

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>NON-COMMUNICABLE DISEASE CONTROL</b>	Implement Forensic Pathology Service (FPS) Regulations and National Code of Guidelines	Number of provinces wherein Regulations are implemented	9	All 9 provinces started with the implementation of the regulations.
		Number of provinces wherein National Code of Guidelines are implemented	4	All 9 provinces started with the implementation of the guidelines.
	Develop and implement a national training course for forensic officers	Course developed, approved and implemented	Course curriculum developed and approved	Course curriculum still in the process of being developed
		Number of dedicated Clinical Forensic Medicine (CFM) centres implemented the policy	110	165 dedicated CFM centres in 9 provinces
	Accredit activities of forensic labs system	Pretoria and Cape Town Forensic Chemistry Laboratories (FCL) accredited	SANAS accreditation certification obtained by May 2009 for Pretoria Lab and September 2009 for Cape Town Lab	The Cape Town FCL: Blood Alcohol Section received SANAS accreditation  The Pretoria FCL did not receive SANAS accreditation. The Lab will have to reapply for accreditation in 2010 and is in the process of correcting non-conformances.
	Improved turnaround times for blood alcohol	Turnaround times decreased for blood alcohol	Turnaround times maintained  Blood alcohol: 8 weeks from receipt of sample	Turnaround times not maintained at the required level due to staff shortages.  The turnaround time for blood alcohol is between 8–18 weeks. In terms of toxicology, waiting lists go back more than 6 years, therefore new samples received have to go to the back of the queue unless they are prioritised for any reason.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>NON-COMMUNICABLE DISEASE CONTROL</b>	Improved turnaround times for toxicology	Turnaround times decreased for toxicology	By December 2009: Toxicology: 6 months from receipt of samples;  Food: 10 working days from receipt of sample	Turnaround times were not decreased due to staff shortages.  The backlog toxicology sample is more than 6 years, therefore new samples received have to go to the back of the queue unless they are prioritised for any specific reason.
	Improve the operation of the food testing units of the laboratories	The food units at the two laboratories accredited by April 2010	Standardisation and validation of methods employed in the 2 food units	Methods in Cape Town validated and forwarded to Pretoria; Pretoria Food: Methods in Pretoria in the process of being validated

### PROGRAMME 3: HEALTH PLANNING AND MONITORING

#### Purpose

The Health Planning and Monitoring Programme supports the delivery of health services, primarily in the provincial and local spheres of government.

#### Performance and service delivery achievements

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme of Health Information, Research and Evaluation.

#### 1. Health Information, Epidemiology, Research and Evaluation

During the reporting period Department continued to implement efforts to strengthen the national health information system.

The assessment of the Health Information Systems of South Africa was finalised with the use of a locally modified Health Metrics Network Assessment of the World Health Organization (WHO). This work was facilitated by Statistics South Africa (STATSSA) in consultation with major stakeholders, including producers, users, financiers of health information, statisticians and other health information specialists at national, provincial, district and health facility levels. Among others, the assessment identified the lack of a comprehensive national health information strategy as one of the key shortcomings. The findings provide the baseline against which future progress in health information system strengthening will be evaluated.

An e-Health committee was appointed with representatives from the nine provinces, National Health Laboratory Services (NHLS), Medical Research Council (MRC) and South African Military Health Services (SAMHS). The committee has drafted an e-Health strategy which has two main pillars: (i) the development of an appropriate information, communication and technology platform for the public health sector and (ii) health management information systems.

The review of the National Indicator Data Set (NIDS) for the District Health Information System was finalised. The new NIDS will be implemented from 2010/11 onwards. This initiative will further improve the quality of the routine data of the health services. The Department, in collaboration with STATSSA, started to conduct data quality assessments with a focus on the 18 priority districts. Data quality assessments were done at 25 facilities in the Metsweding, Mopani, Thabo Mofutsanyana, Ilembe and Ehlanzeni Districts. The focus of this assessment was to improve the quality of priority programme indicators, including the millennium development goals (MDGs) proxy indicators and data elements collected through the DHIS.

The web-based surveillance system was enhanced with the support of funding from the US Centre for Disease Control and Prevention. This system was deployed for use during the 2010 FIFA World Cup to ensure effective and efficient disease surveillance and control.

The 2008 HIV and syphilis survey report was released and published. The Department also completed the data collection, analysis and validation of the 2009 survey.

The Department ensured the effective functioning of two legislative bodies appointed in terms of the National Health Act, namely, the National Health Research Committee (NHRC) and the National Health Research and Ethic Council (NHREC). The NHRC completed the reviews of the business plans of the National Research Foundation, the Medical Research Council (MRC) and the NHLS.

Due to funding constraints, there were delays in conducting the South African Demographic and Health Survey (SADHS) for 2008.

TABLE 1.14 Key objectives, indicators, targets and actual performance of the Health Information, Epidemiology, Research and Evaluation sub-programme.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HEALTH INFORMATION, EPIDEMIOLOGY, RESEARCH AND EVALUATION</b>	Implement a national health information system sufficient to ensure that all parts of the system have the required information to effectively achieve their responsibilities.	ICD – 10 unit standards implemented by March 2011	ICD – 10 unit standards registered with SAQA	The unit standards for clinical coding were approved by the SAQA Executive Board for registration
		Phases 0, 1 and 2 of the Electronic Health Record for South Africa implemented	Phase 0 implementation	90% of Phase 0 completed
		% of health facilities submitting DHIS data electronically	40%	4 provinces are uploading the data regularly to the FTP server
		Availability of national data sets online	Develop and test the portal	The NDoH 4 file was published on the intranet of the national DoH. The file contains data for all national indicator data sets up to the end of December 2009.
		Percentage (%) of functional telemedicine sites	50%	30%
		Strategy for the development of the hub finalised by March 2010	Strategy finalised and phased implementation commences	A Disease Control Hub is being established, which is an initiative between the public and private sector. The draft business plan for the Hub was revised and finalised during June to September 2009. Memoranda and articles of association between parties were drafted by a legal team.
	Prepare and submit UNGASS Report 2008–2009	UNGASS Report submitted timeously	2008–2009 report: data collation, report writing and consultation	The final UNGASS report was submitted to the UNGASS website on 31 March 2010
Conduct research into the implementation of the CCMT and NSP for HIV and AIDS	Percentage of research projects funded for the comprehensive HIV and AIDS plan completed within stipulated timeframes	100% of funded research projects (one-year projects) completed	The Department of Science and Technology transferred R2 million to the Medical Research Council in order to assist with funding of commissioned research for CCMT.	

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)	
<b>HEALTH INFORMATION, EPIDEMIOLOGY, RESEARCH AND EVALUATION</b>	Commission a national Burden of Disease (BoD) study	National Burden of Disease survey completed	BoD study completed and report produced by March 2010	A draft final report was received from the service provider during February 2010.	
	Conduct research into the implementation of the CCMT and NSP for HIV and AIDS	National Study on Health Inequalities	National Study on Health Inequalities commissioned	Nil	
	Increase the quantity of indicators reported by provinces in their datasets	Number of provinces submitting data to monitor the implementation of the comprehensive HIV and AIDS Care, Management and Treatment Plan	9 provincial datasets for at least 60% of indicators available nationally	The monthly summary reports up to January 2010 were compiled monthly, using the database of the monthly data submitted by provinces.	
	DHIS data quality assessment conducted by Stats SA and DoH	Report on the DHIS data quality assessment by Stats SA and DoH	Report on the list of indicators meeting the criteria of the SA Statistical Quality Assurance Framework in 18 districts produced by March 2010	By the end of March 2010 a total of 25 hospitals and clinics had been visited for data assessment and interviews in the priority districts of Metsweding(GP), Mopani (LP), Thabo Mofutsanyane (FS), Ehlanzeni (MP) and Ilemba (KZN)	
	Conduct annual national survey of HIV and syphilis prevalence estimates	Annual national HIV prevalence estimates and trends report published	Annual national HIV prevalence estimates and trends report published by March 2010	2008 national HIV and syphilis prevalence estimates and trends report published by March 2010	The 2008 national HIV and syphilis prevalence estimates and trends report was launched and published on 5 October 2009.
		HIV incidence measuring tool developed	Annual HIV prevalence estimate	Estimates of 2008 HIV prevalence trends among 15-49 year olds produced	Estimates of 2008 HIV prevalence trends among 15-49 year olds were produced
	Develop an HIV and AIDS notification strategy	AIDS notification strategy published	HIV and AIDS notification strategy published by March 2010	The HIV notification strategy document has been compiled and presented to management	
	Develop regulations for the National Cancer Registry	Regulations on the National Cancer Registry developed	Regulations on the Cancer Registry approved and gazetted by March 2010	Participated in the development of the Cancer Registry regulation formulation	

