



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

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The Chairperson: PC on Health
Parliament of the Republic of SA
P. O. Box 15
CAPE TOWN
0800

Attention: Ms. Vuyokazi Majalamba

SUBMISSION TO THE PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA ON THE BRIEFING TO THE PORTFOLIO COMMITTEE ON HEALTH ON THURSDAY, 18 AUGUST 2016 AT 15H00

The department of health hereby submit the following presentation for the briefing to the Portfolio Committee on Health:

1. Human Resources with emphasis on community health workers.
2. Infrastructure Projects
3. Financial Management particularly on issues that were raised by the Auditor General and plans to address these;
4. Supply Chain Management and Procurement; and
5. Progress and challenges regarding the implementation of the Ideal Clinic Initiative.

Yours Sincerely

HEAD OF DEPARTMENT

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BRIEFING TO THE PORTFOLIO COMMITTEE ON HEALTH

Date : Thursday, 18 August 2016

Time: 15h00 – 18h00

Venue: Committee Room M46, Marks
Building

1. Human Resources with emphasis on community health workers

Human Resources with emphasis on community health workers

- Dept. of Health is an indirect employer of Community Health Care Workers (CHCW)
- CHCW are recruited through Non Profit Organisations (NPOs) that are funded by DoH
- DoH has following types of volunteers ;Lay counsellors, Community Care Givers, Peer Educators, People Living with HIV support groups facilitators and Mentor mothers
- NPOs pay volunteers a stipend regulated through ministerial determination –Department of labour passed every year
- Lay counsellor stipend is determined through NPO guidelines
- DoH, DSD and Public works use NPO Model of which is indirect employment of volunteers recruited by NPOs ,paid stipend and provide services in respective departments funding the NPOs.
- NPOs are funded through 3 yrs circle , a call for proposal is advertised in news papers
- Normal tender like process is followed to select suitable NPOs for funding
- SLAs are signed annually with successful NPOs and funds are transferred to them in tranches of either 3 or 4 months to recruit volunteers who then provide services
- NPOs submits reports quarterly to the funder (DoH) and DoH in turn monitor NPOs before transfer of every next tranche

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Human Resources with emphasis on community health workers ...

- DoH is currently finalising funding investment case for presentation to DoH executive management
- Advantages and disadvantages of each model / investment case outlined to guide management to make a decision which one will be suitable
- funding investment case recommended and finally endorsed will affect not only CHCW but all volunteers, not only DoH but all Departments using volunteers
- It is therefore recommended that EXCO should make a final decision on a model of funding as this is envisaged will affect all Provincial Departments utilising volunteers
- in all memorandums submitted it is not only CHCW who demand absorption but all volunteers: Lay Counsellors, Peer educators, meter readers etc.

National DoH is currently working on standardisation of HCBC

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2. Health Infrastructure

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Health Infrastructure Budget 2016/17 Financial Year

Source of Funding	Budget R'000	Comments
Health Facility Revitalization Conditional Grant (HFRG)	379,089	National Health Conditional Grant
Equitable Share – Projects (ESP)	150,000	Additional Funding from Provincial Treasury for Projects
Equitable Share – Maintenance (ESM)	60,000	Additional Funding from Treasury for Infrastructure Maintenance
Equitable Share (ES)	146,579	Routine Maintenance Allocation Managed by Health Institutions
Total	735,668	

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2016/17 Health Infrastructure Budget Summary of Projects Funded

Source of Funding	Program / Projects Funded	Budget
Health Facility Revitalization Grant	Projects in Construction, Planning, Design, Bid Advertisement; Retention and Final Account; Provision of related Health Technology (HT), Organizational Development (OD) and Quality Improvement Activities (QI); Projects from the "2011/12 Backlog"	R 379m
	Infrastructure Development Management System (IDMS) Capacitation	
Equitable Share-Projects	Replacement of electro-mechanical equipment in the ten (10) hospitals not reached during the DBSA Phase 1 Water and Sanitation; Purchase of Existing Properties;	R 150m
Equitable Share-Maintenance	Maintenance of electro-mechanical equipment in the ten (10) hospitals not reached during the DBSA Phase 1; water and sanitation; Address the Electrical Certificate of Compliance in 5 hospitals; Maintenance of Provincial Offices; Top up to District Maintenance Budget; Compensation of Employees	R 60m
Equitable Share	Maintenance of Infrastructure and Non Infrastructure by the Health Institutions	R 146m

