Province of the
EASTERN CAPE
HEALTH

SERVICE DELIVERY IMPROVEMENT PLAN

2018/19 - 2020/21

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ABBREVIATIONS & ACRONYMS

AGSA	Auditor-General SA
APP	Annual Performance Plan
AIP	Audit Intervention Plan
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
BAC	Basic Accounting System
BANC	Basic Antenatal Care
CCMDD	Central Chronic Medicine Dispensing and Distribution
CFO	Chief Financial Officer
CoE	Compensation of Employees
CSSD	Central Sterile Supply Department
CIBD	Construction Industry Development Board
CHCs	Community Health Centres
CHCWs	Community Health Care Workers
DCSTs	District Clinic Specialist Teams
DDG	Deputy Director General
DHIS	District Health Information System
DHS	Demographic Health Survey
DOTS	Directly Observed Treatment Short-Course
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
DM	District Municipality
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECSECC	Eastern Cape Socio-Economic Consultative Council
ELHC	East London Hospital Complex
EMS	Emergency Medical Services
GHS	General Household Survey
HST	Health Sciences and training
HAST	HIV & AIDS, STI and TB control
HCT	HIV Counselling and Testing
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPTD	Health Professionals Training and Development (Grant)
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
ICT	Information and Communications Technology
IMR	Infant mortality rate
ISHP	Integrated School Health Programme
IT	Information Technology
MDG	Millennium Developmental Goals
MDR-TB	Multi-drug resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MMC	Medical Male Circumcision
MMR	Maternal mortality ratio
MTCT	Mother-To-Child-Transmission
MOU	Maternal Obstetric Unit
MTSF	Medium Term Strategic Framework
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NNMR	Neonatal Mortality Rate
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OPD	Outpatient Department
OSD	Occupational Specific Dispensation
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PERSAL	Personnel and Salaries
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMR	Perinatal Mortality Rate
PMTCT	Prevention of Mother-To-Child Transmission
PSS	Patient Satisfaction Surveys
PPPs	Public-Private Partnerships
RPHC	Revitalization of PHC
RPHC	Re-engineering the Primary Health Care System
SADHS	South Africa Demographic and Health Survey
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
SOP	Standard Operating Procedure
Stats SA	Statistics South Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
THS	Traditional Health Services
TROA	Total clients Remaining on ART
WBOTs	Ward-Based Outreach Teams

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FOREWORD BY MEC

Delivery of quality health care services is a priority of government and to give effect to this, the department has accordingly identified Re-engineering of Primary Health Care (RPHC) as its apex priority. RPHC is a corner stone of the National Health Insurance (NHI) and hence fundamental in our plans for improved service delivery.

Our focus will ensure that the Eastern Cape Department of Health renders a quality, effective and efficient health care service to its client, the needy members of society.

This SDIP is an important document which gives guidance to the department's efforts to enhance service delivery and also better the livelihood of our people. It is therefore important that we align our work to this SDIP and employ a holistic approach which will improve the way we render our services for the benefit of our service users.

To this effect, the department will scale up quality improvement plans as outlined in the recommendation of the Office of Health Standards Compliance (OHSC), the Ideal Clinic Realization and Maintenance (ICRM) and enforcement of Batho Pele Principles through strengthening and adherence to the National Core Standards.

As we move towards implementation of the next phase of the NHI, it is important that we take a radical approach which will afford our people access to universal health coverage. This SDIP will hence assist us to achieve our service delivery obligations and also give guidance in service delivery.

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Dr P.P. Dyantyi

MEC for Health, Eastern Cape Province

OVERVIEW BY HEAD OF THE DEPARTMENT

The SDIP Directive of October 2008 issued in terms of Section 41 (3) of Public Service Act of 1994 requires departments to submit SDIPs every 3 years, aligned with the MTEF period. In accordance with chapter 3, Part 3: Regulation 38 of the Public Service Regulations (2016), an Executing Authority shall establish and maintain a service delivery improvement plan (SDIP) aligned to the strategic plan for his or her department.

The main objective of the SDIP is to guarantee continuous, effective and efficient service delivery improvement through the embracing of the Batho Pele principles within the SDIP itself. In accordance with the dictates of the Public Service Regulation, the Eastern Cape Health developed a Service Delivery Improvement Plan (SDIP) 2018 MTEF aligned to the Strategic Plan and Annual Performance Plan as well as Operational Plan. The Eastern Cape Health used a customer centric approach analysing information from complaints and customer care surveys. Information from the customers suggests some weaknesses in the health service delivery hence the development of the SDIP to bridge the gap.

An integrated, cross cutting and multidisciplinary team comprising of members reflected under point 1.2 of this SDIP and headed by the Deputy Director General: Clinical Management Services, was assigned the task of putting together this SDIP. The department's strategic approach to service delivery improvement is consistently guided by:

- National paradigm imperative of fast tracking quality improvement with the six priority areas (Non-Negotiables) as pronounced by the National Minister of Health; and
- Strong drive to adhere to compliance with the National Core Standards by all health facilities. This is viewed as being a stepping stone for the roll out of the National Health Insurance Programme for the ultimate attainment to universal health coverage and thus an integrated single health system in the country.

The department has thus identified the following services as priority focus areas for Service Delivery Improvement during this period:

- **Maternal Health Services,**
- **Child Health Services Supported with Emergency Medical Services, Availability of Medicines, and Clinical Records Management.**

The Eastern Cape Department of Health now presents its 2018 MTEF SDIP which has been developed and aligned with mandatory requirements as stipulated in the Public Service Regulation, 2016.

Dr. T. D. Mbengashe
SG for Health, Eastern Cape Province

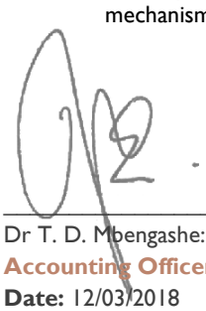
ACKNOWLEDGEMENT

- The department records its sincere gratitude and appreciation to the Department of the Public Service and Administration and Office of the Premier for support and guidance in putting together the SDIP Document.
- The cross cutting multi- disciplinary team that was tasked to develop this SDIP.
- The District Health Forums, Councillors and Hospital Boards who made valuable inputs towards selection of key services for service delivery improvement planning.

OFFICIAL SIGN OFF

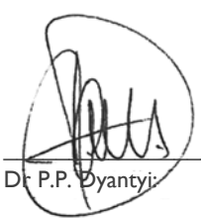
It is hereby certified that this SDIP:

- Was developed by the Provincial Department of Health in the Eastern Cape Province
- Was prepared in line with the current strategic plan of the Eastern Cape Department of Health under the guidance of the MEC for Health, Dr P.P. Dyantyi
- The improvement actions planned herein, will be monitored through the performance quarterly monitoring mechanism



Dr T. D. Mbengashe:
Accounting Officer
Date: 12/03/2018

APPROVED BY:



Dr P.P. Dyantyi:
Executive Authority
Date: 12/03/2018

Province of the
EASTERN CAPE
HEALTH

PART A

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SERVICE DELIVERY IMPROVEMENT PLAN

PART A: SERVICE DELIVERY IMPROVEMENT PLAN DEVELOPMENT.

1. INTRODUCTION

This SDIP is developed to fulfil the requirements of the Public Service Regulations (2016) which states 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 Service Delivery Improvement Plan (SDIP 2018/19-2020/21) for the Eastern Cape Department of Health is informed by the feedback from health service users as well inputs from internal and external key stakeholders through surveys, complaints and media reports. The following six priority areas within the National Core Standards have been considered for fast-track improvement:

- Values and attitudes of staff
- Cleanliness
- Waiting times
- Patient safety and security
- Infection prevention and control
- Availability of basic medicines and supplies

In response to the situational analysis conducted and the strategic intent and direction, the Maternal and Child Health Services remain the key focus areas of this SDIP, aimed at reducing child and maternal morbidity and improving the quality of health care. Patient safety remains the cornerstone of improvement in the identified key service elements.