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HEALTH INFORMATION, EPIDEMIOLOGY, RESEARCH AND EVALUATION</b>	Provide epidemiological and surveillance support during disease outbreaks	Reports compiled at the end of each outbreak	Reports compiled for 100% of outbreaks	<ul style="list-style-type: none"> <li>○ Established the web-based surveillance system for the 2010 World Cup</li> <li>○ Published 12 Statistical Comments</li> <li>○ Published Epidemiological Comments</li> </ul>
	Revised South African Health Research Policy produced	Revised South African Health Research Policy produced	Revised South African Health Research Policy produced by March 2010	Draft Research Policy available
		Strategy for research done completed	Strategy for research done completed by March 2010	Nil
	Compile an Audit Report on research and expenditure in public-funded research organisations and institutions, and an Annual Report on monitoring and adherence to regulations relating to NHRC	Functional National Health Research Committee (NHRC)	Audit of research and expenditure in public-funded research organisations and institutions compiled by March 2010	Audit completed, report available
			100% of business plans of public-funded research organisations and institutions presented to NHRC by Dec 2010	Review reports of NRF, MRC and NHLS available
	Compile annual reports on Research Ethics Council and research committees	Ethics Council and research committees functional	Produce annual work plan for the Ethics Council and Research Committee; achieve 100% of annual work plan	Research Ethics Council annual work plan, budget and report available; achieved 100% of annual work plan
	Conduct the South African Demographic Health Survey (SADHS) 2008	Conduct SADHS by March 2009	Preliminary report by June 2010  Final report published by December 2010	The lack of funding for conducting the SADHS contributed to severe delays.

## 2. Office of Standards Compliance

During 2009/10 the Department produced a revised set of organisational standards which was approved by the National Health Council and used as the basis for piloting the facility assessment tools. The performance of 31 health facilities against the revised core standards was assessed during the pilot phase.

Quality improvement projects were developed by 1,112 health facilities, focusing on the six priority areas, namely: patient safety, cleanliness, infection control, staff attitudes, waiting times and drug supply. These are being monitored to ensure improvement in patient experiences of health care in the public sector. The Department also commenced with the development of a suitable institutional framework for quality management and the accreditation of health facilities

One of the key strategies for ensuring patient safety is to reduce adverse incidents. A need exists for the development of a national system to monitor and manage adverse events. During 2009/10, the Department developed the final draft guidelines which describe the adverse event management system, including the classification and management of adverse events, and preventive measures to avoid reoccurrence. Systems descriptions and guidelines on the management of such events will be finalised during the coming financial year.

The Department also commenced with the development of a suitable institutional framework for quality management and the accreditation of health facilities. Options were developed and consultations conducted with seven of the nine provinces.

TABLE 1.15 Key objectives, indicators, targets and actual performance of the Office of Standards Compliance sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>OFFICE OF STANDARDS COMPLIANCE</b>	Co-ordinate the development and review of national norms, standards and guidelines for clinical and organisational quality	National Organisational standards, norms and clinical guidelines released	National organisational standards released	A revised set of organisational standards was approved by the National Health Council in February as a basis for the piloting of assessment tools.
	Measure and benchmark the performance of all health establishments and agencies against a set of national standards every three years	Number of hospitals receiving reports of performance assessment	54 (1,34%) of 4 029 public and private establishments	A total of 31 hospitals and PHC facilities were assessed during the pilot phase

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>OFFICE OF STANDARDS COMPLIANCE</b>	Ensure the identification, reporting and analysis of, and response to, adverse incidents	Number of public hospitals reporting on adverse events	An agreed national system	A final draft guideline describing the system, i.e. the classification of adverse events, how to manage them, and how to prevent them from happening again was prepared and circulated for comments.
	Improve quality outcomes in key areas covering patient safety, infection control and aspects of patient rights.	Number of public facilities with QIPs covering safety, infection prevention, waiting times and cleanliness	100 (3%) of 3 818 public facilities	A total of 2 080 QIPs in 1 112 facilities were reported as undertaking quality improvement activities in at least one of the 6 priority areas.
	Establish and manage a national customer care programme	A national call centre	National Call Centre established and linked to provinces	The National Call Centre has strengthened its working relationship with the Presidential Hotline, which is managed by SITA. The National Call Centre has not yet been linked to provinces.
		Number of public facilities conducting standardised satisfaction surveys	Standardised surveys consulted and agreed	Provisional agreement was reached that the existing standardised patient satisfaction survey module on the DHIS should be used by all facilities.
		Functional Ombuds Office	Research conducted to facilitate establishment of Ombuds Office by March 2010	A literature review was undertaken as the first phase of the research.
	Enforce compliance of private and public establishments and agencies with national regulations	Promulgated regulations	Regulations consulted	Not achieved
	To develop and formalise a suitable institutional framework for quality management and accreditation	Legislative framework strengthened or amended	Options developed and tabled	Options were developed and 7 out of 9 provinces were visited to obtain their inputs

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>OFFICE OF STANDARDS COMPLIANCE</b>	To develop and formalise a suitable institutional framework for quality management and accreditation	Staff and other resources in place and functional	Interim arrangements in place and functional	Seconded staff from provinces were used to conduct the pilot assessment

### 3. Health Financial Planning and Economics

During 2009/10 the Department worked closely with the Ministerial Advisory Committee (MAC) on National Health Insurance (NHI) for South Africa. A technical support unit for NHI was established in the Department. A draft NHI policy is under discussion, and will form the basis for public consultation on the NHI.

The Department developed the International Benchmarking Methodology for innovator medicines. It is envisaged that this will be published for comment by stakeholders during the first part of 2011/12.

The Department assisted provinces with the implementation of the identified five flagship public private partnership (PPP) projects for the building of hospitals. This included the drafting of agreements, the development of terms of reference, clarification of implementation processes, facilitation of the registration of the projects and liaison with stakeholders such as the Development Bank of South Africa and National Treasury.

A database of PPPs within the public health sector was completed.

TABLE 1.16 Key objectives, indicators, targets and actual performance of the Health Financial Planning and Economics sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HEALTH FINANCIAL PLANNING AND ECONOMICS</b>	Design of the National Health Insurance (NHI) system for South Africa that promotes health system integration and ensures universal access for all South Africans	NHI policy document acceptable to all parties finalised	Publication of draft NHI legislation for public comments by March 2010	The draft policy document was presented to Cabinet Committee. Cabinet Committee requested revision of the document. The document has since been revised.

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HEALTH FINANCIAL PLANNING AND ECONOMICS</b>		Development of draft NHI legislation for presentation to Cabinet and Parliament	Presentation of draft NHI legislation to Cabinet and Parliament	NHI Bill not yet drafted.
	Development of standardised procedural coding schema	Implementation of the schema in health care	Report on the investigation of the appropriate coding schema completed by March 2010	The Department of Health conducted two workshops with both the public and private health sectors to share information on ICD 10 PCS, the schema to undergo due diligence. All health professional groupings and hospitals will be embarking on the due diligence exercise. However, funding of this project remains the major problem.
	Implementation of International Benchmarking for innovative medicines	International Benchmarking methodology finalised	Finalisation of the International Benchmarking methodology by end of 2009	The recommended International Benchmarking methodology for innovative medicines has been sent to the Office of the Minister for consideration and approval to publish it in the Gazette for comment by stakeholders.
	Setting of the logistics fee(s) for the distributors of medicines	Gazetting of fees for distributors of medicines in the private sector	Announcement of the draft logistics fee by end of 2009	The recommendation to the Office of the Minister on the logistics fee cap for logistics service providers was finalised.
	Removal of user fees for specified patient groups in public facilities	User fees removed for specified patient groups in public facilities by March 2012; medical debts of H1 and H2 patients written off	Consultations on the removal of user fees policy by all stakeholders and Cabinet presentation of the policy proposal by March 2010	A policy document on the removal of user fees linked to an efficient billing system for medical schemes was submitted to the NHC for approval.

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HEALTH FINANCIAL PLANNING AND ECONOMICS</b>	Develop a health sector PPP for provinces	Number PPP facilitated with the use of established guidelines	Draft guidelines circulated to provinces	Currently, no guidelines for the sector have been finalised. The PPP Directorate requested all assistance from provinces to implement the five flagship PPP projects.
	Review current and past sector PPP projects	Report on the success and challenges of the past and current PPP projects	Draft report	Collated information from five projects for the review
	Establish a database of PPP and PPI	A national database developed	Assess and develop inhouse capacity for the database	Database completed
	Management of procurement and distribution of medicines and medical-related items on tender	%of tenders and retenders finalised annually out of yearly tender allocation	100%	100%

#### 4. Pharmaceutical Policy, Planning and Management

The Department recorded some progress with the review of the essential medicines lists, to ensure the availability of good quality medicines in health facilities. The review of essential drugs lists (EDL) at hospital level for adults was 40% towards completion, while the paediatric EDL was 30% complete. This was below the set target of 50% completion for both components. The review of tertiary and quaternary essential medicines was at 30% completeness against a target of 30%.

