

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT DISTRICT BUSINESS PLAN TEMPLATE

NAME OF PROVINCE: Mpumalanga

NAME OF DISTRICT: Gert Sibande

DATE OF SUBMISSION: 15 March 2013

FINANCIAL YEAR: 2013-14

Business Plan Approval

A: PROVINCIAL DEPARTMENT OF HEALTH (HEAD OF DEPARTMENT)

Name: Mr MR Mnisi

Signature: _____

Date: _____

B: NATIONAL DEPARTMENT OF HEALTH (DIRECTOR-GENERAL)

Name: _____

Signature: _____

Date: _____

GRANT INFORMATION

Description	Details
Sector	Health
Responsible Department	Health
Grant Name	National Health Insurance Grant
Schedule Classification	5
Grant Commence Date	01 April 2012
Anticipated Grant Completion Date	
Applicable Financial Year	2013-14
Project Manager/Grant Coordinator	Ms Nanana Hlatshwayo/ Dr S.Mohangi

Grant Details as per DORA:

Strategic Goal:

Through the selected pilot sites in health districts:

- improve the health services delivery capacity of districts
- strengthen the performance of the public health system in readiness for the phased implementation of NHI

Grant Purpose:

- To contribute towards assessing the feasibility and affordability of innovative ways of engaging private sector resources for public purpose
- Test innovations in health services provision for implementing National Health Insurance, allowing for each district to interpret and design innovations relevant to its specific context
- To undertake health system strengthening initiatives
- To support selected pilot districts in implementing identified service delivery interventions

Grant Outcome Statement(s):

- Improved implementation of priority health programmes and access to quality health services as outlined in the health sector Negotiated Service Delivery Agreement
- Strengthened efficiencies of the public health sector and improved district health systems performance
- Strengthened coordination and integration of services within Pilot Districts, especially in the areas of planning, supply chain management and monitoring and evaluation

EXECUTIVE SUMMARY

1. District Situational Analysis

Gert Sibande is one of three districts in Mpumalanga Province and cover a geographical area of 31 841 per square kilometre. It is located on the South East part of the Province. Gert Sibande district is bordered by Swaziland in the East, KwaZulu-Natal Province in the South, Free State Province in the West and Gauteng Province in the North. The area is 61% rural and 39% urban. The district has deep rural pockets where communities have challenges in accessing health services. It is characterised by poor road infra-structure which are being reconstructed with some areas that are inaccessible during the rainy season this scenario contribute to compromised health service delivery.

The total population in Gert Sibande is 1 043 192.

The district is divided into 7 sub-districts. There is no sub-district structure established which poses a challenge in terms of leadership and governance. The district management is not well established. There is no district manager, no finance manager, no corporate services manager, no hospital services manager, and no director for Primary Health Care.

Health services are delivered by 1 Regional Hospital, 8 District Hospitals, 2 Specialized TB hospitals, 22 Community Health Centers, 50 clinics, 6 satellite clinics and 25 mobiles. Ten of the Community Health Centres are classified as Community Day Centres as it does not render the full package of CHC services

The PHC facilities throughout the district are underutilised. Ermelo Hospital, the only regional hospital in the district functions more as a district hospital due to the inability of the district to attract and retain specialists and skilled health professionals. The district was successful in recruiting the nursing specialists only in the District Clinical Specialist team.

2. Summary of interventions to be piloted

- Strengthen the district capacity for planning and monitoring and evaluation by appointing a coordinator in the district.
- Improve financial systems in supply chain management by capacitation of the Supply chain management staff and appointment of an effective bid committee.
- Strengthened referral system by strengthening the PHC re-engineering streams of ward based Primary Health Care Outreach teams, the School Health Services and the District Clinical Specialist Teams .