The SDIP 2018/19-2020/21 is further aligned to Strategic Plan of the 2015/16 – 2019/20 and Annual Performance Plan as well as the current Operational Plan.

1.1 APROACH IN THE DEVELOPMENT OF THE SDIP

The table below depicts the approach utilised in the preparation of the SDIP

Table 1: SDIP Development phases

Phases	Steps	Date	Activities	Purpose	Decision taken
1. Obtain Buy- in from the Department	Situation analysis	1-30 /11/2017	Analysis of complaints and patient satisfaction reports.	Identification of critical areas for improvement within the department	Maternal and child Health Services, Emergency Medical Services, medicine availability, long waiting times and staff attitudes identified as areas with most complaints
	Consultation with internal stakeholders	6 /2/ 2018	Clinical Cluster Meeting attended	a) Collecting inputs on identification of critical areas for SDIP. b) Develop a process plan for SDIP development	Maternal and Child Health Services identified as key services for improvement
	Appointment of SDIP Team	22/2/2018	Approved Memo by SG	Appointment of a cross cutting Service Delivery Improvement Plan (SDIP) Team with representatives from all branches within the clinical cluster	Approved appointment of SDIP Core Team
2. Development phase	Consultation with external stakeholders	7/11/2017	Chris Hani District Health Forum	Inputs on identification of critical areas for SDIP.	The Forum agreed on incorporation of Maternal and Child Health in the SDIP
	Consultation with external stakeholders	22/2/2018	Hospital Boards, Councillors and Ward Committees of Makana Sub district.	Collecting inputs on identification of critical areas for SDIP.	The Hospital Boards appreciated the selection of the two services identified, as well as the SDIP Processes as follows.
	Process Mapping Procedure done with front line staff	13 - 22 /02 /2018	Session with Empilweni Gompo Community Health centre and Cecilia Makhiwane Regional Hospital	Development of AS- IS process maps for the identified services.	The process maps were adopted by the frontline staff and management of both facilities.

1.2 SDIP TEAM.

The following team members were selected based on their direct contribution to maternal and child health services which is earmarked as a key service improvement area for the 2018/19-2020/21 SDIP:

Table 2: SDIP team members

No.	Name	Rank	Responsibility in the Committee	Contact Details
i.	Dr. P. Maduna	DDG: Clinical Services.	Project Sponsor	Patrick.Maduna@echealth.gov.za 040 608 1223
ii.	Ms M. Nokwe.	GM: Health Programs	Project Leader - Process and Content Owner.	Miyakazi.Nokwe@echealth.gov.za 040 608 0828
iii.	Dr. L. Matiwane	GM: Hospital services	Process and Content Owner.	Litha.Matiwane@echealth.gov.za 040 608 1163
iv.	Dr. S. Moko	GM: District Health Services.	Process and Content Owner -Overall responsibility for District hospitals and Primary Health Care.	Singilizwe.Moko@echealth.gov.za 040 608 1133/35
v.	Mr. K. Matshotyana	GM: EMS and Pharmaceuticals.	Process and Content Owner.	kidwell.matshonyana@echealth.gov.za 040 608 1103
vi.	Dr. S. Mandondo	Amathole: District Clinical Specialist Team	Technical Expertise in Obstetrics	sibongile.mandondo@echealth.gov.za 043 707 6766
vii.	Dr. S. Beja.	GM: Quality Health Assurance Services	Coordination and Quality Assurance	samuel.beja@echealth.gov.za 040 608 1148
viii.	Mr. S. Frachet	GM: Budget Planning	Resource allocation to the project	Sean.Frachet@echealth.gov.za 040 608 1232
ix.	Ms.N. Maseko	GM: Corporate Services.	Leader of Records Management Project	Nompumelelo.maseko@echealth.gov.za 040 608 1141
x.	Ms. N. Mqoqi	Acting GM: Strategy and Organisational Performance	Alignment of SDIP to other Statutory Documents.	nokuzola.mqoqi@echealth.gov.za 040 608 1315
xi.	Mr. L Finini	Senior Manager: Organisational Development.	Business process mapping and unit costing	Luyanda.finini@echealth.gov.za 040 608 9510

2. MAIN SERVICES PROVIDED TO THE DIFFERENT TYPES OF CUSTOMERS.

2.1 MAIN SERVICES PROVIDED

The following are the main services provided by the Eastern Cape Department of Health:

- Delivery of primary health care services through the implementation of the district health system.
    - Provision of maternal and child health services
    - Provision of HIV/ AIDS, sexually transmitted infection and TB management services
    - Prevention and promotive services for non-communicable diseases
    - Provision of Coroner services
- Provision of the Emergency Medical Services as well as planned patient transport services including disaster management services.
- Provision of secondary hospital services and specialised services, which include psychiatry and TB hospital services.
- Delivery of the modern tertiary services platform.
- Provision of transversal health (orthotic & prosthetic, rehabilitation, laboratory, social work services and radiological services) and pharmaceutical services.

The following key services are identified for improvement in the 2018/19-20/21 service delivery improvement plan (SDIP)

- Maternal health services
- Child health services

2.2 CUSTOMERS OF THE EASTERN CAPE DEPARTMENT OF HEALTH

The primary and secondary customers, and critical stakeholders of the Department are the communities who attend public health facilities in the Eastern Cape Province

2.3 KEY STAKEHOLDERS FOR EASTERN CAPE HEALTH.

The stakeholders with whom the Department of Health interacts include the following: -

- Private health organisations;
- Organised labour within the health sector;
- Traditional health service providers;
- District health councillors;
- Human Rights Commission;
- Youth Commission;
- Commission for Gender Equality;
- Women groups;
- Designated groups (The youth, elderly, disabled, women and children.)
- Special interest groups;
- Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs);
- Clinic committees and Hospital boards;
- Health professionals in the public and private sector;
- Associations for Health Professionals e.g. South African Medical Association.

2.4 CONSULTATION ARRANGEMENT WITH THE DEPARTMENT'S INTERNAL AND EXTERNAL CUSTOMERS

- Provincial Health Council (PHC) chaired by Member of the Executive Council meets twice a year.
- District Health Councils (DHC) chaired by the Executive Mayors, comprise of District Management Team, Portfolio Councillors and meet on a quarterly basis.
- The health governance structures i.e. clinic committees and hospital boards meet on a quarterly basis.

2.5 BARRIERS TO SERVICE ACCESS

I. **The rural nature of the Province results in:**
   a. Poverty
   b. Unemployment
   c. Lack of basic services (water, sanitation, electricity).

II. Terrain and vastness of the province.

III. Spatial arrangement and layout of health facilities

IV. Departmental skills mix.

2.6 MECHANISMS OR STRATEGIES TO PROGRESSIVELY MITIGATE SERVICE BARRIERS

I. **The rural nature of the Province**
   a. **Poverty**
      i. Expanded Public Works Programme (EPWP)
      ii. Community Health Workers (CHW) programme
   b. **Unemployment**
      i. EPWP
      ii. CHW programme
   c. **Lack of basic services**
      i. Collaboration and integration with other departments

II. **Terrain and vastness of the province**
   a. Use of 4x4 emergency vehicles to provide service
   b. Aeromedical services
   c. Increase the number of service vehicles in the province. (EMS and mobile clinics)
   d. Tracking of service vehicles to ensure efficiencies in utilisation
   e. Re-engineering of Primary Health Care(RPHC)
   f. Centralised Chronic Medication Dispensing and Delivery. (CCMDD)
   g. Integrated Chronic Disease Management (ICDM)
   h. Improve collaboration with strategic partners and sector departments

III. **Spatial arrangement and layout of health facilities**
   a. Integrated spatial planning
   b. Implement Rationalised Service Delivery Plan (RSDP) of the department

IV. **Departmental skills mix**
   a. Implement the departmental Human Resource Development Plan (HRD)
   b. Implement the Departmental Annual Recruitment Plan (ARP)
   c. Implement the department retention strategy

3. STRATEGIC OVERVIEW

VISION

A quality health service to the people of the Eastern Cape Province, promoting a better life for all.

