

## Health sector plan



### High level overview

The business planning process is done annually as part of strategic planning and sets the agenda for the upcoming financial year. The five-year Sector Plan and its strategic objectives remain the focal point as it incorporates the political imperatives as well as the GDS principles. The strategic objectives and deliverables thus become pivotal in the development of the departmental service delivery plan and identification of key priorities for all managers and units. The finalised business plan is then utilised for development of the departmental scorecard, which then becomes the framework for all scorecards of senior managers in the department.

### Five-year promise

There has been no major change to the 2006/11 IDP Programme except for the targeted efforts towards the HIV and AIDS Prevention Programme. The key focal areas for this programme include the extension of Jozi Ihlomile into two new areas.

### Health sector indicators

The Health sector indicators are informed by the five year IDP objectives of providing universal access to health care facilities, as well as implementing the HIV and AIDS awareness and support.

Indicator	Five-year target (2006/11)	Progress against the five-year target (accumulated)	2010/11 delivery agenda
Number of diesel vehicles tested per annum for emissions	N/A	14 530	7 081

Indicator	Five-year target (2006/11)	Progress against the five-year target (accumulated)	2010/11 delivery agenda
% compliance to water sampling protocol/programmes for the city – Water quality management	95%	96%	95%
% of Council-owned vacant properties where illegal dumping regularly takes place issued/served with statutory notices	100%	100%	100%
% of Non-Council-owned vacant properties where illegal dumping regularly takes place issued/served with statutory notices	100%	100%	100%
Number of "No dumping" signs erected city-wide on properties where illegal dumping regularly takes place	N/A	269	105
Number of public awareness programmes conducted per region on measures to control vectors	N/A	35	14
% of identified hot spots sites serviced by vector control personnel	N/A	436	436
Number of blitzes focusing on nuisance buildings	N/A	49	7
Number of campaigns per Region on chemical safety and lead awareness	N/A	45	14
Number of identified informal food traders trained citywide	N/A	3 153	1 946
% of cases investigated and 85% reported within three working days	100% of cases investigated and 85% reported within 3 working days	542 (100%) of cases investigated and 542 (97%) reported within three working days	100% of cases investigated and 80% reported within three working days
Number of HIV and AIDS and STI prevalence, awareness and impact surveys conducted in the city	Every two years	One Knowledge, attitude and practice survey conducted in 2007/08	One survey will be conducted in 2009/10
Number of workplace Peer educators trained	400 per year	400 per year	400 per year
Commercial Sex Worker programmes implemented	Two programmes	3 programmes:	One new programme
% of identified hotels with CSW supported as part of the outreach campaign	100% of all identified hotels	100% of all identified hotels	100% of all identified hotels
Number of fixed facilities providing rapid on site HIV testing services	100% (84) fixed facilities	100% (84) fixed facilities	87 fixed facilities

Indicator	Five-year target (2006/11)	Progress against the five-year target (accumulated)	2010/11 delivery agenda
Number of fixed clinics that offer comprehensive ANC providing PMTCT services	All fixed clinics providing ANC	58 (66,7%)	87 (100%)
Number of fixed clinics conducting PCR testing in children	100% (84) fixed facilities	100% (84) fixed facilities	100% (87) fixed facilities
% of fixed clinics implementing INH preventive therapy	100%	100%	100%
Number of new anti-retroviral (ART) site established in COJ	Identify sites in partnership with GHD+SD and NGOs	Three Established operational sites	Two new sites will be established
Number of clinics with extended service hours	Implement the extension of service hours plan	Five clinics	Two clinics to be added
Number of satellite clinics operationalised to fixed clinics	Implement plan to convert satellite to fixed clinics	13 clinics have been converted from satellite clinics	One mobile service points converted to fixed clinics
Number of EMS training session per quarter	Conduct EMS training for all PHC clinical staff	90 nurses trained in EMS	60 nurses to be trained
Number of staff satisfaction surveys conducted to develop interventions to improve staff morale	Conduct annual satisfaction surveys	Done annually x 2 years	Survey to be done
% regions with functional cost centres	100%	80%	100%
% service delivery points with monthly Laboratory control systems	100%	85%	100%
% service delivery points with monthly pharmaceutical stock control systems	100%	100%	100%
% drug stock-out in customised EDL per region	<5% drug stock out in	0,3% drug stock out	<5% drug stock out in
% shrinkage on pharmaceuticals at the central pharmacy and clinics	Not more than 5% shrinkage on pharmaceuticals at the central pharmacy and the clinics	0,68% shrinkage	Not more than 5% shrinkage on pharmaceuticals at the central pharmacy and the clinics
Number of internal audit reports on the pharmaceutical services	Bi-annual	Bi-annual reports x 2 per year	Bi-annual 2 per year
% of ward health sector representatives trained.	100%	70% of ward health sector representatives trained	85% of ward health sector representatives trained