Summary of Health Infrastructure Projects Per Implementing Agent

Description of Programme	Implementing Agent / s	Number of Projects Targeted
Construction Projects to be completed in 2016/17	LDPWR & I and IDT	15
Construction Projects to Start Construction in 2016/17	LDPWR & I, IDT and DBSA	18
Standby Generators for Hospitals Plus Mobile Stand By Generators	LDPWR & I and DBSA	7 hospitals and 5 mobiles
Alternative Back-Up Power Supply Energy for Clinics: "Towards to Ideal Clinic"	LDPWR & I	20
Provision of Health Technology	LDoH	20 facilities
Organizational Development and Quality Improvement	EDoH	45
Laundry Facilities: Capacity & Efficiency	LDPWR & I	7 Central Mini Laundries / Hubs and 5 Hospital Based
Term Contracts: Repair, service and maintenance	LDPWR & I and DBSA	12
Term Contracts: Replacement of Equipment and Materials Supply	LDPWR & I and DBSA	15
Increase Hospitals' Water Mass Storage Capacity to 72 hours stand-by	DWA&S	16
Upgrade Clinics, Health Centers and other health facilities' water provision	DWA&S	12
Maintenance of water, sanitation and related works	DWA&S	487
Purchase of staff accommodation, Modimolle Town Clinic and Limpopo Nursing College Office Accommodation	LDPWR & I	8
IDMS Capacitation; Recruitment of Built Environment Professionals and Other Officials as per Approved Organogram	LDoH	29 posts advertised: 16 Built Environment Professionals; 5 Candidate Posts and 8 Management Support,
Strengthen District Maintenance Teams: Recruitment of Maintenance Staff: Technicians and Artisans	LDoH	10 posts

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Budget Allocation Per Implementing Agent 2016/17 Financial Year

Implementing Agent / s	Budget Allocated R'000	Notes
Limpopo Department of Public Works, Roads and Infrastructure (LDPWR&I)	285,024	Projects directly procured and implemented by LDPWR&I
LDPWR & I – Development Bank of Southern Africa (DBSA)	96,553	2016/17 project allocation DBSA, managed by LDPWR&I; procured by DBSA
LDPWR&I-Independent Development Trust (IDT)	5,000	2016/17 project allocation to IDT, managed by LDPWR&I; procured by IDT
Sub-Total LDPWR&I	386,577	Health Infrastructure Portfolio that LDPWR&I is responsible for
LDoH	204,909	R146,6m for maintenance directly managed by health institutions; R58m Health Technology, Organizational Development and Quality Improvement, Maintenance activities managed at Provincial Office and other related activities
IDT	79,182	Completion of projects that were transferred from the LDoH-Sakhiwo contract to IDT; managed through a direct Service Delivery Agreement between LDoH and IDT
Department of Water Affairs and Sanitation (DWA&S)	65,000	Participation in the water, sanitation and related mechanical & electrical contract.
TOTAL	735,668	

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Other Health Infrastructure Projects 2016/17 Financial Year

Donations

- Construction of Sekuruwe, Naledi and MaSeven Clinics: Anglo Platinum Donation

National Department of Health

- Projects in the NHI Pilot District Vhembe: Implemented by the National Department of Health (NDoH) through the National Health Grant
- Upgrading of Voluntary Counseling and Testing Facilities Infrastructure Project: Implemented NDoH-DBSA through the German Funding

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Annual Performance Plan Target and Progress. 2016/17

