Province of the
EASTERN CAPE
HEALTH

SERVICE DELIVERY IMPROVEMENT PLAN

2025/26 – 2029/30

DOCUMENT CONTROL	
Document title	Service Delivery Improvement Plan 2025/26 – 2029/30
Creation date	February 2025
Effective date	01 April 2025 – 31 March 2030
Version	Final
Owner title, name and contact details	Eastern Cape Department of Health 040 608 001
Author title, name and contact details	Eastern Cape Department of Health 040 608 001
Contributors	Strategy and Organisational Performance Quality Health Care Assurance District Health services District Health Management Strategic Health Programs
Editor	Chief Director: Strategy and Organisational Performance
Distribution	ECDoH website, Eastern Cape - Legislature, OTP and health facilities
Security classification	Public document

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1. ACRONYMS AND ABBREVIATIONS

ANC	Ante-Natal Care
APP	Annual Performance Plan
BANC	Basic Ante Natal Care
BOD	Burden of Disease
BPM	Business Process Mapping
CBOs	Community Based Organizations
CFR	Case Fatality Rate
CFO	Chief Financial Officer
CHCs	Community Health Centres
CHPIP	Child Health Problem Identification Program
CHW	Community Health Worker
CQI	Continuous Quality Improvement
DCSTs	District Clinical Specialist Teams
DDG	Deputy Director General
DDM	District Development Model
DEDEAT	Department of Economic Development, Environmental Affairs and Tourism
DHC	District Health Councils
DHIS	District Health Information System
DHIMS	District Health Information Management System
DHS	District Health Services
DM	District Municipality
DMT	District Management Team
DOH	Department of Health
DOCS	Department of Correctional Services
DPWI	Department of Public Works and Infrastructure
DRDAR	Department of Rural Development and Agrarian Reform
ECDoH	Eastern Cape Department of Health
EMS	Emergency Medical Services

ESMOE	Essential Steps in the Management of Obstetric Emergency
GBVF	Gender-based Violence and Femicide
IDPs	Integrated Development Plans
IMCI	Integrated Management of Childhood Diseases
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
MLSIP	Medico Legal Strategy Implementation Plan
MMR	Maternal Mortality Ratio
MOU	Maternal Obstetric Unit
MTDP	Medium Term Development Plan
PMTDP	Provincial Medium Term Development Plan
MTEF	Medium Term Expenditure Framework
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organization
NHA	National Health Act
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NHP	National Health Plan
OHS	Occupational Health and Safety.
OMF	Operations Management Framework
OTP	Office of the Premier
PAJA	Promotion of Administration Justice Act
PAIA	Promotion of Access to Information Act
PDMT	Provincial District Management Team
PDP	Provincial Development Plan
PEC	Patient experience of care
PERSAL	Personnel and Salaries
PHC	Primary Health Care
SASSA	South African Social Security Agency

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4. FOREWORD BY MEC

The department formulated the Service Delivery Improvement Plan for the period 2025/26-2029/30 in accordance with the mandate outlined in the Public Service Regulation 2016, Chapter 3, Part 3, section 38 which stipulates that "An Executive Authority must establish and uphold a service delivery improvement plan that aligns with the strategic plan as set forth in regulation 25 for their respective department".

The mission of the department is to guarantee optimal health outcomes for the inhabitants of this Province. This aspiration is pursued within a delicate financial framework and confronts persistent service pressures on a daily basis. This challenge is compounded by a surge in the demand for healthcare services as we navigate the aftermath of the COVID-19 pandemic and navigate the epidemiological and demographic transition.

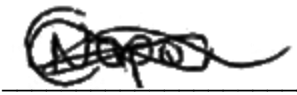
Strengthening the health system and working towards the quality healthcare for all South Africans are top government priorities to realise the National Health Insurance. Quality Health Care encompasses effectiveness, efficiency, access, safety, equity, appropriateness, timeliness, acceptability, patient responsiveness or patient-centeredness, satisfaction, health improvement and continuity of care.

This Service Delivery Improvement Plan (SDIP) is a crucial document that provides guidance to the department's endeavors to enhance service delivery and improve the well-being of our populace. It is imperative that we align our efforts with this SDIP and employ a comprehensive approach to enhance the manner in which we provide services for the welfare of our service users.

Maternal and neonatal mortality rates persist at elevated levels in the province, despite over 90% of expectant mothers availing themselves of antenatal health services. Elevating the quality of antenatal care, rather than just the attendance to the service, is paramount in preserving the lives of women. The department is diligently striving to curb this loss of life, which may stem from preventable causes. We firmly believe that no woman should perish while bringing forth life to another. The SDIP is rooted in the priorities of our clientele for service enhancement, and thus, it tackles a departmental issue or area for

improvement in the service delivery value chain, grounded in evidence gathered over a period of time.

This Service Delivery Improvement Plan (SDIP) will guide department's endeavors to elevate service delivery and enhance the well-being of our populace. In pursuit of this objective, the department will amplify its efforts in quality enhancement strategies as delineated in the recommendations of the Office of Health Standards Compliance (OHSC), the Ideal Clinic Realization and Maintenance (ICRM), and the enforcement of Batho Pele Principles by fortifying and adhering to the National Core Standards.



HON. N. Capa

Member of the Executive Council

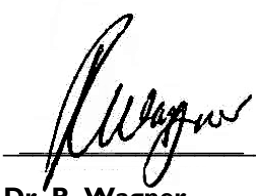
5. OVERVIEW BY HEAD OF THE DEPARTMENT

Circular 14 of 2022, in compliance with the SDIP directive of October 2008 issued pursuant to Section 41 (3) of the Public Service Act of 1994, mandates departments to submit SDIPs every 5 years, synchronized with the Strategic Plan period. The primary objective of this SDIP is to enhance healthcare services for expectant mothers, newborns, and children under the age of 5 by embracing the Batho Pele principles.

