

Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
<b>Districts and Development</b>	Ensure functional health districts nationally	Number of provinces that use the national checklist to assess functional integration	53/53	All provinces used the national checklist to assess functional integration
		Number of health districts that render the full PHC package of services	35/53	66% of health districts offer the full package of PHC services
		Number of health districts with health plans using national planning guidelines	53	All provinces started to use the Revised District Health Planning (DHP) Guidelines
		Number of health districts that use national guidelines to monitor service delivery	53	A process has been initiated to support municipalities to submit District Health Plans according this standardised format
	Development of strategies to improve service delivery in rural and urban nodes	Number of nodes that have service improvement plans	13 + 8 (plus additional nodes as added)	All rural nodes have plans to render health services



## International Health Liason (IHL)

In keeping with the objective of strengthening existing and expanding bi-lateral and multi-lateral relations with key partners internationally, the Department signed a bi-lateral agreement with Iran on recruitment of doctors during 2004/05. The Department also entered into two tri-lateral agreements entitled SA-Rwanda-Cuba and Mali-SA-Cuba.

The Department of Health also continued to provide support for various key SADC activities during 2004/05, including: hosting of the SADC Health Minister's meeting;

development of SADC pharmaceutical and medicine regulation programmes; hosting the launch of the SADC Occupational Health programme; and the SADC Malaria Day celebrations in Mpumalanga during 2004/05.

Increased resources were also mobilised for the health sector during 2004/05. Donor agreements/Exchange of Notes for the Limpopo and Eastern Cape Projects for the Improvement of Health Facilities were concluded. The grant allocated to Limpopo is Yen 491,000,000 and the Eastern Cape received Yen 1,038,000,000.

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IHL	To strengthen existing and expand bi-lateral and multi-lateral relations with key partners	Number of agreements implemented	Angola, Botswana, Brazil, Bulgaria, China, Cuba, Egypt, India, Iran, Lesotho, Netherlands, Nigeria, Palestine, Russia, Rwanda, Tunisia, Uganda, UK and US	Iran: signing of the agreement and recruitment of doctors SADC: hosting of Health Minister's meeting; SA instrumental in development of SADC pharmaceutical and medicine regulation programmes Launching of the SADC Occupational Health programme SADC Malaria Day celebrations in Mpumalanga
	To strengthen existing and expand multilateral relations	Number of trilateral relations established/strengthened	Rwanda/Cuba/SA; Mali/Cuba/SA; SA/India/Brazil	SA-Rwanda-Cuba programme on doctors and Mali-SA-Cuba programme on the supply of doctors implemented



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IHL	To strengthen donor co-ordination	Policies governing donor activities reviewed and implemented	ODA policy developed and approved	Draft ODA policy developed in March 2005
				Additional resources for the health sector were also mobilised from the international community resources Donor Agreements/ Exchange of Notes for the Limpopo and Eastern Cape Projects for the Improvement of Health Facilities were concluded in November 2004 and January 2005, respectively. The grant for Limpopo is Yen 491 Million and the one for Eastern Cape is Yen 1,038,000,000
	To strengthen donor co-ordination	Policies governing reviewed and implemented	ODA policy developed and approved	Funding of R80 Million provided to the Department by the Italian Cooperation Italian Co-operation funded Projects was launched in March 2005



## Health Monitoring and Evaluation

Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Health Monitoring and Evaluation	Functional national health information system	Proportion of health institutions with functional systems	45%	30%
		Percentage of births registered	40%	>50%
		Percentage of deaths registered	80%	90%
		Percentage of hospitals implementing telemedicine	10%	12%
	Functional health broadcast channel	Percentage of health facilities receiving the broadcast	20%	17.75%
	Coordinating, supporting and conducting research and monitoring and evaluation activities	Support to provinces on monitoring and evaluation of the Comprehensive Plan for HIV and AIDS Management, Treatment, Care and Support	4 quarterly reports on the implementation of the Comprehensive Plan	First Quarterly Report on the Comprehensive Plan submitted to Cabinet in October 2004. Second quarterly report prepared in December 2004, and submitted to Cabinet in May 2005
		Health Indicator Update and Key Health Statistics published	quarterly	Two drafts on Maternal and Women's Health were compiled in 2004
		Monitor progress on Health Goals, Objectives and Indicators (HGOI)	10 year review commissioned	Process of collating Status Report has commenced Clusters have submitted inputs Objectives and indicators contained in the HGOIs have remained part of DoH Strategic Plans