APP Performance Indicator	Target 2016/17	Target 2016/17 Quarter 1	Progress 30 June 2016
1. Number of projects completed	18	2	5
2. Number of Districts spending more than 90% of their maintenance budgets [both preventative and scheduled]	5	5	4
3. Number of facilities that have undergone major and or minor refurbishment in the NHI Pilot District	93	22	6
4. Number of facilities that have undergone major and or minor refurbishment outside the NHI Pilot District	20	To be reported in 3 rd Quarter	
5. Establish service level agreements with the Department of Public Works and any other implementing agent	2	0	1

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Budget and Expenditure 30 June 2016

Description	Previous Quarter Performance (4 th Quarter 2015/16) R'000	2016/17: Quarter 1		
		Budget R'000	Expenses to date R'000	%Spent %
Compensation of Employees	8,951	25,600	2,391	9%
Goods and Services	267,400	220,344	42,470	19%
Households	-	-	-	
Building and other fixed structures	310,716	467,625	82,955	18%
Machinery and Equipment	14,924	22,099	869	4%
Total	601,991	735,668	128,685	17%

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Infrastructure Procurement Implementation Plan 2016/17



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Infrastructure Procurement Implementation Plan Projects to start construction in 2016/17...

Facility Name	Project Name/ Description of Project	Progress to Date	Construction procurement strategy
Maphutha Malatjie Hospital	Completion of linen store, ring roads, flooring, paving and storm water drainage. Platforms, paving and services for relocatable units. Relocatable units and repurposing of the dining hall into meeting hall. Renovation of the burnt staff accommodation unit. Commissioning of kitchen equipment.	Site Hand Over Date: 29 July 2016	Individual project
Schoongezicht Clinic	Replace existing Schoongezicht clinic on a new site incorporating current clinic site	Site Hand Over took place on 13 July 2016	Individual project
Makeepsvei Clinic	Replacement of existing Makeepsvei clinic on the same site	Site Hand Over Date: 25 July 2016	Individual project
Mamushi Clinic	Replace existing Mamushi clinic on a new site	Site Hand Over took place on 15 July 2016	Individual project
Sterkspruit Clinic	Replacement of the existing Sterkspruit clinic on a new site	Site Hand Over Date: 29 July 2016	Individual project
Provincial Office	IDMS Capacitation; Recruitment and appointment of 16 Built Environment Professionals; 5 Candidate Posts and 8 Management Support,	Recommendations for appointments = 9 posts built environment professionals (6 professionals, 2 candidates and One Manager) 3 Managers' posts to be interviewed in July 2016. Second advertisements for all posts by August 2016	N/A

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Infrastructure Procurement Implementation Plan Projects to start construction in 2016/17...

Facility Name	Project Name/ Description of Project	Planned Bid Advertisement	Construction procurement strategy
Phagameng Clinic	Replacement of the existing Phagameng clinic on a new site	September 2016	Individual project
Letaba Hospital	Contract A5: Workshop, Replacement of the Burnt Surgical Ward, 72 hours Water Standby Storage & Mechanical Works at Letaba Hospital, Completion of A2, Medical Waste Facility	August 2016	Individual project
Letaba Hospital	Medical and Admissions Records' Facility at Letaba Hospital	August 2016	Individual project
Maphutha Malatjie Hospital	OPD, Casualty, X-Ray, , Pharmacy, Health Support and Helipad at the Maphutha Malatjie Hospital	August 2016	Individual project
Maintenance Term Contracts	Repair, Service and Maintenance of Health Facilities-Stand By Generators & Related Infrastructure, Mobile Stand By Generators, UPS Systems, Chillers, Refrigeration, Kitchen Equipment, etc.	August 2016	Term service contracts
New / Replacement of Equipment	New / Replacement of Stand By Generators & Related Infrastructure, Mobile Stand By Generators, UPS Systems, Chillers, Refrigeration, Kitchen Equipment, etc.	August 2016	Term service contracts
Water and Sanitation Term Contracts	Upgrade Water and Sanitation	July 2016	Term service contracts
Various Facilities	Upgrade of Electrical Supply	August 2016	Term service contracts

Infrastructure Procurement Implementation Plan Projects to start construction in 2016/17...