The Eastern Cape Health department adopted a client-centric approach by scrutinizing data from grievances and customer satisfaction surveys. Feedback from clients highlighted certain deficiencies in the delivery of healthcare services, prompting the creation of the SDIP to rectify these shortcomings.

An integrated, cross-cutting, and multidisciplinary team led by the Deputy Director General: District Health Services, was tasked with formulating this SDIP. The department has identified maternal and neonatal health services as pivotal focus areas for Service Delivery Improvement during this period. The team identified the SDIP prerequisites under the guidance of the Department of Public Services and Administration(DPSA)

The Eastern Cape Department of Health now presents its 2025/26 – 2029/30 SDIP which has been developed and aligned with mandatory requirements as guided by Circular 14 of 2022 and as stipulated in the Public Service Regulation, 2016.



Dr. R. Wagner

Head of Department for Health

6. OFFICIAL SIGN OFF

It is hereby certified that this Service Delivery Improvement Plan:

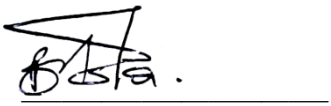
- Was developed by the management of the **Eastern Cape Department of Health** under the guidance of the (**MEC: Honourable N. Capa**)
- Was prepared in line with the current Strategic Plan (**2025/26-2029/30**) and the Annual Performance Plan (**2025/26 - 2027/28**) of the Department of Health.
- Has compiled with the latest available information from departmental business units: Annual Report, OHSC Regulated Norms & Standards, Service Charter, Business Process Mapping, Service Delivery Model, Batho Pele Revitalization Strategy (**statutory sources**).

Coordinated by:

Ms. N.L. Mdingi – Buqa

SDIP Coordinator

Date: 02 April 2025



Mrs. B. Ngada

SDIP Coordinator

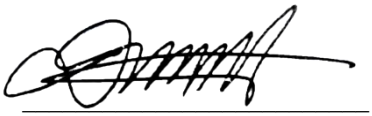
Date: 02 April 2025

Ms. L. Mangesi

SDIP Champion

Date: 02 April 2025

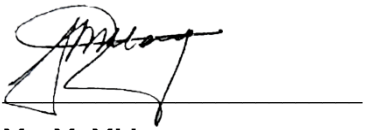
Recommended by:



Ms. M.S. Nokwe

Deputy Director General: District Health Services

Date: 02 April 2025

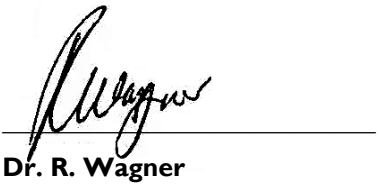


Mr. M. Mhlanga

Chief Financial Officer

Date: 02 April 2025

Approved by:



Dr. R. Wagner

Head of Department for Health

Date: 02 April 2025

Authorised by:

Honouarable N. Capa, MPL

MEC for Health

Date: 02 April 2025

Province of the
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PART A:
PREREQUISITES

PART A: PREREQUISITES

SUMMARY OF THE 2025/26 – 2029/30 SDIP FOR SERVICE DELIVERY

Introduction

The Service Delivery Improvement Plan (SDIP) for the Eastern Cape Health is informed by the 2025/26- 2029/30 Strategic Plan and it is aligned to the Annual Performance Plan (APP) 2025/26. This SDIP is developed to fulfil the requirements of the Public Service Regulations (2016) which state that "an Executing Authority shall establish and maintain a Service Delivery Improvement Plan (SDIP) aligned to the Strategic Plan for his or her department".

The goal of the SDIP is to provide a mechanism towards continuous and incremental improvement in service delivery from a service beneficiary point of view. This document outlines the approach to the development of SDIPs by the Provincial DoH in the context of the broader Integrated Planning Framework of the National Health System of South Africa, to ensure there is a uniform approach to the development of SDIPs and areas that it intends to improve in the next year.

This SDIP aims to enhance essential services by embracing the Batho Pele Principles to ensure the effectiveness and efficiency of service delivery. Its primary objective is to guarantee that all inhabitants of the Eastern Cape have access to superior healthcare. Maternal and Child health services are the focal points for ongoing enhancement. The accompanying prerequisite documents will be appended as annexures.

- Approved Service Delivery Model
- Complaints and Compliments Management Framework
- Norms and Standards on all 8 crosscutting Batho Pele Principles
- Departmental crosscutting performance report/ complaints/ satisfaction report
- Department of Health Strategic plan 2025-2030
- Department of Health Annual Performance Plan 2025/26
- Service Charter Booklet
- Version 2 of 22 Ideal Hospital Realisation Document
- Maternity Ward Regulatory District Hospital Inspection tool v2 Norms and standards
- Paediatric Ward Regulatory District Hospital Inspection tool v2 norms and standards
- Facility Assessment Supporting Tool (FAST).

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PART B:
LEGAL MANDATE, LISTED SERVICES & SITUATIONAL ANALYSIS

PART B: LEGAL MANDATE, LISTED SERVICES & SITUATIONAL ANALYSIS

1. VISION

Optimal health outcomes for the people of the Eastern Cape Province

2. MISSION

To attain Universal Health Coverage (UHC) for the people of the Eastern Cape Province, through Primary Health Care (PHC) approach utilising resources efficiently, to enable present and future generations to achieve optimal health outcomes and quality.

3. VALUES

The department's activities will be anchored on the following values in the next five years and beyond:

- Professionalism
- Fairness
- Accountability
- Commitment
- Teamwork
- Compassionate
- Responsiveness

4. LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

4.1 CONSTITUTIONAL MANDATE

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

The Constitution of the Republic of South Africa, 1996, places

obligations on the state to progressively realize socio-economic rights, including access to *(affordable and quality)* health care.

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence.

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care. People also have the right to access information if it is required for the exercise or protection of a right.

This may arise in relation to accessing one's own medical records from a health facility to lodge a complaint or for giving consent for medical treatment.

This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively.