During the reporting period, 77% of the applications received were licensed in terms of the Pharmacy Act, 1974 against the 2009/10 target of 80%. The Department also licensed 94% of applications received from public and private sector prescribers authorised to dispense medicine in terms of Section 22C of the Medicines and Related Substances Act of 1965. This performance exceeded the 2009/10 target of licensing 90% of applications received.

During 2009/10 the Department experienced a number of challenges with regard to continuous drug supply. The average drug stock-out of the 45 antiretroviral medicines on tender measured in nine provinces stood at 11,54%. The average drug stock-out for the 35 TB medicines on tender measured in nine provinces stood at 15,66%. These drug stock-outs resulted from multiple factors, both internal and external to the health sector. These included financial constraints resulting in delays in the payment of suppliers, drug supply management problems, suppliers' incapacity to deliver according to demand, and suppliers' inability to adhere to lead times.

The Department had a severe shortage of pharmacists which limited its capacity to inspect licensed dispensers during the reporting period.

TABLE 1.17 Key objectives, indicators, targets and actual performance of the Pharmaceutical Policy, Planning and Management sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>PHARMACEUTICAL POLICY, PLANNING AND MANAGEMENT</b>	Management of procurement and distribution of medicines and medical-related items on tender	Reported % stock-outs of total number of antiretroviral medicines on tender (45) measured in 9 provinces (405)	0%	11,54%
		Reported % stock-outs of total number of TB medicines on tender (35) measured in 9 provinces (315)	0%	15,66%
	Strengthen drug supply management information system to improve forecasting and monitor usage	Number of sites where implemented	3 sites: NDoH Gauteng Free State	1 site: 90% implementation at the National Department of Health
	Review of Standard Treatment Guidelines and Essential Medicines List – Hospital Level for Adults	% of book reviewed	50%, i.e. at least 12 chapters, to wider stakeholders for comment	40%
	Review of Standard Treatment Guidelines and Essential Medicines List – Hospital Level for Paediatrics	% of book reviewed	50%, i.e. at least 12 chapters, to wider stakeholders for comment	30%
	Review and compile tertiary and quaternary Essential Medicines List	% of drugs reviewed out of a total number of motivations received	60%	50%

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10-2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>PHARMACEUTICAL POLICY, PLANNING AND MANAGEMENT</b>	Licensing of premises for pharmacies in terms of the Pharmacy Act, 1974	Number of pharmacy premises licensed out of total number of applications compliant to legislation received in a quarter	80% out of the number of applications received	77%
	Monitoring of the opening vs. closure of community pharmacies	Annual report submitted to DG	Report submitted by March 2010	Report submitted in April 2010
	Licensing of public and private sector authorised prescribers to dispense medicines in terms of Section 22C of the Medicines and Related Substances Act, 1965	Percentage of authorised prescribers licensed out of total number of applications compliant to legislation received in a quarter	90% out of the number of applications received	94%
	Inspection of the premises of licenced authorised prescribers to determine compliance to legislation	Percentage of premises of licenced dispensers inspected	5% (320 premises inspected)	0%
	Institutionalisation of African traditional medicine into the national health care system	Collated comments on draft policy on African traditional medicine	Publication of policy on African traditional medicine	Final draft policy submitted to the Technical Committee of the National Health Council

## **PROGRAMME 4: HUMAN RESOURCES AND MANAGEMENT DEVELOPMENT**

### **Purpose**

The Human Resources and Management Development programme supports the planning, production and development of human resources for health at both national and provincial levels.

### **Performance and service delivery achievement**

The section that follows reflects the key objectives, indicators, targets and achievements for each sub-programme of the Human Resources and Management Development Programme.

#### **1. Human Resource Policy, Research and Planning**

Human resources for health are the pivot around which the success of health sector interventions to improve the health of all South Africans hangs. The the availability of appropriately trained, adequately qualified and well motivated health workers of diverse categories, providing the required skills mix in all health facilities, is imperative.

During the reporting period, the Department reviewed, analysed and provided feedback on the HRH plans of eight provinces. A service provider was identified to train all Provinces in human resource planning.

To enhance the planning and monitoring of the HRH, the Department commenced with the revision of the HRH planning framework. The terms of reference for the HRH indicator framework have been developed. The process for the procurement of a service provider to develop the framework has commenced.

Efforts to improve hospital management have also been sustained. A total of 156 hospital managers were enrolled for a hospital management training programme, which exceeded the set target of 150.

In keeping with the 2009/10 target, the Department completed a comprehensive audit on all nursing colleges in the country. The audit results pointed to the need to enhance the infrastructure of these institutions; to review the over-emphasis on the four year nursing programme in terms of its impact on the supply of qualified nurses for the public health sector; to improve to recruitment of nursing educators, to improve the production of nurses.

To facilitate the implementation of the nursing strategy, the Department developed implementation plans based on the six nursing strategy focal areas and on the recommendations of provincial DoHs.

TABLE 1.18 Key objectives, indicators, targets and actual performance of the Human Resource Policy, Research and Planning sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HUMAN RESOURCE POLICY, RESEARCH AND PLANNING</b>	Support provincial DoHs to produce human resources for health (HRH) plans	Number of provincial HRH plans produced	4 outstanding provincial HR plans developed; 5 submitted plans analysed, refined and updated	The HRH plans of 8 provinces were reviewed and analysed. Feedback was provided through the National Human Resource Committee meetings.
	Develop indicators for HRH monitoring	HRH indicators available	HRH indicators developed for monitoring and tracking HRH by March 2010  Policy briefs on findings of analysis (and cost of production) of the health workforce developed	The terms of reference for the HRH indicator framework have been developed. The process to procure a service provider to develop the framework has commenced.
	Implementation, management and advocacy of the National Human Resources for Health (HRH) Plan	HRH indicators available	Revised HRH Plan drafted by March 2010	The development of a revised planning framework has commenced.
	Planning to develop and pilot a training programme for health workforce	Tailored health workforce training programme developed to support personnel designated to undertake HRH planning	Planning for training programme for health workforce developed and piloted with selected national and provincial managers responsible for HRH planning by March 2011	The procurement of a service provider is in its final stages.
	Facilitate research and analysis in order to support long-range planning and facilitate the development of projections of HR needs to strengthen HRH supply	Report on trends in production of health professionals compiled	Production capacity for health professional categories assessed by March 2010  Targets for production (and training) of health professionals in various categories developed	The assessment of the production capacity for nurses was completed and 5-year targets were developed. This is linked to the audit of nursing produced by training institutions.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HUMAN RESOURCE POLICY, RESEARCH AND PLANNING</b>	Facilitate research and analysis in order to support long-range planning and facilitate development of projections of HR needs to strengthen HRH supply	Research report on the impact of OSD available by March 2011	Specifications developed for research on effectiveness of the OSD by March 2010  Review of the Health Professions Training and Development Grant finalised with the Department of Education and National Treasury	Specifications for research on the effectiveness of OSD were produced.  Several proposals on the review of the HPTD grant were put forward, in collaboration with the Department of Education and National Treasury.
	Develop a strategic framework for proactive engagement of bilateral and multilateral partners on health workforce	Strategic framework for proactive engagement of bilateral and multilateral partners on health workforce issues available	Strategic framework for proactive engagement of bilateral and multilateral partners on health workforce issues developed by March 2010	A concept note for proposals for mobilising diaspora and other foreign health care professionals for capacity building of the South African health sector was developed. This process is being led by International Health Liaison.
	Develop and elaborate a human resource information system (HRIS) for the health workforce	Number of districts in which the HRIS has been implemented	HRIS pilot completed and training on software finalised by March 2010	The project was suspended due to lack of funding.
	Appointment of a new HPCSA for 2009–2014	HPSCA inaugurated	New HPCSA inaugurated by March 2010	The Department is awaiting the gazetting of the names of appointed members of professional boards.
	Fast track the process on the amendment of the Allied Health Professions Act	Allied Health Professions Act amendment completed	Preparations for the amendment of the Allied Health Professions Act finalised by March 2010	The Allied Health Professions Amendment Bill has been drafted.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HUMAN RESOURCE POLICY, RESEARCH AND PLANNING</b>	Publish implementation guidelines for the nursing strategy in South Africa.	Implementation plan for the nursing strategy produced	Implementation plan produced for nursing strategy by March 2010	An implementation plan based on the 6 nursing strategy focal areas has been produced after intensive provincial visits.
	Publish implementation guidelines for the nursing strategy in South Africa.	Audit of nursing colleges completed	Nursing colleges audit finalised with costing for recapitalisation by March 2010	A draft report on the audit of nursing training institutions was produced. The process was delayed due to financial constraints during the first half of the year.
	Improved management of hospitals	% of hospital managers enrolled for a hospital management training programme	150 out of 400	156 out of 400

## 2. Human Resource Development and Management

The clinical associate programme, which was launched in 2008 to improve access to medical care in health facilities, expanded massively during 2009/10. A total of 183 new recruits entered the programme. This exceeded the 2009/10 target of 75 new clinical associates.

