr>
<tr>
<td>▪ Determine and manage expectation and change readiness</td>
<td></td>
</tr>
<tr>
<td>▪ Facilitate training, mentorship, coaching and visible support downstream</td>
<td></td>
</tr>
<tr>
<td>▪ Monitoring and evaluation for change management progress indicators</td>
<td></td>
</tr>
<tr>
<td>▪ Inculcate a culture of change (sustainability)</td>
<td></td>
</tr>
</tbody>
</table>

**Key stakeholders identified**
- DoH and DPME
- Organised labour
- Civil Society, Dev. Partners
- Academic institutions, NGOs

**Required resources**
- ~ZAR40 million
- People: training service providers
- Other resources: training materials, assessment tools

**Levels of implementation**
- All levels of the health system

**Implementation timeframe**
- Start date: Dec 2014
- End date: 2019

**Impact:** Positive transformation of the health system and improved quality of care

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
### Change champions will be key to driving, supporting and sustaining change within the health system and communities

- Change champions will provide visible local support within the health system and communities
- Responsibilities include:
  - Identifying issues on the ground and raising them quickly to the project team
  - Gathering feedback on the communications campaign and provide feedback to the change team
  - Identifying and engaging with key resistors of change to bring them into the process
  - Assisting with managing resistance to change amongst their colleagues
  - Becoming advocates super users and therefore assist in training of users

#### Key highlights
- Appointment of formal change champions will ensure that a specific set of people own and drive the change process at every level of the system

#### Change champions
- **National**
  - Ministers
  - DG and DDG PHC
- **Province**
  - PHC/DHS Chief directorate
- **District and metros**
  - DMT
  - PPTICRM
- **Facilities**
  - Facility/operational managers
- **Community**
  - Ward counsellors
  - Clinic committees

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**Champions’ network to be launched as soon as possible after Operation Phakisa goes live. To be coordinated via the national and provincial steercos**

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**SOURCE:** Operation Phakisa Health Lab – Scale-up and Sustainability Lab
### Municipalities

**Key issues**
- May see the policy implementation as removing or reducing managerial authority/functions
- May see Ideal Clinic Initiative as causing more work where there is limited support

**Proposed approach**
- Schedule meetings with the leadership to communicate the initiative
- Organise joint workshops and facilitation sessions

### Other government agencies

**Key issues**
- The Ideal Clinic Initiative may result in more work for some agencies, e.g., Department of Public Works to fix and maintain roads and facilities

**Proposed approach**
- Engage them in service delivery unit meetings
- Escalate issues to the relevant ministry for assistance if there is no improvement

### Media

**Key issues**
- Currently view the healthcare system as broken
- Have the ability to shape public opinion

**Proposed approach**
- Schedule closed sessions/meetings/press conferences
- Continuous media statements on the launch and ICRM progress
- Strategic placement of successful stories

### Unions/organised labour

**Key issues**
- Main objective is to protect the major influencer as it has the ability to withdraw labour force

**Proposed approach**
- Provide information from the beginning of the initiatives and engage on expectations
- Engage them through the tripartite and other platforms
- Explain benefits of ICRM to staff and communities

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
4 Monitoring and evaluation will be integrated into both the operations of the NDoH and DPME

- **Planning, M&E**
  - Act as COO custodian of the monitoring and reporting function
  - Consolidate data elements and indicators
  - Facilitate data collection, collation and reporting
  - Liaise with the DPME on implementation of MTSF (inclusive of the Ideal Clinic initiative)

- **Programme manager**
  - The DDG PHC – principal sponsor of the Ideal Clinic Initiative develop and report on indicators (output and outcome indicators)
  - Report to health principals on the progress of the Ideal Clinic Initiative in collaboration with COO
  - Executive decision-maker on the Ideal Clinic implementation
  - Customer/initiator of evaluation research regarding the Ideal Clinic Initiative

- **Operation Phakisa Office**
  - Operation Phakisa Office
  - Oversee of programme implementation plans of the Ideal Clinic Initiative
  - Monitor Ideal Clinic Initiative programme activity implementation

- **Outcome facilitator**
  - Undertake health sector coordination for the Social Protection and Human Development Cabinet Cluster
  - Monitor progress on the implementation of the Ideal Clinic initiative
  - Facilitate interaction between OP Office and the health sector

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
4 Expected flow of information

- **DPME**
- **NDoH M&E unit**
- **National Provincial Delivery Unit**
- **District**

New flow:
- RX
- Call centre
- PERSAL
- BAS
- LOGIS
- DHIS
- ANY NEW SYSTEM ???