MISSION

To provide and ensure accessible, comprehensive, integrated services in the Eastern Cape, emphasizing the primary health care approach, optimally utilizing all resources to enable all its present and future generations to enjoy health and quality of life.

VALUES

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

- Equity of both distribution and quality of services
- Service excellence, including customer and patient satisfaction
- Fair labour practices
- Performance-driven organization
- High degree of accountability
- Transparency

LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

The legislative mandate of the Department is derived from the Constitution and several pieces of legislations passed by Parliament. In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

- Section 27 (1): "Everyone has the right to have access to – (a) health care services, including reproductive health care;
- (3) No one may be refused emergency medical treatment"
- Section 28 (1): "Every child has the right to … basic health care services…"
- Schedule 4 which lists health services as a concurrent national and provincial legislative competence.

There are three main legislation that fall under the Minister of Health's portfolio. These are:

- Mental Health Care Act (17 of 2002), which 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 the observation of human rights for mentally ill patients;
- National Health Act (61 of 2003) which provides a framework for a uniform 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, and;
- Nursing Act, of 2005, which provides for the regulation of the nursing profession

The following legislation will be looked at with scrutiny to establish the obligation arising therein

- Promotion of PAIA and PAJA
- Protection of Personal Information Act
- Financial Services Laws General Amendment Act
- Promotion of Administrative Justice Act

4. SITUATIONAL ANALYSIS.

4.1 DEMOGRAPIC PROFILE

The 2016 Community Survey conducted by Statistics South Africa estimated the Eastern Cape Province to be having a total population of 6,996,976. About 20.8% of the provincial population were living in OR Tambo district. The females accounted for more than half of the total population. The province is spread over an area of 168 966 km² and constitutes 13.8% of the total South African land area.

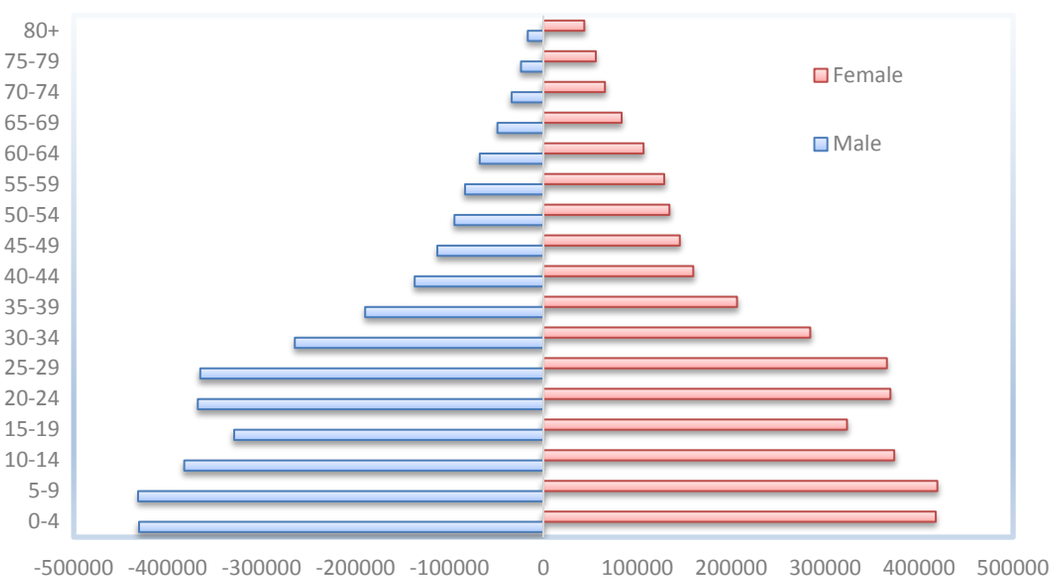
Table 3: Population Distribution by Health District Municipality (DM), 2016 estimates

District Municipality/ Metro	Total population[1]	Males[1]	Females[1]	% population[1]	Size of area (km^2)[2]
Alfred Nzo DM	867,893	397,217	470,677	12.4	10731.2
Amathole DM	914,820	432,295	482,525	13.1	21594.9
Buffalo City Metro	810,528	392,681	417,847	11.6	2535.9
Chris Hani DM	830,494	394,339	436,155	11.9	36143.5
Joe Gqabi DM	373,340	176,629	196,711	5.3	25662.7
Nelson Mandela MM	1,263,051	618,528	644,523	18.1	1958.9
OR Tambo DM	1,456,927	679,686	777,240	20.8	12095.5
Sarah Baartman DM	479,923	236,120	243,803	6.9	58243.3
Eastern Cape	**6,996,976**	**3,327,495**	**3,669,481**	**100**	**168,966.0**

Sources: [1] Stats SA Community Survey 2016; [2]ECSECC April 2012

Population Pyramid

Fig. 1: Eastern Cape Population (Stats SA mid-year population estimates, 2016)



The Eastern Cape Province is home to a largely younger population. The 2016 social profile of youth report by Statistics South Africa was estimating that the proportion of households with youth that experienced hunger has increased from 18.6% in 2010 to 24.5% in 2014. This was way above the South African figures which were reported as 13.5% in 2010 and 16.2% in 2014. As a result, the capacity of the state is usually overstretched due to high demand of basic services like education, health care services, social services, employment opportunities and housing. These challenges in the Eastern Cape especially in the OR Tambo and Alfred Nzo Districts with more than a quarter of the provincial population, are further exacerbated by the historical backlogs that were a result of the previous apartheid and homeland governments.

4.2 SERVICE DELIVERY PLATFORMS

There are 1004 health facilities rendering healthcare services on different levels from primary to tertiary healthcare inpatient and outpatient services to the population of 6 996 976 (Stats SA, 2016). These facilities include: 1 Central Hospital, 2 Tertiary Hospitals, 5 Regional Hospitals, 10 Specialized TB Hospitals, 4 Psychiatric Hospitals, 1 Orthopedic Hospital, 1 Chronic Care Hospital, 65 District Hospitals, 41 CHCs, 731 clinics, 132 mobile clinic points, and 8 satellite clinics. Over 89% population is uninsured, therefore relies on public health system.

