

No	Questions and Issues raised	Responsibility	Answer
			<p>the optimum use of Community Health Workers and other midlevel professional categories at primary health care level would also assist to alleviate the work load on higher skilled professionals.</p> <p>The department has identified the need to review its retention strategies, including the need to revisit the rural employment incentive scheme and other remuneration options. This will have to be developed in conjunction with provinces and submitted in the Public Health and Social Development Sectoral bargaining Council</p>
41	<p>Page 15 indicate that the Health Work force increased from 243 000 to 271 000</p> <ul style="list-style-type: none"> - Does this figure include both public and private sector personnel? - How was this increase possible with the moratorium mentioned in the report ? - How accurate is these figures ? 	Programme 4	<p>Employment numbers obtained from either the provinces or the PERSAL system are never accurate to the point where, in the absence of a detailed and dedicated Health Workforce Information System, the National Department can verify the data. Provinces are on a regular basis required to update and verify their human resources data, and the introduction of various OSD's has allowed for more accurate reporting regarding health professional employment data according to new uniform occupational classification codes.</p> <p>The baseline employment numbers were taken from 2006 data. There has been a consistent growth of numbers, but at this stage it is not clear</p>

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	<p>Known fact that persal figures are not accurate. Learn the hard with the implementation of OSD – could not determine the correct number of nurses and their levels and this became one of the main reasons for overspending at provincial level</p>		<p>whether it was in the areas of patient care/ services or at administrative levels. The Department needs further data collection in this regard to provide more details in this regard. HR Branch has motivated for funding of the Human Resources Information and Management System to address this problem.</p> <p>Development of this system was initiated but had to be suspended due to financial constrains</p>
42	<p>Happy that the audit on nursing colleges was completed. Am however concerned about the quality of training at these nursing colleges and therefore the quality of nurses that are being produced.</p> <p>The Nursing council is supposed to inspect these colleges at least once per year.</p> <p>Nursing colleges were last inspected in 2004.</p> <p>- The Department is requested to explain to</p>	Programme 4	<p>Colleges are required to comply with education and training standards set out by the South African Nursing Council. The Council is the accrediting body and therefore has an oversight responsibility in this regard. Colleges that do not comply may lose their accreditation status.</p>

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	the committee how ensures that the nursing colleges confirm with the set standards		
43	<p>Skeptical about training where only numbers are being reported.</p> <ul style="list-style-type: none"> - Would like to know the output, impact and change in behavior as a result of the training 	Programme 4	<p>The Department agrees that training numbers are not sufficient to reflect the quality and impact of the training. National initiatives, such as the HCT/ Nimart training are outcome based and provided on a professional training platform with enhanced clinical practice as focus. Management training, where it is provided from a national platform, is aimed at introducing teamwork in health facilities in finding best practice solutions in the work place. These are monitored by both the national department and the relevant provinces. One of the big challenges is the relative high turnover amongst facility management cadets. It is common knowledge that the exposure staff obtains at health facility level, makes them sought after in other</p>

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			spheres of government service
44	<p>Do all Provinces have the same organizational structure?</p> <p>What is the Department doing about it ?</p>	Programme 1 and or 4	<p>No. Provinces have a relative large autonomy to determine their own service delivery structures and priorities. Due to the varying size of provinces, it is not possible to have similar structures across provinces. Provinces are however all committed to achieving the health service priorities as contained in the Minister's service delivery agreement and there is a conscious and deliberate plan to align provincial priorities with that of the national department. These include the measures contained in the Health Act to ensure consistent policy application, submission of provincial strategic plans and regular reporting on performance objectives. Human Resources and Financial systems also assist in monitoring tendencies and practices in this regard and to ensure that there is a national oversight.</p>
45	Would like to receive a report on the training of	Programme 4	Human resources development is too a large extent, the competency of provinces, within their financial and other management mandates. The