Section 27 of the Constitution states as follows: with regards to health care, food, water, and social security:

(1) Everyone has the right to have access to:

  (a) Health care services, including reproductive health care.

  (b) Sufficient food and water; and

  (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights; and

(3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to 'basic nutrition, shelter, basic health care services and social services.

5. LEGISLATIVE AND POLICY MANDATES

5.1 NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial, and local governments with regard to health services.

The objectives of the National Health Act (NHA) are to:

- Unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- Provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services;
- Establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- Promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- Create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

Medicines and Related Substances Act, 1965 (Act No. 101 of 1965) - Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.

Hazardous Substances Act, 1973 (Act No. 15 of 1973) - Provides for

the control of hazardous substances, in particular those emitting radiation.

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973) - Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

Pharmacy Act, 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession, including community service by pharmacists.

Health Professions Act, 1974 (Act No. 56 of 1974) - Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

Dental Technicians Act, 1979 (Act No. 19 of 1979) - Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

Allied Health Professions Act, 1982 (Act No. 63 of 1982) - Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

SA Medical Research Council Act, 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role concerning health research.

Academic Health Centres Act, 86 of 1993 - Provides for the establishment, management, and operation of academic health centres.

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Sterilization Act, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilizations, including for persons with mental health challenges.

Sexual Offences Act 2007 – Ensures that children of certain ages are not held criminally liable for engaging in consensual acts with each other. Also to give presiding officers a discretion in order to decide in individual cases.

Medical Schemes Act, 1998 (Act No.131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

Council for Medical Schemes Levy Act, 2000 (Act No. 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999) - Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

Mental Health Care 2002 (Act No. 17 of 2002) - Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

National Health Laboratory Service Act, 2000 (Act No. 37 of 2000) - Provides for a statutory body that offers laboratory services to the public health sector.

Nursing Act, 2005 (Act No. 33 of 2005) - Provides for the regulation of the nursing profession.

Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007) - Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the Republic.

Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) - Provides for the regulation of foodstuffs, cosmetics, and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

Other legislation applicable to the Department:

Criminal Procedure Act, 1977 (Act No. 51 of 1977), Sections 212 4(a) and 212 8(a) - Provides for establishing the cause of non-natural deaths.

Children's Act, 2005 (Act No. 38 of 2005) - The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.

Occupational Health and Safety Act, 1993 (Act No. 85 of 1993) - Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993) - Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the

course of their employment, and for death resulting from such injuries or disease.

National Roads Traffic Act, 1996 (Act No. 93 of 1996) - Provides for the testing and analysis of drunk drivers.

Employment Equity Act, 1998 (Act No.55 of 1998) - Provides for the measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action.

State Information Technology Act, 1998 (Act No. 88 of 1998) - Provides for the creation and administration of an institution responsible for the state's information technology system.

Skills Development Act, 1998 (Act No. 97 of 1998) - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

Public Finance Management Act, 1999 (Act No. 1 of 1999) - Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) - Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it.

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000) - Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

Division of Revenue Act, (Act No. 7 of 2003) - Provides for the manner in which revenue generated may be disbursed.

Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

Labour Relations Act, 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.

Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997) - Prescribes the basic or minimum conditions of employment that an employer

must provide for employees covered by the Act.

Disaster Management Act 2002 (No. 57 of 2002) – establish a framework to prevent and reduce the risk of disasters, mitigating the severity of disaster, emergency preparedness, rapid and effective response to disasters and post-disaster recovery through the establishment of national, provincial and municipal disaster management centre.

6. INSTITUTIONAL POLICIES AND STRATEGIES OVER THE FIVE-YEAR

6.1 NATIONAL HEALTH INSURANCE (NHI) ACT

The National Health Insurance bill was passed by both houses of parliament (National Assembly and National Council of Provinces) in 2023. The phased implementation of National Health Insurance (NHI) is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable, and quality health services.

The act will improve the operations of the department through Ideal Clinic Realisation and Maintenance (ICRM) model which will improve our infrastructure and quality improvement of services and the enrolment of Contracting Units of Primary Health Care (CUP) which is at the initiation stage of the Re-engineering of Primary Health Care to improve health outcomes through Integrated School Health Programme (ISHP), Ward-Based PHC Outreach Teams, District Clinical Specialist Teams (DCSTs) and General Practitioners (GP) contracting services.

The NHI bill was assented into law by the President of South Africa in May 2024.

6.2 NATIONAL DEVELOPMENT PLAN (NDP): VISION 2030

The South African Government is entering its last 5 year cycle towards the 2030 vision. The overarching goal that measures impact is “Average male and

female life expectancy at birth increased to at least 70 years". The NDP goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. Also tracking the health system that essentially measures inputs and processes to derive outcomes.

Figure 1: National Development Plan

6.3 SUSTAINABLE DEVELOPMENT GOALS

The Department is committed in implementing Goal 3 of the Sustainable Development Goals (2030) - to ensure healthy lives and promote well-being for all at all ages, particularly focusing on the following:

- Reduction of the maternal mortality ratio to less than 70 per 100,000 live births.

- End preventable deaths of new-borns and children under 5 years of age, aiming to reduce neonatal mortality and under-5 mortality.
- Reduce the impact of the epidemics of HIV/AIDS, Tuberculosis, Malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases like COVID-19.
- Reduce premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health and well-being, deaths and injuries from road traffic accidents.
- Achieve Universal Health Coverage (UHC), including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

6.4 MEDIUM-TERM DEVELOPMENT PLAN (MDTP) 2024-2029

The plan comprehensively responds to the priorities identified by the cabinet of the 7th administration of democratic South Africa, which are embodied in the Medium-Term Development Plan for the period 2024- 2029.

Strategic Priority 2: Reduce poverty and tackle the high cost of living. The following outcomes and sub-outcomes guide the 2025/26 – 2029/30 planning cycle.

