

FINAL DRAFT FOR REVIEW



REPUBLIC OF SOUTH AFRICA



# Scale up and Sustainability

**Summary lab report**

05 December 2014

# Contents

- **Context**

- Aspiration
- Issues and root causes
- Initiatives
- Impact

## CONTEXT

Since 1994, government has introduced significant reforms to transform the public healthcare sector; the Ideal Clinic Initiative is the latest



SOURCE: Government websites

# Lessons can be drawn from previous health transformation initiatives

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

	Programme	Launched
1	HCT	2009
2	Accelerated PMTCT	2009
3	NIMART	2009
4	Pneumovar & Rotavirus	2010
5	Tshwane breastfeeding declaration	2011
6	DCST's	2011
7	Tier.net	2011
8	WBOTS	2011
9	ISHP	2012
10	CARMMA	2012
11	HPV	2013
12	Family planning Implant (CFP)	2014

'.....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

... 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



# Contents

- Context
- **Aspiration**
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## ASPIRATION

**Our aspiration is to enable all 3,507 PHC facilities to achieve sustainable Ideal Clinic status by 2018/19**

	Aspiration	Target
<b>Lasting change</b> 	<ul style="list-style-type: none"><li>Develop a comprehensive plan to implement and sustain system-wide change, ensuring success of the Ideal Clinic Initiative</li></ul>	<ul style="list-style-type: none"><li>Ideal Clinic initiatives implemented with a focus on clinics, to strengthen the district health system and sustain change throughout the 3-year implementation period</li></ul>
<b>Culture of quality</b> 	<ul style="list-style-type: none"><li>Embrace a culture of quality service delivery by the Department of Health and key stakeholders</li></ul>	<ul style="list-style-type: none"><li>Every staff member to understand what is required to implement and sustain Ideal Clinic status by mid-2015 and to subscribe to these ideals</li></ul>
<b>Improved outcomes</b> 	<ul style="list-style-type: none"><li>Improve health outcomes through transformation and maintenance of Ideal Clinic status in all PHC facilities</li></ul>	<ul style="list-style-type: none"><li>More promotive and preventative healthcare at the primary level, resulting in reduced morbidity and mortality across South Africa</li></ul>

1 Subject to budgeting and resources to be confirmed

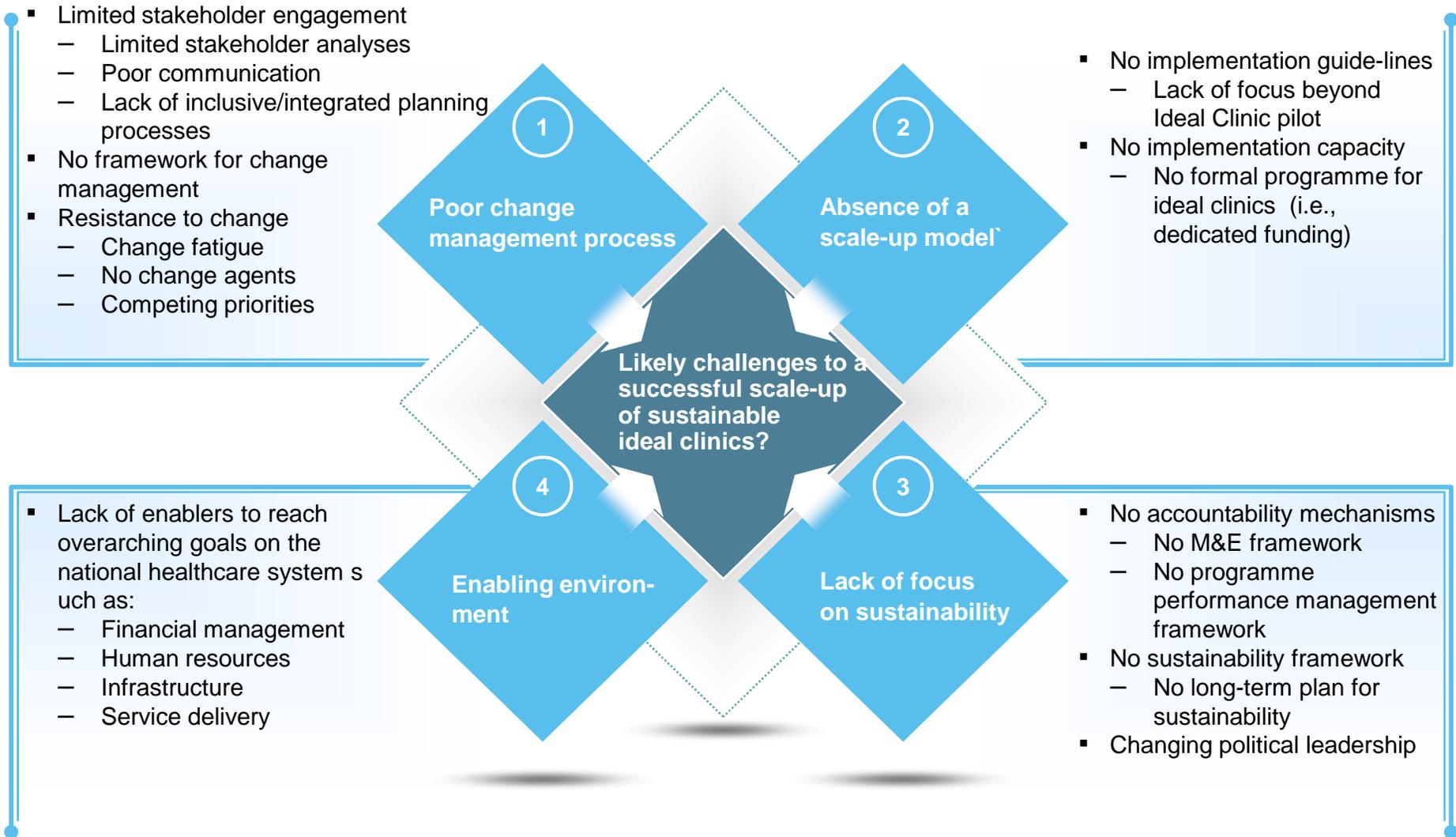
SOURCE: Scale up and Sustainability Workstream

