

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
DISTRICTS AND DEVELOPMENT	Strengthen PHC programme development and implementation	PHC Supervisory rate	60%	60%
		Utilisation rate - PHC	2.5	2.2
		PHC per capita expenditure	R200	R220
		Submission of funding proposal to Treasury for PHC	December 2005	Completed
		Improved geographic access to clinics	90% of population with access to PHC facilities	100%
		Implementation plans for transfers and secondment of staff completed between provinces and Local Government	September 2005 in 53 districts	All 53 districts have draft plans
		Finalised district health planning guidelines distributed	July 2005	Completed

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DISTRICTS AND DEVELOPMENT	Strengthen PHC programme development and implementation	Strategy to monitor HBC services in place	August 2005	Draft Strategy produced
	PHC Programme development and implementation	% facilities with a minimum of one documented clinic committee meeting per month	60%	30%
		National strategy for monitoring effectiveness of referral system developed	Strategy finalised by March 2006	Situational analysis of one district per province completed.
		Rural Health Policy ratified	Policy ratified by August 2005	Approved to level of Senior Management team of the National Department
		Environmental health policy adopted	March 2006	Policy not adopted, however set of Indicators to monitor MHS will be included in the DHIS
	School health policy implemented	% sub-districts providing school health services	50%	72%

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DISTRICTS AND DEVELOPMENT	Develop and implement a healthy lifestyles programme for South Africa	Number of local municipalities per province, implementing the programme	3 local municipalities per province (rural, urban, peri-urban) implementing healthy lifestyles programme	5 rural, 5 peri-urban and 5 urban local municipalities have been visited as part of the healthy lifestyles programme
	Develop and implement a healthy lifestyles programme for South Africa	% of schools implementing the healthy lifestyles programme (Diet and Physical Activity)	10%	20%
		% of workplaces implementing healthy lifestyles programme	10%	10%
	Implement Healthy Environments for Children Initiatives (HECI)	No. of districts implementing the HECI	Two (2) districts per province implementing the programme	HECI activities addressed through the HPS programme in all Districts
		% of distribution outlets for IEC materials	20% schools 20% clinics 10% supermarkets	10 000 Lead prevention posters sent to all provinces for wider distribution to Schools in December 2005

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DISTRICTS AND DEVELOPMENT	Implement the New Tobacco Act	Improved compliance (by ALL public places) with the Law	70% compliance	Number of public complaints received by the unit regarding non-compliance on a monthly basis has declined
		Reduction in smoking prevalence	Youth: 5% reduction	5%
	Ratify the FTCT Amendment to the Tobacco Products Control Act	Implementation of the amended Act	June 2005	Final draft of the Bill with state law advisors
	Provide information about the Tobacco Act	Implementation of public awareness campaign on the New Tobacco Act	August 2005	Public awareness campaigns continue on the Current Tobacco Products Control Act
	Implement smoking cessation programmes	Targeted interventions developed and implemented	August 2005	Public awareness workshops and campaigns on dangers of tobacco and the quitting programme continue

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ENVIRONMENTAL HEALTH	Provide support to municipalities to implement MHS	Percentage (%) of DMS/Metros implementing MHS	All Metros	All DM/Metros took over responsibility to provide MHS from 1 July 2006, however some provinces (KZN, LP, EC, MP, FS and NW) will continue to co-fund the delivery of MHS
	Facilitate the implementation of Environmental Management Plan as required by NEM Act	Percentage (%) of Clusters implementing EMPs in their programmes	40% of clusters implementing	Only 20% of clusters developed legislation and programmes in compliance with EMP
	Support provinces to implement the Health Care Waste Strategy (HCW) in all provincial health facilities	Percentage (%) of health facilities implementing Health Care Waste Strategy	30%	Health facilities manage HCW using their own Provincial strategies.

programme four: human resources

PURPOSE

To develop and assist provinces to implement a comprehensive long-term national human resources plan, which will ensure an equitable distribution of health human resources.