Outcome: Improved access to affordable and quality healthcare

Sub outcomes:

i Pursue the achievement of universal health coverage, in which everyone in South Africa has equal access to equitable, accessible, quality health services.

ii Implement the National Health Insurance through, among other things, finalising the implementation of the National Quality Improvement Plan to ensure public and private facilities pass inspection and are accredited to provide health care under the NHI Fund.

iii Fast-track the strengthening of healthcare infrastructure, employ more personnel and finalise the creation of a single electronic health record.

iv Strengthen the delivery of Primary Health Care (PHC) and ensure that clinics are well-resourced and appropriately staffed.

v Strengthen the implementation of the National Drug Master Plan to ensure a South Africa free of substance abuse.

Provincial Medium-Term Development Plan

The Eastern Cape Provincial Administration is strengthening and consolidating planning and promotes government departments to operate in an integrated manner. There are nine Integration Areas (IAs) the province has identified. The Department of Health must develop plans for Integration Area eight (8) – Non-Communicable Diseases, Mental Health and Social Determinants of Health.

Table 1: Integration Priorities with Health interventions and Health support

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
2. REDUCE POVERTY AND TACKLE THE HIGH COST OF LIVING	**Social Security**	**4. Anti-Poverty & Sustainable Livelihoods**	i. Ensure regular access to adequate and nutritious food to mitigate against Child Poverty & Malnutrition. ii. Develop sustainable Integrated Community Development interventions

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
			and increase economic opportunities towards self-reliant communities.
	Education & Health	**1. Inclusive Early Childhood Development and Learner Attainment**	i. Universal availability of comprehensive age-, and stage-appropriate quality Early Childhood Development services. ii. Increase Social Support to education for improved learner attainment.
		Non-Communicable Diseases, mental health & social determinants	i. Strengthen the implementation of Prevention and Control of Non-Communicable

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
		of health	Diseases. ii. Strengthen the implementation of Integrated Mental Health Services.
3. BUILD A CAPABLE, ETHICAL AND DEVELOPMENTAL STATE	DOCS	**3. Social cohesion, moral regeneration, community safety & GBVF**	I. Community conversations through Local leaders and heroes having conversations with communities and youth. II. Improve GBVF provincial response by upscaling early Interventions and Prevention Measures.

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
1. INCLUSIVE GROWTH AND JOB CREATION	DPWI	**5. Infrastructure, human settlements & broadband**	i. Respond to ageing infrastructure in order to meet universal access to basic services and support economic growth ii. Improve access to social amenities iii. Increase access to water, sanitation and electricity for health facilities and schools iv. Integrated urban space and public transport programme v. Rollout of broadband connectivity to various government facilities across the province vi. Support the development of the electricity

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
			transmission grid in the province. vii. Enable pipeline of utility scale energy projects
1. INCLUSIVE GROWTH AND JOB CREATION	DEDEAT	**6. Inclusive Economic Growth**	i. Revenue generation ii. Creation of public employment opportunities iii. Skills development for the economy
3. BUILD A CAPABLE, ETHICAL AND DEVELOPMENTAL STATE	OTP	**I. Youth development, skills development & training for the Economy**	I. Job Creation II. Inclusive Economy III. Development) IV. Food Security
Cross Cutting Priorities			i. Addressing Social Determinants of Health & Education & Social Development.

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
			ii. Strengthen Provincial Coordination and implementation of Provincial Integrated Anti-Poverty Strategy (PIAPS).
Department-specific (but critical) priorities			i. National Health Insurance - Accelerate implementation National Health Insurance. ii. Medico-legal - Strengthen the implementation of Integrated Medico-Legal Strategy to mitigate and manage medico- legal risks.

LISTED SERVICES

The main services provided by the Department of Health are as follows:

- Primary Health Care for the prevention of illnesses and provision of basic curative health services, including HIV, AIDS, STI and TB, Maternal Child and Women's Health and Nutrition, and Communicable Diseases control. These services are provided through the District Health Services programme, which also includes coroner and other community health services.
- Hospital Services – District, Regional and Provincial Hospitals cater for patients who require admission for treatment at general practitioner and / or specialist level. There are also Specialised Hospitals that cater for patients suffering from TB, mental illnesses, and patients who require long-term nursing care. Tertiary Hospitals provide facilities and expertise needed for sophisticated medical procedures.
- Emergency Medical Services (EMS) provides emergency care and transport for victims of trauma, road traffic accidents, and emergency medical and obstetric conditions. Planned patient transport is provided for inter-hospital transfer, while indigent patients are transported between clinics and hospitals.
- Forensic pathology services render forensic pathology and medico-legal services.
- Health Sciences and Training develops a capable health workforce for the Eastern Cape (EC) health system.
- Other services - Health Care Support services to ensure efficient health services as well as overall management and administration of public healthcare within the province. Also included are transversal health services (orthopaedic and prosthetic, rehabilitation, laboratory, social work and radiological services); and
- Health Facilities Management – upgrading and revitalization as well as maintenance of existing facilities including provision of appropriate health care equipment. The budget for minor maintenance has been decentralised to the district hospitals.

7. SITUATIONAL ANALYSIS

7.1 OVERVIEW OF THE PROVINCE

The Eastern Cape is spread over an area of 168,966 km2 and constitutes 13.8 percent of the South African land area and is located on the east coast of South Africa between the Western Cape and KwaZulu-Natal provinces. Inland, it borders the Northern Cape and Free State provinces, as well as Lesotho. The province is the fourth largest Province in the country after Western Cape, Kwa Zulu Natal and Gauteng. The region is known for its remarkable natural diversity, rugged coastline, and scenic mountains, ranging from the semi-arid Great Karoo to the forests of the Wild Coast and the Keiskamma Valley, the fertile Lang Kloof, and the mountainous southern Drakensberg region.