Facility Name	Project Name/ Description of Project	Planned Bid Advertisement	Construction procurement strategy
Pietersburg Hospital	Upgrade: Theatres, ICU, High Care Unit, Relocation of ICU and installation of Calorifier in the Tower Block	October 2016	Individual project
Sekgagapeng Clinic	Sekgagapeng Clinic: Replacement of existing clinic on a new site	August 2016	Individual project
Bela Bela Clinic	Bela Bela Clinic: Replacement of existing clinic within the original site	August 2016	Individual project
Piensaarsriver Clinic	Piensaarsriver: New clinic	September 2016	Individual project
Mokopane Hospital	Mokopane Hospital: Staff Accommodation 10 room unit	October 2016	Individual project
Giyani Nursing College Campus	Giyani Nursing College Campus: Renovation of student nurses' residential accommodation and Fencing	October 2016	Individual project
Ratshaatshaa Community Health Centre	Ratshaatshaa Health Centre: Staff Accommodation; 2x 10 single rooms blocks and minor renovations of the existing health center	October 2016	Individual project
Letaba Hospital	Letaba Hospital: Central Mini-Hub Laundry	August 2016	Packaged Programme
Tshilidzini Hospital	Tshilidzini Hospital: Central Mini-Hub Laundry	August 2016	Packaged Programme
Philadelphia Hospital	Philadelphia Hospital: Central Mini-Hub Laundry	August 2016	Packaged Programme
St. Rita's Hospital	St. Rita's Hospital: Central Mini-Hub Laundry	August 2016	Packaged Programme
Mokopane Hospital	Mokopane Hospital: Central Mini-Hub Laundry	August 2016	Packaged Programme
Pietersburg Hospital	Pietersburg Hospital: Central Mini-Hub Laundry	August 2016	Packaged Programme
Mankweng Hospital	Mankweng Hospital: Central Mini-Hub Laundry	August 2016	Packaged Programme
Ellisras Hospital	Ellisras Hospital Laundry	August 2016	Packaged Programme

Infrastructure Procurement Implementation Plan

Projects to start construction in 2016/17.

Facility Name	Project Name/ Description of Project	Planned Bid Advertisement	Construction procurement strategy
Witpoort Hospital	Witpoort Hospital Laundry	August 2016	Packaged Programme
MDR-XDR Hospital	MDR-XDR Hospital Laundry	August 2016	Packaged Programme
Roedtan Clinic	Roedtan Clinic: Replacement of existing clinic on a new site adjacent to the old clinic	October 2016	Individual Project
Clinics, EMS Stations, Staff Accommodation - Non Facility Specific	Clinics, EMS Stations, Staff Accommodation - Non Facility Specific: Furniture, equipment and fittings	September 2016	Packaged Programme
Limpopo Nursing College Campuses & Nursing Schools- Non Facility Specific	Limpopo Nursing College Campuses & Nursing Schools- Non Facility Specific: Furniture, equipment and fittings	September 2016	Packaged Programme
Health Facilities-Non Facility Specific	Health Facilities-Non Facility Specific: Replacement of Equipment at Health Facilities:	September 2016	Individual Project
Limpopo Nursing College	Limpopo Nursing College: Purchase office accommodation	August 2016	Individual Project
Modimolle Town Clinic offices	Modimolle Town Clinic: Purchase property to replace existing Modimolle Town clinic accommodated in the municipal offices	August 2016	Individual Project
Ellisras Hospital	Ellisras Hospital purchase of residential accommodation	August 2016	Individual Project
Musina Hospital	Musina Hospital: purchase of residential accommodation	August 2016	Individual Project
Warmbath Hospital	Warmbath Hospital: Purchase of residential accommodation	August 2016	Individual Project
Groblerdsdal & Philadelphia Hospitals	Groblerdsdal & Philadelphia Hospitals: Purchase of residential accommodation	August 2016	Individual Project

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Alignment of Existing and Long-Term Asset Requirement to National & Provincial Priorities...

