PEWG INNOVATION SPOTLIGHT: GERT SIBANDE

How one district leveraged national frameworks to transform facilities and improve quality of care



PROVINCE	HEALTH DISTRICT	FOCUS	PERIOD
Mpumalanga	Gert Sibande	Ideal Clinic and OHSC	2022-2025

1. At A Glance

Mpumalanga's Gert Sibande District reframed the Ideal Clinic/Hospital and Office of Health Standards Compliance (OHSC) assessments - frequently seen as compliance tools –to guide and support system-wide improvements for all primary health care (PHC) and hospital facilities. Using a multi-level, phased and multi-pronged approach over 3 years, the district achieved Ideal Clinic Status, Ideal Hospital Status, and OHSC certification of all 73 PHC facilities and 9 hospitals, while also improving patient outcomes.

ABOUT GERT SIBANDE DISTRICT

Mpumalanga's Gert Sibande District has seven sub-districts and serves 1.2 million people with one regional hospital, 8 district hospitals, 12 community health centres, 61 clinics and 23 mobile clinics. Before implementing its improvement strategy, the district acknowledged poor infrastructure and performance.

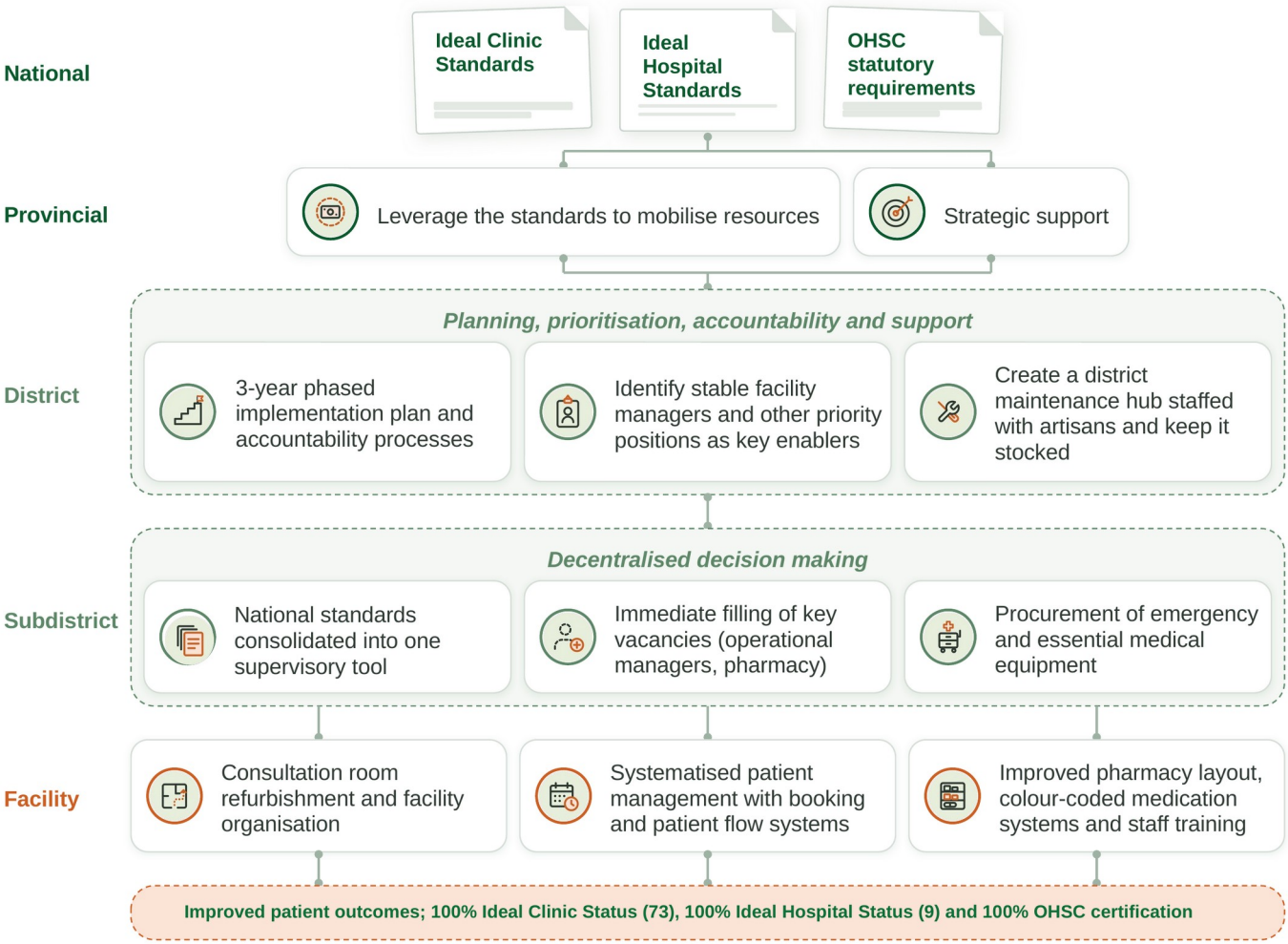
2. Why it matters

The district strategically leveraged national standards (Ideal Clinic, Ideal Hospital, OHSC Certification) to frame and support a district-wide health system strengthening effort. The standards' expectations helped identify priority areas, enabling the district to both focus its efforts and advocate for the funds needed to meet them. In the end, their work not only met the status and certification goals set out by the standards, but also transformed a historically low-performing district into one that met all maternal, newborn and child health care targets and ranked among the top five nationally for HIV care performance.

3. Implementation approach

Once leadership committed to strategic improvement, the whole district, supported by the province and guided by the standards, began a three-year improvement journey. The district and subdistricts appointed Ideal Clinic/PHC Realisation teams with broad representation and created a five-phase plan, implemented over three years. This plan entailed actions at provincial, district, sub-district and facility levels, as reflected in the diagramme below.

With this approach, district and provincial leadership advocated for funding by tying their goals directly to national standards. They focused on ensuring stable facility leadership to hold the vision throughout the improvement plan and navigate challenges. Critical infrastructural improvements were made through the establishment of district maintenance hubs and equipment needs were met. Standardised processes across the district made it easier to train staff and hold facilities to shared expectations. Patients spent less time waiting for care, and appointments enabled staff to pull charts ahead of time and even pre-pack chronic medication.



4. Key enablers

For other districts considering a similar approach, keep the cross-cutting enablers in mind.

- Transform national standards into management tools
- Phase implementation so expectations are realistic
- Seek dedicated and ring-fenced funding - link requests back to standards
- Prioritise stable leadership at the district, subdistrict and facility level
- Decentralise decision-making to those close to the ground
- Continually monitor progress using monthly supervision tools

Gert Sibande attributed its success to a deliberate, phased approach supported by strong leadership, dedicated resources, continuous monitoring and decentralised implementation.

SOURCE

This practice brief was developed from a presentation by Mpumalanga Department of Health managers to the SALAD Provincial Engagement Working Group in September 2026

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