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<b>Health Monitoring and Evaluation</b>	Coordinating, supporting and conducting research and monitoring and evaluation activities	Report on ante-natal HIV survey published	April	Report has been compiled
		Final report on SADHS 2003 published, disseminated and used for planning and planning for 2008 survey developed	Report published by Dec 2004 & widely publicised	Preliminary Report completed, currently being printed
		Annual reports on Confidential Enquiry into maternal deaths published	April	Report compiled, to be published soon
		Annual report on screening of HIV by blood donors	April	Due to the fact that blood samples that are collected are not representative to enable any conclusive estimates, this will no longer be pursued
	Coordinating, supporting and conducting research and monitoring and evaluation activities	Report on National Behavioural Surveillance Study (every 2 years)	Report on HIV and AIDS case surveillance published and results disseminated: April	Report completed, to be discussed internally within NDoH prior to its release
	Strengthen disease surveillance system	Integrated electronic disease surveillance system in place	Electronic integrated disease notification system interfaced with EPI, TB, NICD	System not implemented due to infrastructural constraints such as a server and IT support



## Maternal, Child and Women's Health & Nutrition

The Department extended the implementation of the Integrated Management of Childhood Illnesses (IMCI) Strategy to all 53 health districts during 2004/05. This included both training trainers and increasing the percentage of health workers who manage children who are trained in the IMCI strategy. More than 60% of all public sector health workers managing children were trained in IMCI by the end of 2004/05.

In addition, the Integrated Nutrition Programme, which includes youth nutrition, was also extended to all 53 health districts. School health services have also been extended. At present 30% of provinces provide 100% of phase 1

school health services.

Immunisation coverage was also improved. By the end of 2004/05, 70% of health districts had reached an immunisation coverage of more than 80%. However, a few sub-districts were found to have far lower coverage which contributed to measles outbreaks and deaths. Steps are being taken to ensure that these sub-districts improve their coverage rates as a matter of urgency.

The number of public health facilities that provided termination of pregnancy services during 2004/05 increased by 10% compared to 2003/04. A 7-year evaluation report on the implementation of CTOP was also produced. The 4th Confidential Inquiry into Maternal Death report was published.

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<b>Maternal, Child and Women's Health &amp; Nutrition</b>	Reduce infant, child and youth morbidity & mortality	% of districts with immunisation coverage of less than or under 80%	Less than 25% of districts with less than 80% immunisation coverage	30% (16/53) districts have less than 80% immunisation coverage
		% of districts implementing Integrated Management of Child Illnesses (IMCI)	100%	100%
	Reduce infant, child and youth morbidity & mortality	% public sector health workers managing children who are trained in IMCI	40%	64% (8 695 of the 14 000 health care providers were trained)
		% of health districts implementing Integrated Nutrition Programme (including youth nutrition)	100%	100%
	Improve youth and adolescence health	% of baby friendly maternity facilities	24%	29.2%
		% of health facilities implementing youth friendly services	25%	10%

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<b>Maternal, Child and Women's Health &amp; Nutrition</b>	Reduce maternal morbidity and mortality	Reports from the Confidential Enquiry into maternal deaths & plans for intervention	Interim report and plan by Dec 2004	Fourth Interim report produced
		Percentage of health facilities authorised to provide termination of pregnancy services which provide them	45%	55%
	Decrease mortality and morbidity caused by genetic disorders and birth defects	% of sub-districts where health care providers are trained in Human Genetics	20%	18%
		Improve health care services for school-going children	Percentage of provinces with 100% of districts implementing Phase 1 of the School Health Policy	30%





## HIV and AIDS, STIs and TB

The implementation of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment reached the target of at least one service point in each of the 53 health districts. By the end of the financial year 139 facilities were accredited to provide a range of services. The number of home and community based programmes also improved with at least two HCB programmes linked to each service point.

