

2021 Strategic Planning Session

MTEF PLANS

OUTCOME: 5
HEALTHY INCARCERATED
POPULATION



Presentation outline



CONTEXTUAL ISSUES



ROOT CAUSE ANALYSIS (Review)

Inadequate health human resources.

Limited access to health technology and information.

Limited access to pharmaceutical services.

Unwarranted referrals to secondary level of health facilities.

Delays in turnaround time for prescribed medication.

Non-compliance with R638 by food services units.

Delays in the healing process and medical complications.

Staff attrition (non-payment of allowances, inconsistencies in the implementation of OSD grading).

Long distances travelled for collection of medication (inefficient utilisation of resources).

Poor infection prevention and control (lack of IPC Coordinators).
Inadequate Infrastructure

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

Non-compliance to Good Pharmacy Practice requirements.

Cause 1

Organisational structure not aligned to the health mandates.

Cause 2

Unavailability of an integrated electronic health information system.

Cause 3

Limited number of pharmacies.

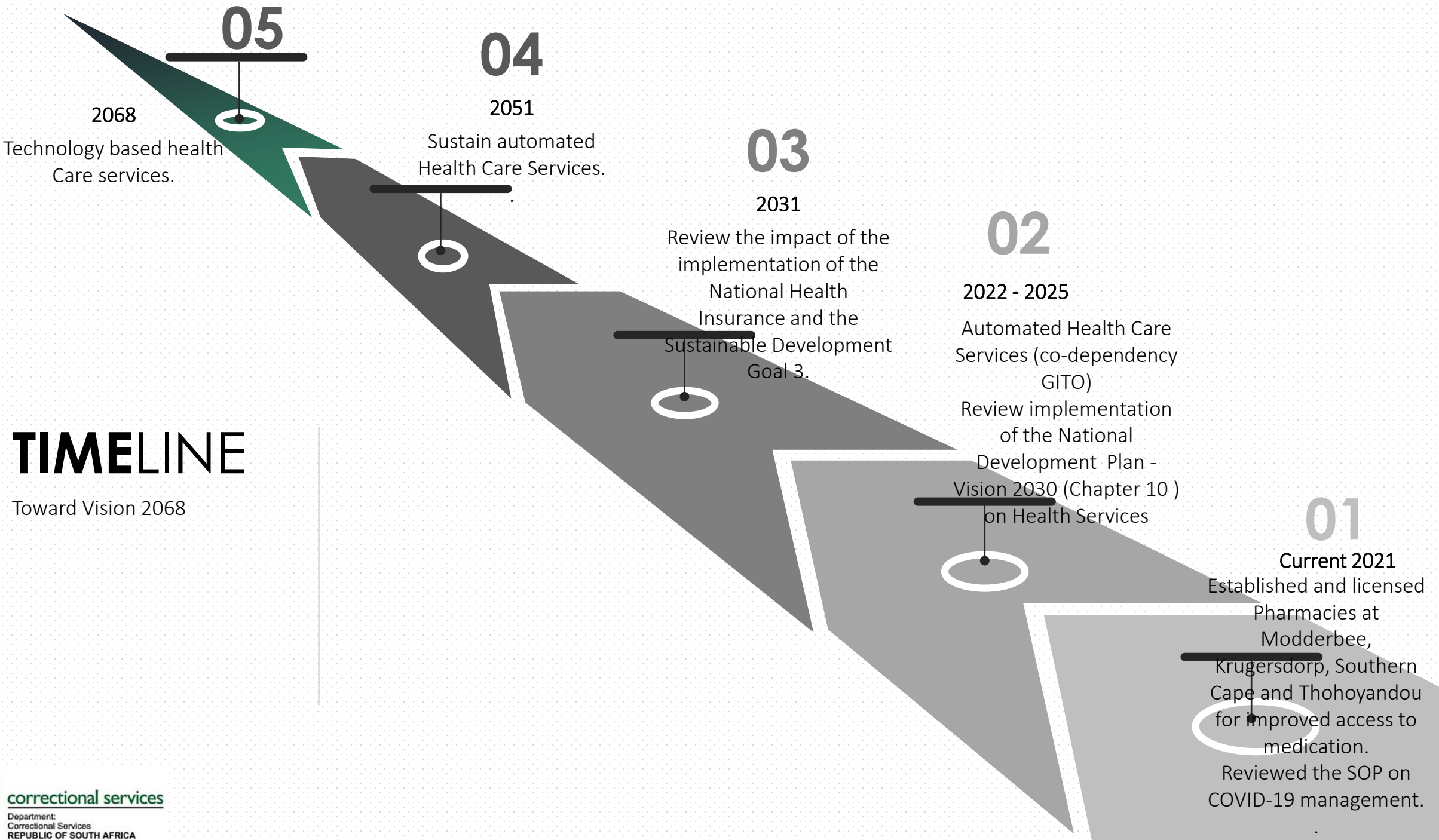


IMPLEMENTATION OF INTERVENTIONS

	Stakeholders	Progress since 2020	Date of completion
Facilitate the development and implementation of automated systems	GITO	<p>Contributed to the processes for the development of the automated system (Telemedicine, Health, Nutrition, Pharmacy and system) towards replacement of the current manual methods.</p> <p>Participated in the implementation of the TB/HIV Integrated System [THIS] at KMII.</p>	-
Facilitate the strengthening of health infrastructure programme	Facilities Finance and Supply Chain	<p>Established pharmacies in:</p> <ul style="list-style-type: none"> ▪ Modderbee ▪ Southern Cape ▪ Krugersdorp ▪ Thohoyandou 	<p>2020</p> <p>2021</p> <p>2021</p> <p>2021</p>
Facilitate the strengthening of the health organisational structure	HR	-	-

IMPLEMENTATION OF INTERVENTIONS CONT'D

	Stakeholders	Progress since 2020	Date of completion
Improved quality and accessibility to health services	Department of Health Support Partners	<ul style="list-style-type: none">• In-depth programme reviews• Capacity building (training)	October 2021 October and November 2021



TIMELINE

Toward Vision 2068

VISION 2068

50 year plan	2021	2025	2031	2051	2068