3. Key outputs and activities

Output focus area	Activities
Enhance district capacity in the areas of planning and monitoring and evaluation	Advertise and appoint M&E/NHI coordinator in the district (Deputy Director)to coordinate, monitor and report on NHI activities in the district
	Train the hospital boards and clinic committees on their roles and responsibilities thereby improving stakeholder involvement
	Conduct sub-district and district M&E meetings thereby improving information gathering and collective accountability
	Capacitate managers on planning processes and Monitoring and evaluation
Improve supply chain management systems and processes to support efficient and effective health services provision within the district	Capacitate members of the bid committee and SCM staff in acquisition and demand
	Train PHC managers, PHC supervisors and operational managers for PHC facilities on financial management and acquisition and demand
Strengthen the referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas	Workshops to orientate staff at all levels on the approved referral policy thereby leading to improved implementation
	The district clinical specialist teams to provide onsite training to staff in the Primary Health Care facilities on clinical care and to capacitate the municipal ward based PHC outreach teams
	Procure audiometers, snellen charts, scales with height measurement for the School Health Teams

4. Summary of activities and resource schedule

Activities	Schedule
Advertise and appoint M&E/NHI coordinator in the district (Deputy Director) to coordinate, monitor and report on NHI activities in the district	01/04/2013-31/08/2013
Train the hospital boards and clinic committees on their roles and responsibilities thereby improving stakeholder involvement	01/04/2013-31/03/2014
Conduct sub-district and district M&E meetings thereby improving information gathering and collective accountability	01/04/2013-31/03/2014
Capacitate managers on planning processes and Monitoring and evaluation	01/04/2013-31/03/2014
Capacitate members of the bid committee and SCM staff in acquisition and demand	01/04/2013-31/03/2014
Train PHC managers, PHC supervisors and operational managers for PHC facilities on financial management and acquisition and demand	01/04/2013-31/03/2014
Workshops to orientate staff at all levels on the approved referral policy thereby leading to improved implementation	01/04/2013-31/03/2014
The district clinical specialist teams to provide onsite training to staff in the Primary Health Care facilities on clinical care and to capacitate the municipal ward based PHC outreach teams	01/04/2013-31/03/2014
Capacitate professional nurses in the clinic on drug management and dispensing of medication thereby decreasing referrals to hospitals for collection of medication	01/04/2013-31/03/2014
Procure audiometers, snellen charts, scale with height measurement for the School Health Teams	01/04/2013-30/09/2013

5. Key deliverables

- 1 appointed M&E coordinator in the district
- 10 hospital boards and 72 clinic committees trained
- 4 sub-district M&E meetings conducted
- 4 district M&E meetings
- 100 managers on planning processes and Monitoring and evaluation
- 100 managers trained on financial management and acquisition and demand
- 7 on-site training sessions conducted by the DCST
- 72 Professional Nurses with dispensing certificate

- Audiometers, snellen charts and scales with heights procured for 18 school health teams

6. Potential challenges and risk mitigation matrix

Potential Challenge(s)	Mitigation Interventions
Incomplete District Management Structure	Appoint District Manager, Finance Manager, HR manager, Corporate Manager, PHC director, Hospital Services Director
No appointed financial manager in the district	Finance manager and support staff to be appointed
No NHI coordinator at the district	Appoint a dedicated coordinator in the district
The shortage of specialists in Ermelo Hospital leading to a poor referral system	Advertise and headhunt for specialists regularly
Under-spending of the grant	The grant to be captured under the district
Delays in procurement or payment	There needs to be a dedicated official to deal with grant related issues

KEY OUTPUTS AND ACTIVITIES

Output focus area	Activities	Performance indicator(s)	Baseline (Status Quo)	Target (Cumulative OR Annual)	Overall Outcome (Financial Year: 2013/14)
Enhance district capacity in the areas of planning and monitoring and evaluation	Advertise and appoint M&E/NHI coordinator in the district (Deputy Director) to coordinate, monitor and report on NHI activities in the district	1 appointed M&E coordinator to coordinate and monitor the NHI activities in the district	0	1 (annual)	Enhanced district capacity in planning and monitoring and evaluation
	Train the hospital boards and clinic committees on their roles and responsibilities thereby improving stakeholder involvement	Number of hospital boards and clinic committees trained in their roles and responsibilities to improve stakeholder involvement	0	10 hospital boards 72 clinic committees	
	Conduct sub-district and district M&E meetings thereby improving information gathering and collective accountability	Number of sub-district M&E meetings Number of district M&E meetings	4	8	
	Capacitate managers on planning processes and Monitoring and evaluation	Number of managers that are capacitated in planning and M&E	0	100 managers	
Improve supply chain management systems and processes to	Capacitate members of the bid committee and SCM staff in acquisition and demand	Number of officials trained on acquisition and demand	0	100 members of the hospital and district bid committee and SCM staff	Improved financial management leading to