The Department has continued with its HIV prevention efforts. These efforts, which are part of the overall prevention programmes of the Department are a cornerstone of the challenge to decrease the burden of disease. Efforts to increase condom use were sustained with the Department providing over 300 million male condoms free of charge. In addition, the number of facilities providing VCT and PMTCT services also increased

substantially during the year. More than 80% of all public health facilities offered VCT and 60% offered PMTCT during 2004/05. This marks an improvement from 2003/04, where 64% of public health facilities provided VCT and 41% offered PMTCT.

The Department made further in-roads into healthy eating with its focus on nutrition. Nutrition supplements to the value of R7 million were procured during this period, and provided in a targeted manner to people living with HIV and AIDS, and TB. Guidelines on maternal nutrition in the context of HIV and AIDS were completed and distributed to provinces.

Despite efforts to strengthen the TB control programme the burden of disease from TB continues to rise. Efforts to counter this increase focussed on improving the DOTS programme as well as integration of the HIV and TB programmes. A significant proportion of TB patients who were offered VCT accepted testing.

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HIV and AIDS, STIs and Tuberculosis	Improved strategies to deal with the HIV/Aids epidemic	Percentage of public health facilities offering voluntary counselling and testing (VCT)	90%	80%
		Percent of targeted people accessing VCT	30%	23%
		Number of male condoms distributed	400m	347,370,000
		Number of female condoms distributed	2,9m	1,110,000
	Improved strategies to deal with the HIV/Aids epidemic	Proportion of health facilities that offer PMTCT services	60%	60%
		Reports and plan interventions on cohort studies on PMTCT programme	June	June



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<b>HIV and AIDS, STIs and Tuberculosis</b>	Effective use and management of conditional grants	Percentage of business cases or service level agreements approved using objective criteria before funds transferred	100%	94%
		Percentage of reports received in compliance with DORA requirements	100%	100%
		Percentage of funds spent	100%	97%
	Assist districts to develop supervision and monitoring systems for community DOTS	Percentage of new smear-positive tuberculosis cases cured at the first attempt	65%	56,7%
		Smear conversion rate (sputum test change from positive to negative)	70%	61%
	To ensure implementation of DOTS strategy in all districts and to improve the quality of DOTS	Percentage of health districts with high quality DOTS programmes	100%	94,3%
	To ensure good quality of TB laboratory services	Proportion of health districts with Turn Around Time (TAT) of 48hrs or less	100%	Not available (however, the proportion of TB specimen with a turn around time of 48 hours or less than 48 hours is 54,5%)
	To support each province to develop a plan to reduce treatment interruption	Percentage of new smear-positive TB cases defaulted treatment (defaulter rate)	10%	12%
<b>HIV and AIDS, STIs and Tuberculosis: NGO Co-ordination</b>	Approval of proposals from organisations seeking funding from government	Number of assessment sessions held by the National Funding Advisory Committee (NFAC)	6 sessions during Q1 & Q2 2004/05	8 sessions held



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<b>HIV and AIDS, STIs and Tuberculosis:</b> NGO Co-ordination	Approval of proposals from organisations seeking funding from government	Number of field appraisals conducted to verify existence of organisations prior to disbursements of funds	1 visit per organisation: 6 National offices 7 Provincial/Local offices	Total of 13 verification visits conducted
	Approval of proposals from organisations seeking funding from government	Number of organisations approved to receive funds	New applicants: old partners	74 organisations funded
	Conducting of monitoring and evaluation activities	Number of field appraisals carried out by monitoring officers	2 visits per organisation	132 visits to all organisations: EC=14; KZN=26 WC=16; MPU=14 NC=6; LIMP=12 FS=4; NW=12 National=28
	% of organisations submitting quarterly reports, monthly bank statements and audited financial statements	Quarterly reports: 100% Audited Fin Statements: 100% Monthly Bank statements: 97%	Performance: 99%	73 organisations audited financial statements were satisfactory
	Conducting of monitoring and evaluation activities	Number of reports compiled after each field appraisal	100%	89% (not all organisations were visited twice)
Comprehensive Plan	Accredited facilities as service points for the implementation of the comprehensive HIV and AIDS Plan	Number of accredited facilities	113 facilities	139 facilities
Government AIDS Action Plan	Development of HIV, AIDS, TB and STI communication campaigns	Appointment communication agencies to develop mass communication programmes and PR for the 2004 – 2006 financial yrs	Development of above-the-line, below-the-line and outdoor media	New creative developed and executed on national TV and National and community radio stations