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	CEO's		<p>national department has played a significant role in attempting to establish HRD strategies in each of the provinces, but the work is not completed as procurement processed are still underway in some of the provinces. Provincial workplace skills plans have been submitted to the Public Service Education and Training Authority as required by law.</p> <p>The department established a good working relationship with provincial skills development facilitators to ensure and support the existence of skills development structures at provincial level.</p>
46	Slide 16: Welcome the report on the assessment of CEO's as promised by the Department	Program 4 or 3	
47	With regards to the National Human Resource Plan. It was mentioned that the Department does not have a HR Plan. A National Human Resource Plan was launched by the late Minister Thabalala	Programme 4	The Human Resources for Health Plan was published by the National Department of Health in 2006. The Plan provides guidance and focuses the efforts of stakeholders towards a common vision for the provision of an adequate and competent health

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	<p>Msimang. This plan was never implemented. It is of concern that the department is starting the process to develop a Human Resource plan from scratch.</p> <p>The report on NHI that was released in Durban raised lack of Human Resources as a critical issue for the Country.</p> <p>This has not been addressed in the period the plan was on the table</p> <p>The Department is requested to indicate what has happened in terms of the previous plan</p>		<p>workforce to serve the population.</p> <p>Implementation of the Plan commenced in 2006 and this is an ongoing process.</p> <p>Summary of progress:</p> <ul style="list-style-type: none"> a. Development and implementation of a new remuneration policy for health professionals employed in the public health sector b. Development and implementation of a Nursing Strategy for South Africa c. Development of a programme of training Clinical Associates d. Professionalization of the Emergency Medical Services cadre e. Review of policy on recruitment and employment of foreign health professionals f. Audit of nursing education and training institutions

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48	<p>Similar to the previous annual report this report also focuses on Hospital management and not of the management of Clinics. Training programmes are still hospi-centric –</p> <ul style="list-style-type: none"> - What about the Clinic Manager - What about the Chief Directors in charge of District Health Services and the Sub-District manager in charge of up to 52 clinics that are at the same level as the Hospital CEO's - There is nothing in the report on the training of PHC Managers 	Programme 5	
49	<p>Observation: There is a relationship between TB and mining. Seem not to make the connection.</p>	Programme 5	

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50	<p>The 18 Priority District Project.</p> <ul style="list-style-type: none"> - Want to get a progress report - Want to know when this will be further rolled out 	Programme 5	
51	<ul style="list-style-type: none"> - Want to know where are the Environmental Health Officers that was in the Department and what are they doing now? - Are the Environmental Health officers that are still in the Department fully utilized with regards to the areas the department is responsible for port health, hazardous substance control and malaria control? - What is happening to the municipalities that did not have environmental health services 	Programme 5	<p>The environmental health officers are working in the department of health supporting the delivery of Environmental Health Services, and the following is what they are doing.</p> <ul style="list-style-type: none"> → These professionals are used to develop and strengthen port health services in those provinces where there are ports of entry. → In the provinces such as Limpopo, Mpumalanga, KwaZulu Natal, where malaria is prevalent, these officers are used to deliver these services, and given the problems posed by malaria especially during rainy seasons, the numbers

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	after the devolution of function		<p>are not enough, and as such there is not much left to support other environmental health services.</p> <p>→ The department of health has been working with the former DEAT, in the development of policy for handling and removal of hazardous substance in and around the communities.</p> <p>With regard to devolution, it must be indicated that there was so much insecurity during devolution to a point where some of the EHP's opted to be transferred to other Departments and Private sector due to the diverse of the skills of the EH professionals. They were transferred to sectors such as Department of Water Affairs, Department of Environmental Affairs, Department of Labour, Department of Agriculture, Abattoirs, Mining Industries, Power Generation companies, etc. This resulted in the reduced number of EHP's, compared</p>

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			<p>to the time prior devolution</p> <p>In some cases where devolution is not yet finalized some District municipalities have service level agreement with Department of health or local municipalities where Department of Health or local municipality is rendering MHS on behalf of the Districts. In other Municipalities, Municipal Health Services have been devolved and consolidated into such Municipalities (EHPs who worked for Provincial Health Departments and Local Municipalities in the areas of jurisdiction of those Districts were devolved with services).</p> <p>The Department acknowledges the shortage of EHPs in various provinces hence we made proposal for the amendment of the Community</p>