Indicator	Five-year target (2006/11)	Progress against the five-year target (accumulated)	2010/11 delivery agenda
Number of training sessions for community structures including traditional healers per annum	2	2 per annum	2
Time taken to respond to service requests and complaints and % resolution rate of complaints (as per criterion)	Monthly monitoring of implementation of complaints management system: response time and resolution rate as per criterion	Above 95%	Above 95%
% of clinicians trained in early identification of people with mental illnesses	90% (cumulative)	65,2%(199) clinicians have been trained to date in early identification of people with mental illnesses for the 2006/07 and 2007/08 years	20% additional clinicians trained in early identification of people with mental illnesses including Alzheimer's Disease, bipolar and postnatal depression
% cure rate of New Smear Positive TB patients	76% (annual target)	73,7% (annualised April 2006 – March 2007)	75% cure rate
% of sputum results received within 48 hours	90% (annual target)	91% (annualised April 2007 – March 2008)	90% of sputum results received within 48 hours
Number of TB awareness programmes conducted in each region	TB awareness programmes conducted in each region annually	TB awareness programmes conducted in each region for the 2006/07 and 2007/08 years	1 TB awareness programme conducted in each region
Number of substance abuse awareness and education programmes conducted at high schools	98 High schools and 63 primary schools (cumulative)	Substance abuse awareness and education programmes conducted at 55 high schools for the 2006/07 and 2007/08 years. Primary schools have only been included from the 2008/09 year	Substance abuse awareness and education programmes conducted at three high and three primary schools per region
Number of males screened for prostate gland and testicular cancer	4 690 males screened for prostate gland and testicular cancer	A total of 2 010 males were screened for the 2006/07 and 2007/08 financial period	150 males screened for prostate gland and testicular cancer per region
Number of cervical & breast cancer awareness programmes conducted	Cervical and breast cancer awareness programmes conducted in each region annually	Cervical and breast cancer awareness programmes conducted in each region for the 2006/07 and 2007/08 years	1 awareness programme on cervical cancer and breast self examination in each region

Indicator	Five-year target (2006/11)	Progress against the five-year target (accumulated)	2010/11 delivery agenda
Number of awareness programmes on chronic conditions of lifestyles conducted	Awareness programmes on chronic conditions of lifestyles conducted in each region annually	Awareness programmes on chronic conditions of lifestyles conducted in each region for the 2006/07 and 2007/08 years	Awareness programmes on chronic conditions of lifestyles conducted in each region
Number of awareness programme on mental health conducted	Mental health awareness programmes conducted in each region annually	Awareness programmes on Mental health conducted in each region for the 2006/07 and 2007/08 years	1 awareness programme on mental health conducted per region
Number of EPI awareness programme conducted	EPI awareness programmes conducted in each region annually	EPI awareness programmes conducted in each region for the 2006/07 and 2007/08 years	1 EPI awareness programme conducted per region
% (full) immunisation coverage of children under 1 year	90% (annual target)	88,5% (July 2007 to June 2008)	90% (full) immunisation coverage of children under one year
% of severely malnourished children under five years monitored/followed up	100% of severely malnourished children under five years monitored/ followed up	100% of severely malnourished children under five years were identified and were monitored/ followed up for the 2006/07 and 2007/08 years	100% of severely malnourished children monitored / followed up
% fixed facilities providing comprehensive ANC in the city	100%	66,7% (58 of 87 fixed facilities providing comprehensive antenatal care)	100% of fixed facilities providing comprehensive ANC in the city
% of ANC patients pre-test counselled for HIV	90%	78,5% of women attending antenatal care at LG facilities were pre-test counselled in 2007/08	90% of ANC patients offered HIV counselling.
% increase in cervical cancer screening coverage from the baseline	5% increase in cervical cancer screening coverage annually	The coverage for 2006/07 was 6,8% (30 422 pap smears) and 6,1% (28 280 pap smears) for 2007/08	<ul style="list-style-type: none"> <li>5% increase in cervical cancer screening coverage from the baseline (The target group is 83% women over 30 years for the Public Sector services)</li> </ul>
Number of awareness programme on cervical cancer and breast self examination in each region	Cervical cancer and breast self-examination awareness programmes	Awareness programmes on cervical cancer and breast self examination conducted for the 2006/07 and 2007/08 years	1 awareness programme on cervical cancer and breast self examination in each region