Output focus area	Activities	Performance indicator(s)	Baseline (Status Quo)	Target (Cumulative OR Annual)	Overall Outcome (Financial Year: 2013/14)
support efficient and effective health services provision within the district	Train PHC managers, PHC supervisors and operational managers for PHC facilities on financial management and acquisition and demand	No of managers trained on financial management and acquisition and demand	0	100 PHC managers, supervisors and operational managers	improved service delivery
Strengthen the referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas	Workshops to orientate staff at all levels on the approved referral policy thereby leading to improved implementation	Number of workshops conducted on the referral policy	0	7 workshops conducted (1 per sub-district)	Strengthened referral system from a re-engineered primary health care platform
	The district clinical specialist teams to provide onsite training to staff in the Primary Health Care facilities on clinical care and to capacitate the municipal ward based PHC outreach teams	Number of on-site training sessions	0	7 on-site trainings conducted	
	Capacitate professional nurses in the clinic on drug management and dispensing of medication thereby decreasing referrals to hospitals for collection of medication	Number of Professional Nurses with dispensing certificates	0	72 Professional Nurses (cumulative)	
	Procure audiometers, snellen charts, scale wit height measurement for the School Health Teams	No of audiometers procured	0	18 audiometers, snellen charts, scale with height measurement for the School Health Teams	

ACTIVITIES AND RESOURCE SCHEDULE

Output focus area	Activities	Start and End Dates	Activity budget	Complementary resources (if any)
Enhance district capacity in the areas of planning and monitoring and evaluation	Advertise and appoint M&E/NHI coordinator in the district (Deputy Director) to coordinate, monitor and report on NHI activities in the district	01/04/2013-31/08/2013	534 891 40 000	-
	Train the hospital boards and clinic committees on their roles and responsibilities thereby improving stakeholder involvement	01/04/2013-31/03/2014	500 000	-
	Conduct sub-district and district M&E meetings thereby improving information gathering and collective accountability	01/04/2013-31/03/2014	685 109	-
	Capacitate managers on planning processes and Monitoring and evaluation	01/04/2013-31/03/2014	580 000	-
Improve supply chain management systems and processes to support efficient and effective health services provision within the district	Capacitate members of the bid committee and SCM staff in acquisition and demand	01/04/2013-31/03/2014	580 000	-
	Train PHC managers, PHC supervisors and operational managers for PHC facilities on financial management and acquisition and demand	01/04/2013-31/03/2014	580 000	-
Strengthen the referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas	Workshops to orientate staff at all levels on the approved referral policy thereby leading to improved implementation	01/04/2013-31/03/2014	100 000	
	The district clinical specialist teams to provide onsite training to staff in the Primary Health Care facilities on clinical care and to capacitate the municipal ward based PHC outreach teams	01/04/2013-31/03/2014	250 000	
	Capacitate professional nurses in the clinic on drug management and dispensing of medication thereby	01/04/13-31/03/2014	500 000	

Output focus area	Activities	Start and End Dates	Activity budget	Complementary resources (if any)
	decreasing referrals to hospitals for collection of medication			
	Procure screening audiometers, scales with height measurement, snellen charts- for the 18 School Health Teams	01/07-30/09/2013	500 000	-