	Establishment of Pharmacies in Management Areas without pharmacies in collaboration with relevant stakeholders (facilities, DoH) as well as through the SSS	Participate in the implementation of Automated Health Care services / Digital transformation of Health Services	Improved Health systems leading to increased life expectancy	Leverage on Technology and IT based Health services provision	Leverage on Technology and IT based Health services provision
	Reduce morbidity and mortality through improved access to health care services to improve life expectancy	Review the implementation of Vision 2030 – National Development Plan Chapter 10 through the following activities: <ul style="list-style-type: none">Stakeholder collaboration			
	Reviewed COVID19 SOP in line with latest developments				

VISION 2068 CONT'D

50 year plan	2021	2025	2031	2051	2068
	Strengthen Health Care Services Governance (NPTC, NIPCF, NFSMF)	<ul style="list-style-type: none">Address social determinants of health by providing integrated Primary Health Care (HCS) Services including health promotion to reduce the disease burden			
	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	Support the improvement of Health Infrastructure for quality health care services provision			

VISION 2068 CONT'D

50 year plan	2021	2025	2031	2051	2068
	Training of health care professionals	Strengthen inpatient facilities including the quality of care			

DELIVERY PRIORITIES FOR 2022

Mitigate the impact of COVID-19 and support recovery

Manage the pandemic

- a) Interventions that save lives and support the health sector.
- b) Rollout of the National COVID-19 Vaccine Programme.
- c) Support food security within households.

01

Drive economic recovery

- a) Implement ERRP priorities.
- b) Network industries reforms, esp energy, water, transport, telecoms.
- c) Localisation, empowerment, inclusion and job creation.
- d) Skills strategy to support economic recovery and Master Plans.

02



Enhance state capability to deliver

- a) Supporting implementation capacity and capability for reforms;
- b) Reforms and restructuring of key SOEs;
- c) Combatting corruption and fraud;
- d) Managing the public sector wage bill.

04

Employment support and relief

Given unemployment levels, public employment programmes should continue to support household incomes while the economy recovers.