Indicator	Five-year target (2006/11)	Progress against the five-year target (accumulated)	2010/11 delivery agenda
Number of awareness and education programme on reproductive and maternal health in each region including postnatal depression	Awareness programmes on reproductive and maternal health conducted in each region annually	Awareness programmes on reproductive and maternal health conducted for the 2006/07 and 2007/08 years	1 awareness and education programme on reproductive and maternal health in each region, including postnatal depression
Number of awareness programmes on teenage pregnancy conducted in high schools	91 High Schools and 63 Primary Schools (cumulative)	Awareness programmes teenage pregnancy conducted at 43 high schools for the 2006/07 & 2007/08 years	Awareness programmes on teenage pregnancy conducted in 3 high & 3 primary schools per region
Number of educational campaign conducted focusing on COJ by-laws and legislation	N/A	101	7 (1 per region)
Number of butcheries inspected for compliance with legislation	100% of database	787 (100% of database)	(100% of database) 787
Number of Functioning Outbreak	Seven Functional Outbreak Response teams in each region	Seven Functional Outbreak Response teams in each region	Seven Functional Outbreak Response teams in each region

### Challenges and opportunities

In the City of Johannesburg the challenges facing the Health Department include staff shortages and high workloads; increased primary health care package of services without concomitant increase in the budgetary allocation; and the Occupational Specific Dispensation (OSD) of the public service that has negatively affected the Department's attempts to recruit, resulting in high staff turnover that tends to negate many of the positive strides achieved. Other challenges including uncontrolled urbanisation (migrants, etc.) have increased the number of patients attending PHC services – resulting in overcrowding of existing clinics.

Despite these challenges, the Health Department has improved the TB cure rate and immunisation coverage rate, and has increased the core package of services being provided at its clinics. The department has also started piloting extended service hours at some of its clinics. In addition, the department has, in conjunction with NGOs, established four ART (Anti-Retroviral Treatment) sites.

### Strategic priorities

The following three strategic priorities for the Health Department were presented at the Budget Lekgotla:

- Effective implementation of the comprehensive HIV and AIDS strategy;
- Strengthening the district health system and provide caring, responsive and quality primary health care services; and
- Investing in health infrastructure to improve access and enhance quality of health services.

These strategic priorities are in line with both national and provincial Health Department guidelines and policies for the delivery of basic primary health care.

### Inter-governmental relations

The Health Department has been having continuous sectoral engagement with provincial counterparts, firstly through the monthly Interim District Advisory Committee meetings, at which joint service delivery projects are discussed; as well as through the Health Sector workshop that took place on 28 September 2009. The high level provincial issue for the sector remains the resolution of the governance model for the delivery of primary health care services in the CoJ, i.e either decentralisation of these services or provincialisation.