# Contents

- Context
- Aspiration
- **Issues and root causes**
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## ISSUES AND ROOT CAUSES

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



## ISSUES AND ROOT CAUSES

### ... and developed solutions to tackle all that can be resolved in the scope of the Operation Phakisa Health Lab

	<b>Description</b>	<b>Impact of the issue ...</b>
<b>Lack of ownership</b>	Lack of ownership and empowerment at the local level	<ul style="list-style-type: none"> <li>▪ Basic requirements that could be met at the local level are not implemented</li> <li>▪ Undue dependence on external parties for success</li> </ul>
<b>Low engagement</b>	Limited stakeholder engagement	<ul style="list-style-type: none"> <li>▪ No buy in/ownership from key stakeholders</li> <li>▪ Missed opportunities for collaboration and implementation support</li> <li>▪ Lack of understanding of stakeholder, needs, interests and concerns</li> </ul>
<b>No change management</b>	No change management plan	<ul style="list-style-type: none"> <li>▪ No structured process for managing and supporting change</li> <li>▪ Risk of change fatigue and resistance to change disrupting or preventing transformation</li> </ul>
<b>No branding and communications</b>	No branding and communication plan	<ul style="list-style-type: none"> <li>▪ Inconsistency in standard and quality of service provided at clinics across South Africa</li> <li>▪ Limited awareness of what the Ideal Clinic Brand stands for</li> </ul>
<b>No sustainability plan</b>	No sustainability framework	<ul style="list-style-type: none"> <li>▪ Risk of regression of accredited clinics and no mechanism to ensure new Clinics will be accredited as Ideal Clinics</li> <li>▪ No consequence management and lack of incentive systems to sustain change</li> </ul>

# Contents

- Context
- Aspiration
- Issues and root causes
- **Initiatives**
- Impact

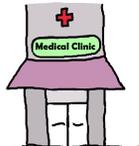
## SCALE-UP PLAN

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



<sup>1</sup> 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

		<u>Definition</u>	<u>Implementation method</u>
	<b>Quick wins</b>	<ul style="list-style-type: none"> <li>Interventions that can be implemented quickly, independently and unilaterally in all facilities</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated by a <b>central project team</b></li> </ul>
	<b>Ideal Clinic Accelerator</b>	<ul style="list-style-type: none"> <li>Interventions that will be implemented at the clinic level</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Supervisors/change agent team deployed for a period of time to assist with implementation</li> <li>Likely to be rolled out on a <b>geographic basis</b></li> </ul>
	<b>District booster</b>	<ul style="list-style-type: none"> <li>Interventions that will be implemented at the district level</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Supervisors/change agent team deployed for a period of time to assist with implementation</li> <li>Likely to be rolled out on a <b>geographic basis</b></li> </ul>
	<b>Overarching interventions</b>	<ul style="list-style-type: none"> <li>Interventions that will be coordinated at provincial or national level</li> </ul>	<ul style="list-style-type: none"> <li>Rolled out according to <b>optimal pace and sequence</b> (i.e., needs, performance)</li> </ul>

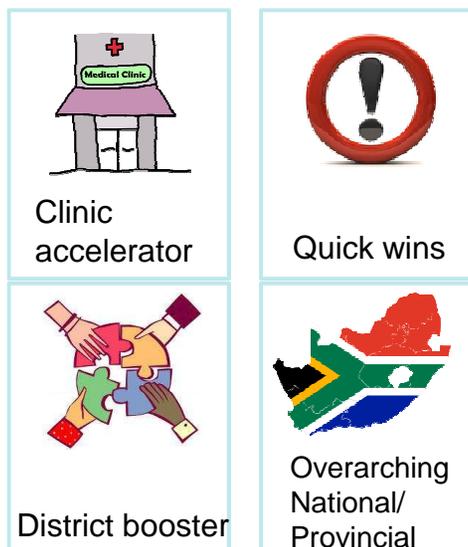
# Our ultimate deliverable is a plan for scale-up and also the structure for implementation