- Readiness of facilities to provide a training platform of the 1st intake of medical and health sciences students
- Contribute to the reduction of maternal and infant mortality rates:
 - appropriately built fit for function” clinics with maternity units
 - upgrade of maternity units
- Mental health services
- Proposed Laundry Facilities:
 - phased approach;
 - build hospital laundries where such facilities are not available -target HRP sites;
 - upgrade laundry facilities and provide new laundry equipment
- Maintenance and preservation programme
 - Preserve critical health support mechanical and electrical equipment and system in working order: boilers, standby generators, UPS Systems, autoclaves, calorifier, steam reticulation, ensure appropriate electrical supply

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Alignment of Existing and Long-Term Asset Requirement to National & Provincial Priorities...

- Upgrade the standby bulk water storage capacity in hospitals to at least 72 hours and in line with fire regulations
- Upgrade water supply (rehabilitate existing boreholes, drill additional boreholes) and related infrastructure
- Water Softeners, Sanitation and Waste Water Management - Recycling
- Ensure that Infrastructure responds to the "Ideal Clinic" principles ; maintain facilities
- Upgrade and maintain nursing colleges and schools; inclusive of new infrastructure
- Increase residential accommodation – a combination of construction, and purchase

Alignment of Existing and Long-Term Asset Requirement to National & Provincial Priorities.

- Implement a program to ensure that each health building has as built plans and an Electrical Certificate of Compliance (COC)
- Safety and security in health facilities inclusive of access gates
- Target the 10 facilities that were not reached during the 1st Phase of the electro-mechanical program [Botlokwa, Dilokong, Elim, FH Odendaal, MDR-XDR, Louis Trichardt, Hayani, Messina, Thabamoopo, Witpoort]
- Conduct technical condition and functional suitability assessments
- Replace equipment - ensure availability of term contracts
- Maintain existing health facilities – ensure availability of term contracts
- Recruit built environment professionals

Observations Across All the Implementing Agents

- Turn around time in procurement processes
- Turn around time in termination of non-performing projects
- Turn around time in advertisement and award where projects have been terminated
 - Allocation of projects to a number of IAs to manage the risk of all projects being with only one IA
 - Use various contracting approaches inclusive of framework agreements in terms of those IAs that are ready for such
 - Insufficient follow through on submission of building plans to Municipalities for approval
 - Almost no follow through towards completion for Municipalities to issue Certificate of Occupation
- An observed dependence on PSPs and Insufficient project supervision and contract management
 - The enhanced capacity of LDPWR&I and the HUB is beginning to reverse this trend
- Projects that have been in construction for a long time (delayed completion)
- Turn around time to finalize the backlog retentions and Final Accounts by the IAs
- Slow or no progress in construction projects;
 - The enhanced professional capacity of LDPWR&I and the HUB provides an opportunity to request for assistance

Challenges & Planned Interventions Internal to the Department

- Ageing and inappropriate “not fit for purpose” infrastructure and equipment
 - To consciously be sensitive that the end-user requirements should be guided and entrenched in policy and legislation; “not design for end-user preferences”
 - To inculcate a culture of business case and health brief compilation by the health end-users; and approval thereof
 - To also be sensitive to the time-lapse between approval of business cases & health brief and implementation. Continuous revision of approved documents
- Move away from a culture of treating everything as emergency:
 - Some form of mandatory attendance and input to planning and prioritization of projects; Resuscitation of Capital Works Planning Committee
- Non utilization of facilities after practical completion.
 - Each proposed project should be accompanied by how it is going to be resourced particularly on the health service providers and operational budget
- Limited capital and maintenance budgets versus the needs
 - To revisit the work undertaken by the Task Team on health care funding, update data and cost estimates; and submit to PT, NDoH and NT
- Lack of term contracts : maintenance, equipment and furniture
 - Compile specifications and advertise and award bids before June 2016
 - Consider alternative implementing agents to assist in programme management

Where To?