MEASURABLE OBJECTIVES:

- To develop human resource policies, norms and standards, and for ensuring the efficient management of the employees of the National Department of Health; and
- To provide the resources and expertise for bargaining in the National Public Health and Welfare Sectoral Bargaining Council

PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections below reflect the key objectives, indicators, targets and achievements for each sub-programme.

HUMAN RESOURCES FOR HEALTH

One of the key achievements for 2005/06 was the production of the National Human Resource (HR) Plan. Through this plan, the Department will continuously ensure that the country has a steady supply of an appropriately qualified, adequately trained, highly skilled, and appropriately remunerated cadre of health workers.

The Department also developed a community caregiver policy and has drafted regulations for community care givers. A skills development policy and a skills development programme were also developed during 2005/06.

More than 11 000 health workers were trained to implement the Comprehensive Plan for HIV and AIDS, against the target of 6 233.

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HUMAN RESOURCES	Draft relevant HR regulations of the NHA	Regulations drafted and published	March 2006	Regulations not published. Recent legal opinion states Section 50 of the Act is very clear and implementable, therefore there is no need for regulations
	Strengthen of the Institute of Health Managers	Management Treatment Programme developed	Establish at least 1 national training programme – senior management	A Hospital Management Training Programme has commenced in 2 universities, coordinated by the Department. A programme aimed at the development of HR Practitioners has commenced
	Develop a co-ordinating structure for statutory councils	Consolidation of forum of statutory councils	March 2006	Regulations are now complete and the forum is scheduled for establishment in 2006/07.
	Improve quality of work experience and physical work environment	Adoption by provinces of policies to promote conducive work	Policies adopted by all 9 provinces	All provinces have policies in place, but infrastructure issues are still a challenge

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HUMAN RESOURCES	<p>Improve quality of work experience and physical work environment</p> <p>Develop the skills of managers to improve service delivery; competency profiling; audit of time spent managing and critical management skills; need retention strategy for skilled managers and specialists (include team building etc)</p>	<p>Percentage (%) Improvement in professional staff retention</p> <p>Skills development policy adopted</p> <p>Skills development programme established</p>	<p>10%</p> <p>Policy adopted by March 2006</p> <p>Consolidate various in-house training programmes by March 2006</p>	<p>In most clinical and related areas, there have been varying degrees of increases in employment figures, except for professional nurses and medical and dental specialists where there has been a reduction in the overall numbers</p> <p>A Skills development policy was adopted by the Department</p> <p>Organisational changes have been implemented to strengthen local skills development committees and align funding to the Workplace Skills Plan</p> <p>An integrated training framework was developed and agreed to by clusters offering training</p>

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HUMAN RESOURCES	Develop and implement strategies to strengthen human resources for health	<p>Link community health worker qualifications via learning and career pathways to Mid-Level Workers (MLW)</p> <p>Regulations for CHWs developed</p> <p>National Community Health Worker Policy Framework implemented</p> <p>No. of health workers trained to implement the Comprehensive Plan for HIV and AIDS</p>	<p>2 MLWs linked</p> <p>March 2006</p> <p>Fully implemented by March 2007</p> <p>6 233</p>	<p>4 community worker qualifications registered on the NQF. The NQF 4 qualification will allow access to most MLW programmes</p> <p>Draft regulations have been produced and reviewed by provinces</p> <p>Additional consultation was required to address the CHW-Nursing practice interface</p> <p>In progress. Alignment of stipends and learning programmes continues. Relevant policies and programmes are being transformed</p> <p>11 958</p>

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HEALTH AND WELFARE BARGAINING COUNCIL AND EMPLOYEE RELATIONS	Use of Skills Development Fund to develop the capacity of health care professionals	No of SETA Learnerships developed for various categories of health care professionals	<ul style="list-style-type: none"> • Mid level workers: • Physiotherapy • Nursing • Occupational therapy • Pharmacy • Radiography 	The HWSETA did not expand their learnership programme due to limited funding. Learnerships have been implemented in 8 provinces and continue

INTERNATIONAL HEALTH LIASON (IHL)

The year 2005/06 saw an increase in the number of bi-lateral, trilateral and multilateral agreements signed and implemented by the Department and its international partners. Progress was also made towards strengthening the monitoring of Overseas Donor Assistance (ODA).