## Who will implement?



- 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

## What will they implement?



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

## When?

The scale up programme will happen in 3 phases

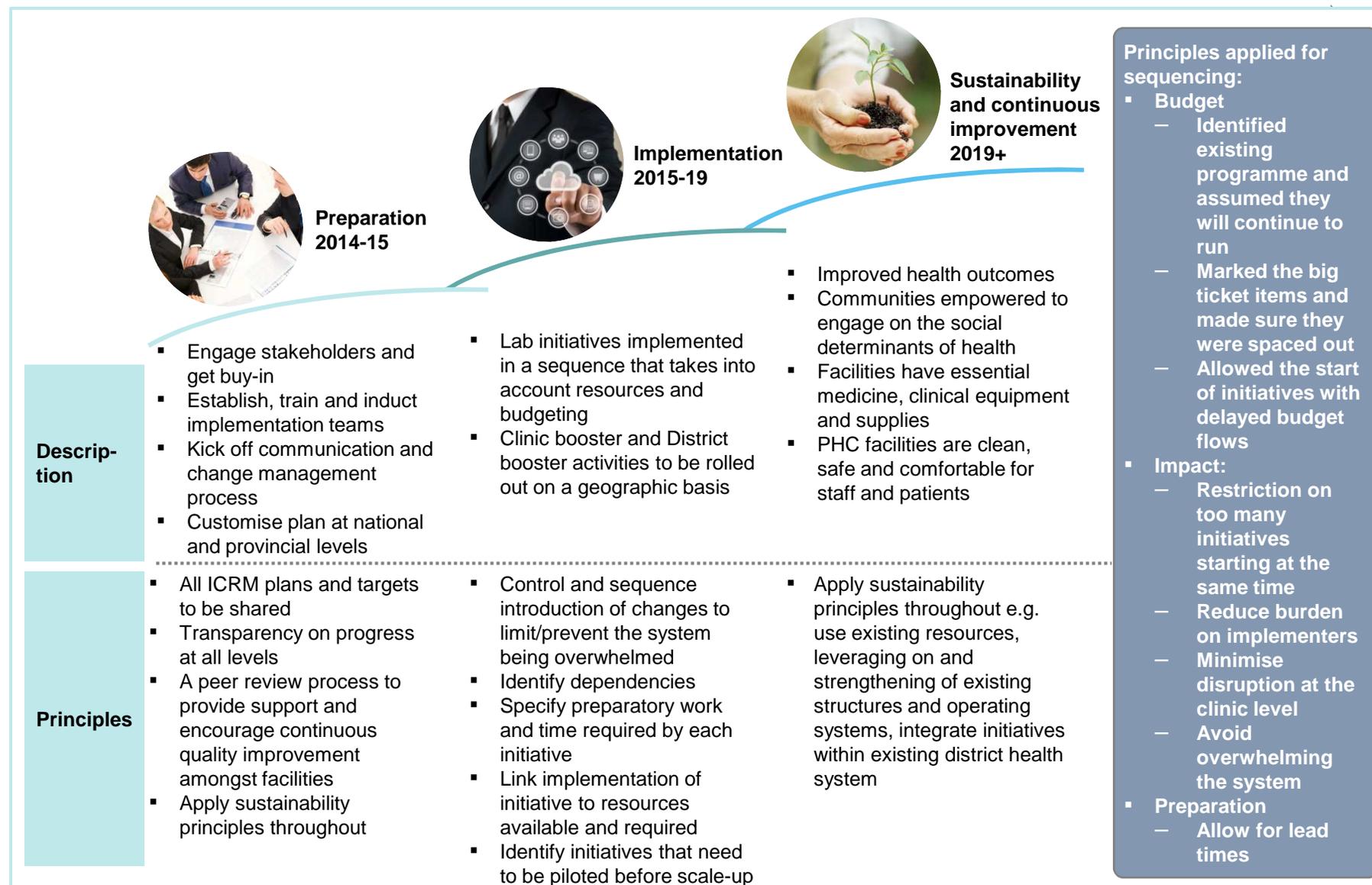


- Phasing of the scale-up taking into account considerations such as:
  - Budgetary constraints
  - Timing and locus of impact
  - Time required to set up for implementation