The province is divided into two metropolitan municipalities (Buffalo City Metropolitan Municipality and Nelson Mandela Bay Metropolitan Municipality) and six district municipalities, which are further subdivided into 31 local municipalities. Five districts (Alfred Nzo, Amathole, Chris Hani, Joe Gqabi and OR Tambo) fall under SEQ 1 which means are mostly deprived with only 1 district and 2 metros outside of this category. (Sarah Baartman, Buffalo City and Nelson Mandela)

7.2 EPIDEMIOLOGY AND BURDEN OF DISEASE

Generally, the disease burden is high, and the service platform is overburdened due to social determinants of health that the Department alone has no control over. The intervention that the Department had put in place is Inter-Governmental Relations (IGR) collaboration and integrated planning across sectors. According to Stats SA 2022, the causes of mortality as per the mortality report; were COVID-19, Diabetes, Hypertension and Tuberculosis were among the top causes of mortality in the Eastern Cape Province in 2020. Other external causes of accidental injury, assault and transport accidents were among the top unnatural causes of death.

7.3 MATERNAL AND WOMEN'S HEALTH

Prevention of unwanted pregnancies remain one of the key strategies in improving maternal and women's health. According to EC Health, (2023/24). Couple year protection rate has not shown significant improvement from 41.5% in 2020 to 41.6 % in 2021. Whist the 2023/24 performance has increased from 41.4 to 58.4, there is still a need to increase to cover more target group for prevention of pregnancy and associated infections e.g. HIV and STIs.

This challenge of low couple year protection may lead to unwanted pregnancies, HIV & STIs; this is concerning when considering that teenage pregnancy has also increased over the period to 17.4% in 2022/23. On the same period, low couple year protection rate was associated with teenage pregnancy rate from 17.6% to 18%, whilst about 15 000 women terminated their pregnancies.

Maternal mortality

An increase of maternal mortality in facility rate was noted in 2020/21 from 108 per 100 000 to 146.2 per 100 000 in 2020/21. There was a huge decline in 2021/22 to 114.8 per 100 000 but in 2022/23 there was an increase from 114.8 to 124.3 per 100 000 and to 136.2 per 100 000 live births in 2023/24.

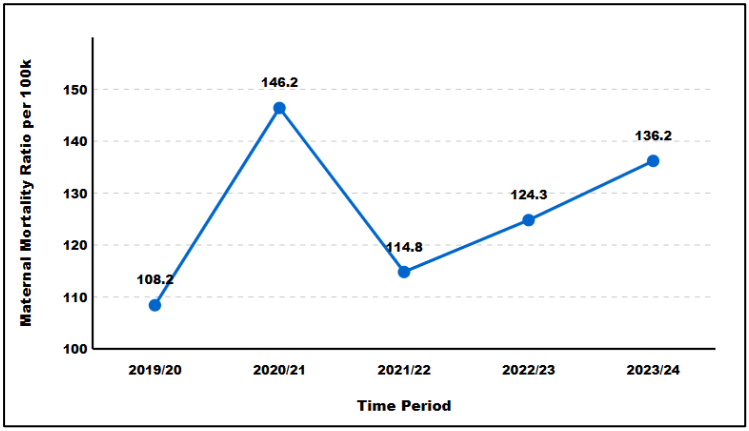

Figure 2: Maternal Mortality (per 100,000) per District in the EC, 2019/20 - 2023/24
Source: DHIS 2025

7.4 CHILD HEALTH

Under-5 mortality

Major factors that contribute to high Under 5 Mortality Rate include prematurity, low immunization coverage, delayed health seeking behavior, non-adherence to TB/HIV treatment and poor nutritional status of both mother and child.

Childhood mortality according to the causes of death:

- Neonatal deaths in facility rate which contributes to infant mortality, showed an increase from 12.3 per 1000 live births in 2019/20 to 15.1 per 1000 live births in 2023/24. The increase in Neonatal Deaths was attributed to severe prematurity caused by infections during pregnancy, hypoxia, other infections and congenital abnormalities.

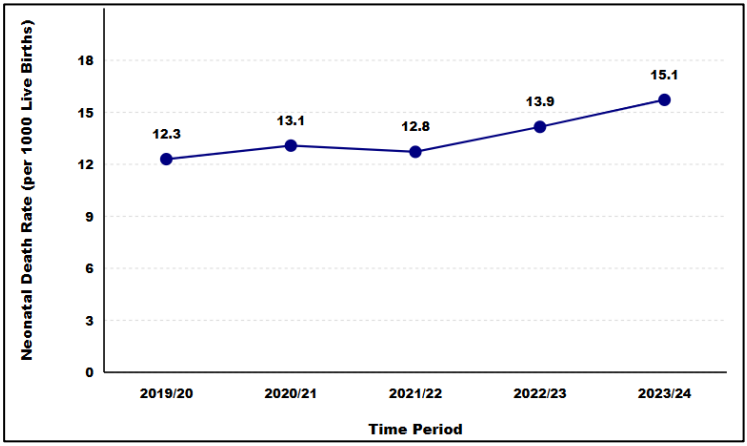

Figure 3: Neonatal deaths in facility rate (per 1000 live births), 2019/20 – 2023/24

Source: DHIS 2025

- The figure below shows an increase in the child under 5 years' diarrhea case fatality rate from 2.8% in 2019/2020 to a peak of 4% in 2020/2021, followed by a consistent decline between 0.6% in 2023/2024 to 3.4%. There was a consistent decline to 2.6% and 2.2% in 2022/23 and 2023/24 respectively. There was a significant deteriorating performance during the early COVID-19 pandemic period, and a substantial improvement over the subsequent three years after the peak of 2020/21, eventually achieving improved outcomes than of the pre-pandemic baseline. This may be due to increased number of nurses trained on IMCI Guidelines.