- To maximize on the current internal strength and Health Sector capacity

Opportunity:

Nine posts have been recommended for appointment (built environment professionals 6; candidates 2 and one Manager)

- Participation in existing term contracts
- Begin with the maintenance term contracts
- Build relationships with internal critical stakeholders “buy-in by all”; from project identification, prioritization, end-user requirements...
- Communicate more... appropriately and effectively
- Infrastructure as a standing item in the executive management meetings

3. Financial Management particularly on issues that were raised by the Auditor General and plans to address these

FINANCIAL MANAGEMENT ISSUES RAISED BY AGSA

2014/15 AUDIT

- Department received an unqualified audit opinion and matters of emphasis raised by AGSA are:
 - Fruitless and Wasteful expenditure
 - Irregular Expenditure
 - Restatement of corresponding figures
 - Material Impairment

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FINANCIAL MANAGEMENT ISSUES RAISED BY AGSA

MATTERS RAISED BY AGSA	ACTION PLAN BY THE DEPARTMENT
1. Fruitless and Wasteful expenditure (Payment of Interest)	<ul style="list-style-type: none"> • Enforce delivery of invoices at central point within finance section. • Enforce invoice route form to check the status of invoices in the department to ensure payments within 30 days. • Enforce compliance check list to ensure that relevant laws and regulations are complied with before transactions are processed. • Enforce delivery of invoices at central point within finance section.

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FINANCIAL MANAGEMENT ISSUES RAISED BY AGSA

MATTERS RAISED BY AGSA	ACTION PLAN BY THE DEPARTMENT
1. Fruitless and Wasteful expenditure (Payment of Interest)	<ul style="list-style-type: none"> • Dedicated official to receive and manage the invoice register. • To prepare, certify, approve, capture and authorize payment vouchers in the system within five (5) days. • Finalize the establishment of the internal control unit which will among others conduct regular inspection and enforce compliance with applicable laws and regulation. • Conduct workshops at institutions. • Effective monitoring

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FINANCIAL MANAGEMENT ISSUES RAISED BY AGSA

MATTERS RAISED BY AGSA	ACTION PLAN BY THE DEPARTMENT
1. Fruitless and Wasteful expenditure (Medicine)	<ol style="list-style-type: none"> a. Quarterly declaration of medicines due to expire in 8 months (For rotation) b. Adherence to Max stock levels) c. Provincial SOP on receiving medicines <ol style="list-style-type: none"> i. Prohibits depot from accepting stock with remaining shelf life of 18 months or ii. Prohibits hospitals from accepting stock with remaining shelf life of 6 months or less

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FINANCIAL MANAGEMENT ISSUES RAISED BY AGSA

MATTERS RAISED BY AGSA	ACTION PLAN BY THE DEPARTMENT
1. Fruitless and Wasteful expenditure (Medicine)	<p>d. (For 2c i and ii unless there is a protection/guarantee letter from supplier) – Professional discretion applies based on usage and current demand (stock availability status)</p> <p>e. Gazette clinics for purposes of performing pharmaceutical community service (no more hospitals)</p>

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FINANCIAL MANAGEMENT

MATTERS RAISED BY AGSA	ACTION PLAN BY THE DEPARTMENT
2. Irregular Expenditure	<ul style="list-style-type: none"> • Investigations are ongoing and the following were the outcomes ; <ul style="list-style-type: none"> ✓ An amount of R623m has been removed as investigations revealed the amounts were not Irregular Expenditure. ✓ An amount of R451m has been condoned • Workshops are continuously held to capacitate officials. • Contracts for key commodities have concluded. • Irregular Expenditure has been established to adjudicate on none compliance

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FINANCIAL MANAGEMENT ISSUES RAISED BY AGSA

MATTERS RAISED BY AGSA	ACTION PLAN BY THE DEPARTMENT
3. Restatement of corresponding figures (Revenue)	<ul style="list-style-type: none"> • Source manpower in terms of contract workers to assist with backlog. • Embark on a project to capture all the backlog outstanding patient files into the system (PHIS). • Address issues of functionality of the system (PHIS). • Effective monitoring of registration, discharging and billing of patients on the system.

