No	Questions and Issues raised	Responsibility	Answer
			namely: → promotion of good nutrition, → physical activity, → prevention of tobacco and drug use, → alcohol abuse and → safer sexual practices including education about HIV and AIDS and condom use. This programme is implemented in various settings (communities, schools and health facilities) and by various levels of health workers (community health workers, health promoters, environmental health officers, school health nurses, etc), community based organizations, faith based organizations, traditional leaders and healers and members of the community. In some provinces Healthy Lifestyles community forums have been established in which health education and health events and activities are

No	Questions and Issues raised	Responsibility	Answer
			planned and implemented, jointly with communities. This is the best practice that is encouraged for all provinces to implement. The Health Promoting Schools Programme is implemented in all provinces and it includes Life skills education which promotes education and awareness on HIV and AIDS. Health education and awareness events are held throughout the year. Since April 2010, this health screening includes HIV testing and Counselling and education on HIV and AIDS, as well as condom use to prevent all sexually transmitted diseases. Health education community radio programme is a continuous programme that is implemented on a weekly basis within communities

No	Questions and Issues raised	Responsibility	Answer
21	Only 30% of women were reviewed within three days post-partum days 30 % – we need to do more	Programme2	Same as above
22	Not achieved measles coverage which means there are packets of children that have not been immunized against measles and therefore make the country susceptible for measles outbreaks - What are the reasons for this? - Is there a plan to address this	Programme2	There are areas where parents refuse to give consent for immunisation of their children, as well as poor coordination with schools with regard to timing of vaccination. There is also an increase in people coming into the country but not having ready access to health facilities. There are others who do not know The plan is to mobilize communities to educate them on the value of immunisation, using CBOs and NGOs as well as the media

No	Questions and Issues raised	Responsibility	Answer
			Community health workers will also be utilized Vaccine availability will also be strengthened, and health workers, especially doctors, will be reminded to check and act on the immunisation status of children
23	Slide 11 : There is a need to look at what can be done to involve men more in the HIV program.	Programme2	The Brothers for Life Campaign: Men's sector of SANAC. Men are targeted in other Health Campaigns eg reproductive health month, WAD.
24	Slide 14: We as a country have a shared burden of malaria from neighboring countries . - Are we also sharing the cost to deal with malaria proportionately with these countries	Programme2	Global Fund has provided resources to the Lebombo Spatial Development Initiative. South Africa collaborates with neighbouring states within the LSDI as well as SADC protocols.

No	Questions and Issues raised	Responsibility	Answer
25	Slide 15: The performance for Pneumococcal and Rotar virus immunization coverage were below the targets. What are the reasons for this ? Is there a plan to address this ?	Programme2	This is a new vaccine and supplies to the provinces were below expectation. There is also the learning curve for the health workers in reaching out to children who present at health facilities. The schedule (see below) also requires a new routine: Pneumo: 6 weeks, 14 weeks and 9 months Rota: 6 weeks; 14 weeks Reorientation of health workers is ongoing so there is going to be an improvement. Heightened public awareness through social mobilization will be promoted. The Department will also collaborate with development partners and the public to improve on this indicator
26	Slide 16: The Department reported that there was a decrease in the number of TOP sites. - The Department is requested to provide	Programme2	The Saving Mothers Report indicates that there is a significant number of deaths from unsafe pregnancy termination, after an initial decrease in deaths from unsafe pregnancy termination. The decrease is also difficult to measure because there is increase in

No	Questions and Issues raised	Responsibility	Answer
	information on what impact the decrease had on the number of TOPs Patient data for 2009/10 and three years before were requested.		prevention with regard to unwanted pregnancy. The increase in the use of condoms may also lead to reduced pregnancies.
27	Slide 15 : 54,6% of HIV-exposed infants were diagnosed using DBS-PCR, which was lower than the 2009/10 target of 80%. - What were the issues around this - How does this impact on child mortality and should this be prioritised	Programme2	There is variation in the data given by the NHLS and the DHIS which we are in the process of clarifying. This means that the more children are missed, the less will be put on ART and therefore the higher the death rate from AIDS and opportunistic infections This area is priority within the Department of Health The new Road to health card needs to be implemented. This will ensure that HIV-exposed children are more easily identified and DBS-PCR done