# Proposed structure for the ICRM operating model

Roles and responsibilities	NHC-Tech	Reporting lines
<ul style="list-style-type: none"> <li>▪ <b>Create an enabling environment for IC realisation</b></li> <li>▪ Administrative oversight</li> <li>▪ Mobilise resources for implementation</li> <li>▪ Address bottlenecks</li> <li>▪ Monitoring and evaluation</li> </ul>	<p><b>Chair:</b> DG</p> <p><b>members:</b> HOD's Provinces, DDG PHC, Co-opted officials, Other stakeholders nominated by DG</p>	<ul style="list-style-type: none"> <li>▪ Reports to NHC and Operation Phakisa</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Drivers for implementation</b></li> <li>▪ 2-3 full-time team reporting to DG</li> <li>▪ Oversee implementation</li> <li>▪ Support implementation at other levels</li> </ul>	<p><b>National Delivery Unit</b></p>	<ul style="list-style-type: none"> <li>▪ Reports to DG (/Minister), NHC-Tech</li> </ul>
<ul style="list-style-type: none"> <li>▪ As for national level</li> </ul>	<p><b>Provincial SteerCo</b></p> <p><b>Chair:</b> HOD</p> <p><b>members:</b> District Managers</p> <p><b>Observers:</b> Chief Dir./Dir. DHS, Co-opted officials, Other stakeholders nominated by HOD</p>	<ul style="list-style-type: none"> <li>▪ Reports to NHC-Tech, MEC</li> </ul>
<ul style="list-style-type: none"> <li>▪ As for NDU</li> </ul>	<p><b>Provincial delivery unit</b></p>	<ul style="list-style-type: none"> <li>▪ Reports to HOD, District Mx Team</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Act as gatekeeper</b></li> <li>▪ Mobilizes resources</li> <li>▪ Support implementation in facilities</li> <li>▪ Provide monthly reporting to province</li> <li>▪ Address bottlenecks</li> </ul>	<p><b>District Management Team</b></p> <p><b>Chair:</b> District Manager</p> <p><b>members:</b> Sub-district managers, Managers QA; PHC, Finance, HR, Infrastructure</p>	<ul style="list-style-type: none"> <li>▪ Reports to Provincial SteerCo</li> </ul>
<ul style="list-style-type: none"> <li>▪ Assist with initial/quarterly peer reviews</li> <li>▪ Support implementation of facility improvement plans</li> </ul>	<p><b>District Delivery Unit</b></p>	<ul style="list-style-type: none"> <li>▪ Reports to HOD, District Mx Team</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Facilitate peer review sessions</b></li> <li>▪ Initial and quarterly assessments;</li> <li>▪ Prepares facilities-based action plans</li> <li>▪ Assist with initial/quarterly peer reviews</li> <li>▪ Provide roving support teams</li> <li>▪ Support implementation of facility improvement plans</li> </ul>	<p><b>Sub-district Management Team</b></p> <p><b>Chair:</b> Sub-district Manager</p> <p><b>members:</b> Facility managers</p> <p><b>Roving Support Teams</b></p>	<ul style="list-style-type: none"> <li>▪ Reports to District Mx Team</li> </ul>

# The scale-up programme will happen in 3 phases



# 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

## Method



**Geographic sample**



**Workload prioritisation**



**Disease burden prioritisation**



**Size of facility**



**Selection based on baseline assessment**

## Description

Based on a **geographic distribution across provinces, or health districts** of e.g. percent of total facilities/ population

Based on **headcount: busiest clinics get prioritised**

**Prioritisation based on certain diseases/ conditions, e.g., ART patients, antenatal care patients**

**Gain insights from selection of small, medium, large facilities prior to further rollout at a national level**

**Start with clinics that scored highest on the core standards audit**

**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

# However, no lasting change is possible if we do not follow a holistic approach towards change management and transformation