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<b>HIV and AIDS, STIs and Tuberculosis:</b> Government AIDS Action Plan	Management of five national events: World TB day: March 2004 Candle Light Memorial : May 2004 Partnership Against AIDS: 9 October 2004 World AIDS Day: 1 December 2004 STI week: February 2005 World TB day: March 2004	Management of event and amount of media coverage	R 500 000 media coverage per event	An estimated R 1 m worth of unpaid for advertising was received, through editorial and newspaper reports on for example events that were held
	Development and distribution of small media material	Amount of material distributed	10 000 000 items	25 000 000 items were distributed in all 11 official languages
	Provision of the AIDS Helpline counselling service	Number of calls to the AIDS Helpline	Average of 900 000 calls per annum	997 444 calls being attended to
<b>HIV and AIDS, STIs and TB:</b> TB & HIV collaboration	To ensure implementation of comprehensive care for the co infected in all sub districts	Number of sub districts trained in integrated TB, HIV and STI services	85 sub districts	99 sub districts
		Availability of policy and guidelines for TB preventive therapy and provision of ART to co-infected TB HIV patients	Guidelines to be inserted in the National ART guidelines	TB Preventive therapy guidelines in annex of ART guidelines – Provision of ART covered in the guidelines. Training now includes a presentation on TB preventive therapy
	To improve treatment, care and support for people living with TB, HIV&AIDS and STI	Percentage of TB patients offered VCT for HIV	Targets were not set as we were busy setting up the programme (employment of staff, etc.)	42%
		Percentage of TB patients accepting HIV testing	Targets were not set as we were busy setting up the programme (employment of staff, etc.)	59%



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<b>HIV and AIDS, STIs and TB:</b> TB & HIV collaboration		Percentage of TB screening among HIV infected	As above	(40%)
		Eligible HIV infected patients starting IPT	As above	0,4%
	To improve treatment, care and support for people living with TB, HIV&AIDS and STI	Number of TB HIV co-infected patients referred from TB for ART	As above	(4 135)
<b>HIV and AIDS, STIs and TB:</b> Care	To increase access to HCBC and support services	Number of linked HBC programmes to ARV accredited service points	A minimum of 10 HCBC programmes linked to ART accredited service points	At least 2 HCBC programme linked to 1 accredited service point. 5 000 copies of rapid appraisals printed and disseminated in all 9 provinces
	To increase access to care and support for carers	Number of care for carer programmes established and implemented	5 caring for carer programme established and implemented in five provinces	Tender has been awarded  Desk review conducted

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<b>HIV and AIDS, STIs and Tuberculosis:</b> Support	To facilitate increase involvement and participation on PLHA in all provinces by 2005	National strategy document Number of people orientated	Strategic working document 10 orientated PLHA	Draft strategy document completed Ministerial approval obtained regarding the Advocacy toolkit
	To facilitate establishment of support groups for people infected and affected by HIV and AIDS	Number of linked support groups to VCT sites Number of PLHA and HCBC structures orientated	Minimum support groups linked to 5 VCT site per district Orientated a minimum of 10 PLHA and 20 HCBC structures	10 000 Support group guidelines printed and 5 000 orientation packages printed 452 data base identified
	To identify programmes dealing with stigma and discrimination of people infected and affected by HIV/AIDS	Number of existing programmes identified	Strengthen existing programmes dealing with stigma and discrimination of people Infected and affected by HIV/AIDS	Siyam'kela stigma mitigation project completed
	To establish monitoring and evaluation systems for treatment, care and support	Monitoring and evaluation tools	DHIS, data managers, programme managers, NHISSA	Draft of Monitoring and Evaluation tool finished