2021 Strategic Planning Session

MTEF PLANS

OUTCOME: 5 HEALTHY INCARCERATED POPULATION



Contextual issues to consider for 2022 MTEF

Problem and Solution Tree (progress with the implementation of identified interventions)

Timeline to Vision 2068

Contribution to delivery priorities of Government for 2022 MTEF

Progress made on the five-year Strategic Plan

MTEF Plans (APP and AOP)

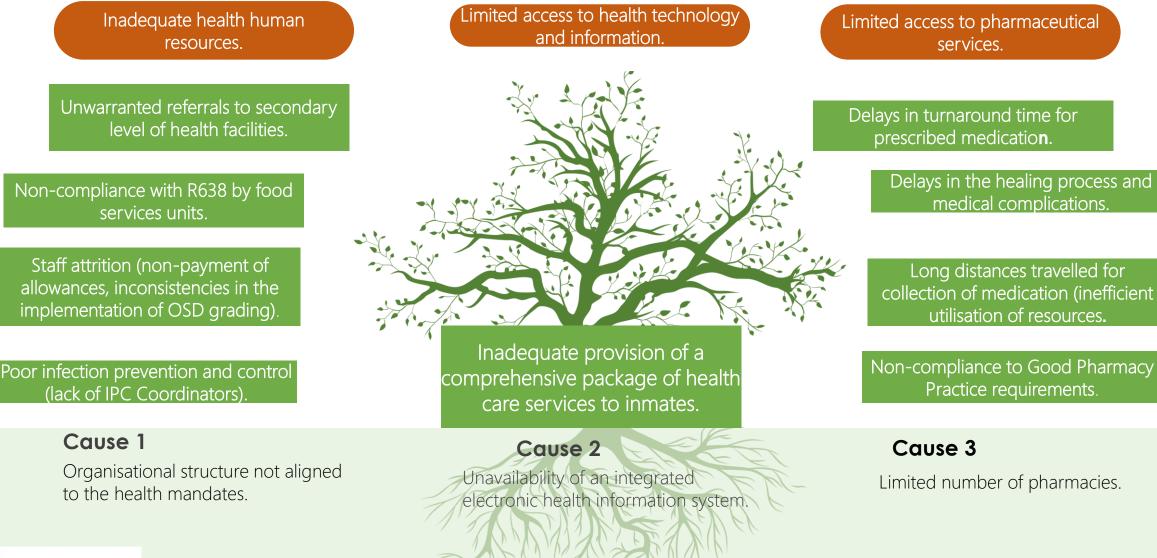
Strategic Risks

CONTEXTUAL ISSUES





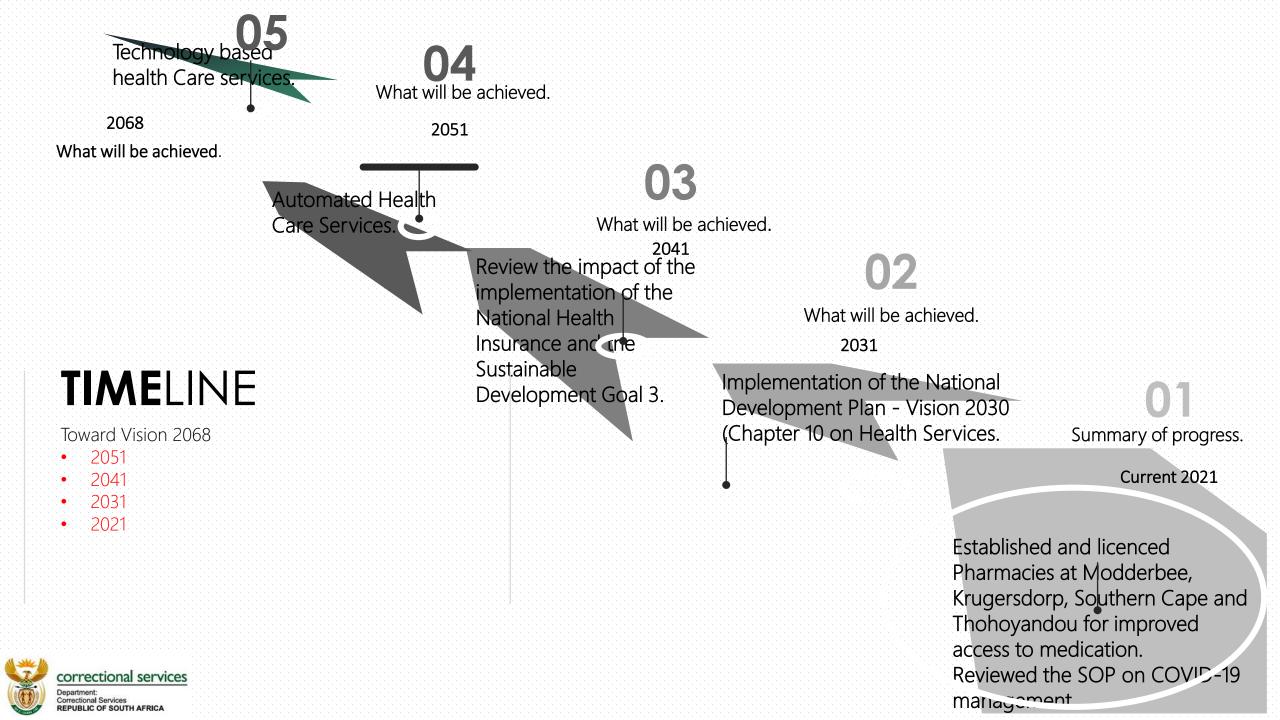
ROOT CAUSE ANALYSIS (Review)