## 1 Stakeholder engagement



Government bodies



Community



Internal stakeholders



Private sector



Opinion shapers



Donors and partners

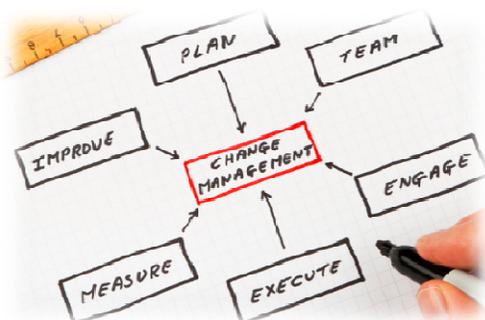
## 2 Branding and communication



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

## 3 Change management



## 4 Sustainability



# 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

## 2 To restore the image of PHC facilities, we will introduce a social franchising model for Ideal Clinics

### Approach

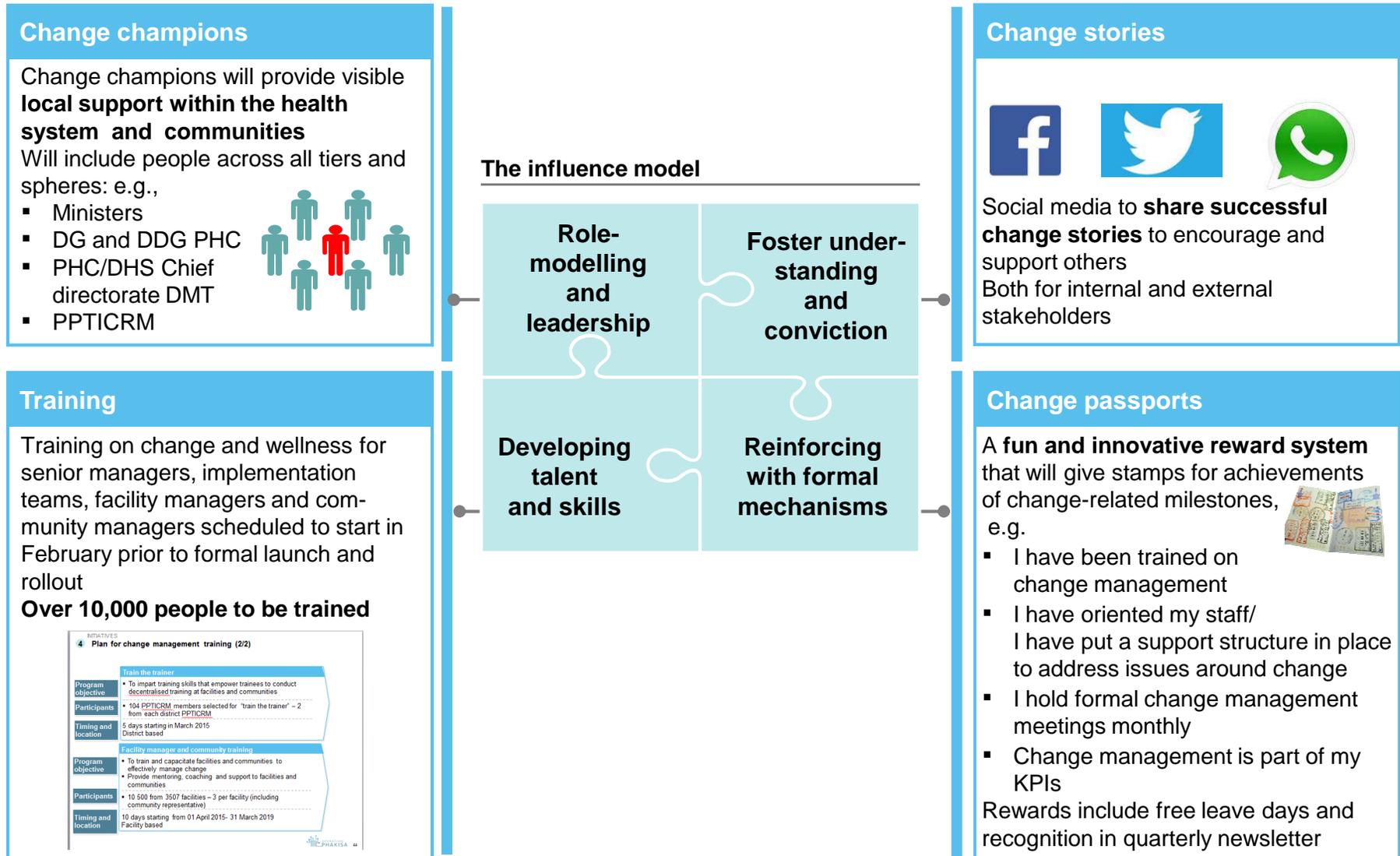
- **Qualification:** a clinic will become an Ideal Clinic after achieving a score of 80% on an OHSC audit
- **The commitment:** clinics must sign a partnership agreement with NDoH and their province to maintain their status until the next audit (including signage, uniform, training courses)
- **Support:** 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

### 3 We have used the influence model: an interplay of 4 levers to create initiatives that will drive successful shifts in mindsets and behaviours



### 3 Initiative 3: Change management plan

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

#### Initiative concept/details/highlights

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:

- Development of change MANAGEMENT and training plan
- Conduct dialogues for change
- Implement leadership ‘sponsorship’ model to ensure ongoing visible support
- Establish and capacitate the Change Delivery Units
- Determine and manage expectation and change readiness
- Facilitate training, mentorship, coaching and visible support downstream
- Monitoring and evaluation for change management progress indicators
- Inculcate a culture of change (sustainability)

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

#### Owner

- All departments of health

#### 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

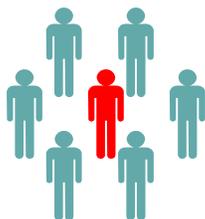
- All levels of the health system

#### Implementation timeframe

- Start date: Dec 2014
- End date: 2019

### 3 Change champions will be specifically important to ensure that key players at every level of the system own the change process

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

<b>National</b>	<ul style="list-style-type: none"> <li>▪ Ministers</li> <li>▪ DG and DDG PHC</li> </ul>
<b>Province</b>	<ul style="list-style-type: none"> <li>▪ PHC/DHS Chief directorate</li> </ul>
<b>District and metros</b>	<ul style="list-style-type: none"> <li>▪ DMT</li> <li>▪ PPTICRM</li> </ul>
<b>Facilities</b>	<ul style="list-style-type: none"> <li>▪ Facility/operational managers</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>▪ Ward counsellors</li> <li>▪ Clinic committees</li> </ul>

#### 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
- 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

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

### 3 Municipalities, other government agencies, the media and organised labour are most critical for us to engage now to allow time to build trust

