Section A: PHC Management

Ronel Steinhöbel

2 PHC Management

This chapter covers two indicators, namely, percentage Ideal Clinics, and percentage of fixed primary health care (PHC) facilities with 90% of tracer medicines available.

2.1 Percentage Ideal Clinics

The Ideal Clinic Realisation and Maintenance (ICRM) programme was initiated by the National Department of Health (NDoH) in July 2013 in order to systematically improve PHC facilities and the quality of care they provide. In October 2014 the programme was incorporated into the Presidential Operation Phakisa initiative which assisted the NDoH to develop a detailed implementation plan for scaling up ICRM.\(^a\) The ICRM programme is being implemented incrementally with the aim of having 2 500 PHC facilities classified as Ideal by the end of the 2020/21 financial year.\(^b\)

The Ideal Clinic framework sets out the standards for PHC facilities to provide good-quality health services. An Ideal Clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes and sufficient, adequate bulk supplies. Applicable clinical policies, protocols and guidelines are adhered to, and it harnesses partner and stakeholder support.\(^c\)

The Ideal Clinic framework was developed and piloted during the 2014/15 financial year at ten PHC facilities in Mpumalanga (MP), Gauteng (GP), Free State (FS) and KwaZulu-Natal (KZN). Various strategies were implemented to ensure that these pilot sites obtained Ideal Clinic status. Using the lessons learned from the pilot sites the pilot framework was revised and rolled out to all provinces, (except for the Western Cape (WC)), for implementation in the 2015/16 financial year. The Western Cape Department of Health joined the programme in 2016/17 thus bringing all nine provinces on board.

The Ideal Clinic Assessment Tool is used to conduct status determinations at PHC facilities. The tool consists of 10 components and 32 sub-components (Figure 1). Each sub-component contains a number of elements and some elements are further defined by checklists that contain a set of measures. Each element is scored based on performance and colour-coded according to the outcome thereof, namely, achieved (green), partial achievement (amber) or not achieved (red).\(^d\)

Each element is also assigned a specific weight, i.e. Vital, Essential and Important. In order for a facility to obtain Ideal Clinic status, the facility must at a minimum score 90% for elements weighted as Vital, 70% for elements weighted as Essential, and 68% for elements weighted as Important. Furthermore, the facility performance in a status determination is categorised as silver (70–79%), gold (80–89%) and platinum (90–100%).

Existing staff at district and local municipality/sub-district (LM/SD) level, previously tasked with quality improvement and PHC facility supervision, have been organised into district scale-up teams known as Perfect Permanent Teams for Ideal Clinic Realisation and Maintenance (PPTICRM) to improve weaknesses in clinics. On an annual basis, these teams conduct a cross-district peer review within their province during the 3rd and 4th quarter to verify results of the self-assessments and district assessments conducted during the 1st and 2nd quarter. In some provinces the provincial and district level PPTICRM that are responsible for supporting and monitoring the ICRM programme are not functioning optimally.

A report is generated from the cross-district peer review assessments each year using the predefined components, sub-components, and elements that are revised and disseminated at the start of each financial year. The assessments during 2017/18 were conducted using version 17 of the assessment tool containing 206 elements.

The percentage Ideal Clinic indicator measures the proportion of fixed PHC facilities that achieved Ideal Clinic status, viz. silver, gold or platinum status. The denominator is the total number of fixed PHC facilities; the numerator is the number of facilities that have obtained Ideal Clinic status during cross-district peer reviews during 2017/18.

PHC facilities that have obtained Ideal Clinic status in previous financial years are not reviewed again by cross-district peer review teams in subsequent years; once they have achieved Ideal Clinic status they are assessed by district teams. These facilities are included in the numerator.

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National and provincial overview

The Ideal Clinic Initiative commenced in July 2013 as a way to improve quality of care and reduce deficiencies in PHC. The NDoH started preparing PHC facilities to qualify for Ideal status in 2015 and an incremental approach is being used over a five-year period to ensure that all PHC facilities are classified as Ideal by 2020/21. In the first year of implementation, i.e. 2015/16, only 9% (322) of facilities obtained Ideal Clinic status. In the second year of implementation, an additional 23% (786) of facilities obtained Ideal status. However, for the clinics that obtained Ideal status in 2015/16 and 2016/17, 14% (46) and 16% (129) respectively lost their status in 2017/18. An additional 574 facilities obtained Ideal Clinic status in 2017/18 (Table 1).
Table 1: Summary of facilities that remained Ideal and obtained a new Ideal Clinic status by province, 2015/16 – 2017/18