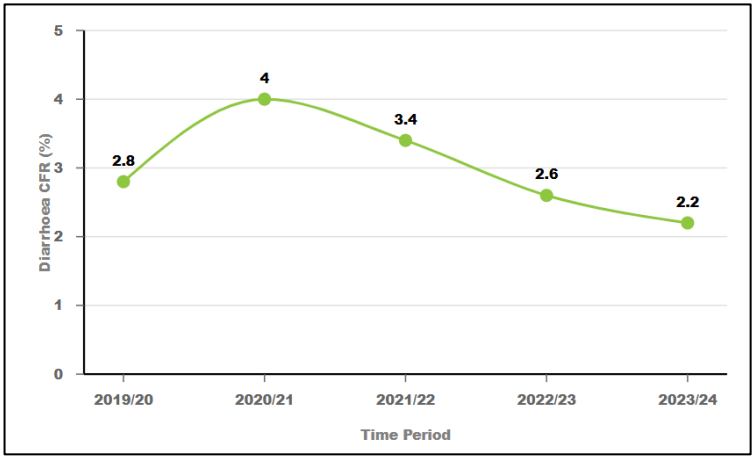

Figure 4:Child under 5 years Diarrhoea Case Fatality Rate Trends 2019/20-2023/24

Source: DHIS 2025

- The case fatality due to **pneumonia** has been stable in the past five years at around 3.4%, with a decline to 2.8% in 2022/23.

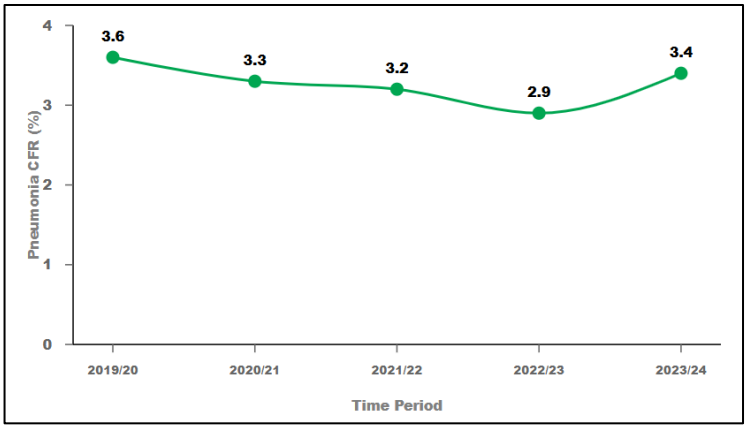

Figure 5: Child under 5 years Pneumonia Case Fatality Rate Trends 2019/20-2023/24

Source: DHIS 2025

- **Severe acute malnutrition** has been fluctuating in the past five years with the highest rate being 9.9% and having the lowest rate in 2022/23 at 7.6%. Late identification at community and facility level, poor breastfeeding practices, teenage pregnancy are some of the major issues that contribute to Severe Acute Malnutrition. To address social determinants of health associated with child malnutrition, the Department is collaborating with other stakeholders e.g. Social Development, Home Affairs, SASSA, DRDAR, DoE and partners.

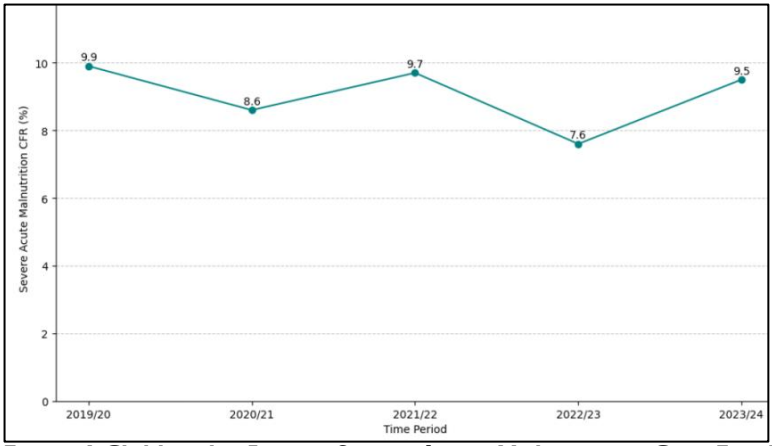

Figure 6:Child under 5 years Severe Acute Malnutrition Case Fatality Rate Trends 2019/20-2023/24

Source: DHIS 2025

In dealing with the above child mortalities, the Department is implementing the following recommendations:

- Growth monitoring at community (households and ECD Centres) and facility level
- Nutritional supplementation of eligible pregnant women and children
- Nutritional education of care givers and mothers on Infant and Young Child Feeding, including breast feeding

Province of the
EASTERN CAPE
HEALTH

PART C:
SDIP CRITICAL KEY SERVICES

PART C: SDIP CRITICAL KEY SERVICES

The SDIP development is focusing on the services where performance can be improved for betterment of the lives of service beneficiaries. Focus will be on 36 hospitals (the 28 Prioritized District Hospitals, three tertiary and five regional hospitals). For annual review of clinical outcomes data, provincial DHIS will be used to establish whether the interventions yielded positive results on general outcome indicators in the entire Province. For process indicators, focus will be on the 36 sampled hospitals. Consumers of service that are expected to benefit from the entire SDIP project are the following:

- Pregnant women.
- Children under the age of five years
- Family members
- Caregivers and supporting persons and
- Communities

1. SUMMARY OF THE SDIP CRITICAL (KEY) SERVICES

Table 2: Summary of the SDIP Critical (Key) Services

Number of SDIP Key Services (Based on Department's Resource Capability & Competencies	Key Performance Indicators (KPI)	Department Specific Set Standard	Baseline: Year 2023/24	Overall SDIP Cycle Target (2025 - 2030)					Portfolio of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
1. Maternal	**Maternal**	**<100/100 000**	**136.2/10**	**126/10**	**115/100**	**106/10**	**<100/1**	**<100/1**	DHIS