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IHL	Strengthen existing bilateral relations	Number of agreements and other bilateral arrangements implemented and reviewed	Facilitate the development of Programmes of Cooperation and/or Plans of Action, and implementation of agreements with Algeria, DRC, Nigeria, Egypt, Brazil, Bulgaria, Iran, Netherlands, Russia, Ireland, India, Luxembourg, Sweden, Denmark and Japan	<ul style="list-style-type: none"> • A Programme of Action was finalised with the DRC and Nigeria (focusing on traditional medicine) • 24 contracts were finalised for recruitment of Iranian doctors • SA-Sweden Midterm review was held and new project proposals were approved in principle • Ireland extended aid to Eastern Cape • Japan funded projects for the improvement of health Facilities and provision of equipment in the Eastern Cape and Limpopo • A Draft SA-China MOU was developed and finalised for legal approval • Through DFID, the UK provided funding to various clusters in the Department to the value of approximately R 90 million in support of the Comprehensive Plan for HIV and AIDS • The SA-Bulgaria Agreement was signed and an implementation plan developed. • Belgium is presently provided funding for the expansion of the TB, HIV and STI Prevention, Care and Support Programmes

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IHL	Strengthen existing multilateral relations	Country Cooperation Strategy developed Number of WHO meetings facilitated and attended	Develop and implement Country Cooperation Strategy Facilitate and attend WHO meetings c) Monitor implementation of WHO resolutions	<ul style="list-style-type: none"> • Draft RSA/WHO Country Cooperation Strategy was developed and finalised for the Minister's approval. • The Department participated in the following WHO meetings: - <ul style="list-style-type: none"> - The 58th session of the World Health Assembly in May 2005, Geneva - the 59th session of the World Health Assembly in May 2005, Geneva - The 55th session of the WHO Regional Committee for Africa in August 2005, Geneva - The High-Level global Partners Forum on Prevention of Mother-To-Child Transmission (PMTCT) in December 2005, Nigeria - The WHO Executive Board meetings for January 2005, June 2005, January 2006, Geneva - Global Fund Meeting held in September 2005

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IHL	Strengthen existing multilateral relations	Number of trilateral relationships established Departmental strategy on multilateral cooperation developed	<p>a) Review existing trilateral cooperation</p> <p>b) Further trilateral agreements set up with African countries and partners</p> <p>c) Implement India-Brazil-SA (IBSA) Agreement</p>	<ul style="list-style-type: none"> • The Department participated in the development of the IBSA Implementation Plan on Health and the IBSA Seminar on malaria • The European Union is presently providing funding to the Department of Health on two programmes • The Donor Database is still under development • An agreement was finalised with the Global Fund and funds transferred into the account • The Department participated in the IBSA seminar on socio-economic development and social equity held in Brazil • The United Nations Development Assistance Framework has been developed and approved by IRPS cluster

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IHL	Strengthen existing multilateral relations	<p>a) SADC and NEPAD (AU) departmental strategy developed.</p> <p>b) Number of progress reports submitted to the Minister/ Director-General</p>	Implementation of SADC/ NEPAD Departmental strategy Implementation of SADC Health Protocol and NEPAD Health Strategy Implementation of SADC/AU Heads of State and Health Ministerial decisions	<ul style="list-style-type: none"> • The Department hosted two SADC Ministerial Meetings on Health including a Ministerial meeting on the HIV and AIDS Trust Fund • Department hosted and facilitated a number of technical meetings: SADC technical meetings on Joint SADC-FAO-WHO Avian Flu; Malaria; Epidemic Surveillance and Preparedness; Reproductive and Sexual Health; TB managers meeting; and experts meeting for implementation of the SADC protocol on health • Department participated in the NEPAD National Workshop • A delegation from the Department attended the African Union (AU) Forum on Human Rights and People affected and infected by AIDS in Ethiopia, in November 2005 • The Minister attended the African Union (AU) Health Ministers' meeting on Accelerating Access to prevention, Treatment and Care of HIV and AIDS, Brazzaville, in February 2006

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