<table>
<thead>
<tr>
<th>Province</th>
<th>Total number of fixed PHC facilities</th>
<th>Number Ideal Clinics in 2015/16</th>
<th>Number Ideal Clinics of 2015/16 that remained Ideal in 2017/18</th>
<th>% Ideal Clinics of 2015/16 that remained Ideal in 2017/18</th>
<th>Number Ideal Clinics in 2016/17</th>
<th>Number Ideal Clinics of 2016/17 that remained Ideal in 2017/18</th>
<th>% Ideal Clinics of 2016/17 that remained Ideal in 2017/18</th>
<th>Number Ideal Clinics in 2017/18</th>
<th>Total number Ideal Clinics</th>
<th>Total % Ideal Clinics for 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>768</td>
<td>14</td>
<td>9</td>
<td>64.3</td>
<td>127</td>
<td>84</td>
<td>66.1</td>
<td>64</td>
<td>157</td>
<td>20.4</td>
</tr>
<tr>
<td>Free State</td>
<td>223</td>
<td>22</td>
<td>22</td>
<td>100.0</td>
<td>58</td>
<td>53</td>
<td>91.4</td>
<td>39</td>
<td>114</td>
<td>51.1</td>
</tr>
<tr>
<td>Gauteng</td>
<td>370</td>
<td>89</td>
<td>79</td>
<td>88.8</td>
<td>131</td>
<td>121</td>
<td>92.4</td>
<td>91</td>
<td>291</td>
<td>78.6</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>600</td>
<td>141</td>
<td>127</td>
<td>90.1</td>
<td>193</td>
<td>176</td>
<td>91.2</td>
<td>80</td>
<td>383</td>
<td>63.8</td>
</tr>
<tr>
<td>Limpopo</td>
<td>479</td>
<td>27</td>
<td>16</td>
<td>59.3</td>
<td>38</td>
<td>33</td>
<td>86.8</td>
<td>72</td>
<td>121</td>
<td>25.3</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>287</td>
<td>19</td>
<td>14</td>
<td>73.7</td>
<td>48</td>
<td>32</td>
<td>66.7</td>
<td>41</td>
<td>87</td>
<td>30.3</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>161</td>
<td>3</td>
<td>3</td>
<td>100.0</td>
<td>64</td>
<td>55</td>
<td>85.9</td>
<td>31</td>
<td>89</td>
<td>55.3</td>
</tr>
<tr>
<td>North West</td>
<td>308</td>
<td>7</td>
<td>6</td>
<td>85.7</td>
<td>86</td>
<td>69</td>
<td>80.2</td>
<td>46</td>
<td>121</td>
<td>39.3</td>
</tr>
<tr>
<td>Western Cape</td>
<td>265</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>144</td>
<td>54.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3463</td>
<td>322</td>
<td>276</td>
<td>85.7</td>
<td>786</td>
<td>657</td>
<td>83.6</td>
<td>574</td>
<td>1507</td>
<td>43.5</td>
</tr>
</tbody>
</table>

Source: Ideal Clinic web-based application system.

Thus, at the end of the three years (2017/18) since implementation commenced in 2015/16, a cumulative total of 43.5% (1 507) of fixed PHC facilities obtained Ideal Clinic status. Gauteng had the most Ideal Clinics with 78.6% of its facilities achieving Ideal Clinic status, followed by KwaZulu-Natal 63.8%. Eastern Cape (EC) performed the poorest with only 20.4% of fixed PHC facilities obtaining Ideal Clinic status, followed by Limpopo (LP) at 25.3% (Table 1 and Figure 2).

Figure 2: Percentage Ideal Clinics by province, 2017/18

Source: Ideal Clinic web-based application system.
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District overview

Map 1 and Figure 3 show the percentage of Ideal Clinics per district in 2017/18. All districts had facilities that reached Ideal Clinics status. Amajuba (KZN) and Pixley Ka Seme (Northern Cape – NC) were the best-performing districts with all facilities having achieved Ideal Clinic status. Alfred Nzo (EC), Mopani (LP), Ehlanzeni (MP) and Buffalo City (EC) were the lowest performing districts having less than 10% of facilities that obtained Ideal Clinic status.