Number of SDIP Key Services (Based on Department's Resource Capability & Competencies	Key Performance Indicators (KPI)	Department Specific Set Standard	Baseline: Year 2023/24	Overall SDIP Cycle Target (2025 - 2030)					Portfolio of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
Health	**Mortality in facility ratio (per 100 000 live births)**		**0 000**	**0 000**	**000**	**0 000**	**00 000**	**00 000**	REPORT
	Num:	90	131	121	111	102	94	90	
	Den:	96 157	96 157	96 157	96 157	96 157	96 157	96 157	
	Antenatal 1st visit before 20weeks rate	**69**	**62.8%**	**65%**	**66%**	**67%**	**68%**	**69%**	
	Num:	69 934	63 640	65 880	66 894	67 907	68 921	69 934	
	Den:	101 354	101 354	101 354	101 354	101 354	101 354	101 354	
2. Neonatal Care	**Neonatal death (0-28 days) in facility rate (neonatal deaths as a proportion of**	**<10/1000**	**15.1/1000**	**14/1000**	**13/1000**	**12/1000**	**11/1000**	**<10/1000**	

Number of SDIP Key Services (Based on Department's Resource Capability & Competencies	Key Performance Indicators (KPI)	Department Specific Set Standard	Baseline: Year 2023/24	Overall SDIP Cycle Target (2025 - 2030)					Portfolio of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
	live births)								
	Num:	840	1350	1248	1146	1044	942	840	
	Den:	89 137	89 137	89 137	89 137	89 137	89 137	89 137	
3. Child Health services	**Death under 5 years against live births**	**<2%**	**2.3%**	**2.1%**	**<2%**	**<2%**	**<2%**	**<2%**	
	Num:	1184	2079	1900	1721	1542	1363	1184	
	Den:	89 137	89 137	89 137	89 137	89 137	89 137	89 137	
	Child under 5 years pneumonia case fatality rate	**2.3%**	**3.4%**	**2.7%**	**2.6%**	**2.5%**	**2.4%**	**2.3%**	DHIS REPORT
	Num:	86	127	101	97	93	90	86	
	Den:	3 736	3 736	3 736	3 736	3 736	3 736	3 736	
	Child under 5 years diarrhoea case fatality	**2%**	**2.2%**	**2.1%**	**2.1%**	**2%**	**2%**	**2%**	

Number of SDIP Key Services (Based on Department's Resource Capability & Competencies	Key Performance Indicators (KPI)	Department Specific Set Standard	Baseline: Year 2023/24	Overall SDIP Cycle Target (2025 - 2030)					Portfolio of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
	rate								
	Num:	95	110	103	103	98	97	95	
	Den:	4 908	4 908	4 908	4 908	4 908	4 908	4 908	
	Child under 5 years severe acute malnutrition case fatality rate	**7.5%**	**9.5%**	**9.2%**	**9.1%**	**9%**	**8.5%**	**7.5%**	
	Num:	87	109	106	105	104	98	87	
	Den:	1 151	1 151	1 151	1 151	1 151	1 151	1 151	

2. SUMMARY ON THE IMPROVEMENT OF BATHO PELE (SERVICE QUALITY) STANDARDS

Table 3: Summary on the improvement of Batho Pele (Service Quality) Standards

Batho Pele Principles & Set Standards	Key Performance Indicators (KPI)	Set Batho Pele Standards	Baseline: Year 2023/24	Overall SDIP Cycle Target 2025 - 2030					Portfolio Of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
1) **Professional Standards - Public Servants:**	Percentage of health professionals registered with relevant professional councils	All health professionals must be registered with relevant professional councils	New Indicator	100%	100%	100%	100%	100%	Provincial HR Report
2) **Working Environment Standards:**	Percentage of patients who report satisfaction with the cleanliness of the healthcare facility, as measured through surveys in the 36	All service users are treated in a healthy and safe environment that will ensure their physical and mental health.	New Indicator	74%	75%	75%	75%	75%	DHIS PEC Report

Batho Pele Principles & Set Standards	Key Performance Indicators (KPI)	Set Batho Pele Standards	Baseline: Year 2023/24	Overall SDIP Cycle Target 2025 - 2030					Portfolio Of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
	sampled hospitals								
	Percentage of hospitals implementing FAST tool	All targeted hospitals (36 hospitals) are implementing FAST tool	New Indicator	100%	100%	100%	100%	100%	FAST tool reports
	Severity assessment code (SAC1) incident reported within 24 hours rate	All health establishments have reported patient safety incidents.	New indicator	83%	86%	92%	94%	100%	Reports from Ideal Health Facility Website
3) Access Standards:	Percentage of health establishments monitoring patient waiting times for emergency	All service recipients should have equal access to department-specific services on an ongoing	New Indicator	30%	40%	50%	60%	70%	DHIS PEC Report Website Report.

Batho Pele Principles & Set Standards	Key Performance Indicators (KPI)	Set Batho Pele Standards	Baseline: Year 2023/24	Overall SDIP Cycle Target 2025 - 2030					Portfolio Of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
	interventions according to Ideal Health Facility	basis.							
	Number of District Hospitals with a minimum of two neonatal high care beds	All prioritized district hospitals with a minimum of two neonatal high care beds.	New Indicator	50%	60%	70%	80%	100%	District Quarterly Reports
	Antenatal 1st visit before 20 weeks rate	At least 65% of pregnant women are attending antenatal services before 20 weeks	62.8%	65%	66%	67%	68%	69%	DHIS Report

Batho Pele Principles & Set Standards	Key Performance Indicators (KPI)	Set Batho Pele Standards	Baseline: Year 2023/24	Overall SDIP Cycle Target 2025 - 2030					Portfolio Of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
4) Information Standards:	Number of health establishments displaying clear service boards at the entrance.	Health establishment must ensure that users are provided with adequate information about health care services available	New indicator	15	20	24	28	36	Ideal Health Facility report
	No of health facilities conducting open day events	Health facilities should conduct open day events to inform communities about services offered.	New Indicator	18	25	30	36	36	DCST reports