IMPLEMENTATION OF INTERVENTIONS

	Stakeholders	Progress since 2020	Date of completion
Facilitate the development and implementation of automated systems	GITO	Contributed to the processes for the development of the automated system (Telemedicine, Health, Nutrition, Pharmacy and system) towards replacement of the current manual methods. Participated in the implementation of the TB/HIV Integrated System [THIS] at KMII.	_
Facilitate the strengthening of health infrastructure programme	Facilities Finance and Supply Chain	Established pharmacies in: Modderbee Southern Cape Krugersdorp Thohoyandou	2020 2021 2021 2021
Facilitate the strengthening of the health organisational structure	HR	_	_
Improved quality and	Department of Health	 In-depth programme reviews 	October 2021



VISION 2068

	2021	2031	2041	2051	2068
50 year plan	Establishment of Pharmacies in Management Areas without pharmacies in collaboration with relevant stakeholders (facilities, DoH) Reviewed COVID19 SOP in line with latest developments	 Implementation of Vision 2030 – National Development Plan Chapter 10 through the following activities: Stakeholder collaboration Address social determinants of health by providing integrated Primary Health Care Services 	Reduce morbidity and mortality through improved access to health care services to improve life expectancy	Participate in the implementation of Automated Health Care services / Digital transformation of Health Services	Leverage on Technology and IT based Health services provision
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VISION 2068

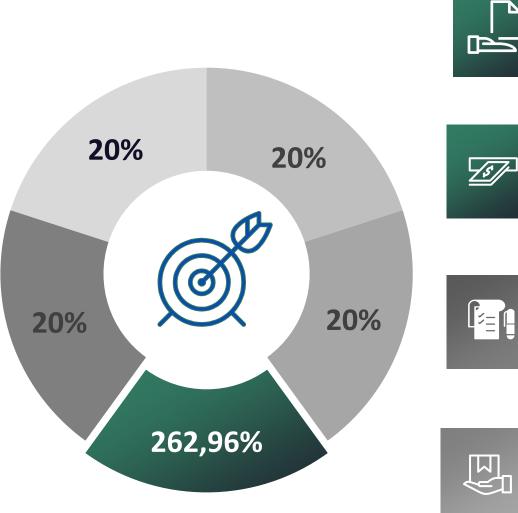
	2021	2031	2041	2051	2068
50 year plan	Enhance Infection Prevention and Control through monitoring of compliance to relevant SOPs including COVID-19 Enhance Compliance to Regulation 638 by Food services Units through conducting M&E	 including health promotion to reduce the disease burden Training of health care processionals Support the improvement of Health Infrastructure for quality health care services provision 			
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CONTRIBUTION TO DELIVERY PRIORITIES

- Provision of a comprehensive package of health care services including management of COVID-19 towards increasing life expectancy.
- Provision of adequate nutrition to the inmate population.
- Developed DCS specific Standard Operating Procedures (SOPs) for preparedness, detection and response to COVID-19, reviewed in line with the latest developments.
- Developed the DCS COVID-19 Vaccination strategy for inmates, aligned to that of the DoH. Established a COVID-19 Vaccine Roll Out Coordination Committee (VROCC) which is a governance structure for monitoring the vaccination site preparation and roll out.
- Vaccination roll out for inmates currently 77% vaccinated out of a target of 90%



Five Year Strategic Plan (Outcomes): Healthy incarcerated



population

Year 0: 2019/20 Progress. 70%



Year 1: 2020/21 (Percentage of inmates accessing primary health care services on a basis of need).

Progress. 262.96%



Year 3:

Target=76%

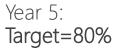
Year 2: 2021/22 (Percentage of inmates accessing primary health care services on a basis of need).