To improve the production and supply of emergency medical personnel in the public sector, four Emergency Care Technician (ECT) colleges were accredited by the Health Professionals Council of South Africa during the reporting period, and commenced with the provision of ECT training. This performance was lower than the planned eight ECT colleges for accreditation and the commencement of ECT training. This impacted negatively on the number of learners who entered the training programme. A total of 180 employees and 387 school leavers entered the emergency care training programme during 2009/10. The target for 2009/10 was 300 employees and 250 school leavers.

Innovative ways to strengthen the health system were implemented. A total of 609 interns were trained as data capturers in the 21-day skills programme, which was co-funded by the Department and an external funder. The target for 2009/10 target was 1 200. The external funder withdrew from the project during the period under review, which resulted in lower numbers of interns being trained subsequently employed. Provincial departments employed only 50% of the 609 interns who completed the programme, against the 2009/10 target of 90%.

The monitoring and evaluation of health sector personnel employment data in relation to the occupation specific dispensation and other conditions of service could not be conducted due to lack of resources.

TABLE 1.19 Key objectives, indicators, targets and actual performance of the Human Resource Management and Development sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10– 2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT</b>	Review all existing government-to-government agreements that provide for the recruitment of medical doctors to the rural areas of South Africa	Request submitted to NHC to issue policy directive about international recruitment of health professionals through existing government- to-government agreements	Jun 2009	No progress
	Develop a new policy regarding the employment of foreign health professionals residing in SA	Policy approved	Apr 2009	Policy proposal submitted for consideration to the technical committee of NHC
	Develop proposals for the implementation of new occupational-specific remuneration and career dispensation for health professionals	OSD proposals submitted	Jun 2009	All outstanding OSD proposals were submitted to the PHSDSBC in August 2009.
	Manage the process of audits of provinces regarding the implementation of the occupational specific dispensation for nurses	Number of reports submitted	3 reports: April 2009 July 2009 October 2009	The Audit Report was submitted.
	Review the community service programmes and priorities within the current service delivery, staffing and financial situations	Policy approved	Jun 2009	Most provinces do not have adequate funds to cater for additional compulsory employment of community service employees, therefore the review was put on hold.
	Enhance the current inter-provincial collaboration to achieve strategic HR outcomes through the NHRC and other forums, provincial visits and the co-ordination of policies	Coherent process defined and documented	Mar 2010	Provincial meetings were arranged as required by the DDG: HR and MD.

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT</b>	Monitor and evaluate sector personnel (employment) data in relation to OSD and other conditions of service	Number of reports submitted to NHC	5 reports: April 2009 July 2009 October 2009 January 2010 March 2010	Nil Due to lack of resources, the project was shelved.
	Develop the multifunctional role of regional training centres (RTCs)	RTCs offering in-service programmes in addition to HIV and AIDS/ART	5 provinces: Free State Western Cape Eastern Cape North West Gauteng	RTCs in 4 provinces are offering in- service programmes in addition to HIV and AIDS, namely: Free State, Eastern Cape, Limpopo and Mpumalanga. In North West province, the planning has been completed and, in Gauteng, a building has been secured.
	Increase the number of data capturers to strengthen the health information system	Number of interns trained in the 21-day skills programme	1 200	609
		Number of interns employed by provincial departments	90%	50%
	Community caregiver (CCG) policy finalised	CCG policy finalised	Policy finalised by March 2010	The National Cabinet has requested an investigation into the integration of community-based workers. The CCG policy is currently on hold pending the outcomes of the investigation.
	Strengthening of hospital management teams	Number of hospital teams assessed and trained	Consolidate 64	39, which was 100% of facilities requiring consolidation (only 39 of the targeted 64 required consolidation)
	Strengthen human resource capacity in district hospitals	Number of clinical associates entering the degree, programme <sup>1</sup>	75 new associates (focusing on 18 priority districts)	183
	Strengthen human resource capacity for the delivery of emergency care services	Number of colleges offering ECT	8	4
		Number of employees entering the programme (including RPL)	300	180
		Number of school leavers entering the programme	250	387

### 3. Sector Labour Relations and Planning

Three collective agreements were tabled in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC). This was consistent with the 2009/10 target. A total of three disputes lodged with the PHSDSBC were managed and finalised.

In keeping with the 2009/10 target, the collective agreements for: (i) a full-time shop steward; (ii) the Constitution of the PHSDSBC; (iii) a uniform allowance; and (iv) a scarce skills allowance were reviewed.

The Department produced regular reports on the dispute around the occupation specific dispensation (OSD) for nurses. These covered the implementation process, the challenges, the conclusion of the dispute, and the implementation of the arbitration award by provinces. Regular reports with regard to the implementation of the OSD for doctors, dentists, pharmacists and EMS were also produced.

TABLE 1.20 Key objectives, indicators, targets and actual performance of the Sector Labour Relations and Planning sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>SECTOR LABOUR RELATIONS AND PLANNING</b>	Strengthening Human Resources for Health (HRH)	Percentage of all mutual interest disputes lodged at the PHSDSBC managed and finalised	75% mutual interest disputes managed and finalised by March 2010	100% of the mutual interest disputes were finalised. The dispute on the OSD for nurses declared in 2008/09 was finalised in 2009/10; the dispute on the OSD for doctors, dentists, pharmacists and EMS was declared and finalised in 2009/10; the dispute on the wage agreement of 2007 declared in 2009/10 was finalised in 2010/11.
		National strike contingency planning guidelines annually reviewed, finalised and distributed to provinces	National strike contingency planning guidelines reviewed, finalised and distributed to provinces by June 2010	Strike guidelines were prepared for MOH approval prior to distribution to the provinces.
		Number of collective agreements tabled for negotiation	Two collective agreements tabled for negotiation	Three collective agreements were tabled and two were signed: the PHSDSBC Resolution 2 of 2009: Amendment to OSD for social services and related professions, and the PHSDSBC Resolution 3 of 2009: OSD for doctors, dentists, pharmacists and EMS). One was not signed: the OSD for medical therapeutic diagnostic services.

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>SECTOR LABOUR RELATIONS AND PLANNING</b>	Strengthening Human Resources for Health (HRH)	Quarterly reports produced on the implementation of collective agreements concluded at PHSDSBC and PSCBC	Quarterly reports produced on the implementation of collective agreements concluded at PHSDSBC and PSCBC	Quarterly reports were compiled for MOH pertaining to the dispute on the OSD for nurses, the implementation process, the challenges, the conclusion of the dispute, and the implementation of the arbitration award by provinces. Regular reports were provided to the MOH about the implementation of the OSD for doctors, dentists, pharmacists and EMS.
		Number of PHSDSBC collective agreements reviewed and their efficacy assessed for amendment	Four PHSDSBC collective agreements reviewed and their efficacy assessed for amendment	The following collective agreements are under review: (i) Full-time shop steward; (ii) Constitution of the PHSDSBC; (iii) Uniform allowance; (iv) Scarce skills allowance
	Undertake labour relations research to generate information	Number of proposals developed for the formulation of policy on collective bargaining matters	Two proposals developed for the formulation of policy on collective bargaining matters	One proposal : Repeal of scarce skill allowance
	Strengthening Human Resources for Health	Number of up-to-date reports on stakeholders compiled	Quarterly reports on profile and programme-of-action of stakeholders compiled, reviewed and updated	Quarterly reports were not compiled, but 2 national labour relations forum meetings with stakeholders were convened.

**PROGRAMME 5: HEALTH SERVICES – SPECIAL PROGRAMMES AND HEALTH ENTITIES MANAGEMENT****Purpose**

The Health Services – Special Programmes and Health Entities Management – support the delivery of Health services in Provinces, including primary health care and occupational health services.

**Performance and service delivery achievements**

The sections that follow reflect the key objectives, indicators, targets and achievements for each of the sub-programmes of the Health Services – Special Programmes and Health Entities Management.