#### 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

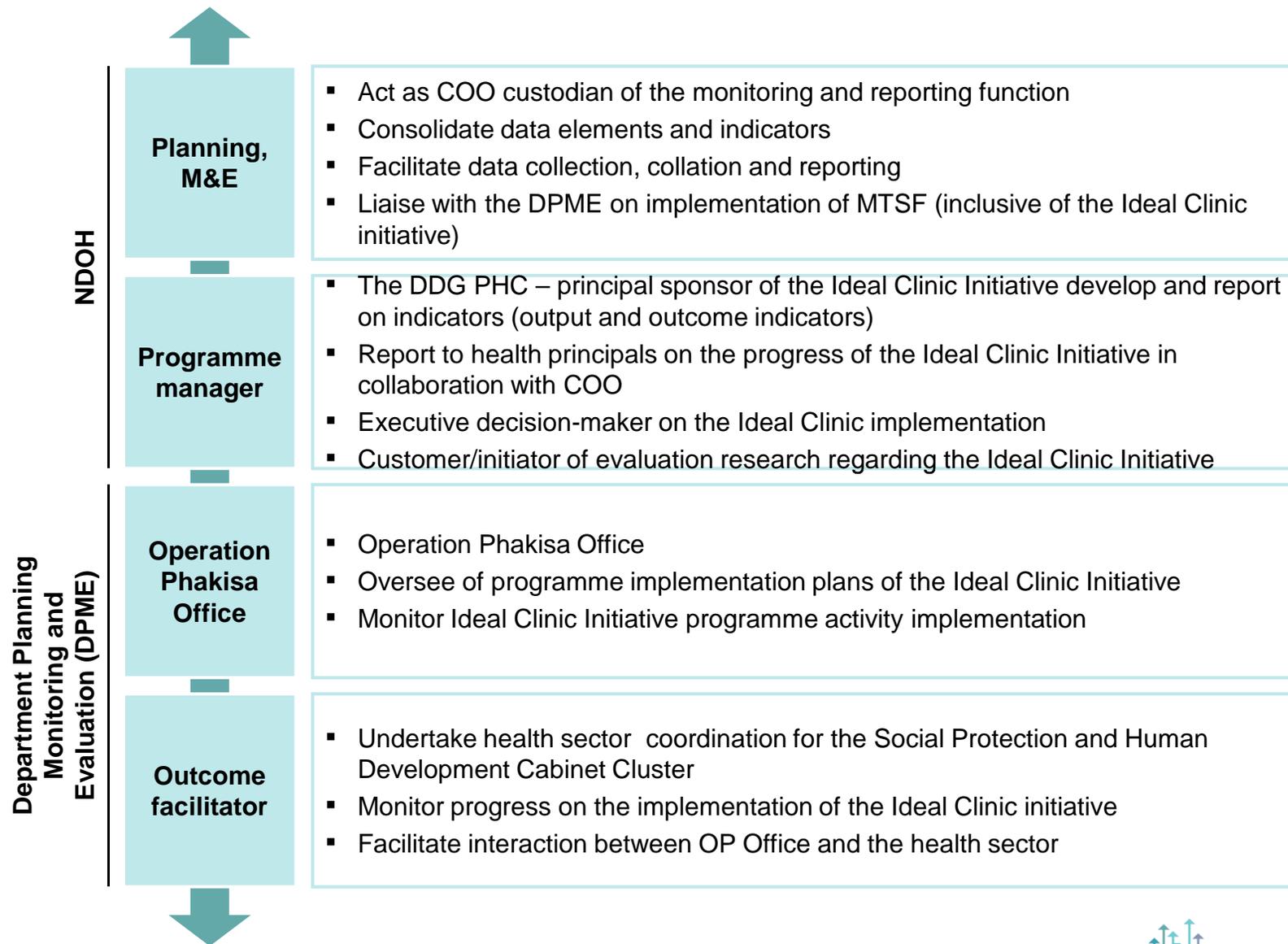
- Main objective is to protect the major influencer as it has the ability to withdraw labour force

##### 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

## MONITORING AND EVALUATION

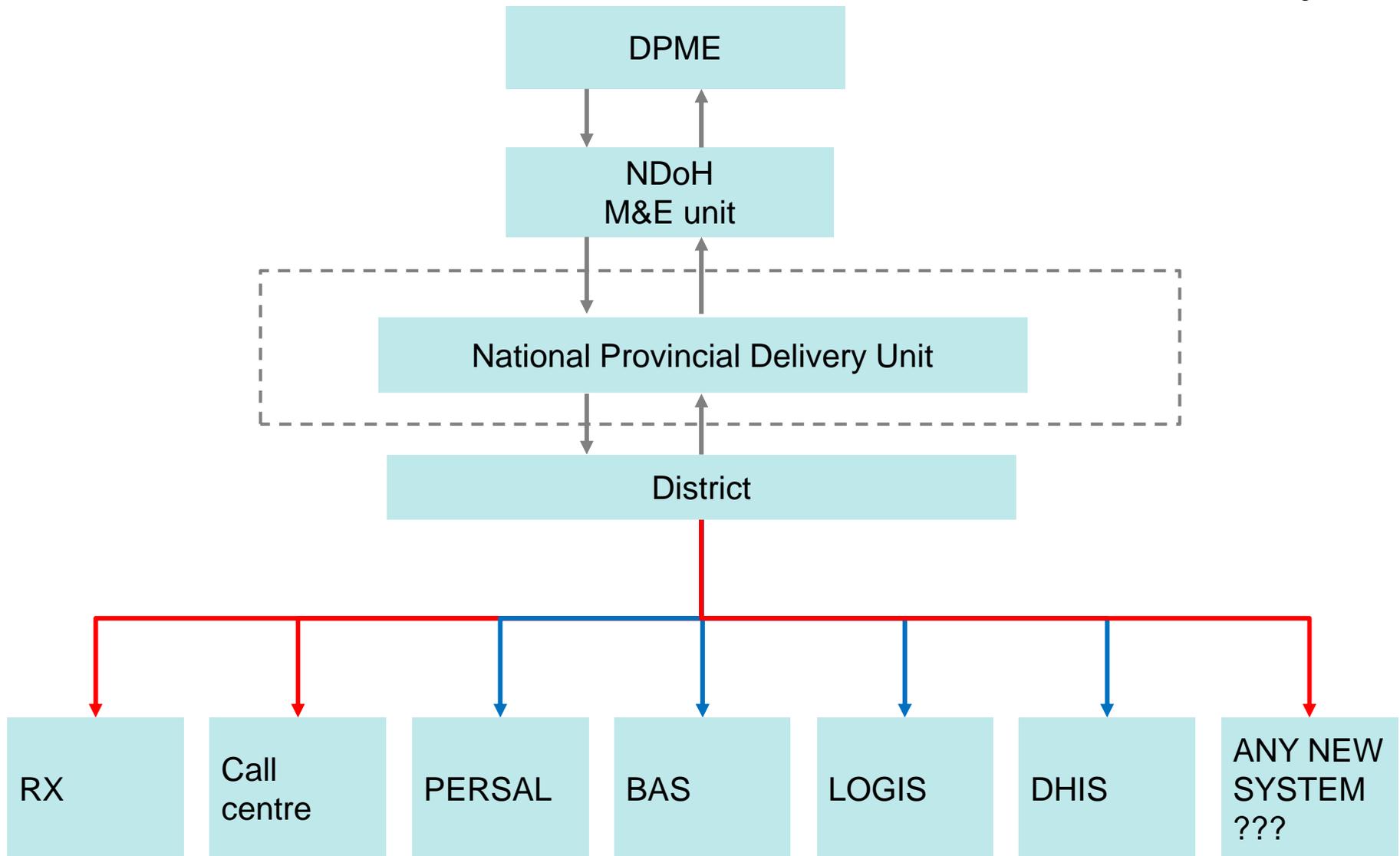
### 4 Monitoring and evaluation will be integrated into both the operations of the NDoH and DPME