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			Services Regulations to make it easy for the Municipalities to appoint Community Services EHPs.
52	<p>The Public Protector report on the Compensation Commission in the Free State found that the turnaround time for compensation is not happening within the 6 month norm and that the cases are not properly handled according to the stipulations.</p> <ul style="list-style-type: none"> - What is the Department doing to ensure compliance with the stipulations of the report 	<p>CCOD</p> <p>Public Entities in Program 5</p>	
53	What is the Department doing to address the long queue's of patients waiting at facilities	Programme 3 and 5	

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54	<p>Slide 29: Only 20 out of 52 District Health Plans were submitted. This performance is less than 50% of the target.</p> <ul style="list-style-type: none"> - What are the reasons for this - What is being done about this 	Program 5	<ul style="list-style-type: none"> → Submission of DHPs is a legal requirement as per National Health Act 61 of 2003; → Structured and formalized technical support is provided to provinces in the use and application of guidelines;. In some cases Technical Assistants that are working in the districts are part of the support. → Deadlines are set, reminders (written, telephonic and e-mail) are sent, and some provinces still do not respond to this requirement; and a national forum called National District Health Systems Committee (NDHSC) is also used to urge provincial management to submit. → The reasons for this low performance are simply because districts do not have capacity and that there has not been support for the development of District Health Plans from the provincial level.

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			<p>In order to solve the problem, NDOH has aligned the planning template for District Health Plans and Annual Performance Plans for the planning cycle for 2011/2012. This allows for the provincial head offices to sign off the DHP's and also allows provincial planners to support the process. In this way, Annual Performance plans will be informed by the District Health Plans, and as such provinces will see DHP's as important for planning purposes. This plan will result in the improved submission more so that NDOH has been providing direct support working together with technical assistants from the development partners.</p>
55	<p>With regards to the students studying in Cuba</p> <ul style="list-style-type: none"> - Why are we continuing with this program 	Program 6	

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	<ul style="list-style-type: none"> - Cant we do the same for these students in out own country – can this training only be done in Cuba 		
56	<p>Would like to receive a detailed report on the Cuban doctors</p> <p>Would like information on the outcomes for each cycle of training</p>	Program 6 and or 4	<p>A detailed report has been compiled and will be handed to Members of the Committee for information. A short summary is provided as follows:</p> <ol style="list-style-type: none"> 1. Total number of students recruited through the programme since the inception in 1997 = 731 2. Of the 731, 261 are qualified doctors and employed in various Public Health facilities, 70 are back in South Africa doing final clinical training in local medical schools (of the 70 doing final year, 36 are expected to complete at the end of this academic year and 34 have returned from Cuba in July this year and expected to complete their

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		V114 of 21	<p>studies at the end of 2011 academic year). 400 are in Cuba in different levels of their medical training, of this number 400, 80 were recruited this year and left end of September 2010 to commence with Spanish tuition for twelve months. 80 students are recruited annually from South Africa and all provinces except Western Cape and Free State participate in the programme. The medical students spent six years in Cuba for medical training, 12 months for Spanish tuition and five years for medical training before they return to South Africa for final clinical training. All local medical schools participate on the integration programme except University of Free State.</p>
57	<p>With regards to the students studying in Cuba</p> <ul style="list-style-type: none"> - Why are we continuing with this program 	Program 6	This is a repetition of paragraph 55.

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	<ul style="list-style-type: none"> - Cant we do the same for these students in out own country – can this training only be done in Cuba 		
58	The Department is requested to provided information of the cost of training students in Cuba versus training students in South Africa	Programme 6	
59	Slide 28 : Why is vitamin A coverage reported under international relations	Programme 6	
60	Comment: It is clear that the Department is not reviewing the work done by Provinces. The committee find many problems at a provincial level during oversight visits	Programme ?	