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FINANCIAL MANAGEMENT ISSUES RAISED BY AGSA

MATTERS RAISED BY AGSA	ACTION PLAN BY THE DEPARTMENT
4. Material Impairment	<ul style="list-style-type: none"> • The Department has enlisted the services of 2 collection agencies to collect on behalf of the Department as the payment rate affects the impairment of Accrued Departmental Revenue. • The Department is currently reviewing its Impairment Policy to benchmark it with other Departments.

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4. Supply Chain Management and Procurement

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Supply Chain Management

- **Development and Implementation of procurement plan**
 - ✓ Enforced compliance with the development of procurement plans by all institutions within the department;
 - ✓ Advertised and awarded contracts for strategic commodities;
 - ✓ Facilitated participation in transversal contracts

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Supply Chain Management

- Revised existing SCM delegations to give powers to CEO's of hospitals
- Screening of suppliers to mitigate conflict of interest
- Signing of code of good conduct by SCM Practitioners and Bid Adjudication Committees
- Vetting of SCM personnel (submitted SSA)

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5. Progress and challenges regarding the implementation of the Ideal Clinic Initiative

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CURRENT STATUS

- LDOH identified 248 PHC facilities that need to be scaled up to ideal clinic for the current financial year
- LDOH is currently ranked 3rd at 57% together with Eastern Cape in terms of overall Ideal Clinic progress for 2016/17 financial year
- 2 Clinics in Sekhukune District has already reached ideal clinic status for 2016/17 namely Elandskraal (91%) and Phasa Clinic (80%)
- 34/374 (9%) PHC facilities assessed, scored 80% and above

CURRENT STATUS

- Sekhukune District is ranked 9th amongst best performing districts in the country at 66%
- Mopani District is the lowest performing district in the country at 36%
- Motupa Clinic is ranked 2nd lowest performing clinic in the country at 17%

PROGRESS TILL DATE

- Sekhukune District is ranked 9th amongst best performing districts in the country at 66%
- 2 Clinics reached ideal clinic status for 2016/17 namely Elandskraal (91%) and Phasa Clinic (80%)
- 34/374 (9%) PHC facilities scored 80% and above

CHALLENGES

- Implementing partners and stakeholders
 - 2 Sector departments signed memoranda of agreement with LDOH
 - Developmental partners in districts not fully involved on ideal clinic project
- Support services
 - Insufficient funding and delayed SCM processes

CHALLENGES

- Patient records
 - 6% Compliance to patient record content adhering to Integrated Clinical Service Model prescripts
 - Filing and archiving compliance only at 9% due to insufficient space
 - Priority stationary availability (45%)

CHALLENGES

- Patient service organization
 - Access for wheelchair only in 14% of facilities
- Signage and notices
 - Signage from main road to facility available for only 12% of facilities
- Community engagement 49%
 - Annual open day conducted in only 19% of facilities

CHALLENGES

- EMS response time within the norm -36%
- Only 8% of staffing is in line with WISN report recommendations
- 55% of PHC facilities have an appointed Operational Manager
- Infrastructure and maintenance
 - Insufficient funds to procure essential equipment and furniture (Availability 13% in Mopani, 20% Vhembe, 24% Waterberg, 26% Capricorn and 37% Sekhukune)

CHALLENGES

- 48% Redundant and non-functional equipment at facilities not removed
- 8% of PHC facilities have functional back-up electrical supply
- 64% of PHC facilities experience physical space and routine maintenance challenges

CHALLENGES

- Integrated clinical service management (ICSM)
 - Protocols and guidelines available and implemented at only 30% of PHC facilities

Thank you