Referral pathways are conditionally skewed due to historical demarcations and inequities, limited skills, human resources and equipment challenges. Such referral challenges affect quality of care whereby inappropriate referrals overburdens higher levels of care, which in turn affects timeous risks diagnosis and early intervention

4.3 BURDEN OF DISEASE

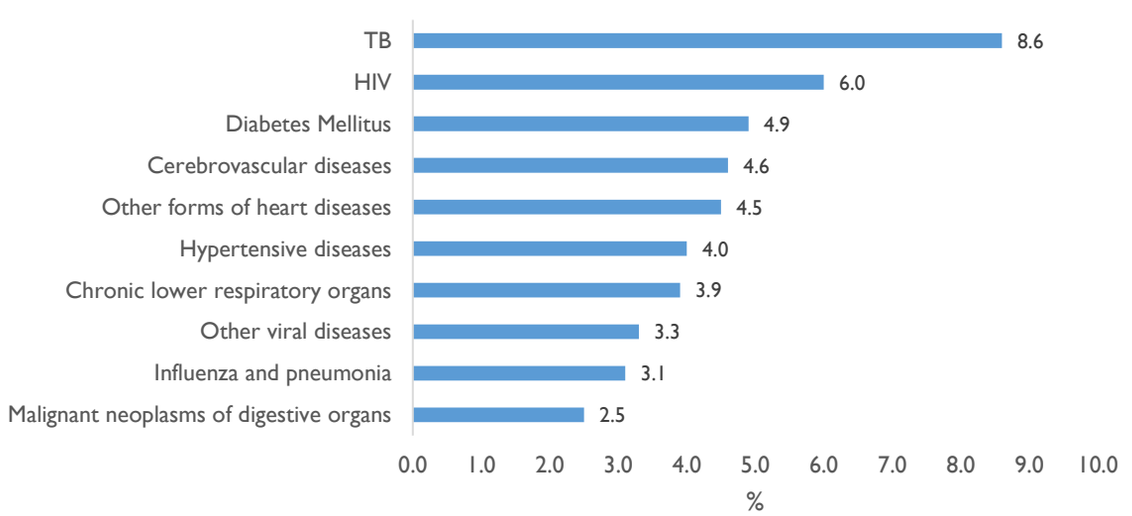
The province is characterized by a quadruple burden of disease-namely communicable (including TB/HIV/AIDS), perinatal and maternal, non-communicable and injury-related conditions. These are the result of the low socio- economic conditions that directly affect the health outcomes and the quality of life (current health status of an individual).

The province is characterized by a low socio-economic status, i.e. high poverty rate (57.2%) especially in Alfred Nzo, Amathole, Chris Hani and OR Tambo districts. The concern is with the predominantly rural districts with low developmental indicators. These districts tend to have higher poverty rates, higher unemployment rates and there is a low medical aid coverage. The huge population that does not have medical aid depend entirely on government health services or they may pay for their medical bills in private health facilities in cases where they can afford to do so. In addition, there are low literacy levels.

THE UNDERLYING CAUSES OF MORTALITY

The 2015 mortality statistics as presented by Statistics South Africa on the figure below suggested that communicable diseases (like TB and HIV) remains the leading cause of mortality in the province. The diabetes mellitus moved up as the third cause of mortality. The socio-economic conditions play a huge contribution in the fight against morbidity and mortality in particular due to communicable diseases. Limited access to economic prosperity and social belonging exposes especially the youth on high risk behaviours.

Fig. 2:Ten leading underlying causes of natural deaths in the Eastern Cape, 2015
(StatsSA 2017)



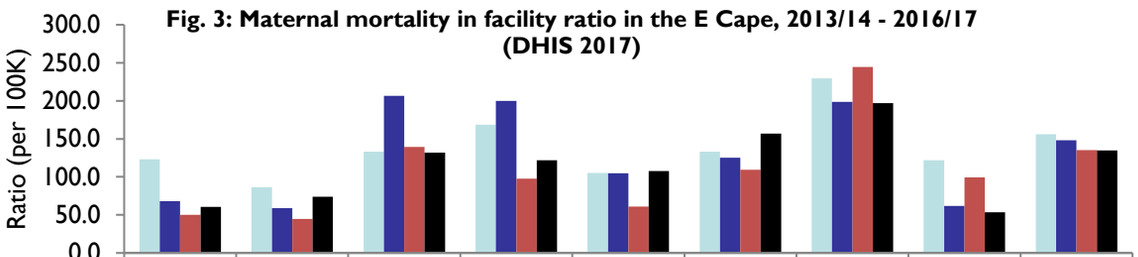
CHILD AND MATERNAL HEALTH

Maternal Mortality Ratio

Maternal mortality in health facilities is slightly going down in the province. In 2013/14 the maternal mortality ratio reported to be 156.2 per 100,000 and dropped to 135.0 per 100,000 in 2016/17 financial year. The OR Tambo district remains the most challenged area though reported a drop in 2016/17. Alfred Nzo, Amathole and Sarah Baartman districts reported the low maternal mortality ratios especially over the last three financial years.

Maternal mortality ratio

Fig. 3: Maternal mortality in facility ratio in the E Cape, 2013/14 - 2016/17 (DHIS 2017)

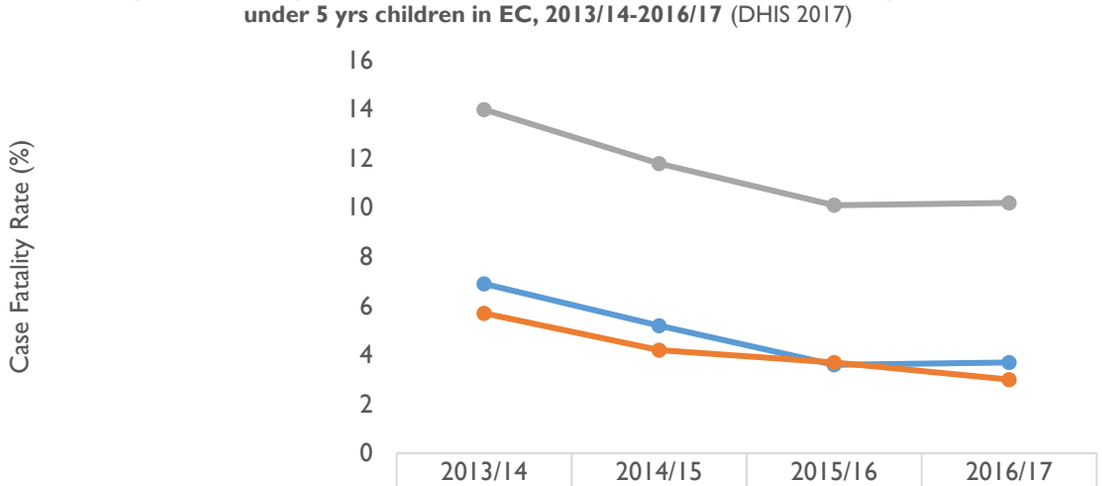


	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	123.2	86.3	133.3	168.5	105.2	132.9	229.7	121.7	156.2
14/15	67.9	58.8	206.7	199.8	104.6	125.3	198.5	61.7	148.3
15/16	50.2	44.8	139.4	97.5	61.0	109.4	244.7	99.4	135.2
16/17	60.4	74.0	131.7	122.0	107.7	156.8	196.9	53.4	135.0

Under-5 mortality

The case fatality rate due to diarrhoea, pneumonia, and severe acute malnutrition among children under 5 years has been showing decline in the province, which might be associated with the child health interventions. It is only in 2016/17 wherein there was no decline in diarrhoea and severe acute malnutrition when compared against 2015/16 data.