**1. Legal Services and Litigation**

During the period under review, no pieces of legislation were processed through Parliament. The Medical Schemes Amendment Bill was discontinued by Parliament. The National Health Insurance (NHI) Act will only be drafted once NHI policy has been completed. As part of the legal framework for the Department, 34 sets of regulations were published during 2009/10.

TABLE 1.21 Key objectives, indicators, targets and actual performance of the Legal Services and Litigation sub-programme of the Health Services

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>LEGAL SERVICES AND LITIGATION</b>	Prepare and implement legislation	National Health Insurance Act passed by Parliament		Bill not yet drafted.
		National Health Amendment Act passed by Parliament		Bill not yet drafted.
		Medical Schemes Amendment Act passed by Parliament	Mar 2010	The Medical Schemes Amendment Bill was discontinued by Parliament.
		Committee of Legal Advisers in place and meeting quarterly	Mar 2010	Committee in place
		Legal framework available	Aug 2009	34 sets of regulations were published

**2. Communication**

During the reporting period, the Department continued to strengthen its communication with internal and external stakeholders and to raise the profile of health issues.

The Department produced a draft Communication Strategy to guide its interactions with stakeholders and to keep the public informed of health issues.

To keep the public informed on the H1N1 pandemic, several articles and press releases were published. The

Department also conducted media conferences on H1N1 during the pandemic. There were several media briefings on different topics. These focused on: the launch of immunisation campaigns such as measles; targeted media briefings on HIV and AIDS; and briefings on the signing of agreements with foreign countries, and adverse incidents reported in our hospitals. During the same period, a number of press statements were issued. These were part of making policy announcements and part of communication to clearly state the policy position of the Department and Minister on these various issues.

Due to capacity constraints, the finalization and approval of the communication strategy was delayed.

TABLE 1.22 Key objectives, indicators, targets and actual performance of the Communication sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
COMMUNICATION	Develop communication strategy for NDOH	Communication strategy approved and finalised	Complete strategic plan available by April 2009	Draft strategy available
		Number of media briefings, press releases and opinion articles	4 standing media briefings by Minister/ Deputy Minister	14 media briefings and 104 media releases
	Support for broader government communication activities	Number of Izimbizo events and ensuring follow-up on issues raised	At least 3 ministerial Izimbizos	2 ministerial Izimbizos

### 3. District and Development

During the reporting period, the Department strengthened the district health system (DHS), which is the vehicle for the delivery of primary health care services.

The Department's interventions focused on the implementation of an appropriately decentralised and more accountable operational management model for the district health systems. Out of 52 districts, 31 had District Management Teams (DMT) with delegations. District Health Plans for 20 districts (out of 52) were received from provinces by the end of the financial year. The Department also reviewed the District Health Planning guidelines to align them with the Provincial Planning guidelines, the medium-term strategic framework and the Health Sector's 2009–2014 priorities.

The governance of the health sector was strengthened, with 43 districts having established District Health Councils and 47 districts having functional PHC facility committees.

During the reporting period, 70% of PHC facilities received a supervisory visit once a month, which was lower than the 2009/10 target of 100%. Some of the challenges reported by provinces were the lack of supervisors' posts as well as the lack of logistical support such as transport for appointed supervisors.

Access to primary health care, as measured by headcount, increased from 117 341 256 in 2008/09 to 121 767 724 in 2009/10. The PHC utilisation rate marginally increased from 2,4 visits per person per annum in 2008/09 to 2,5 visits per person per annum in 2009/10. The national target for 2009/10 was 2,7 visits per capita.

In terms of environmental health issues, seven of the nine provinces appointed health care waste management service providers.

Seven provinces established port health services. By the end of the reporting period, two provinces – namely Northern Cape and North West – had initiated and fully established port health services. Insufficient infrastructure at the ports of entry and the lack of human resources were some of the major challenges experienced by provinces.

The Department drafted and gazetted the Environmental Management Plan (EMP) for health in response to the requirement of the National Environmental Management Act (NEMA). This process took longer than anticipated, and as a result, only one province implemented the EMP as required by the NEMA.

TABLE 1.23 Key objectives, indicators, targets and actual performance of the District and Development sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10-2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>DISTRICT AND DEVELOPMENT</b>	Implement an appropriately decentralised and more accountable operational management model	Number of district health plans (DHPs) received from provinces by end November	52 DHPs by March 2010	20 DHPs
		District management teams with delegations	52 DMTs by March 2010	31 DMTs
		Number of district health councils established and functional	52 districts	43 districts
		Number of provinces with demarcated sub-districts	5 provinces	6 provinces
		Number of districts with PHC facilities where committees are functional	52 districts	46 districts
		% of PHC facilities visited by a supervisor once a month	100%	70%
		Number of provinces where PPHC services have been provincialised	5 provinces	3 provinces
		PHC utilisation rate	3,5 visits	2,5 visits
		PHC per capita expenditure per district	R350	R305

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10-2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>DISTRICT AND DEVELOPMENT</b>	Promote quality, including measuring and benchmarking actual performance against quality standards	Available strategy	Strategy developed and implemented	Implementation plan developed in consultation with provinces and NDoH clusters  Champion for the identified districts appointed
	Support and monitor implementation of the contract for health care waste	Number of provinces where service provider complies with contractual agreements	9 provinces	7 provinces
	Implementation of NEMA	Number of provinces implementing NEMA	9 provinces	1 province
	Support and Strengthen port health services	Number of provinces with established port health services	5 provinces	7 provinces have established port health services: 2 out of the 7 have initiated fully established port health services; 3 are establishing services while the other 2 are struggling. The remaining 2 provinces have virtually no port health services in place.
	Support provinces in the implementation of healthy lifestyle programmes	Number of districts implementing HLS strategy (5 pillars)	HLS strategy finalised	The HLS strategy was finalised.  All provinces are implementing the 5 pillars of the HLS, with a focus on 18 priority health districts.
	Support the implementation of Healthy Environment for Children Initiative (HECI) programmes in all provinces	Number of provinces implementing HECI programmes	9 provinces	9 provinces

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10- 2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>DISTRICT AND DEVELOPMENT</b>	Support implementation of tobacco control programme	Number of Provinces implementing tobacco control programme	9 provinces	9 provinces
	Develop an implementation strategy and collaboration/ partnerships to leverage funding and increase health sector efficiencies	Number of districts implementing CBHS framework	45 districts	52 districts
		Total number of districts where NGOs are providing CHBC services	45 districts	52 districts
	Bring in additional capacity and expertise to strengthen a results-based health system, particularly at the district level	% of registered caregivers with accredited training according to Health and Welfare Seta	80%	98%

#### 4. Infrastructure Planning and Health Facilities Management

##### (a) Improving Hospital Infrastructure

Planning processes for the revitalisation of 17 hospitals were started. Construction of seven of these hospitals will commence in 2010/11. Construction work started at three revitalisation hospitals during 2009/10, namely Thabazimbi, Khayelitsha and Mitchell's Plain.

##### (b) Strengthening Hospital Management

Hospital improvement plans were implemented in 80 hospitals, which exceeded the set target of 57 hospitals. The Department worked with provincial DoHs to provide technical support to these hospitals and to enhance the implementation of these plans and the resultant improvement of the quality of services. Seventeen percent of public hospitals established cost centres, which was below the 2009/10 target of 50%. The lack of financial resources at a provincial level impacted negatively on the performance for this indicator.

The finalisation of the generic framework for the delegation of authority to hospital CEOs was delayed. During the period under review, only 3% of the targeted 50% of hospital CEOs had formal delegations of authority from provincial DoHs.

The Department completed the training manual for the training of hospital boards. This took longer than anticipated and no hospital boards were trained during the reporting period

##### (c) Improving Emergency Medical Services (EMS)

Dedicated obstetric ambulance services were rendered by four of the nine provinces namely, Gauteng, Free State, KwaZulu-Natal and the Western Cape. This initiative will contribute to the effective management of complicated obstetric cases and to a decrease in maternal mortality. Three provinces, namely Limpopo, Mpumalanga and North West, initiated the process of mobilising resources for the implementation of obstetric ambulance services.

Draft regulations for mass gatherings were released. The generic hospital disaster management plans were distributed to all hospitals designated to manage disasters during the 2010 FIFA World Cup.