Existing flow:
- Source: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
4 Functional structure

The functional structure provides a clear view of the functions that the M&E unit will perform at the different levels thereby ensuring that responsibilities are delineated. This also supports alignment amongst the different levels and supports increase responsiveness by the M&E units for engagements within scope. This provides an indicative view of the workload of the different teams, and the type of skills required to support the functions.

### National

<table>
<thead>
<tr>
<th>Data assimilation</th>
<th>Coordinate research outputs</th>
<th>Research proposal development</th>
<th>Coordinate evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcome performance monitoring (National)</td>
<td>Sustain M&amp;E system</td>
<td>Support accountability of implementation based on M&amp;E</td>
</tr>
</tbody>
</table>

### Provincial

<table>
<thead>
<tr>
<th>Cooperation with research conducted</th>
<th>Research requirement request</th>
<th>Conduct research</th>
<th>Outcome performance monitoring (provincial)</th>
</tr>
</thead>
</table>

### District

<table>
<thead>
<tr>
<th>Data collection</th>
<th>Cooperation with research conducted</th>
<th>Conduct research</th>
<th>Outcome performance monitoring (district/community)</th>
</tr>
</thead>
</table>
A detailed workload analysis will need to be conducted to determine the number of people required to support this organisational structure, at this stage the proposal is for 4 resources including the Manager of the team. Given that a large part of this work is already being done by the department of health, it is necessary to determine the additional work required and identify individuals/teams who will be able to support this function.

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
## Aim of the M&E plan

<table>
<thead>
<tr>
<th></th>
<th>Monitor the ICRM implementation</th>
<th>Monitor changes in the IC status amongst facilities</th>
<th>Demonstrate improved clinical and health system strengthening outcomes</th>
<th>DPME Dashboard</th>
<th>Ideal clinic dashboard</th>
<th>DHIS and other sources</th>
</tr>
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</table>

The M&E plan created will follow results-based management M&E principles and demonstrate how:

- Existing M&E system will be leveraged to support effective M&E of ICRM
- The value that implementation will deliver to the healthcare system
- Both Governance and reporting structures can support the accountability for the realisation of **improved health outcomes** and **patient experience**
We have designed initiatives in each quadrant that will drive successful shifts in mindsets and behaviours.

**A Leadership sponsorship model**

Change champions will provide visible local support within the health system and communities. Will include people across all tiers and spheres, e.g.,
- Ministers
- DG and DDG PHC
- PHC/DHS Chief directorate DMT
- PPTICRM

**B Training**

Training on change and wellness for senior managers, implementation teams, facility managers and community managers. Scheduled to start in February prior to formal launch and rollout. **Over 10,000 people to be trained**

**C Change stories**

Social media to share successful change stories to encourage and support others. Both for internal and external stakeholders.

**D Change passports and change barometer**

A fun and innovative reward system that will give stamps for achievements of change-related milestones, e.g.
- I have been trained on change management
- I have oriented my staff on the change message
- I hold formal change management meetings monthly
- Change management is part of my KPIs
- Rewards include free leave days and recognition in quarterly newsletter

**6 monthly change barometer** to assess change readiness and progress made.

*Source: McKinsey Quarterly Transformational Change survey; January 2010*
Our big idea for change is Change Passports which will encourage employee participation in change activities and drive reward & recognition