Fig.4: Diarrheal, pneumonia and severe acute malnutrition case fatality rate on under 5 yrs children in EC, 2013/14-2016/17 (DHIS 2017)



	2013/14	2014/15	2015/16	2016/17
<5 diarrhea	6.9	5.2	3.6	3.7
<5 pneumonia	5.7	4.2	3.7	3
<5 severe acute malnutrition	14	11.8	10.1	10.2

TUBERCULOSIS

The TB incidence has been decreasing in the Eastern Cape over the years. The Pulmonary TB new smear positive incidence rate was 493 per 100,000 in 2009 and, thereafter it gradually decreased a lower rate of 206 per 100,000 in 2016. The distribution by districts has shown that the Nelson Mandela Metro remained with the highest incidence (340.2 per 100,000) with the lowest incidence (73.4 per 100,000) reported by Alfred Nzo district in 2016. All the districts have shown a decline in 2016 when compared against 2016

Fig.5: TB incidence in the Eastern Cape, 2009-2016 (Source: DHIS 2017)

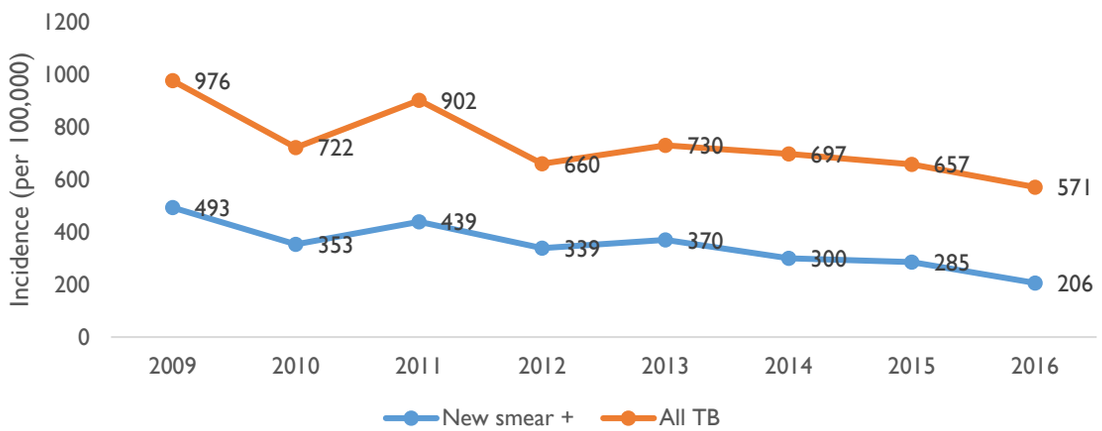
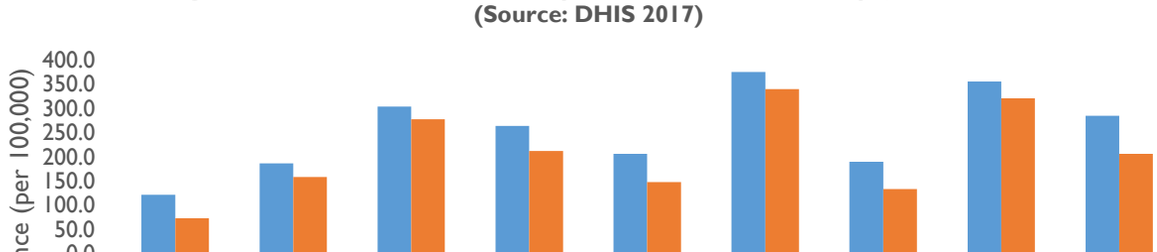


Fig. 6: New smear + TB incidence by district in the Eastern Cape, 2015-2016 (Source: DHIS 2017)

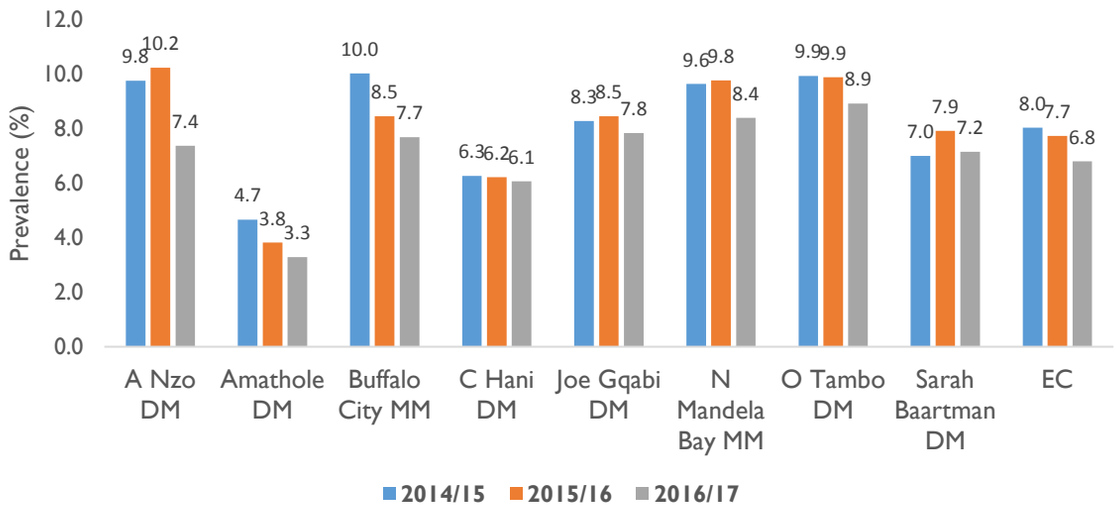


	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC
2015	121.9	186.8	304.0	264.1	206.3	375.6	189.9	355.9	284.6
2016	73.4	158.6	277.9	212.3	148.0	340.2	133.4	321.2	206.1

HIV & AIDS

The figure below presents the HIV prevalence among the general population of age 15 to 49 years who tested for HIV in health facilities and the data has been suggesting that there was a declining prevalence in the Eastern Cape for the three financial years under review. In 2014/15 the HIV prevalence was 8.0% and dropped to 6.8% in 2016/17. This decrease has been reported by the districts. Amathole had the lowest HIV prevalence for all of the three years 2014/15 to 2016/17 compared with the other districts and the second-lowest prevalence rate was observed by Chris Hani district.

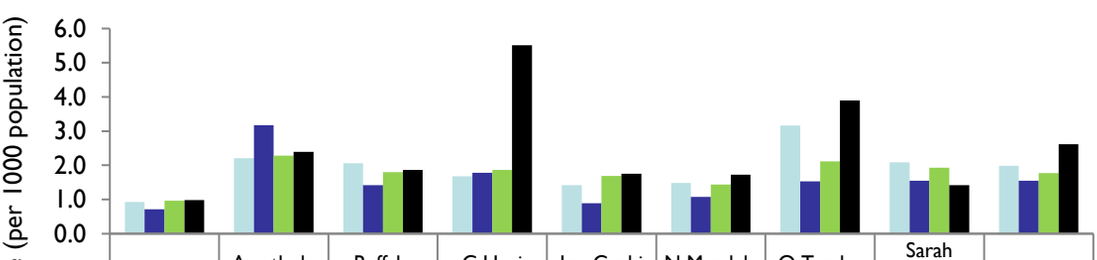
Fig. 7: HIV prevalence amongst clients tested 15-49 yrs in the EC, 2014/15 -2016/17 (DHIS 2017)



NON-COMMUNICABLE DISEASES

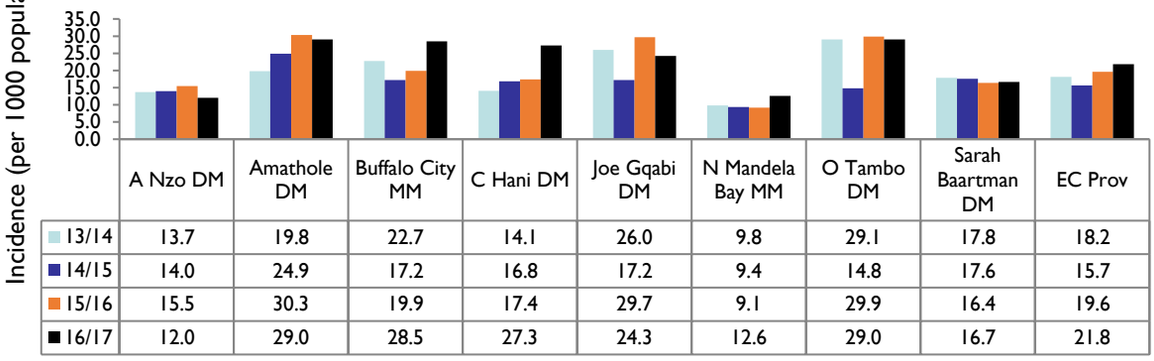
Communicable diseases (like Diabetes and Hypertension) are some of major causes of morbidity and mortality in the province. Diabetes incidence was lowest in Alfred Nzo. The incidence is fluctuating in districts over the years but remains below 3 per 1000 population in most of the districts. The hypertension incidence has been increasing in the province from 18.2 per 1000 population in 2013/14 to 21.8 per 1000 population in 2016/17. The Nelson Mandela Metro has been reporting the lowest rates of hypertension incidence in all the past three years except in 2016/17 wherein the lowest incidence (12 per 1000) was observed in Alfred Nzo district. Amathole and OR Tambo districts are generally challenged by non-communicable disease.

