



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



OPERATION PHAKISA: SCALING UP THE IDEAL CLINIC SUMMARY OF IMPLEMENTATION STRUCTURE

1. Institutional Arrangements

Officials at district level who were previously responsible for quality assurance and clinic supervision have been reorganised into district scale-up teams. Each province has an ICRM champion and a team of managers give impetus to the programme at national level. The ICRM progress report is a standing item on district, provincial and national executive meetings.

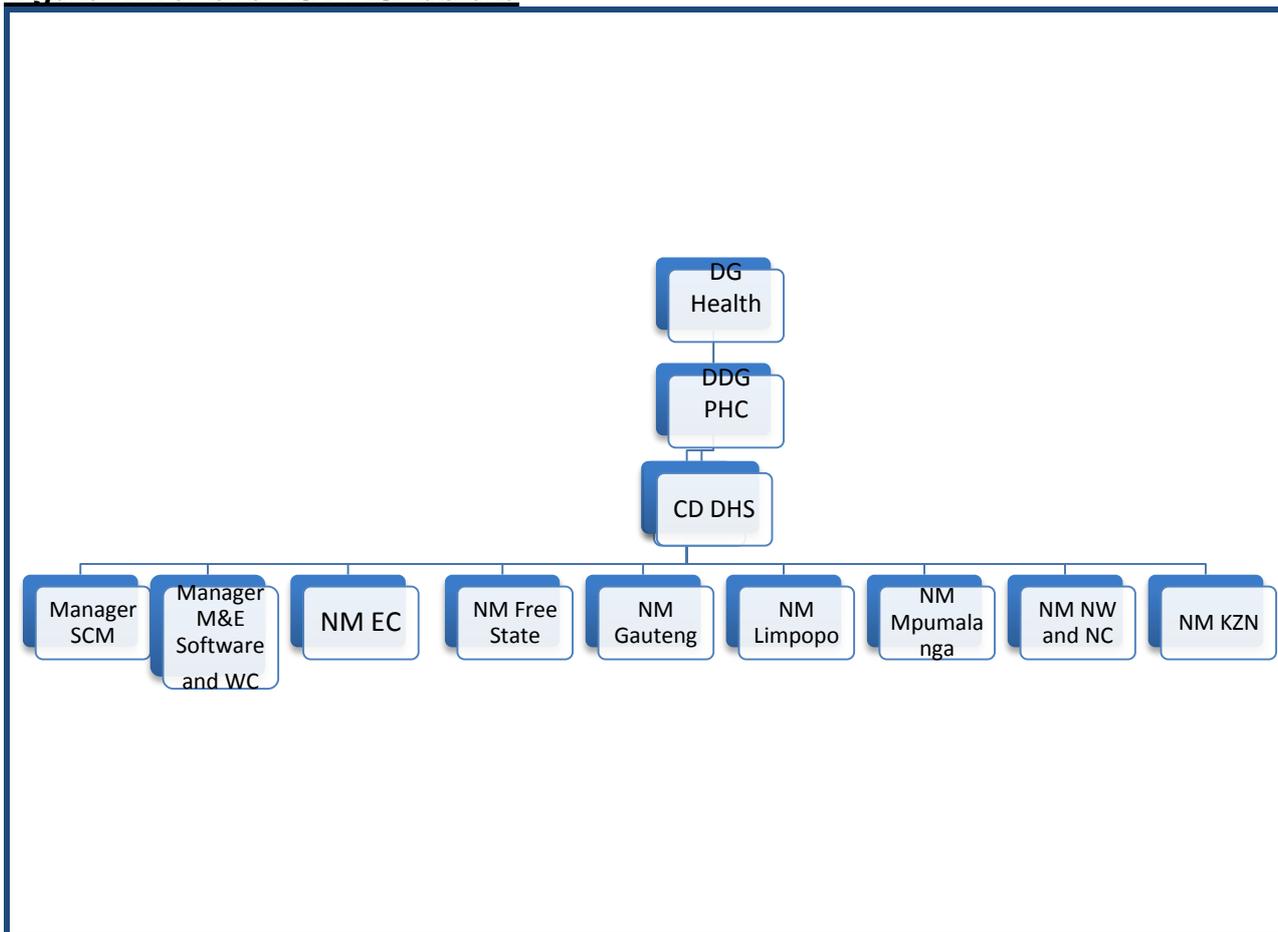
The district scale-up teams received orientation to ICRM at a national level from 14 to 17 September 2015. District teams conducted a peer review during February 2016. The peer reviews also acted as further training to district scale up teams.

The implementation structure is as follows:

National level

The Director General of Health provides direction to the Deputy Director General of Primary Health Care who is assisted by a project manager (daily operations) and the Chief Director District Health Services who in this regard is responsible for communication to provincial ICRM champions. The CD DHS manages two other directorates with district health system strengthening responsibilities. There are seven national ICRM managers who provide support and impetus to implementation in the provinces. The team is supported by a manager for the monitoring and evaluation software as well as someone dedicated to address supply chain issues. See Figure 3 below.

Figure 1: National ICRM Structure



1. The SCM manager post is supported through PEPFAR funding. This person started 1 August 2016 to be dedicated to work with National Treasury and the office of the NDoH CFO to correct the systemic SCM problems that hamper responsive supply of consumables and equipment to PHC facilities.
2. Currently the work of the manager M&E is being provided by a middle manager responsible for quality assurance in the quality assurance directorate. This manager also provides support to the Western Cape Department of Health.
3. The national ICRM managers for EC and KZN are middle managers from the District health System Directorate.
4. The national ICRM manager for LP is a middle manager responsible for quality assurance in the quality assurance directorate.
5. The posts for the national ICRM managers for FS, GT, MP, NC and NW are supported through PEPFAR funding.

The national ICRM managers are also responsible to realising a list of about 30 transversal levers required for the maintenance of Ideal Clinics.

The national ICRM managers are assisted by national managers from Physical Infrastructure, Essential Health Technology, Human Resources for Health, Financial Management, Health Information Management, Pharmaceutical Services, Supply Chain Management and Health Programmes as required. A presentation on progress is made at every meeting of the Technical Advisory Committee of the National Health Council (DG and provincial Heads of Health) as well as to the National Health Council (Minister of Health, provincial MECs for Health, DG and provincial Heads of Health). Recommendations from the Tech NHC are taken to the NHC for approval. Quarterly progress reports are sent to the Department of Monitoring and Evaluation in the Presidency.

Provincial and district levels

Every province has a provincial ICRM champion. The Western Cape Department of Health is coming on board from 1 April 2016. District scale-up teams drive the process of turning clinics Ideal at the district level. District Scale-up teams are composed of staff who were previously responsible for clinic supervision and quality improvement. Scale-up teams are also supported by pharmaceutical, supply chain, finance, human resources and information communication and technology managers at district level.