03



correctional services

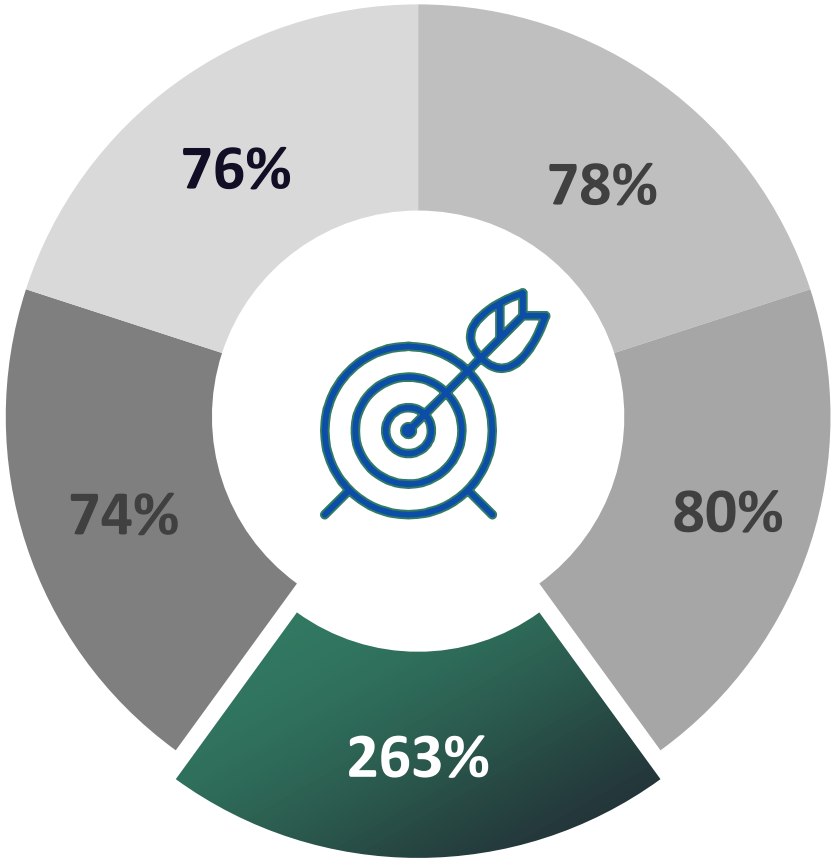
Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

CONTRIBUTION TO DELIVERY PRIORITIES

- Provision of a comprehensive package of health care services which includes the management communicable and non communicable diseases inclusive 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

Percentage of inmates accessing primary health care services on a basis of need.



Year 0: 2019/20 Progress. 70%



Year 1: 2020/21
Progress. 262.96%



Year 2: 2021/22 .
Target
74%



Year 3:
Target=76%



Year 4:
Target=78%



Year 5:
Target=80%

MTEF Plans



Annual Performance Plan Indicators

- Offenders viral load suppression rate (at 12 months)
- Offenders Tuberculosis (TB) new pulmonary cure rate
- Percentage of identified inmates tested for COVID-19
- Percentage of inmates who have recovered from COVID-19
- Percentage of inmates screened for diabetes
- Percentage of inmates screened for hypertension
- Percentage of therapeutic diets prescribed for inmates



Annual Operational Plan Indicators

- Remand detainees' viral load suppression rate (at 12 months)
- ART Offenders' viral load done (VLD) rate (at 12 months)
- Remand detainees' viral load done (VLD) rate (at 12 months)
- Percentage of inmates on ART
- Percentage of inmates tested HIV positive who know their results
- STI treatment rate
- TB (new pulmonary) cure rate for remand detainees
- TB treatment success rate for remand detainees
- TB treatment success rate for offenders
- Percentage of inmates diagnosed with mental illness and placed on treatment
- Percentage of food service units issued with a Certificate of Acceptability in terms of Regulation R638
- Number of Management Areas with contracts/ Service Level Agreements (SLAs) for health management
- Number of Management Areas that have appointed officials in writing as environmental hygiene supervisors in all Correctional Centres and Remand Detention Centres
- Number of Management Areas that have functional Pharmaceutical and Therapeutics Committees (PTCs)

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) Healthy incarcerated population	NO NEW INDICATORS.			

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 (how do we deliver the outcomes)	TB (new pulmonary) cure rate for remand detainees	53.09%	85%	Based on adequate resource allocation
	TB treatment success rate for remand detainees	68.72%	86%	Based on adequate resource allocation
	TB treatment success rate for offenders	92.59%	92%	Based on adequate resource allocation
	Percentage of inmates diagnosed with mental illness and placed on treatment	100%	100%	Based on adequate resource allocation
	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	46 Management Areas	Based on adequate resource allocation





STRATEGIC RISKS

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

01

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.

Rating:
20

02

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

Rating:
20

03

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

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

Rating:
15

04

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