Fig. 8: Diabetes incidence in the E Cape, 2013/14 - 2016/17 (DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	0.9	2.2	2.1	1.7	1.4	1.5	3.2	2.1	2.0
14/15	0.7	3.2	1.4	1.8	0.9	1.1	1.5	1.5	1.6
15/16	1.0	2.3	1.8	1.9	1.7	1.4	2.1	1.9	1.8
16/17	1.0	2.4	1.9	5.5	1.8	1.7	3.9	1.4	2.6

Fig.9 : Hypertension incidence in E Cape, 2013/14 - 2016/17 (DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	13.7	19.8	22.7	14.1	26.0	9.8	29.1	17.8	18.2
14/15	14.0	24.9	17.2	16.8	17.2	9.4	14.8	17.6	15.7
15/16	15.5	30.3	19.9	17.4	29.7	9.1	29.9	16.4	19.6
16/17	12.0	29.0	28.5	27.3	24.3	12.6	29.0	16.7	21.8

Province of the
EASTERN CAPE
HEALTH

PART B
-
PLANNED IMPROVEMENT

PART B. PLANNED IMPROVEMENT

The Eastern Cape Department of Health SDIP 2018/19, 19/20-20/21 is focusing on improving Maternal and Child health services. The trends over the years have shown some weaknesses in these areas. The inclusion of these services in the SDIP seeks to bridge the gaps identified, and to improve the quality of care as well as patient satisfaction

5. MATERNAL AND CHILD HEALTH SERVICES

5.1 Maternal Health Services

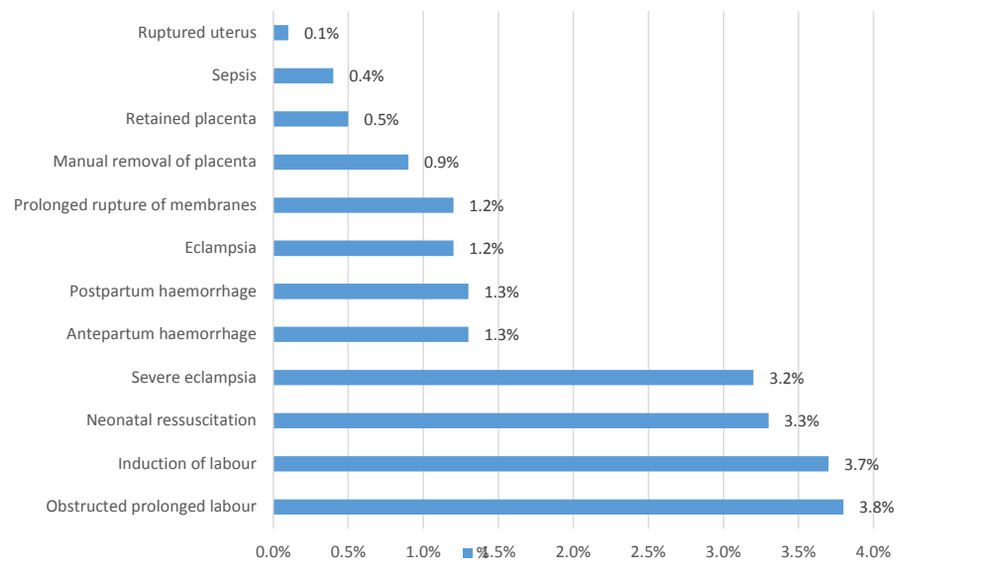
5.1.1 Problem Statement:

Perinatal Problem Identification Programme (PPIP) of 2016/2017 data analysis revealed that perinatal deaths are influenced by:

- Patient associated factors (55.4%) related to poor response to poor fetal movements, non-attendance of antenatal care, late bookings, late presentation and other.
- Administrative factors (21.3%) related to transport availability, insufficient staff (midwives and doctors), inadequate infrastructure and equipment to stabilize the patient.
- Medical personnel factors (20.8%) related to delayed risk diagnosis & intervention, poor monitoring and implementation of clinical guidelines and protocols.
- Other factors (2.4%) related to poor documentation and record-keeping.

The Figure below shows the cause of perinatal morbidity in 2016/17 in the Eastern Cape

Figure :10 Perinatal Morbidity 2016/2017 in the Eastern Cape :
Source :PIPP 2016/17



5.1.2 The planned interventions to improve Maternal Health include: -

- Enhancing immediate access to well-structured maternal and child health care services within the affected healthcare facilities/regions.
- Improve appropriate staffing, supervision and skills efficiency within the affected facilities and their referral networks.
- Ensuring effective and sustainable medical equipment availability, functionality and maintenance thereof.

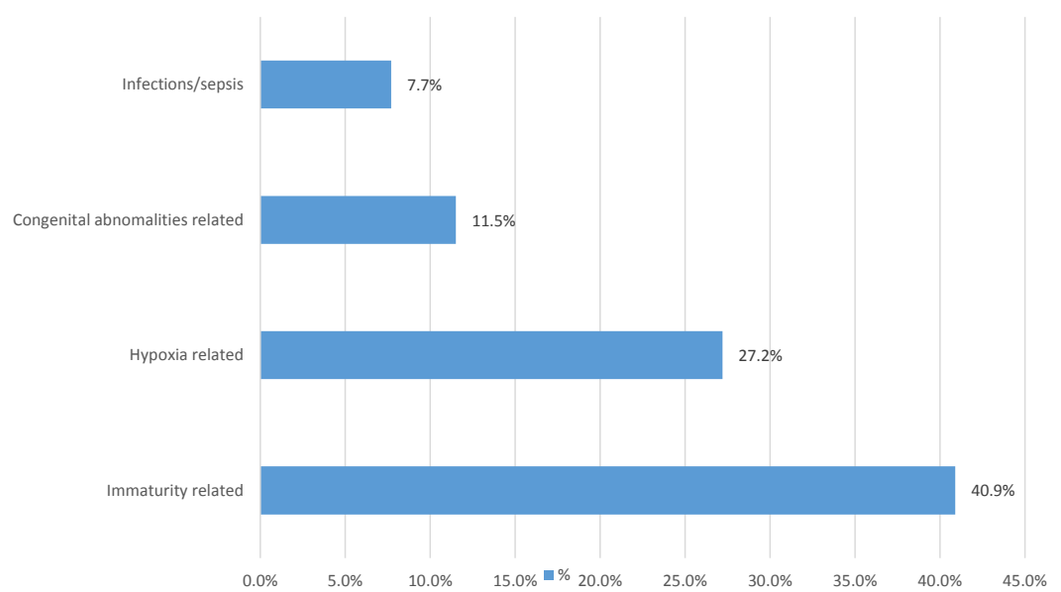
5.2 Child Health Services

5.2.1 Problem Statement.

The case fatality rate due to diarrhoea, pneumonia, and severe acute malnutrition among children under 5 years has been showing decline in the province, which might be associated with the child health interventions. It is only in 2016/17 wherein there was no decline in diarrhoea and severe acute malnutrition when compared against 2015/16 data.