No	Questions and Issues raised	Responsibility	Answer
28	Slide 16: refer to guidelines being developed for TOP services Want to know from the Department more information on the guidelines and the stakeholders that were consulted When and where was it tabled for comments – (Could not hear everything)	Programme2	The guidelines are an interpretation of the Choice on Termination of Pregnancy Act and the recommended process for health facility managers in improving access to TOP services Legal consultations were done for these. The normal departmental process was followed for management and clinical guidelines.
29	Another issue was raised with regards to slide 16 page 31. Could not hear the questions	Programme2	
30	Female Condoms – could not hear what was the issue raised	Programme2	The Department is committed to increase the number of female condoms distributed. This year we will distribute 6m (double last year) and funding permitting this should increase to 9m next year and

No	Questions and Issues raised	Responsibility	Answer
			12m the year thereafter
31	When will the cancer register be reviewed the last review was in 2001	Programme2	From Non-Communicable Diseases: the most recent data produced by the National Cancer Registry is dated 2002. However to strengthen the NCR, 2009 data is expected to be released by the Registry in September 2011.
32 CM	Page 14 of the Annual Report under program 3 mention radiation control. The committee has not before been briefed on this unit by the Department. - Why was there no report on this in the annual report - What is happening with the vacant posts in the different offices with specific reference to the Durban office. There are some areas that have not been visited in 7 years. The	Programme 3	• The vacant posts, including those for Durban have been advertised (closing date 18 October 2010) • It is not correct that there are 236 missing Radiation Devices. The figure was generated as an internal list for verification only and contains many inaccuracies and very old information. • The Directorate Radiation Control is following up as was intended on each of these possible cases. The database information is being scrutinized against each

No	Questions and Issues raised	Responsibility	Answer
	Durban office does not have a single inspector - 236 Radiation Devices are missing in the country. What is being done to find these devices		file and corrected where necessary by telephonically contacting each of the involved Authority holders. • The Inspectors will then follow up and visit those Authority holders that could not be reached or where the cases could not have been satisfactory resolved, which at this moment stands at less than 50% of the list. They will confiscate any unauthorized sources and store these at safe locations. • All cases of either confirmed missing sources or possible missing sources will be communicated to the SAPS Priority Crimes unit for investigation and prosecution if necessary
33	NHI – Ministerial task team was appointed. Dr Shishana is the chairperson. The report of the task	Programme 1 and 3	The NHI POLICY is currently within the Cabinet process having been submitted at the end of

No	Questions and Issues raised	Responsibility	Answer
	team was not submitted to cabinet yet. However the chairperson is addressing the media as if it is a fact that NHI will be implemented It should be protocol that before any member of the task team speak out in public on the NHI the report first should have been presented to the Minister and then to cabinet The Chair person is not a government employee and therefore the Department should have a contract with the Chair Person which would address these protocol issue		November 2009. The report of the Ministerial Advisory Committee of which Dr Shisana is Chair has been submitted to the Minister and Minister is currently considering the report.. The Chairperson of MAC that she is procedural through Government Gazette 32564 of the 11 September 2009 and also is in line with Treasury guidelines.
34 CM	QIP – am happy about the report on the development of these. - The committee would like to know about the implementation of these	Programme 3	Based on work to date, we are refining a data base for monitoring as well as a common set of indicators to track progress. Will be sharing successful approaches through this method and streamlining