## Health sector plan

Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
<p>Environmental health plan to prevent and minimise environmental pollution</p>	<p><b>Pollution, Prevention and Reduction Programme</b></p> <ul style="list-style-type: none"> <li>• Compliance monitoring of all identified sources of air pollution on an ongoing basis</li> <li>• Air pollution emissions measurement</li> <li>• Imbawula Project</li> <li>• Noise contouring requirements for new developments</li> <li>• Noise compliance monitoring</li> <li>• Water pollution monitoring</li> <li>• Illegal dumping prevention programmes</li> </ul>	<p><b>Pollution, Prevention and Reduction Programme</b></p> <ul style="list-style-type: none"> <li>• 8 175 diesel vehicles tested per annum for emissions</li> <li>• 50 identified households in informal settlements/informal food traders provided with smokeless imbawulas</li> <li>• 95% compliance of sampling protocol/ programmes for the city – water quality management</li> <li>• 100 “No dumping” signs erected city-wide on properties where illegal dumping regularly takes place</li> <li>• Statutory notices served on 100% of identified non-council-owned vacant properties where illegal dumping regularly takes place</li> <li>• Statutory notices served on 100% of identified council-owned vacant properties where illegal dumping regularly takes place</li> </ul>
<p>An integrated and well-resourced system in place for environmental health certification, monitoring and enforcement</p>	<p><b>Environmental Health Risk Management Programme</b></p> <ul style="list-style-type: none"> <li>• Develop a seamless approach to health and safety surveillance so that there is a single point of certification (preferably one in each region) for buildings, food establishments, early childhood development facilities, other places of care, etc.</li> <li>• Within this seamless approach, further develop and maintain well-resourced and efficient systems of monitoring compliance and enforcement for food hygiene at food establishments; waste management at key points of waste generation; water quality; disposal of the dead at funeral undertakers and cemeteries; chemical safety; and general public health at high-risk buildings and premises</li> <li>• Increase the number of environmental health officers in the field based on actual workloads</li> <li>• Reduce the risk of vector-borne diseases through targeted vector control programmes in selected hotspots (key targeted areas to include Alexandra)</li> <li>• Develop a clear set of health and safety guidelines for all new CoJ capital projects, and ensure 100% compliance with these (as assessed through CIMS)</li> </ul>	<p><b>Environmental Health Risk Management Programme</b></p> <ul style="list-style-type: none"> <li>• A seamless approach to health and safety surveillance has been implemented and operationalised. No complaints or negative feedback has been received in this regard</li> <li>• 100% implementation of a developed plan of a single point of certification</li> <li>• 100% implementation of a system to monitor compliance and enforcement for all municipal health functions</li> <li>• One public awareness programme conducted per region on measures to control vectors</li> <li>• 100% of identified hotspots sites serviced by vector control personnel</li> <li>• 100% compliance of health and safety guidelines for all new health departments’ capital projects in the City</li> </ul>

Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
<p>At a consistent rate of monitoring and enforcement, reduced incidence of non-compliance with environmental health regulations and set standards</p>	<p><b>Environmental Health Promotion Programme</b></p> <ul style="list-style-type: none"> <li>• Within a seamless approach, promote environmental health and safety awareness and compliance in 'nuisance' buildings, ECD facilities, places of care, etc. to create environmental health awareness and compliance to legislation</li> <li>• Working across city departments and with a range of external partners, assist proprietors and residents who have demonstrated need and limited financial capacity to upgrade to the applicable standards</li> <li>• Run five city-wide campaigns to promote public awareness around the safe handling and storage of chemicals</li> <li>• Develop and run an ongoing health promotion and education campaign targeting food handlers</li> </ul>	<p><b>Environmental Health Promotion Programme</b></p> <ul style="list-style-type: none"> <li>• One blitz per region focusing on nuisance buildings</li> <li>• 100% of identified ECD facilities inspected</li> <li>• One training workshop in conjunction with Community Development on ECD legal requirements</li> <li>• One campaign per region on chemical safety and lead awareness</li> <li>• 3 212 identified informal food traders trained city-wide</li> </ul>
<p>To reduce the risks of potential outbreaks and effectively contain outbreaks when occurring</p>	<p><b>Communicable Disease Outbreak Response Improvement Programme</b></p> <ul style="list-style-type: none"> <li>• Refine the health surveillance system, integrated with the City's own disaster management response that is aligned with the provincial and national systems, with a focus on ensuring early warning on key risks and rapid responsiveness</li> <li>• Identify areas of greatest risk in each region and institute preventative measures to mitigate communicable diseases</li> <li>• Review systems and procedures to ensure immediate investigation of selected notifiable conditions</li> <li>• Coordinate and monitor outbreak response where necessary</li> </ul>	<p><b>Communicable Disease Outbreak Response Improvement Programme</b></p> <ul style="list-style-type: none"> <li>• Health Department's surveillance system integrated into the CoJ disaster management system</li> <li>• Mopping up activities undertaken in identified areas of low routine immunisation coverage</li> <li>• 100% functional outbreak response teams in each region</li> <li>• 100% of cases investigated and 85% reported within three working days</li> </ul>
<p>Improved awareness of HIV and AIDS risks, prevention methods and available services</p>	<p><b>HIV Prevention Programme</b></p> <ul style="list-style-type: none"> <li>• With other city departments, conduct a two-yearly Johannesburg-specific HIV and AIDS and STI prevalence, awareness and impact investigation, and use the information to assess the implications for (a) targeting of prevention campaigns and care services; (b) demand for household infrastructure services; and (c) the scale of the City's social package</li> <li>• Expand an ongoing programme of information provision and community mobilisation, with a special focus on peer education campaigns in hostels (including males), informal settlements, and commercial sex workers and amongst the youth</li> </ul>	<p><b>HIV Prevention Programme</b></p> <ul style="list-style-type: none"> <li>• 240 peer educators trained (including traditional healers)</li> <li>• Two peer education programmes implemented in informal settlements</li> <li>• Two youth programmes implemented</li> <li>• Maintain three Commercial Sex Workers (CSW) programmes</li> <li>• 100% of identified hotels with CSW supported as part of the outreach campaign</li> <li>• 100% of identified hotels with CSW with at least one peer educator each</li> <li>• 50 new community-based condom distribution points established</li> <li>• Two additional sites per region distributing female condoms</li> </ul>



Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
Reduce rate of HIV infections	<p><b>HIV Prevention Programme</b></p> <ul style="list-style-type: none"> <li>• Increase access to, and promote acceptability of, Voluntary Counselling and Testing (VCT), and Prevention of Mother to Child Transmission (PMTCT)</li> <li>• Improve identification of, and care for, infants at risk of HIV and AIDS in and through facilities</li> <li>• Improve integration between TB screening and VCT services, by ensuring referral between services within and across facilities</li> </ul>	<p><b>HIV Prevention Programme</b></p> <ul style="list-style-type: none"> <li>• 100% of fixed facilities providing rapid onsite HIV testing services</li> <li>• 100% of fixed clinics conducting PCR testing in children</li> <li>• 100% of fixed clinics implementing INH preventive therapy</li> </ul>
City-wide access to comprehensive HIV and AIDS support services to ensure effective medical care for people infected and affected by HIV and AIDS	<p><b>Medical Care and ART Roll-out Support Programme</b></p> <ul style="list-style-type: none"> <li>• Develop and roll-out an integrated package of support to promote adherence to ART protocols (through, for example, education, nutritional support, improved transport access to ART dispensaries, etc.)</li> <li>• Ensure availability and marketing of access to Post Exposure Prophylaxis (PEP) at all clinics, including traditional healers</li> <li>• Strengthen syndromic management of STIs, and treatment of, or referral for, opportunistic infections</li> <li>• Strengthen integration with TB Control Programme</li> </ul>	<p><b>Medical Care and ART Roll-out Support Programme</b></p> <ul style="list-style-type: none"> <li>• 100% of regions with access to comprehensive HIV and AIDS Management Treatment Programme in the CoJ</li> <li>• 100% of fixed facilities providing rapid onsite HIV testing services</li> <li>• 100% of fixed clinics that offer comprehensive ANC providing PMTCT services</li> <li>• 100% of fixed clinics conducting PCR testing in children</li> <li>• One new Anti-Retroviral (ART) site established in CoJ</li> <li>• One community awareness campaign in all regions to raise awareness on availability of PEP services</li> <li>• 100% provision of comprehensive STI management at all fixed clinics</li> <li>• 100% of fixed clinics implementing INH preventive therapy</li> <li>• 50% newly diagnosed HIV positive patients tested for TB</li> </ul>
City-wide access to comprehensive HIV and AIDS support services to ensure effective community-based care for people infected and affected by HIV and AIDS	<p><b>HIV and AIDS Community Care and Capacity Development Programme</b></p> <ul style="list-style-type: none"> <li>• Expand Jozi Ihlomile and other community outreach programmes that identify people/ households in need, and provide HBC, referrals to services, etc.</li> <li>• With other departments, scale up nutrition programme such as the Food Bank to support individuals living with AIDS</li> <li>• With other departments, introduce and roll-out targeted training programmes and technical support for households affected with AIDS, in order to enhance self-sufficiency in respect of nutrition through community gardens, etc.</li> </ul>	<p><b>HIV and AIDS Community Care and Capacity Development Programme</b></p> <ul style="list-style-type: none"> <li>• Two new Jozi Ihlomile areas and maintenance of 24 areas</li> <li>• One new food garden per region in community-based facilities established</li> <li>• 100% wards with access to PLHWA support groups and HBC programmes</li> <li>• One HIV and AIDS community support and information centre established</li> <li>• Two PLHWA forums established in the City</li> </ul>

Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
	<ul style="list-style-type: none"> <li>• With other departments, scale up nutrition programme such as the Food Bank to support individuals living with AIDS</li> <li>• With other departments, introduce and roll-out targeted training programmes and technical support for households affected with AIDS, in order to enhance self-sufficiency in respect of nutrition through community gardens, etc.</li> <li>• With other departments, support orphans and child-headed households, inter alia by providing psycho-social services, facilitating access to schooling, etc.</li> <li>• Ensure that AIDS affected households benefit from the revised social package</li> <li>• Scale up PWA support to ensure 100% access in all wards</li> </ul>	
Monitoring the rate of CoJ staff absenteeism and departure attributable to HIV and AIDS	<p><b>Workplace Wellness HIV and AIDS Programme</b></p> <ul style="list-style-type: none"> <li>• Through a two-yearly workplace specific survey, establish the prevalence of HIV and AIDS amongst the City's own staff; use this to assess the risk implications for service delivery operations, and undertake the necessary risk mitigation measures in response</li> <li>• Expand prevention campaigns specifically targeting City staff</li> <li>• Ensure 100% access to VCT services for City staff</li> <li>• Across all city departments and municipal-owned entities, facilitate staff access to comprehensive HIV and AIDS programme, including ART</li> <li>• Increase access to extended EAP services for all employees</li> </ul>	<p><b>Workplace Wellness HIV and AIDS Programme</b></p> <ul style="list-style-type: none"> <li>• 100% maintenance of workplace wellness, HIV and AIDS forums established (regions, departments and entities)</li> <li>• 100% access to EAP for employees infected and affected by HIV and AIDS</li> <li>• 100% compliance with minimum standards on HIV and AIDS in the workplace</li> <li>• 100% of CoJ departments/entities/regions conducting awareness programme to reduce/prevent risk and new HIV infections</li> <li>• 100% implementation of integrated Workplace Wellness, HIV and AIDS Programme by departments and regions</li> <li>• 100% access to HIV and AIDS counselling services for CoJ employees</li> <li>• 100% access to comprehensive HIV and AIDS management treatment (including ART) to CoJ employees</li> <li>• 90 managers trained on HIV and AIDS programme</li> <li>• 400 Workplace Wellness and HIV and AIDS peer educators retrained</li> <li>• Three city-wide workplace HIV and AIDS awareness campaigns conducted</li> <li>• Quarterly monitoring of the rates of absenteeism and departures attributable to HIV and AIDS</li> </ul>

Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
<p>Equitable distribution of primary health care clinics and more convenient operating hours in clinics. Improvement in perception of PHC services as measured by CoJ customer satisfaction surveys.</p>	<p><b>Primary Health Care Strengthening and Expansion Programme</b></p> <ul style="list-style-type: none"> <li>• Promote access and convenience by extending operating hours in clinics</li> <li>• Undertake a five-year health facilities capital development plan</li> <li>• Ensure adequate staffing in PHC facilities, and the multi-skilling of PHC staff</li> <li>• Improve community involvement by facilitating the training and empowerment of community structures that liaise with clinics (including traditional healers)</li> <li>• Implement a complaints management system, systematically monitor and assess the results, and take remedial action where necessary</li> <li>• Promote early identification and referral of people with mental illnesses</li> </ul>	<p><b>Primary Health Care Strengthening and Expansion Programme</b></p> <ul style="list-style-type: none"> <li>• Three additional clinics with extended service hours activated</li> <li>• 30% implementation of the developed three to five CAPEX plan including 2010 priorities</li> <li>• One EMS training session per quarter;</li> <li>• 90% of PHC staff trained in customer-care training</li> <li>• 85% of ward health sector representatives trained</li> <li>• Two information sharing workshops for community structures per annum, including traditional healers</li> <li>• Monthly monitoring of implementation of complaints management system, response time and resolution rate</li> <li>• Percentage improvement in customer satisfaction levels in PHC facilities, as measured by annual survey</li> <li>• One staff satisfaction survey to ascertain level of satisfaction amongst PHC health personnel</li> <li>• 20% clinicians trained in early identification and referral of people with mental illnesses, including Alzheimer's Disease</li> </ul>
<p>Improved TB cure rates across the city</p>	<p><b>Tuberculosis Control Programme</b></p> <ul style="list-style-type: none"> <li>• Strengthen TB treatment programmes to improve detection, reduce treatment interruption rates and improve cure rates</li> <li>• Improve case holding through effective utilisation of Community Health Workers (CHW)</li> </ul>	<p><b>Tuberculosis Control Programme</b></p> <ul style="list-style-type: none"> <li>• 76% cure rate of new smear positive TB patients</li> <li>• 8% or less interruption rates</li> <li>• 90% of newly diagnosed (new smear positive) placed on treatment</li> <li>• 95% TB patients on Directly Observed Therapy (DOT)</li> <li>• 90% of sputum results received within 48 hours (turnaround time)</li> <li>• One TB awareness programme conducted in each region</li> </ul>
<p>As measured by a five-yearly survey, improved community awareness of health risks, healthy lifestyle and the availability of services for chronic conditions</p>	<p><b>Comprehensive and Integrated Health Promotion Programme</b></p> <ul style="list-style-type: none"> <li>• Develop and run a proactive health promotion outreach programme from all fixed clinics, especially in informal settlements and other vulnerable communities, with specific targeted interventions for males</li> </ul>	<p><b>Comprehensive and Integrated Health Promotion Programme</b></p> <ul style="list-style-type: none"> <li>• Substance abuse awareness and education programmes conducted at three high and three primary schools per region</li> <li>• 200 males screened for prostate gland and testicular cancer per region</li> <li>• Cervical and breast cancer awareness programmes conducted in each region</li> </ul>

Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
	<ul style="list-style-type: none"> <li>• Establish partnerships and inter-sectoral collaboration to extend reach and impact of health promotion activities</li> <li>• Intensify health promotion interventions that encourage healthy lifestyles, to raise awareness around chronic non-communicable illnesses so as to enable early recognition and timely health-seeking behaviour</li> <li>• Expand the provision of chronic care services at all fixed facilities, and effectively communicate the availability of these services</li> <li>• Promote mental well-being through integrated and proactive health promotion campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness programmes on chronic conditions of lifestyles conducted in each region</li> <li>• 100% of fixed facilities providing chronic care</li> <li>• One awareness programme on mental health conducted per region</li> </ul>
<p>Five-yearly improvement across a selected set of national indicators of child-health (e.g. percentage immunisation coverage for children under one year; percentage measles coverage under one year; zero cases of confirmed measles and polio; percentage Vitamin A coverage in children under one year; and incidence of severe malnutrition per 1000 uninsured children under five years)</p>	<p><b>Children and Youth Health Programme</b></p> <ul style="list-style-type: none"> <li>• Ensure provision of an expanded community health outreach programme from all clinics, targeted at ECD facilities identified in the annual census, to promote awareness and education around all child health issues</li> <li>• Develop and conduct community awareness programmes on the need for immunisation in each region, and ensure the availability of an EPI in all areas of the City</li> <li>• Develop and conduct community awareness programmes to prevent typical childhood health risks, accidents and injuries</li> <li>• Implement growth monitoring of children under five years for early identification of growth faltering</li> <li>• Review and ensure effective implementation of the IMC strategy</li> <li>• Ensure provision of Prevention of Mother to Child Transmission (PMTCT) Programme at all fixed clinics that provide comprehensive Antenatal (ANC) Care</li> <li>• Establish at least one youth friendly health service per region to encourage and facilitate youth access to health care</li> </ul>	<p><b>Children and Youth Health Programme</b></p> <ul style="list-style-type: none"> <li>• 100% of ECD centres visited to conduct integrated awareness programmes (with Environmental Health)</li> <li>• One EPI awareness programme conducted per region</li> <li>• 90% (full) immunisation coverage of children under one year</li> <li>• 90% measles coverage of children under one year</li> <li>• One awareness programme on prevention of childhood accidents and injuries (including lead poisoning) conducted in each region</li> <li>• 100% of severely malnourished children monitored/followed up</li> <li>• 95% Vitamin A coverage in children under one year old</li> <li>• 85% weighing rate of children under five years old</li> <li>• 90% of facilities (with IMCI trained PN's) implementing IMCI strategy</li> <li>• 100% provision of PMTCT at fixed clinics that provide comprehensive ANC</li> <li>• 100% of fixed clinics (87 clinics) conducting PCR testing in children</li> <li>• One additional YFS site established per region</li> </ul>

Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
<p>Five-yearly improvement across a selected set of national indicators of women's health service provision (viz, percentage of ANC patients tested for HIV; percentage Vitamin A coverage in post partum mothers; percentage coverage of cervical cancer screening; and percentage contraception coverage)</p>	<p><b>Woman's Health Programme</b></p> <ul style="list-style-type: none"> <li>• Provide family planning services at all clinics and facilitate referral in order to ensure access to Choice of Termination of Pregnancy (CTOP) services</li> <li>• Strengthen breast and cervical cancer screening in all clinics, and run awareness and education programmes on reproductive, maternal and women's health in all regions</li> <li>• Ensure promotion and referral to PEP services, including counselling in the community</li> </ul>	<p><b>Woman's Health Programme</b></p> <ul style="list-style-type: none"> <li>• 100% fixed facilities providing comprehensive ANC in the City</li> <li>• 90% of ANC patients offered HIV counselling</li> <li>• 25% of Vitamin A coverage in post partum mothers</li> <li>• 35% contraception coverage in women 15 to 45 years (uninsured);</li> <li>• 5% cervical cancer screening coverage of target group</li> <li>• One awareness programme on cervical cancer and breast self-examination in each region</li> <li>• One awareness and education programme on reproductive and maternal health in each region, including postnatal depression</li> <li>• Awareness programmes on teenage pregnancy conducted in three high and three primary schools per region</li> </ul>
<p>Reduce environmental health risks. Improve accessibility to, and quality of, service at primary health care clinics, and undertake comprehensive and integrated health promotion</p>	<p><b>2010 FIFA Soccer World Cup programmes</b></p> <ul style="list-style-type: none"> <li>• To ensure that the environmental health requirements in terms of the environment, food control (including food establishments), and accommodation establishments, are addressed and complied with</li> <li>• Improve compliance to environmental health by-laws and legislation</li> <li>• Upgrade health facilities near stadiums/ practice venues and increase staffing for PHC services to operate for extended hours</li> <li>• Implement integrated health promotion activities with focus on environmental health, and HIV and AIDS and STIs</li> <li>• Ensure compliance by health facilities to cope with emergencies and disasters, in collaboration with EMS and Disaster Management</li> </ul>	<p><b>2010 FIFA Soccer World Cup programmes</b></p> <ul style="list-style-type: none"> <li>• One educational campaign per region conducted focusing on CoJ By-laws and legislation</li> <li>• Statutory notices served on 100% of identified council-owned vacant properties where illegal dumping regularly takes place</li> <li>• Statutory notices served on 100% of identified non-council-owned vacant properties where illegal dumping regularly takes place</li> <li>• 100% of butcheries inspected for compliance with legislation (as per database)</li> <li>• 95% of identified food premises issued with certificate of acceptability as per R918</li> <li>• Two visits per year conducted at all public conveniences</li> <li>• One public awareness programme conducted per region on measures to control vectors</li> <li>• 100% of identified hotspot sites serviced by vector control personnel</li> <li>• One blitz per region focusing on nuisance buildings</li> <li>• Two additional clinics with extended service hours</li> <li>• One satellite clinic and two mobile points operationalised to fixed clinics</li> <li>• 30% of identified clinics upgraded and renovated</li> </ul>

Five-year strategic objectives	IDP programmes and key achievements (accumulated to date)	2010/11 delivery agenda
		<ul style="list-style-type: none"> <li>• Three peer education programmes implemented in hostels</li> <li>• 150 peer educators trained (including traditional healers)</li> <li>• Three peer education programmes implemented in informal settlements</li> <li>• Two youth programmes implemented</li> <li>• 100% of identified hotels with CSW supported as part of the outreach campaign</li> <li>• 100% of identified hotels with CSW with at least one peer educator</li> <li>• One EMS training session per quarter</li> <li>• 100% functional outbreak response teams in each region</li> <li>• 100% of outbreak response cases investigated and 80% reported within three working days</li> </ul>

## Conclusion

The objectives within the Health Department are to increase access to services by making primary health care available to all citizens; ensure the availability of safe, good quality essential drugs in health facilities; and rationalise health financing through budget reprioritisation.

The following key deliverables have been identified as areas that will receive specific attention in 2010/11:

- Strengthening primary health care through increasing service hours in selected regions; significantly reduce the number of mobile clinics; and facilitate functional integration and rationalisation of health facilities;
- Intensifying efforts in respect of HIV and AIDS through programme implementation and coordination with other spheres of government and non-governmental organisations (including business and community-based organisations);
- Improving access to ante-natal care services, and improving the TB cure rates;
- Strengthening the preventive and promotive health initiatives of the City through integrated health campaigns and outreach programmes. This includes the promotion of healthy lifestyles; and
- Consolidating the City's focus on environmental health services (municipal health services) through promotional, educational and enforcement programmes.