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

## 4 Expected flow of information

← New  
← Existing

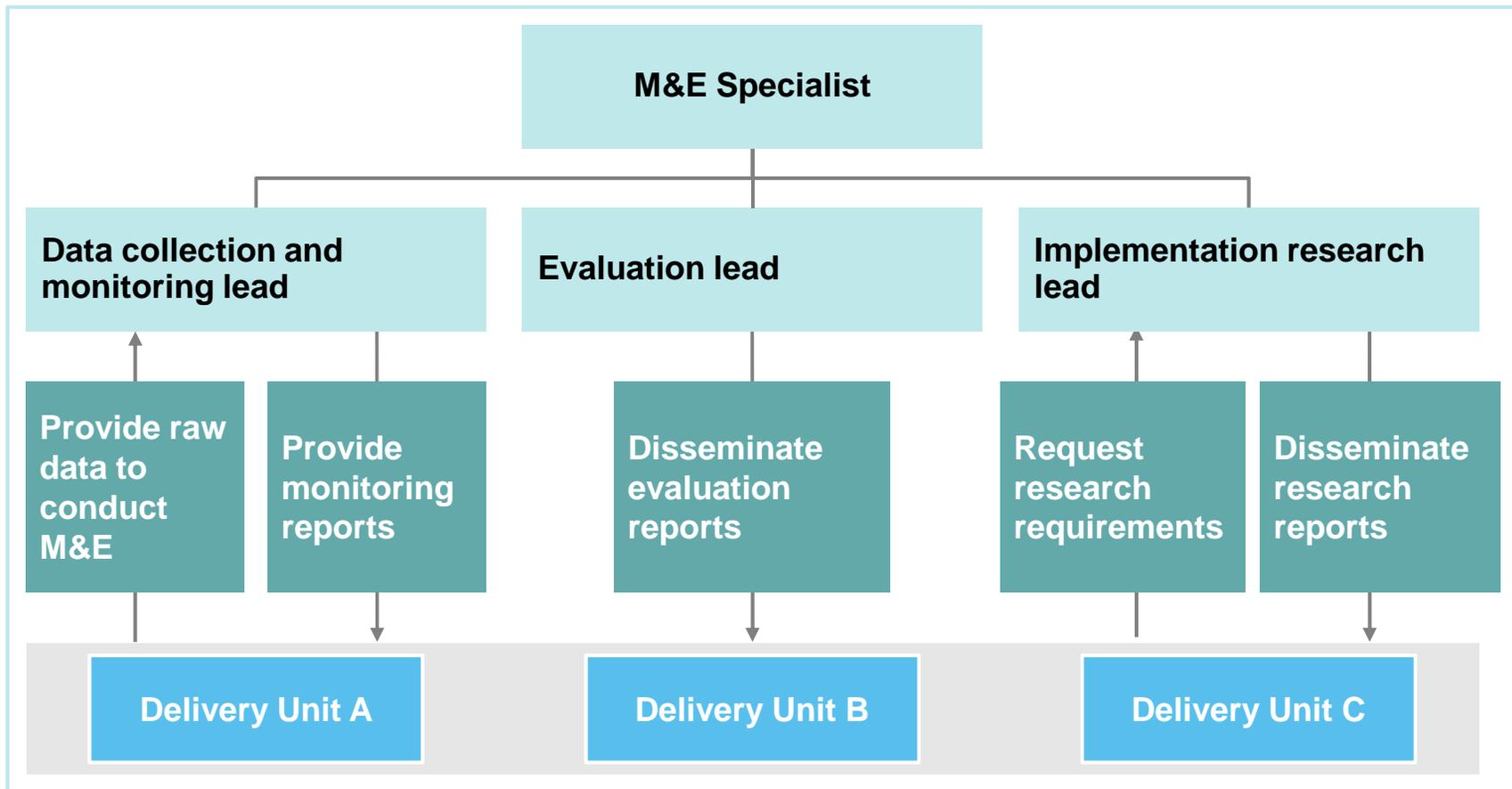


## 4 Functional structure

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			
Data assimilation	Coordinate research outputs	Research proposal development	Coordinate evaluation
	Outcome performance monitoring (National)	Sustain M&E system	Support accountability of implementation based on M&E
Provincial			
Cooperation with research conducted	Research requirement request	Conduct research	Outcome performance monitoring (provincial)
District			
Data collection	Cooperation with research conducted	Conduct research	Outcome performance monitoring (district/community)

## 4 Organisational structure



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

## 4 Aim of the M&E plan

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1 Monitor the ICRM implementation</li> <li>2 Monitor changes in the IC status amongst facilities</li> <li>3 Demonstrate improved clinical and health system strengthening outcomes</li> </ol> | <p>DPME Dashboard</p> <p>Ideal clinic dashboard</p> <p>DHIS and other sources</p> |
|--|---|



- 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**

# 5 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

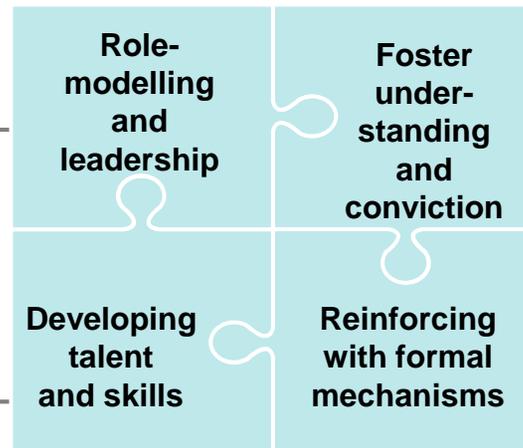


**B Training**

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**

INITIATIVES	
<b>4 Plan for change management training (22)</b>	
<b>Train the trainer</b>	
Program objective	<ul style="list-style-type: none"> <li>To impart training skills that empower trainees to conduct decentralised training at facilities and communities</li> </ul>
Participants	<ul style="list-style-type: none"> <li>104 PPTICRM members selected for "train the trainer" – 2 from each district PPTICRM</li> </ul>
Timing and location	<ul style="list-style-type: none"> <li>5 days starting in March 2015</li> <li>District based</li> </ul>
<b>Facility managers and community training</b>	
Program objective	<ul style="list-style-type: none"> <li>To train and capacitate facilities and communities to effectively manage change</li> <li>Provide mentoring, coaching and support to facilities and communities</li> </ul>
Participants	<ul style="list-style-type: none"> <li>10 500 from 3507 facilities – 3 per facility (including community representative)</li> </ul>
Timing and location	<ul style="list-style-type: none"> <li>10 days starting from 01 April 2015– 31 March 2019</li> <li>Facility based</li> </ul>