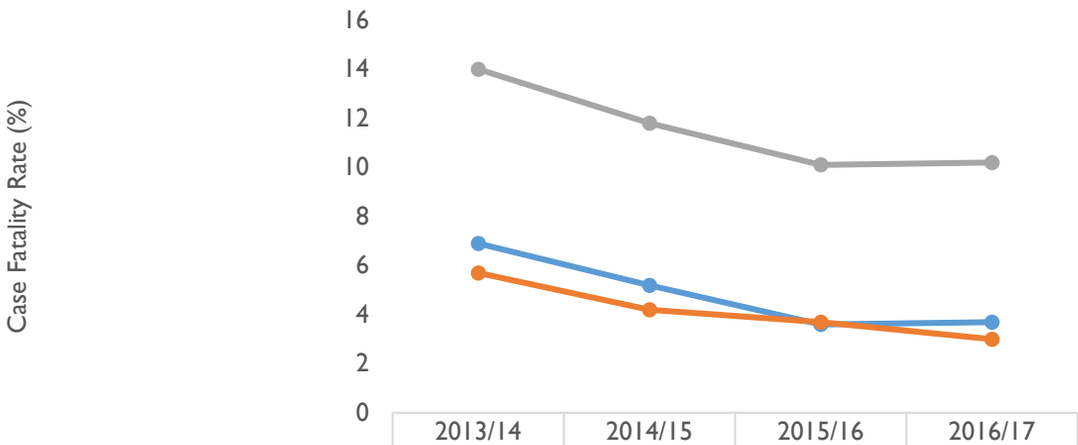
The Province also experienced birth-related complications, such as brain injury, hypoxia, cerebral palsy, dislocation of the arm, fracture of the arm, brachial plexus injury, retinopathy, injury to new-born's face, bladder injury, suturing of uterus and intestines, loss of hearing, etc.

Figure 11 :Factors Influencing Inpatient Neonatal Deaths (Early & Late)
Source :PIPP 2016/17



The figure below depicts factors that influence mortality to under 5 year's children

Fig.12 Diarrhoea**, pneumonia and severe acute malnutrition case fatality rate on under 5 yrs children in EC, 2013/14-2016/17** (DHIS 2017)



	2013/14	2014/15	2015/16	2016/17
<5 diarrhea	6.9	5.2	3.6	3.7
<5 pneumonia	5.7	4.2	3.7	3
<5 severe acute malnutrition	14	11.8	10.1	10.2

5.2.2 The key intervention areas to be included in this plan include

- Clustering of district hospitals Caesarian section sites to enhance timeous Caesarian section interventions for foetal distress and other complications
- Implementing National strategy on helping babies breathe (HBB)
- Supporting the designated hospitals to have a full package of services
- Strengthen referral system and emergency care transportation services (EMS).

6. BUSINESS PROCESS MAPPING

Business Process Mapping (**BPM**) was conducted at Empilweni Community Health Centre and Cecilia Makiwane Regional Hospital with the aim of defining and managing business processes of maternal and child health services from the start to the end. The objectives of the BPM are to improve efficiency, effectiveness, adaptability of the service. The following steps were undertaken during the process:

- Problem identification
- Information gathering
- Mapping the "AS- IS" process
- Analysis of work processes

Details of the BPM are attached as **Annexure A**.

7. QUALITY - PROFESSIONAL AND LEGAL STANDARDS APPLICABLE TO THE KEY SERVICE AREAS

Table 4: Professional and Legal Standards

Service area	Entity	Standard	Measurement: (Performance Indicators)	Current Performance 2017/18	2018/19	2019/20	2020/21
Provision of Maternal and Child Health services	PHCs and Hospitals .	Maternal care guidelines and Standard Operating Procedures (SOPs); Clinical Audits guidelines; New Born Tool Kit; Generic service standards; Basic antenatal Care guidelines	ANC coverage – free services to pregnant women. (*All pregnant women not in possession of medical aid fund and who cannot afford health care will be treated free of charge in all PHC facilities (Service Standards 8)*	80%	90%	90%	90%
			Compliance to guidelines measured by: Early booking at health facilities measured by antennal visits before 20 weeks rate	64.3%	68%%	68%	70%
			Numerator	51051	71721	71721	73830
			Denominator	79380	105472	105472	105472
			Percentage of clinics with registered nurse providing general and midwifery services. (All *clinics will have at least one registered nurse to provide general and midwifery services at all times).*	100% (All fixed clinics)	100% (All fixed clinics)	100% All fixed clinics)	100% All fixed clinics)
			Caesarean section rate per facility	29.1	20%	20%	20%
			Numerator	29750	14953	14953	14953
			Denominator	74766	74766	74766	74766
		National Core Standards	Number of hospitals conducting monthly perinatal audits	New indicator	26	26	26
		Integrated Management of Childhood Illnesses (IMCI) Training	No of PHC facilities with 60% IMCI Saturation	460	540	540	618

8. INDICATORS AND TARGETS FOR MATERNAL AND CHILD HEALTH SERVICES

8.1 Indicators and Targets for Maternal Health Services

Table 5: Indicators and Targets for Maternal Health Services

SERVICE AREA	Indicators and Targets for Maternal Health services				MTEF TARGETS		
	Service Beneficiary	Performance area	Indicator	ESTIMATE BASELINE PERFORMANCE (2017/18)	2018/2019	2019/2020	2020/2021
			Quantity				
Delivery of primary health care services through the implementation of the district health system	Women of child bearing age and their families	Provision of maternal health services	Couple year protection rate	35,8%	65%	68%	68%
			Numerator	671 626	1 218 312	1 2 74 542	1 274 542
			Denominator	1 874 326	1 874 326	1 874 326	1 874 326
			Antenatal 1st visit before 20 weeks rate	64.3 %	68%	68 %	70%
			Numerator	51 051	68 556	68 556	73 830
			Denominator	79 380	105 472	105 472	105 472
			ANC client initiated on ART rate	84.7 %	95%	95%	95%
			Numerator	9 365	16 883	16 883	16 883
			Denominator	11 056	17 772	17 772	17 772
			Delivery in facility 10 -19yrs rate	15.4%	10%	10%	10%
			Numerator	11 486	10 624	10 624	10 624
			Denominator	74 766	106 243	106 243	106 243
			EMS inter-facility transfer rate	34%	30%	30%	30%
			Numerator	207 027	189 411	189 411	189 411
			Denominator	618 295	631 369	631 369	631 369
			Maternal mortality in facility ratio	131.8/100 000 live births	120/100 000 live births	115/100 000 live births	110/100 000 live births

Table 5: Indicators and Targets for Maternal Health Services

SERVICE AREA	Indicators and Targets for Maternal Health services				MTEF TARGETS		
	Service Beneficiary	Performance area	Indicator	ESTIMATE BASELINE PERFORMANCE (2017/18)	2018/2019	2019/2020	2020/2021
Human Resource							
Delivery of primary health care services through the implementation of the district health system	Women of child bearing age and their families	Provision of maternal health services	Number of health professional to be employed in the 26 prioritised hospitals	Not measured	1 200	1 200	-