TABLE 1.24 Key objectives, indicators, targets and actual performance of the Infrastructure Planning and Health Facilities Management sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>INFRASTRUCTURE PLANNING AND HEALTH FACILITIES MANAGEMENT</b>	To accelerate implementation of the Hospital Revitalisation Programme (HRP), depending on budget availability	Number of hospitals accepted in the programme per financial year	2 additional hospitals to be in planning per province	17 hospitals began the planning process and 7 hospitals are expected to start construction in 2010. Gauteng was the only province that did not have a new hospital in planning
			1 additional hospital per province to be in construction	Only 3 hospitals started construction, namely Thabazimbi, Khayelitsha and Mitchell's Plain. The construction of the Cecilia Makiwane Hospitals (Eastern Cape), Trompsburg (Free State), Hlabisa (KZN) and De Aar (Northern Cape) was delayed.
	Regulations pertaining to mass crowd gatherings	Publication of mass crowd gathering regulations (nationally)	Approval of regulations by NHC and publication in Government Gazette	Regulations have been drafted.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>INFRASTRUCTURE PLANNING AND HEALTH FACILITIES MANAGEMENT</b>	Implementation of an EMS obstetrics ambulance service	Number of provincial EMS rendering obstetric ambulance services	3 provinces	4 provinces: Gauteng, Free State, Kwa-Zulu-Natal and Western Cape
	Development and implementation of an integrated disaster plan for the public health care sector	Based upon the envisaged integrated disaster plan for the public health care sector: development, implementation and roll-out	Phase 1 –national and provincial health departments; Phase 2 – 45 pre-identified hospitals for 2010	The workshop to develop a draft disaster plan was successfully conducted during February 2010. The generic hospital disaster plans were distributed to all 2010 designated hospitals for comments and implementation.
	Publish HT regulations in terms of National Health Act	HT regulations published in Gazette	Approval of draft regulations by NHC	Drafting of norms and standards commenced
	Publish HT norms and standards	Published HT norms and standards	Draft HT norms and standards approved by NHC	Not achieved
	Support the implementation of Hospital Improvement Plan	Number of hospitals implementing the Hospital Improvement Plan	57 of the hospitals implementing the Hospital Improvement Plan; 57 hospitals cumulative	80 hospitals
	Improve the capacity of hospital board members	Number of hospital boards trained	150 of hospital boards trained	0 hospital boards trained
	Develop framework for the delegation of authority to the hospital CEOs	Percentage of CEOs who have signed delegations of authority	50% out of 381 hospitals)	3%
	Monitoring and evaluating implementation of cost centres	Percentage of hospitals with cost centres	50% of public hospitals (out of 381 hospitals)	17%
	Determine infrastructure area and cost norms for health establishments (based on NHC-approved definitions of levels of care)	NHC-approved area and cost norms policy document published	Draft area norms policy document submitted to NHC for approval	Draft area standards framework for district hospitals has been developed
		NHC-approved infrastructure standards policy document	Draft infrastructure standards policy document forwarded for NHC approval	Not achieved

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>INFRASTRUCTURE PLANNING AND HEALTH FACILITIES MANAGEMENT</b>	Promote improved infrastructure maintenance standards for health establishments based on approved national policies	NHC-approved Planned Preventative Maintenance Policy and Procedures Guideline document	Prepare a draft Planned Preventative Maintenance Policy and Procedures Guideline document for discussion in the sector	Not achieved
	Promote accelerated delivery of health facility infrastructure based on approved national policies	Ongoing sector support for National Treasury's Infrastructure Delivery Improvement Programme (IDIP)	Promote the adoption of the IDIP frameworks, toolkits and methodology by 9 provinces	Promoting IDIP at sector level through presentations to management  Supporting the continuation of IDIP implementation in provinces through steering committee meetings and scheduled workshops with provincial health representatives

### 5. Medical Bureau of Occupational Diseases

Comprehensive occupational health units (OHU) were established in a total of 27 hospitals: 3 in KwaZulu-Natal and 24 in the Free State. Two primary health care facilities in the Free State also established OHUs. The target for 2009/10 was to establish comprehensive OHUs in three district hospitals.

During the reporting period, the Department prepared a proposal for benefit medical examinations (BME) for ex-mine workers for approval by the National Health Council.

Constraints experienced during the reporting period included the lack of provincial funding allocation for the establishment of two sub-bureaus for the MBOD. The decision on the delegation of post-mortems is still pending.

The Department planned to train 20 occupational health practitioners through the provision of bursaries. However, it was not possible to conduct this training due to financial constraints.

TABLE 1.25. Key objectives, indicators, targets and actual performance for the Medical Bureau of Occupational Diseases sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (09/10)
<b>MEDICAL BUREAU OF OCCUPATIONAL DISEASES</b>	Establishment of sub-bureaus for MBOD office in each province	Number of sub-bureaus established per year	2	0
	Budget allocation for the establishment of sub-bureaus in provinces	Number of provinces that receive the budget for the establishment of sub-bureaus	2	0
	Improve access to benefit medical examinations (BME) for ex-mineworkers across the country	NHC Technical Committee decision adopting the implementation of BME for ex-mine workers in all provinces	NHC Technical Committee decision obtained by March 2010	Submission prepared for approval by NHC
	Expand comprehensive occupational health units (OHU) in district hospitals and PHC facilities	Number of district hospitals with comprehensive OHU in each province	3	3 in KZN, 34 hospitals and 2 PHC facilities in Free State
	Provision of bursaries by National Health for training of occupational health nurses and doctors	Number of trained occupational health practitioners sponsored by the National Department of Health	20	0

**PROGRAMME 6: INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION****Purpose**

The programme co-ordinates bilateral and multilateral international health relations, including donor support, and provides oversight over health trade and the development of health products.

**Performance and service delivery achievements**

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme of the International Relations, Health Trade and Health Product Regulation Programme.

**1. Africa and South-South Relations**

During the reporting period, the Department strengthened its international relations and co-operation on health matters. Agreements on health matters between South Africa and various countries in the Southern African Development Community (SADC) region, the continent and countries in the Southern hemisphere were developed and signed. These included agreements with Zambia, Lesotho, Malawi and Cuba.

To enhance the availability of medical personnel in South Africa, the Department continued to co-ordinate the training programme for doctors as part of the agreement with Cuba. 75 students were recruited for medical training in Cuba for the 2009/10 academic year. A total of 252 South African students have qualified in Cuba since 2004, and returned to work in South African hospitals. A total of 320 students are currently at various levels of medical training in Cuba.

A ministerial delegation visited the People's Republic of China in August 2009 to participate in an International scientific symposium on Influenza Pandemic Response and Preparedness and a rural health management course.

Technical experts from the Department participated in SADC meetings on HIV and AIDS, TB and malaria. These meetings resulted in the approval of harmonised regional minimum standards for HIV testing and counselling, minimum standards for the prevention of mother-to-child transmission, and minimum standards for the prevention and control of HIV and AIDS, TB and malaria. The meetings facilitated the approval of a SADC strategic framework on HIV and AIDS and a harmonised surveillance framework for HIV and AIDS, TB and malaria in the SADC region.

Post-conflict support was provided to two countries, the Democratic Republic of Congo (DRC) and Burundi. A twinning agreement between the Charlotte Maxeke Johannesburg Academic Hospital and the Clinique Ngaliema Hospital in the DRC was signed in South Africa on 10 December 2009. This will enable the continued referral of patients from the DRC to South Africa to access tertiary services. Patients from Burundi also continue to be referred to South Africa to access tertiary services.

Health care services in South Africa were also accessed by patients from Lesotho, Swaziland and Zimbabwe, in the Free State, Mpumalanga and Limpopo Provinces respectively.