Map 1: Percentage Ideal Clinics by local municipality/sub-district, 2017/18

Source: Ideal Clinic web-based application system.
Figure 3: Percentage Ideal Clinics by district, 2017/18

Source: Ideal Clinic web-based application system.
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PHC facilities are steadily transitioning towards achieving Ideal Clinic status. A number of transversal strategies were implemented to improve performance levels. These strategies included the following:

✦ The institutionalisation of Ideal Clinic co-ordinators at national, provincial and district levels
✦ Improving supply-chain processes
✦ Extensive support from provincial head offices and National Treasury
✦ Development of various manuals, guidelines and tools that aim to assist facilities to reach the standards set in the framework.

To improve the process flow within facilities the Integrated Clinical Services Management (ICSM) model was adopted. Two-day workshops were conducted in all provinces to train staff on the ICSM model, except for Western Cape. A total of 1,630 staff members were trained. The implementation of ICSM is, however, hampered by infrastructure challenges as many facilities are too small and the layout does not support ICSM. A blue-print for newly built PHC facilities was thus developed.\(^e\)

Basic Life Support Instructor training was provided to 587 staff members in all provinces except for Western Cape and Limpopo. Having trained instructors will enable provinces to develop a training programme for the instructors to cascade the training to districts and facilities. A detailed equipment catalogue was developed and published to provide guidance to provinces on the procurement of equipment for PHC facilities. To overcome problems relating to human resources (HR) for health, the World Health Organization (WHO) method – Workload Indicators of Staffing Needs (WISN) – was adopted to determine staffing requirements based on workload.\(^d\)

Key findings

✦ The number of additional facilities that obtained Ideal Clinic status increased significantly from 9.0% in 2015/16 to 43.5% in 2017/18.
✦ Sustainability remains problematic as 16.0% of facilities that obtained Ideal Clinic status in 2015/16 and 2016/17 lost their status in 2017/18.
✦ In some provinces the provincial and district level PPTICRM that are responsible for supporting and monitoring the ICRM programme are not functioning optimally.
✦ Major challenges remain in the following areas:
  • Functional Clinic Committees
  • Record-keeping, filing, archiving and disposal of records
  • Training of nurses on Basic Life Support
  • Appointment of staff in line with WISN
  • Infrastructure deficiencies
  • Availability of essential equipment and the maintenance thereof
  • Availability of cleaning equipment and materials
  • Emergency Medical Services response time
  • Providing youth-friendly services.

Recommendations

Recommendations are made in line with the key main findings:

✦ Facilities that obtained Ideal Clinic status during peer reviews should be monitored consistently by the provincial and district PPTICRM to ensure that they remain Ideal in the following years. Support must be provided by the PPTICRM at facilities that have regressed.
✦ The functioning of provincial and district level scale-up PPTICRM that are responsible for supporting and monitoring the ICRM programme needs to be strengthened in some provinces and specific districts.
✦ Develop and publish the National Governance for District Health Services Guidelines to guide the establishment and optimal functioning of Clinic Committees.
✦ Record keeping, filing, archiving and disposal of records
  • Revise the national adult and child patient records for PHC facilities
  • Conduct workshops to train staff on the National Guidelines for filing, archiving and disposal of patient records in PHC facilities which was published in October 2018.

Training of nurses in Basic Life Support
- Roll-out the provincial training programme to ensure training of 80% of nurses in PHC facilities in Basic Life Support.

Appointment of staff in line with WISN
- The results of the WISN assessment must be implemented to address HR deficiencies.

Infrastructure deficiencies
- Schedules for PHC facilities that need major refurbishment or that need to be rebuilt must be completed and prioritised.
- Develop maintenance hubs in districts to ensure that proactive planned maintenance is carried out promptly.

Availability of essential equipment, consumables and furniture
- Roll-out the National Health Commodities Catalogue for PHC facilities which was published in May 2018.

Availability of cleaning equipment and materials
- Finalise, publish and roll-out the National Cleanliness Guidelines.

Emergency Medical Service response time
- Monitor the implementation of the Emergency Medical Services Regulations that were promulgated in December 2017.

Providing youth friendly services
- Strengthen the implementation of the National Adolescent and Youth Health Policy.

### 2.2 Percentage of fixed PHC facilities with 90% of tracer medicines available

This indicator measures the percentage of PHC facilities that have conducted a status determination with 90% of tracer medicines available. The denominator is the total number of fixed PHC facilities, including community health centres and community day centres that have conducted a status determination; the numerator is the number of facilities that have 90% or more of tracer medicines available in the facility.