Progress: 78 933/138 538=56,98%



Year 4: Target=78%









MTEF Plans (APP)

Level of Result	Indicator	Baseline 2021/22	Target 2022/23	Assumption/Enablers
Output (APP current) Healthy incarcerated population.	Offenders viral load suppression rate (at 12 months)	89.09%	91%	Qualifying HIV positive offenders are willing to accept and adhere to ART treatment. Adequate availability of resources.
	Offenders Tuberculosis (TB) new pulmonary cure rate	93.65%	91%	Based on adequate resource allocation
	Percentage of identified inmates tested for COVID-19	100%	100%	Based on adequate resource allocation
	Percentage of inmates who have recovered from COVID-19	100.71%	85%	Based on adequate resource allocation
	Percentage of inmates screened for diabetes	55.96%	90%	Based on adequate resource allocation
	Percentage of inmates screened for hypertension	63.37%	90%	Based on adequate resource allocation
	Percentage of therapeutic diets prescribed for inmates	5.65%	≤12%	Based on adequate resource allocation



MTEF Plans (APP)

Level of Result	Indicator	Baseline 2021/21	Target 2022/23	Assumption/Enablers
Output (APP new)	NO NEW INDICATORS.			
Healthy incarcerated				
population				



MTEF Plans (AOP)

Level of Result	Indicator	Baseline 2021/22	Target 2022/23	Assumption/Enablers
Strategic Operational Outputs (how do we deliver the outcomes)	Remand detainees viral load suppression rate (at 12 months)	90.07%	91%	Qualifying HIV positive remand detainees adhere to ART treatment and present for viral load testing. Adequate availability of resources.
	ART Offenders' Viral load done (VLD) rate (at 12 months)	New indicator	91%	Qualifying HIV positive offenders adhere to ART treatment and present for viral load testing. Adequate availability of resources.
	Remand detainees' Viral load done (VLD) rate (at 12 months)	New indicator	91%	Qualifying HIV positive remand detainees are willing to adhere to ART treatment and present for viral load testing. Adequate availability of resources.
	Percentage of inmates on ART	99.31%	-	Based on adequate resource allocation
	Percentage of inmates tested HIV positive who know their results	100%	-	Based on adequate resource allocation
	STI treatment rate	100%	-	Based on adequate resource allocation



MTEF Plans (AOP)

Level of Result	Indicator	Baseline 2021/22	Target 2022/23	Assumption/Enablers
Strategic Operational Outputs	TB (new pulmonary) cure rate for remand detainees	53.09%	85%	Based on adequate resource allocation
(how do we deliver the outcomes)	TB treatment success rate for remand detainees	68.72%	86%	Based on adequate resource allocation
	TB treatment success rate for offenders	92.59%	:	Based on adequate resource allocation
	Percentage of inmates diagnosed with mental illness and placed on treatment	100%	100%	Based on adequate resource allocation
correctional services	Percentage of food service units issued with a Certificate of Acceptability in terms of Regulation R638	68.58%	100%	Based on adequate resource allocation
	Number of Management Areas with contracts/ Service Level Agreements (SLAs) for health care waste management	39	46 Management Areas	Based on adequate resource allocation
	Number of Management Areas that have appointed officials in writing as environmental hygiene supervisors in all Correctional Centres and Remand Detention Facilities	47	46 Management Areas	Based on adequate resource allocation
	Number of Management Areas that have functional Pharmaceutical and Therapeutics Committees (PTCs)	42		Based on adequate resource allocation

STRATEGIC RISKS

Inadequate provision of a comprehensive package of health care services to inmates.

orrectional services



Risk: Limited number of pharmacy facilities to increase accessibility of medicines and other supplies.

Mitigation: Establishment of pharmacies in management areas that do not have.

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03

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Risk: Unavailability of an integrated electronic health information system. **Mitigation**: Utilisation of available resources (manual system, Integrated TB and HIV System).

Rating: 20

Rating:

20

Risk: Unavailability of departmental specific staffing norms for Health Care professionals/service providers.

Rating: 15

Mitigation: Utilisation of the World Health Organization staffing norms for all cadres of health care.

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Risk: Inadequate prevention, containment and mitigation measures (IPC).

Mitigation: Implementation of Infection Prevention and Control Strategy for communicable diseases and / or outbreaks. Rating: 15

Critical success factors

- Improved collaboration with stakeholders and integrated approach to health care services provision at all levels.
- Improved quality of health care services provision with aligned organisational structure.
- Availability of infrastructure for health care services provision (limited space for clinics, limited number of pharmacies, non-compliant food services units).
- Availability of health technology and automated systems.
- Implementation of the District Health System (PHC re-engineering and NHI).



THANK YOU