TABLE 1.26. Key objectives, indicators, targets and actual performance of the Africa and South–South Relations sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (09/10)
AFRICA AND SOUTH–SOUTH RELATIONS	Strengthen international relations	Number of agreements and implementation plans developed	4	<ul style="list-style-type: none"> <li>A MoU on financing the Cuba Medical Brigade was signed with Rwanda on 18 November 2009 for the recruitment of 35 Cuban Medical Brigade to work in Rwanda</li> <li>A MoU on health matters was signed with Zambia on 9 December 2009.</li> <li>A programme of co-operation (POC) has been signed with Lesotho to implement the Agreement.</li> <li>A Twinning Arrangement between the Steve Biko Academic and Kamazu Central Hospitals was signed with Malawi (5–7 October 2009)</li> <li>Implementation plan for IBSA health sector was tabled for discussion in an IBSA strategic planning workshop chaired by DIRCO</li> </ul>
		Number of multilateral activities, meetings & other forums co-ordinated	3	<ul style="list-style-type: none"> <li>South Africa recruited 75 students for medical training in Cuba for the 2009/10 academic year.</li> <li>The Directorate, together with the HRD, organised and co-ordinated the graduation ceremony of RSA/Cuba-trained medical doctors, which took place at Limpopo University (MED-UNSA) on 03 July 09.</li> <li>Facilitated the First Joint Academic Meeting of South African and Cuban Deans of Medical Faculties which took place in Cuba from 21–28 March 2010</li> <li>Facilitated NDoH's participation in the RSA/CUBA JBC in December 2009 in Cuba.</li> <li>Draft Agreement was submitted to the Department of Justice and Constitutional Development for legal advice and review</li> <li>Hosted the study tour of a Vietnamese delegation from 22–27 March 2010.</li> <li>Co-ordinated the Deputy Minister's visit to the People's Republic of China in April for the H1N1 symposium and the Department's participation in the rural health management course</li> <li>Pre-recruitment screening of pharmacists from India was done in May 2009</li> <li>Hosted a Chinese delegation from Ministry of Health of China on a study tour of RSA health systems and visits to health facilities.</li> </ul>

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (09/10)
AFRICA AND SOUTH-SOUTH RELATIONS	Strengthen international relations	Number of reports and activities co-ordinated on the implementation of outcomes of major international conferences	3	<ul style="list-style-type: none"> <li>• Reports were developed and sent to the Minister for the SADC Health Ministers' meeting and the launch of the SADC Healthy Lifestyle Day.</li> <li>• Reports were developed for the outcomes of the fourth session of the African Union Conference of Ministers of Health, May 2009</li> </ul>
		Number of priority health programmes/projects supported for the consolidation of regional and continental health agenda	3	<ul style="list-style-type: none"> <li>• Technical experts from the NDoH participated in following 3 SADC meetings: HIV and AIDS, malaria and TB.</li> <li>• These meetings resulted in the approval of harmonised regional minimum standards for HIV testing and counselling; minimum standards for the prevention of mother-to-child transmission; and minimum standards for the prevention and control of HIV and AIDS, TB and malaria for the military services during Nov 2009.</li> <li>• In addition, these meetings resulted in the approval of the SADC Strategic Framework on HIV and AIDS and its business plan and harmonised surveillance framework for HIV and AIDS, TB and malaria in the SADC region during Nov 2009.</li> <li>• In the area of malaria, experts from the Department participated in the meeting where the Southern African Regional Network (SARN) Work Plan 2010–11 was approved by the RBM Board with an estimated amount of US\$700 000 for 2010 and US\$ 600 000 for 2011.</li> </ul>
		Develop agreements and implementation plans with the DRC, Sudan, Zimbabwe and Burundi	2 agreements: Sudan and Zimbabwe	<ul style="list-style-type: none"> <li>• An agreement was signed with Zimbabwe, in SA, on 21 April 2009.</li> <li>• Zimbabwe's mobile population continues to access health services in SA public institutions, such as in Musina Hospital in Limpopo.</li> </ul>

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>AFRICA AND SOUTH-SOUTH RELATIONS</b>	Strengthen international relations		2 implementation plans: DRC and Burundi	<ul style="list-style-type: none"> <li>• Twinning agreement between Charlotte Maxeke Johannesburg Academic and Clinique Ngaliema hospitals was signed in SA on 10 December 2009. Patients from DRC continue to be referred to SA to access tertiary services.</li> <li>• Patients from Burundi continue to be referred to SA to access tertiary services</li> </ul>

## 2. Multilateral and North-South Relations

Multilateral relations were strengthened in various ways during the reporting period.

The Department participated in a number of meetings to share best practices. These were held in the United Kingdom, Sweden, Switzerland, Canada and Belgium.

Funding agreements were signed with the United States of America, and an agreement of intent was entered into with Sweden. The Department also renewed its bi-ennial agreement with World Health Organization (WHO) for the provision of technical expertise to the country.

Discussions with international development partners aimed at mobilising resources for South Africa were also convened during the reporting period. These included meetings with DFID, the European Union, the German Development Co-operation, WHO, UNFPA and USAID Development Co-operation.

TABLE 1.27 Key objectives, indicators, targets and actual performance of the Multilateral Relations: North–South sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>MULTILATERAL RELATIONS: NORTH–SOUTH</b>	Strengthen international relations	Number of agreements and implementation plans developed	2	Nil
		Number of activities and meetings co-ordinated for sharing of best practices	3	<ul style="list-style-type: none"> <li>• 1 SA-German Bi-national Commission</li> <li>• 1 State visit to UK by Minister and Deputy Minister</li> <li>• 1 SA/Sweden Bi-national Commission</li> <li>• 1 Swiss Bi-national Commission</li> <li>• 1 Aid effectiveness regional workshop attended</li> <li>• 1 UNAIDS Group of Champions meeting;</li> <li>• 1 Canada inter-departmental meeting</li> <li>• 1 SA/EU JCC held in Brussels</li> </ul>
		Number of multi-lateral activities, meetings and other forums co-ordinated	3	<ul style="list-style-type: none"> <li>• Facilitated participation in the following meetings:               <ul style="list-style-type: none"> <li>– 1 WHO/AFRO meeting</li> <li>– 1 WHA meeting, April 2009</li> <li>– 126th session of the World Health Assembly Executive Board held in Geneva from 18–23 January 2010.</li> <li>– 1 WHO semi-annual meeting</li> <li>– 1 UN annual consultation</li> <li>– 1 UNFPA meeting</li> <li>– 1 UNAIDS meeting</li> <li>– Human resources for maternal survival task-shifting to non-physician clinicians, Ethiopia, July 2009</li> </ul> </li> </ul>
		Number of reports and activities co-ordinated on the implementation of outcomes of major international conferences	3	<ul style="list-style-type: none"> <li>• 1 SA/EU JCC held in Brussels</li> <li>• 1 WHO semiannual meeting</li> <li>• UN annual consultation</li> <li>• WHO meeting on country experiences in the scale-up of male circumcision in the Eastern region of Africa, June 2009</li> </ul>

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>MULTILATERAL RELATIONS: NORTH-SOUTH</b>	Strengthen international relations	Established ODA resource mobilisation and co-ordination and management strategy	Implement and review ODA resource mobilisation, co-ordination and management strategy	<ul style="list-style-type: none"> <li>• Consultation meetings held with DFID on ODA resource mobilization strategy workshops.</li> <li>• Presentation on ODA resource mobilization strategy at SMT</li> <li>• Co-ordinated provincial visit on SA-EU SPSP to Eastern Cape, Mpumalanga, Free State and Gauteng</li> <li>• Facilitated SA-EU overall clusters performance indicators for the sector policy support programme</li> <li>• Co-ordinate German Development Co-operation workshop; 5th NDOH/WHO semi-annual co-ordinating meeting; UN-FPA and DoH consultation</li> <li>• International US annual consultation; facilitated USAID development co-operation consultation</li> </ul>
		No of ODA Agreements signed	4	<ul style="list-style-type: none"> <li>• 1 USA agreement</li> <li>• 1 EU agreement</li> <li>• WHO Country Co-operation Strategy</li> <li>• 1 declaration of intent SA/Sweden</li> </ul>

### 3. Africa Health Strategy Co-ordination Unit

During the reporting period, the Department continued to provide support to SADC countries with strategies to improve maternal and child health.

The Department hosted technical delegations from Botswana, Ghana, Lesotho and Swaziland on a study tour for the Confidential Enquiries into Maternal Deaths (CEMD), as well as the mortality reviews of the neonates and under-five children. Skills imparted and experiences exchanged during these visits will contribute to combating high maternal and child mortality rates in the region.

TABLE 1.28 Key objectives, indicators, targets and actual performance of the Africa Health Strategy Co-ordination Sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>AFRICA HEALTH STRATEGY CO-ORDINATION UNIT</b>	Ensure compliance with major AU and RECS resolutions	Number of multilateral meetings, workshops and other forums	3	<ul style="list-style-type: none"> <li>• Technical planning and organisation of the Fourth Session of the African Union Ministers of Health held in Addis Ababa, Ethiopia on the 4–8 August 2009 was completed.</li> <li>• Co-ordinated and facilitated the hosting by South Africa of technical delegations from Botswana, Ghana, Lesotho and Swaziland on a Study Tour for the Confidential Enquiries into Maternal Deaths as well as the mortality reviews of the neonates and under-five children. The delegations were hosted in South Africa from 17–22 August 2009.</li> <li>• Facilitated and co-ordinated the hosting of a national workshop with the institutions responsible for the education and training of the basic and advanced midwives in collaboration with the clusters of Maternal, Child, Women's Health and Nutrition and Human Resource Policy and Planning. The workshop was held at the Protea Hotel, OR Tambo International Airport on 3 and 4 March 2010.</li> </ul>

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>AFRICA HEALTH STRATEGY CO-ORDINATION UNIT</b>	Promote and facilitate NEPAD values and principles in the implementation of health programmes and projects in line with continental and regional strategies	Number of reports on meetings and activities essential for promotion of NEPAD values and principles in implementation of health programmes and projects	3	<ul style="list-style-type: none"> <li>Facilitated and coordinated the development of the report of the African Union CAMH3 Bureau, including the report of its chairperson; reports submitted, presented and discussed at the African Union CAMH4 in August 2009</li> <li>Co-ordinated the submission of the report of the 59th session of the WHO regional committee for Africa held in Kigali, Rwanda from 31 August to 4 September 2009</li> <li>Facilitated and co-ordinated the development of the progress report for South Africa on the Maputo Plan of Action to operationalise the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007-2010) submitted to the African Union in March 2010</li> </ul>

#### 4. Pharmaceutical and Related Product Regulation and Management (MRA)

There were significant improvements in the performance of the Department in its quest to enhance access to good quality, safe and affordable medicines. The Department reduced the registration timelines of medicines to 24 to 30 months for NCE and 15 to 18 months for generics. This was consistent with the 2009/10 targets.