Batho Pele Principles & Set Standards	Key Performance Indicators (KPI)	Set Batho Pele Standards	Baseline: Year 2023/24	Overall SDIP Cycle Target 2025 - 2030					Portfolio Of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
	No. of districts observing MCWH & INP related health calendar days.	All districts should observe MCWH& INP related health calendar days.	New Indicator	8	8	8	8	8	Provincial MCWH&INP quarterly report
5) Redress Standards:	Complaints resolution rate within 25 working days	If the promised standard of service is not delivered, service beneficiaries should be offered an apology, a full explanation and a speedy and effective remedy within 25 working days of	80%	85%	85%	90%	90%	90%	Ideal Health Facility report
	Percentage of health establishments reporting on complaints management		70%	70%	75%	75%	75%	75%	

Batho Pele Principles & Set Standards	Key Performance Indicators (KPI)	Set Batho Pele Standards	Baseline: Year 2023/24	Overall SDIP Cycle Target 2025 - 2030					Portfolio Of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
		their complaint.							
6) Consultation Standards:	Patient experience of care survey rate	At least 10 % of service recipients are consulted annually through surveys about the quality, cost and timing of department-specific services they are entitled to receive	86%	86%	87%	88%	89%	90%	DHIS PEC Report
7) Service Standards	Number of health establishments displaying service standards	Service recipients are informed about the level, cost (if any), and quality of	New indicator	15	20	24	28	36	Ideal Health Facility report

Batho Pele Principles & Set Standards	Key Performance Indicators (KPI)	Set Batho Pele Standards	Baseline: Year 2023/24	Overall SDIP Cycle Target 2025 - 2030					Portfolio Of Evidence
				Year 1	Year 2	Year 3	Year 4	Year 5	
		department-specific services they will receive through the publication of a service chart that is reviewed annually.							

3. CHANGE MANAGEMENT PLAN

Successful change management process within the Department is dependent on the full involvement of employees. All employees that will be affected by change will be identified and engaged on the proposed changes.

Table 4: Change Management Plan

3. CHANGE MANAGEMENT PLAN				
IDENTIFIED STAKEHOLDER CONSULTATIONS:	STAKEHOLDER's NAME	STAKEHOLDERs INTERESTS	METRICS (WEIGHTING & RELEVANCE)	EXPECTED BENEFIT/S
	Healthcare practitioners	Consultation		**Stakeholder**

3. CHANGE MANAGEMENT PLAN				
	Hospital governance structures District Health Council (DHC) Civil society, Parents/ Caregivers and youth structures House of traditional leaders NGOs	Information		**inputs**
COMMUNICATION MEASURES REQUIRED:	**IDENTIFIED COMMUNICATIONS MEASURES**	**FREQUENCY**	**MANNER OF COMMUNICATION**	**OBJECTIVES**
	District Outreach programmes Hospital boards, Clinic committees and District Health Council (DHC) meetings Imbizo	Monthly	Awareness campaigns	Behaviour change strategy
	District Performance	Quarterly	Reports	Communication with

3. CHANGE MANAGEMENT PLAN				
	Reviews			stakeholders
INTERVENTIONS REQUIRED INTERNALLY:	**IDENTIFIED INTERNAL INTERVENTIONS**	**SOLUTION REQUIREMENTS**	**REQUIRED RESOURCES**	**ACTION PLAN**
	— SDIP information sessions will be conducted. — Prepare the 36 sampled health establishments for change, develop a change business case, and communicate the change.	Training of healthcare professionals.	Equipment and budget	
INTERVENTIONS REQUIRED EXTERNALLY:	**IDENTIFIED EXTERNAL INTERVENTIONS**	**SOLUTION REQUIREMENTS**	**RESOURCES REQUIRED**	**ACTION PLAN**
	Hospital boards, Clinic committees, District Health Council (DHC), Civil society, youth structures and House of traditional leaders will communicate the SDIP with their community structures.	— Community imbizos by inviting community structures. — War rooms per ward	Reading material ,Loud hailers, visual aids per programme requirements	

3. CHANGE MANAGEMENT PLAN				
		communicate to community development workers		

4. MONITORING, REPORTING AND EVALUTION PLANS

Table 5: Monitoring, Reporting and Evaluation Plans

MONITORING PLAN:	The hospital will host the monthly perinatal morbidity and mortality meeting.							
REPORTING PLAN:	The SDIP task team will consult with key service line managers and align SDIP reporting with departmental monitoring and reporting systems on a quarterly and annual basis for submission to the Head of Department (HOD) and Office of the Premier within the expected time frames (OTP).							
EVALUATION PLAN:	**IMPACT ASSESSMENT MEASURES**							
	KEY PERFORMANCE INDICATORS (KPI)	**BASELINE :YEAR 2023/24**	**OVERALL SDIP CYCLE TARGET 2025 – 2030**					**PORTFOLIO OF EVINDENCE**
			Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	
SATISFACTION MEASURES:	Patient Experience of Care Survey Rate	86%	86%	87%	88%	89%	90%	DHIS Report
EFFECTIVENESS	Maternal Mortality in	136.2/100	126/100 00	115/10	106/100	<100/10	<100/10	

MEASURES: Maternal mortality reduced	facility ratio (per 100 000 live births)	000	0	0 000	000	0 000	0 000	
	Antenatal 1st visit before 20weeks rate	62.8%	65%	66%	67%	68%	69%	
Neonatal mortality reduced	Neonatal (0-28 days) in facility rate (neonatal deaths as a proportion of live births)	15.1/1000	14/1000	13/1000	12/1000	11/1000	<10/1000	
Child mortality reduced	Death under 5 years against live births	2.3%	2.3%	2.1%	<2%	<2%	<2%	
	Child under 5 years pneumonia case fatality rate	3.4%	2.7%	2.6%	2.5%	2.4%	2.3%	
	Child under 5 years diarrhoea case fatality rate	2.2%	2.1%	2.1%	2%	2%	2%	
	Child under 5 years severe acute malnutrition case fatality rate	9.5%	9.2%	9.1%	9%	8.5%	7.5%	