8.2 Indicators and Targets Child Health Services

Table 6: Indicators and targets Child Health Services

Service area	Key performance area	Indicators and Targets for Child Health services				MTEF TARGETS		
		Service Beneficiary	Performance area	Indicator	BASELINE PERFORMANCE (2017/18)	2018/2019	2019/2020	2020/2021
Quantity								
Delivery of primary health care services through the implementation of the district health system	Child health services	Mothers, Neonates and their families	Neonatal Care	Number of hospitals with fully functional nursery units established	New indicator	26	26	26
				Neonatal death in facility rate	13.9 /1000.	12/1000	12/1000	12/1000
		Children under 5 years, Mothers	Child health	Immunisation under 1-year coverage	73.6%	87%	87%	87%
				Numerator	*119 475*	*141 147*	*141 147*	*141 147*
				Denominator	*162 238*	*162 238*	*162 238*	*162 238*
				Child under 2 years underweight for age – new	2019	1918	1822	1731
				Infant 1st PCR test positive around 10 weeks rate	1.3%	<1.4%	<1.4%	<1.4%
				Numerator	*186*	*190*	*190*	*190*
				Denominator	*14 674*	*13 584*	*13 584*	*13 584*
				Diarrhoea case fatality rate	4.1%	3.5%	3.%	2.8%
				Numerator	93	200	172	160
				Denominator	2 288	5 727	5 727	5 727
				Pneumonia case fatality rate	3.6%	3.5%	2.5%	2%

				Num	96	218	156	125
				Den	2 854	6 232	6 232	6 232
				Severe acute malnutrition deaths in facility under 5 years	900	222	178	155
			School health	School Grade 1 – learners screened	37 746	39 441	40 178	59 280
				Human Papilloma Virus Vaccine 1st dose coverage	50 972	50 972	54 158	62 852

9. TABLE: BATHO PELE PRINCIPLES

Table 7: Batho Pele principles

Service beneficiary	Batho Pele	Current situation: 2017/18	Desired situation: 2018/19	Desired situation 2019/20	Desired situation 2020/21
Women of child bearing age, child under 5 years and their families	Consultation	District Health forums not well organized	4 health forums per district	4 health forums per district	4 health forums per district
		Provincial Health Council (PHC) meeting – Bi annual	Provincial Health Council (PHC) meeting – Bi annual	Provincial Health Council (PHC) meeting – Bi annual	Provincial Health Council (PHC) meeting – Bi annual
		Provincial health consultative forum (PHCF) – annual	Provincial health consultative forum (PHCF) – annual	Provincial health consultative forum (PHCF) – annual	Provincial health consultative forum (PHCF) – annual
	Access	Inadequate and poor signage	Clear visible signage within the hospital	Clear visible signage within the hospital	Clear visible signage within the hospital
		2 Regional hospitals do not have birthing units	Establish birthing unit in the Umtata Regional Hospital	Establish birthing units in Cecilia Makiwane Regional Hospital	Maintain 5 birthing units in all the Regional Hospitals.
		31.4% of priority 1 rural calls are responded to as per standard (45 minutes)	60%	60%	60%
		58.2 % priority 1 urban calls responded to as per standard (15 minutes	70%	70%	70%
		Essential medicines stock-out rate at the depots <2.5%	<5%	<5%	<5%
		Numerator	<3	<3	<3
		Denominator	60	60	60
		Service waiting time longer than 3 hours in prioritized hospitals	Service waiting time not longer than 3 hours in prioritized hospitals	Service waiting time not longer than 3 hours in prioritized hospitals	Service waiting time not longer than 3 hours in prioritized hospitals

Service beneficiary	Batho Pele	Current situation: 2017/18	Desired situation: 2018/19	Desired situation 2019/20	Desired situation 2020/21
	Information	50% of women in antenatal care are connected to Mom Connect to receive SMS service and educational information.	60% of women attending Antenatal care connected to SMS service (mom connect) of education	70% of women attending Antenatal care connected to SMS service (mom connect) of education	80% of women attending Antenatal care connected to SMS service (mom connect) of education
		Installation of Patient Electronic Register not yet commenced	4 hospitals (Dora Nginza, Butterworth, Uitenhage, St Patrick's Hospitals	12 hospitals	12 hospitals
		Not all prioritized facilities are participating in community Health education and awareness campaigns	26	26	26
		Refurbish & installation of access-restriction/control for Archives/Records Management not yet commenced.	26 hospitals	26 hospitals	26 hospitals
	Redress	Complaints resolution rate within 25 days is 80%	85%	85%	85%
		Patient experience of care satisfaction rate at 59.4 %	70%	75%	80%
		Review of client's medical record by supervisor to ensure quality of care, not yet measured	26 hospitals	26 hospitals	26 hospitals
		Complaints Management System not visible for health service users	26 prioritised hospitals have fully functional complaints, suggestion and complements boxes Complaints procedures in local language displayed	26 prioritised hospitals have fully functional complaints, suggestion and complements boxes Complaints procedures in local language displayed	26 prioritised hospitals have fully functional complaints, suggestion and complements boxes Complaints procedures in local language displayed

Service beneficiary	Batho Pele	Current situation: 2017/18	Desired situation: 2018/19	Desired situation 2019/20	Desired situation 2020/21
	Value for money	50% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	60% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	70% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	80% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.
		Annual Fire drills in hospitals not prioritized	Annual Fire drills in 26 prioritised hospitals	Annual Fire drills in 26 prioritised hospitals	Annual Fire drills in 26 prioritised hospitals
		Shortage of appropriate and functional medical equipment,	All 26 prioritized facilities have appropriate functional medical equipment	-	-
	Courtesy	Comfort in the waiting areas of the hospitals - cleanliness; ventilation and amount of chairs not adequate	Comfort in the waiting areas prioritized in all District Hospitals including prioritized hospitals	Comfort in the waiting areas prioritized in all District Hospitals including prioritized hospitals,	Comfort in the waiting areas prioritized in all District Hospitals, including prioritized hospitals
		Reception areas in the hospital are not clearly demarcated, Privacy to patient information is not fully ensured,	Reception areas in the hospital are clearly demarcated in all prioritized hospitals Privacy to patient information is ensured in all prioritized facilities	Reception areas in the hospital are clearly demarcated in all prioritized hospitals Privacy to patient information is ensured in all prioritized facilities	Reception areas in the hospital are clearly demarcated in all prioritized hospitals Privacy to patient information is ensured in all prioritized facilities
		EMS Personnel not Trained on Customer Care	60(Trainer of trainers)	60	70

10. COMMNUNICATION PLAN

The Department shall communicate the approved SDIP to relevant stakeholders through the District Health Forums as well as through District Management teams. Such communication will be ongoing as of 1st April 2018 till the end of the cycle 31st March 2021.The communication is aimed at the institutionalisation of the SDIP at the point of service delivery, as well as apprising the stakeholders on the progress made on service delivery improvement.

11. REPORTING, MONITORING. AND EVALUATION

The Service Delivery Interventions for the selected service areas will be monitored and the findings will be submitted to all stakeholders in order to track progress and implement mitigating actions. The reporting of the SDIP will be in alignment with Treasury Regulations, in order to ensure compliance. The Provincial Department of Health is already familiar with the reporting timelines and methodology as outlined in the guideline for the implementation of Provincial Quarterly Performance Reports. The reporting of the SDIP will form part of the wide quarterly performance review.

The Department plans to conduct evaluation of the SDIP at the end of term.

12. CONCLUSION

The Department of Health is committed to deliver quality health services to the citizens of the Eastern Cape and shall continuously strive to improve services to the satisfaction of the potential and actual health service users. The Development of this SDIP is in accordance to that commitment and embraces the spirit of Batho-Pele.
Top Management has committed to the successful implementation of this SDIP and achievement of the objectives contained in the plan.

NOTES