**The influence model**



**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



## 5 **D** Our big idea for change is Change Passports which will encourage employee participation in change activities and drive reward & recognition

### Key milestones for the change passport

- I have been trained on change management
- I have oriented my staff on the change message
- I have counselled my staff with regards to impact and their roles in the new dispensation
- I have put a support structure in place to address their issues around change
- I hold formal change management meetings on a monthly basis
- Change management is part of my KPIs
- I have been rewarded for my efforts regarding change management activities



### Impact

- Change is a dedicated focus
- The change passport is a new fun way to engage the health sector
- Acts as a support mechanism to reinforce other change management processes such as performance discussions
- Rewards and recognises efforts to ensure that change is inculcated as a culture
- Promotes sustainability of initiatives

**“Masiphumelele Sonke – Let’s achieve together !”**

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

Status	Ideal Clinic	District/province	<p>The <b>Ideal District</b> and <b>Ideal Province</b> recognition will encourage these key players also to participate</p> 
<p><b>Bronze</b></p> 	<p>Maintained ICRM status for a consecutive <b>12 months</b></p>	<p><b>60-69% Ideal Clinics</b> in the district/province</p>	
<p><b>Silver</b></p> 	<p>Maintained ICRM status for a consecutive <b>18 months</b></p>	<p><b>70-79% Ideal Clinics</b> in the district/province</p>	
<p><b>Gold</b></p> 	<p>Maintained ICRM status for a consecutive <b>24 months</b></p>	<p><b>80%+ Ideal Clinics</b> in the district/province</p>	<p><b>Presidential certification</b></p> <ul style="list-style-type: none"> <li>▪ A clinic that maintains 80%+ for 3 consecutive years</li> <li>▪ A district/province that maintains 80%+ of clinics for 3 consecutive years</li> </ul>

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

**6 This initiative will not only provide an incentive for clinics, districts and provinces to participate, but will also provide ongoing publicity**

**Mail & Guardian**  
AFRICA'S BEST READ

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**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

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## Scale-up and sustainability designed dynamic plans for health that focuses on how it will be different to ensure ICRM is realised..