Due to resource and capacity constraints, the Department did not achieve the targets of sampling and testing three batches of TB medicines on state tender and one batch available in the private market; establishing XDR-TB registers, and publishing regulations for medical devices and in-vitro diagnostic sets (IVDs).

TABLE 1.29 Key objectives, indicators, targets and actual performance of the Pharmaceutical and Related Product Regulation and Management (MRA) sub-programme.

SUB-PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>PHARMACEUTICAL AND RELATED PRODUCT REGULATION AND MANAGEMENT (MRA)</b>	Timely access to medicines: improve registration of medicines; intervention activities	Reduction in registration time-lines for medicines	Registration time-lines of 24 months for NCE and 18 months for generics achieved	Registration time-lines of 24 to 30 months for NCE and 15 to 18 months for generics achieved
	Implementation of EDMS	EDMS system piloted: Go live with EDMS	Feb 09 Test group 31 May 09	The system development and functional design specifications were completed.
	Regulate complementary medicines (safety, quality and efficacy)	Complementary medicines regulations published for implementation	Mar 2010	Draft regulations available
		Guidance documents for the registration of complementary medicines published	Mar 2010	Draft guidelines available
		Finalise risk-based matrix addressing the call in of complementary medicines	Jun 2010	This information will be incorporated into the guidelines for complementary and alternative medicines
	TB medicines quality issues	Sample and test TB medicines on state tender at least 3 times per year and products available on the private market at least once per year	Test 3 batches of medicines on state tender and 1 batch available to private sector	No tests were performed due to financial constraints
		Establish TB registers in house for XDR TB	TB registers established by Oct 2009	Nil
	Regulate medical devices and in-vitro diagnostic sets (IVDs)	Draft regulations and guidance documents	Publish regulations for comment	Nil
		Guidance documents	Publish guidance documents for comment	Nil

## 5. Clinical Trials Management

During the reporting period, the Department continued to monitor clinical trials, to ensure that these complied with ethical standards, and to protect the safety and integrity of human beings participating in these. A total of 1,214 trials were registered on the Department's database. The draft guidelines for the compensation of clinical trial participants were developed. Regulations governing experimentation with human subject participants were formulated.

Key challenges during the reporting period included the inability of the Department to upload South African clinical trials onto the WHO platform due to lack of funding. In addition, no progress was made with regard to the quarterly systematic reviews of clinical trials and the bi-annual publication of reports on the reviews owing to resource constraints.

TABLE 1.30 Key objectives, indicators, targets and actual performance for the Clinical Trials Management sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>CLINICAL TRIALS MANAGEMENT</b>	Develop policies, guidelines and regulations for the conduct of clinical trials	Guidelines on the compensation of clinical trials participants published	Guidelines published for comment by March 2009	Draft guidelines available
		Implement regulations relating to experimentation with human subject participants	Regulations published for implementation by Feb 2009	Draft regulations available
		Electronic system for the registration of clinical trials accessible on DoH website	Report on number of clinical trials conducted published biannually	1214
	Monitor and oversee the conduct of clinical trials and related activities	Annual systematic reviews of clinical trials published	Quarterly systematic reviews conducted and reports published biannually	Nil
		Co-ordinate the assessment of clinical trial sites for MDR TB drugs in public facilities	All assessments concluded by Dec 2009	Assessments conducted and reports available
	International collaborations and partnerships	% of South African clinical trials uploaded to the WHO platform	100%	Nil

## 6. Food Control and Non-Medical Health Product Regulation

During the reporting period, the Department strengthened the regulation of food and non-medical products. Three universities of technology presented nine training courses to 274 environmental health practitioners (EHPs) on the WHO's 5 Keys to Safer Foods training programme. Both the final labelling and advertising of foodstuffs regulations, as well as the draft trans-fats regulations for public comment were published in the Government Gazette.

The two objectives of strengthening the Department's capacity to monitor foodstuffs by means of food sampling programmes and of attending to its food safety emergency alert functions were not attained. The work study investigation, which would have informed capacity requirements, did not take place owing to a moratorium on the filling of posts.

TABLE 1.31 Key objectives, indicators, targets and actual performance of the Food Control and Non-Medical Health Product Regulation sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION</b>	Roll-out of the WHO 5 Keys to Safer Foods training programme to provinces/ municipalities for training of formal/informal food handlers	Number of training courses presented to EHPs	24 training courses presented to EHPs	3 of the 5 universities of technology, namely Tswane, Nelson Mandela Metro and Free State Central, presented 9 training courses to 274 EHPs
		Number of groups of formal/informal food handlers trained	200 groups of formal/informal food handlers trained	An estimated number of 20 groups were trained; target not achieved due to delays experienced by training institutions to commence with training of EHPs
	Strengthening of regulatory nutrition measures through appropriate legislation	Publication of final regulations	Final regulations published by March 2010	Final regulations were published in the Government Gazette on 1 March 2010
		Health claims and listing of non-essential foodstuffs evaluated	Nutrient profiling model developed	A report compiled by the University of North West regarding other countries' experiences related to the development of a model, including recommendations on the way forward, was made available in February 2010

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
<b>FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION</b>	Strengthening of regulatory nutrition measures through appropriate legislation	Trans-fats regulations implemented	Draft regulations published for comment	Draft trans fats regulations published in the Government Gazette for public comment on 30 March 2010
	Strengthening of the Department's capacity to monitor food samples	Increased capacity to deal with food monitoring/emergency alert functions	Work study investigation completed; request for additional resources submitted	The work study investigation did not take place due to a moratorium on the filling of posts.
	Strengthening of the Department's capacity to monitor foodstuffs through its food sampling programmes	Increased capacity to provide an effective food analysis laboratory service	Feasibility study and action plan completed; request for additional resources submitted	Report submitted by convener of the working group to chairman of the Dept/NHLS task team in Jan 2010

## 7. Nutrition

The Department continued to implement strategies to improve the nutritional status of communities.

During the reporting period, the WHO's 10 Step Programme for managing severe malnutrition was introduced in 34 health facilities, additional to the 111 health facilities in which it had already been introduced. With regard to the promotion of safe breastfeeding practices, the Department facilitated the implementation of the Breast Feeding Hospital Initiative in 24 district hospitals. The 2009/10 target was to implement this initiative in 29 district hospitals across the 18 priority districts.

A national coverage of 39,9% for Vitamin A in children aged 12–59 months was attained. This performance was lower than the 2009/10 target of 50% coverage.

Sixteen percent of samples taken by environmental health practitioners were compliant with the fortification regulations, and three quarters of the food fortification samples conducted by the SABS were compliant.

Limited progress was made on the development of an integrated food production strategy in collaboration with the Departments of Agriculture and Education.

TABLE 1.32 Key objectives, indicators, targets and actual performance of the Nutrition sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
NUTRITION	Promoting quality of care in health facilities in the 18 priority districts	Number of health professionals trained in the management of severe malnutrition	Prioritise 50 % (84) district hospitals in the 18 districts for advocacy and training	The WHO 10 Step programme was introduced in 34 additional facilities
		Number of facilities implementing the expanded BFHI plan	29 district hospitals in the 18 priority districts	24 district hospitals
		% coverage of Vitamin A in children aged 12–59 months	50% of children of 12–59 months receiving 2 doses of Vitamin A	39,9%
		Number of samples complying with the fortification regulations	50%	16% of the environmental health practitioner samples were compliant; ¾ of the SABS fortification samples were compliant
	Develop and implement an integrated food production strategy in collaboration with the National Departments of Agriculture and Education	Strategy document	18 sub-districts	The Department participated in the development of a concept paper under the leadership of the Department of Agriculture