<table>
<thead>
<tr>
<th>Key milestones for the change passport</th>
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</thead>
<tbody>
<tr>
<td>▪ I have been trained on change management</td>
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<tr>
<td>▪ I have oriented my staff on the change message</td>
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<tr>
<td>▪ I have counselled my staff with regards to impact and their roles in the new dispensation</td>
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<tr>
<td>▪ I have put a support structure in place to address their issues around change</td>
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<tr>
<td>▪ I hold formal change management meetings on a monthly basis</td>
</tr>
<tr>
<td>▪ Change management is part of my KPIs</td>
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<tr>
<td>▪ I have been rewarded for my efforts regarding change management activities</td>
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<table>
<thead>
<tr>
<th>Impact</th>
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<tr>
<td>▪ Change is a dedicated focus</td>
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<td>▪ The change passport is a new fun way to engage the health sector</td>
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<td>▪ Acts as a support mechanism to reinforce other change management processes such as performance discussions</td>
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<td>▪ Rewards and recognises efforts to ensure that change is inculcated as a culture</td>
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<tr>
<td>▪ Promotes sustainability of initiatives</td>
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<tr>
<td>&quot;Masiphumelele Sonke – Let’s achieve together!&quot;</td>
</tr>
</tbody>
</table>

SOURCE: Operation Phakisa Health Lab – Scale-up and Sustainability Lab
### SUSTAINABILITY

6 The ongoing work of sustainability will happen via a specific reward and recognition programme for clinics, districts and provinces.

#### Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Ideal Clinic</th>
<th>District/province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>Maintained ICRM status for a consecutive 12 months</td>
<td>60-69% Ideal Clinics in the district/province</td>
</tr>
<tr>
<td>Silver</td>
<td>Maintained ICRM status for a consecutive 18 months</td>
<td>70-79% Ideal Clinics in the district/province</td>
</tr>
<tr>
<td>Gold</td>
<td>Maintained ICRM status for a consecutive 24 months</td>
<td>80%+ Ideal Clinics in the district/province</td>
</tr>
</tbody>
</table>

The Ideal District and Ideal Province recognition will encourage these key players also to participate.

District managers in each district will be in charge of tracking and recommending winners.

#### Presidential certification

- A clinic that maintains 80%+ for 3 consecutive years
- A district/province that maintains 80%+ of clinics for 3 consecutive years

**SOURCE:** Operation Phakisa Health Lab – Scale-up and Sustainability Lab
This initiative will not only provide an incentive for clinics, districts and provinces to participate, but will also provide ongoing publicity.

Mpumalanga achieves Ideal Province status for healthcare

President Jacob Zuma last night awarded Ideal Province status to the province of Mpumalanga that has achieved 90% Ideal Clinic status across all of its districts, following a poor baseline audit and a series of complaints about primary healthcare in the province.

Mpumalanga recently launched the Ideal Clinic Initiative which seeks to improve the state of primary healthcare facilities in the country. Over the last 3 years, residents in the province have seen vastly improved services including, reduced waiting times, friendly staff and clinics that function far above the baseline in the rest of the nation...

22 January 2018

Benefits

- Districts and provinces instrumental in achievement of key dashboard elements: motivates them to continue to support clinics in achieving status.
- Incentive for clinics to achieve and maintain status on an ongoing basis and gains publicity for the brand.
- Provides ongoing publicity for the ideal clinic initiative at little cost as incentives are not financial based.
- Gives the public a quick and easy way to discern where they can get the best healthcare services in South Africa.

SOURCE: http://www.iol.co.za/dailynews/sa-needs-14-351-doctors-44-780-nurses-1.1456417#.VCglh2ddV1Y
Contents

- Context
- Aspiration
- Issues and root causes
- Initiatives
  - Impact
Scale-up and sustainability designed dynamic plans for health that focuses on how it will be different to ensure ICRM is realised.

**Tangible outputs to drive implementation**

- Fully costed scale-up plan focused on:
  - Branding and communication
  - Stakeholder engagement
  - Monitoring and evaluation
  - Change management
  - Sustainability

- Post-implementation roadmap that will help NDoH address how to:
  - Setup delivery units
  - Engage provincial health departments to customise plans
  - Participate with various stakeholders to ensure joint solution engagement, information sharing and approval
  - Communicate ICRM plans at national and provincial levels

- ICRM Implementation Playbook that:
  - Explains the concept of Ideal Clinics and how they will be realised
  - Describes the implementation organizations as well as roles and responsibilities of all key actions
  - Sets out steps to action for implementation of the operation Phakisa Health Lab initiatives

SOURCE: ICRM Lab: Scale up and Sustainability Workstream