The availability of tracer medicines is measured by one of the elements in the Ideal Clinic framework. The element has a checklist attached to it that contains a list of 68 tracer medicines. The tracer medicines make up a small number of representative medicines selected to monitor the performance of the medicine supply-chain. The tracer list is dynamic and developed in consultation with Provincial Departments of Health. Tracer medicines are extracted from the PHC Standard Treatment Guidelines and Essential Medicine List published in 2014 that takes into account the most prevalent morbidities and the therapeutic importance within a particular setting.

**National overview**

The national average improved from 78.4% in 2016/17 to 91.9% in 2017/18 with Free State, Gauteng and KwaZulu-Natal performing the best, at 99.1%, 98.9% and 98.2% respectively (Figure 4). Limpopo performed the poorest with 76.2% of facilities that have conducted a status determination, having 90% of tracer medicines available.
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Figure 4: Percentage of fixed PHC facilities with 90% of tracer medicines available by province, 2017/18

Source: Ideal Clinic web-based application system.

District overview

Figure 5 and Map 2 shows the percentage of fixed PHC facilities that have conducted a status determination having 90% of tracer medicines per district. Thirteen districts in five provinces reported that all of PHC facilities that have conducted a status determination had 90% of tracer medicines available. Mopani (LP) and Vhembe (LP) scored the lowest with the remainder of the districts scoring more than 70%. The majority of districts (71%) had 90% of facilities that have conducted a status determination with 90% of tracer medicines available.

Map 2: Percentage of fixed PHC facilities with 90% of tracer medicines available by district, 2017/18

Source: Ideal Clinic web-based application system.
Figure 5: Percentage of fixed PHC facilities with 90% of tracer medicines available by district, 2017/18

Source: Ideal Clinic web-based application system.
Of the 1,507 PHC facilities that have obtained Ideal Clinic status in 2017/18, 99.3% had access to 90% of tracer medicines. Figure 6 shows the percentage Ideal Clinics with 90% of tracer medicines available by province and Figure 7, and Map 3 show the percentage Ideal Clinics with 90% of tracer medicines available by district in 2017/18.

**Figure 6:** Percentage Ideal Clinics with 90% of tracer medicines available by province, 2017/18

<table>
<thead>
<tr>
<th>Province</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC</td>
<td>97.5</td>
</tr>
<tr>
<td>LP</td>
<td>100.0</td>
</tr>
<tr>
<td>FS</td>
<td>100.0</td>
</tr>
<tr>
<td>NW</td>
<td>100.0</td>
</tr>
<tr>
<td>GP</td>
<td>99.7</td>
</tr>
<tr>
<td>KZN</td>
<td>99.5</td>
</tr>
<tr>
<td>WC</td>
<td>98.6</td>
</tr>
<tr>
<td>NC</td>
<td>97.8</td>
</tr>
<tr>
<td>EC</td>
<td>97.5</td>
</tr>
</tbody>
</table>

Source: Ideal Clinic web-based application system.

**Map 3:** Percentage Ideal Clinics with 90% of tracer medicines available by district, 2017/18

Source: Ideal Clinic web-based application system.
Figure 7: Percentage Ideal Clinics with 90% of tracer medicines available by district, 2017/18

Source: Ideal Clinic web-based application system.
Key findings

✦ Nationally, 91.9% of PHC facilities had access to 90% of tracer medicines.
✦ The national average for the 1,507 facilities that have obtained Ideal Clinic status in 2017/18 that had access to 90% of tracer medicines is 99.3%. This confirms that where a platform for the delivery of quality health service has been established, supply-chain systems have also been strengthened to deliver sufficient medicines.
✦ Supply-chain system failure contributes significantly to the non-availability of tracer medicines in PHC facilities.

Recommendations

✦ The Stock Visibility System for monitoring the availability of medicines in PHC facilities should be expanded to include all tracer medicines.
✦ Funding should be earmarked for pharmaceutical and related items. Funds appropriated for medicines that are unspent in a particular year should be rolled over in the subsequent year.
✦ Implement innovative distribution strategies, such as:
  • delivery of medicine directly to facilities to maximise the efficiency of existing physical infrastructure, and
  • implementation of the Centralised Chronic Medicines Dispensing and Distribution programme to decongest facilities.
✦ Pharmaceutical human resources should be aligned with the needs of the district. Where feasible, each clinic should have a pharmacist’s assistant.
✦ Medicine availability should be included in the performance agreement of facility managers, nurses responsible for dispensing and district managers.