BUSINESS PLAN DELIVERABLES: PERFORMANCE FRAMEWORK

Output focus area	Activities	Baseline (Status Quo)	Annual Target	Quarterly Performance Targets			
				Q1	Q2	Q3	Q4
Enhance district capacity in the areas of planning and monitoring and evaluation	Advertise and appoint M&E coordinator in the district (Deputy Director)to coordinate, monitor and report on NHI activities in the district	0 appointed M&E coordinator	1 appointed M&E coordinator in the district	Advertise, shortlist and interview	Appointed M&E coordinator for NHI activities	Monitoring and reporting of NHI activities	Monitoring and reporting of NHI activities
	Train the hospital boards and clinic committees on their roles and responsibilities thereby improving stakeholder involvement	0	10 hospital boards 72 clinic committees	Obtain quotations and approval for training - 10 hospital boards trained	24 clinic committees trained	24 clinic committees trained	24 clinic committees trained
	Conduct sub-district and district M&E meetings thereby improving information gathering and collective accountability	4	8	2	2	2	2
	Capacitate managers on planning processes and Monitoring and evaluation	0 managers	100 managers	Obtain quotations and approval for training. 25 managers trained	25 managers trained	25 managers trained	25 managers trained
Improve supply chain management systems and processes to support efficient and	Capacitate members of the bid committee and SCM staff in acquisition and demand	0 trained on financial management	100 members of the hospital and district bid committee and SCM staff	Obtain quotations and approval for training -25 managers trained	25 managers trained	25 managers trained	25 managers trained

Output focus area	Activities	Baseline (Status Quo)	Annual Target	Quarterly Performance Targets			
				Q1	Q2	Q3	Q4
effective health services provision within the district	Train PHC managers, PHC supervisors and operational managers for PHC facilities on financial management and acquisition and demand	0 managers trained	100 PHC managers, supervisors and operational managers	Obtain quotations and approval for training -25 managers trained	25 managers trained	25 managers trained	25 managers trained
Strengthen the referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas	Workshops to orientate staff at all levels on the approved referral policy thereby leading to improved implementation	0	7 workshops conducted (1 per sub-district)	2	2	2	1
	The district clinical specialist teams to provide onsite training to staff in the Primary Health Care facilities on clinical care and to capacitate the municipal ward based PHC outreach teams	No. of training sessions	7 on site trainings conducted	2	2	2	1
	Capacitate professional nurses in the clinic on drug management and dispensing of medication thereby decreasing referrals to hospitals for collection of medication	0	Number of Professional Nurses with the dispensing certificate	Obtain quotations and approval- 18 Professional Nurses trained	18 Professional Nurses trained	18 Professional Nurses trained	18 Professional Nurses trained
	Procure audiometers, snellen charts, scale wit height measurement for the School Health Teams	No. of audiometers procured	Number of audiometers, snellen charts, height scales procured	Obtain quotations	Procure equipment	Receive equipment and ensure payment	No activity

INDICATIVE CASH FLOW REQUIREMENTS

Financial Year 2013/14	Months	Indicative Cash Flow Amount	Indicative Cash Flow proportion (as % of total NHI-CG allocation)
Q1	April	48 500	1
	May	48 500	1
	June	145 500	3
Q2	July	388 000	8
	August	485 000	10
	September	727 500	15
Q3	October	727 500	15
	November	727 500	15
	December	485 000	10
Q4	January	485 000	10
	February	485 000	10
	March	97 000	2
	Total Cash Flow	4 850 000	100%
	Total NHI-CG Allocation	4 850 000	100%
	Variance	0	0

POTENTIAL CHALLENGES AND RISK MITIGATION MATRIX

Potential Challenge(s)	Impact on NHI-CG activities	Mitigation Interventions	Responsible Person(s)
Incomplete District Management Structure	Delays or Non-achievement of targets	District Manager, Finance Manager, HR manager, Corporate Manager, PHC director, Hospital Services Director	HOD CD: Corporate Services
No appointed financial manager in the district	Delays or Non-achievement of targets	Finance manager and support staff to be appointed	HOD CD: Corporate Services
No NHI coordinator at the district	Delays in reporting	Appoint a dedicated coordinator in the district	HOD CD: Corporate Services
Lack of specialists at Ermelo Hospital	Ineffective referral system	Advertise and headhunt specialists	HOD CD: Corporate Services CD: Hospital Services
Under-spending of the grant	Non achievement of targets	Grant to be captured at the district level	CFO
Delays in procurement or payments	Non achievement of targets	Dedicated official to deal with grant related procurement and payments	CFO