No	Questions and Issues raised	Responsibility	Answer
	- When will it be possible to see that change as a result of these		training / mentoring. Some progress is already apparent – we are doing a status update in November.
35	Slide 45 : It seems as if there is a capacity problem in Mpumalanga with regards to implementation of Revitalisation What is being done about this	Programme 3	
36 CM PLUS Lyn Moeng?	Slide 38 : Does the Department have a complaints mechanism around the availability of baby formulae During visits and in interactions with community members it was found that baby formulae are being sold by the staff and when the mothers arrive at the clinic there are no baby formula	Programme 3	Monitoring the usage and safe custody of the formulae is the responsibility of the provincial department of health through effective and efficient measures which must be implemented at the district, sub district and facility levels. If the department can be made aware of the name of the province where the problem has been discovered, then this matter will be followed up and necessary

No	Questions and Issues raised	Responsibility	Answer
	available What is the Department doing to monitor this?		corrective steps will be taken to stop it. All clinics have a stock control register to record the stock received and issued, with the information of patients such as the name of infant, weight, birth date, amount of product issued and the criteria is also recorded. These registers are submitted to the Provincial Nutrition Unit on a quarterly basis The Provincial Manager together with district nutrition coordinator supported by Mother Child and Women's Health will then verify the information during regular and planned visits to the clinics. In some cases infant formula stock is kept at the sub-district level, from which clinics make requisition for their supply. The sub-district keep a stock control record on how much stock has been issued to each facility. At facility level a record book is kept with the details of the patients who are eligible for the supply. The facility reports to sub-

No	Questions and Issues raised	Responsibility	Answer
			district if there is a stock out. If clients are aware of any unethical practices with regard the formula theft and illegal sale of the baby formulae, they can either use complaints mechanism provided or complain directly to the sub-district or provincial office. In the Eastern Cape there is a call centre in East London for reporting claims, and this call centre will follow-up the complaints received. (I cannot answer on the milk itself)
37	In relation to child mortality – with children and babies dying on hospitals. There are no national guidelines for Hospital Infection Control. - What is the Departments plan on this. The committee requested a copy of the latest MDG report with a focus on the Health related	Programme 3	There is a national policy and strategy; and a manual / set of guidelines has been drawn up by one of our Universities and is being circulated for input. We are also asking for comment on a proposed list of basic cleaning products and their specifications. We are conducting an audit of the current infection

No	Questions and Issues raised	Responsibility	Answer
	MDGs		control staff and their training needs. I cannot answer on the MDGs
38	Office on Standard Compliance (OSC) – Page 51 of the Annual Report and Slide 43 It was indicated that programme 3 under spend because the OSC was not fully functional - The Department is requested to indicate when this office will be fully functional - Would like to have an indication of the current status of the office in the light of the fact that the office had to be established in accordance with the National Health Act of 2003	Programme 3	Full functionality will only be achieved once the new independent office is set up, as new posts must be created and approved. The Office is about to interview for a senior manager, and is planning for an increase in capacity through some internal transfers requested by staff. In the interim technical assistance is being sourced through donor support

No	Questions and Issues raised	Responsibility	Answer
39	The committee were promised the Human Resource plan have not received it as yet.	Programme 4	Copies of the 2006 plan needs to be reprinted and will be provided to the Committee as a matter of urgency. Electronic copies can also be provided if required.
40	The different provinces are not the same. Would like to know what are the provincial plans to recruit and attract health workers to rural areas	Programme 4	Significant progress was made since 2004 to provide a dispensation to recruit and retain health professionals in more rural areas. These include the implementation of a financial incentives for certain categories of health professionals (rural allowances), improved remuneration through the introduction of occupational specific dispensations for a number of health professional categories, an opportunity for provinces to review their organisational structures to align it with new OSD job levels, improving accommodation and facilities in accordance with the facilities revitalization programme, improved management through training and development initiatives (facility manager's training), implementation of Community Service for Nurses and other categories to place more professionals in district facilities, where possible. Foreign recruitment is also aimed at placing health professionals at the first levels of access to health care where possible. The development of formal structures to facilitate