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EXECUTIVE SUMMARY

The planning cycle 2009/10 to 2014/15 marks the third term of our Democratic Administration that received mandate from the 2009 national elections. The ANC led administration was ushered in with a clear mandate which was summarised in five **priorities** of which health was the Apex.

In this regard the Department of health in Limpopo has a mandate to deliver on building “a long and healthy life for all people” in the Limpopo province. On behalf of the people of Limpopo, we have entered into working contract with the ministry of Health through a negotiated service delivery agreement on which we committed ourselves to among others, realise the following key strategic outputs:

- Increasing life expectancy
- Decreasing maternal and child mortality
- Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis
- Strengthening Health system effectiveness

We have made significant strides in our endeavour to achieve our objectives and to live up to the dictate of the negotiated service delivery agreement concluded with the Minister of Health during the previous financial year, however a lot of work still awaits us going forward.

The 2009/10 to 2014/15 MTSF therefore provides an opportunity for us to accelerate the processes of achieving the vision of a long and healthy life for our people, building on what we have already achieved. We embarked on a number of programmes that include a massive HCT Campaign thereby encouraging all our people to know their HIV status; TB Screening and tracing campaign and the Medical male circumcision campaign (MMC) to name but a few.

All this initiatives proved successful and we will intensify them to cover a wider area in this MTSF. We will further work very hard to encourage all our people to prevent non-communicable diseases with the aim of building a healthy nation and indeed a healthy profile.

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We recognise that, these can only be done only if we pay special attention to other crucial areas of health including the strengthening of the Primary health care (PHC) by providing our people with an option of consulting at clinic level thus reducing the number of patients at hospitals. We will further ensure that all our facilities are properly maintained and provided with the requisite medical equipment.

The strengthening of internal control measures in relation to risk management, procurement and financial management cannot be overemphasised and we are confident that we will move with speed towards the realisation of the ideal of building a healthy province.

We have the responsibility to ensure that the following outputs are achieved:

- Strengthen HIV Counselling and Testing(HCT) Campaigns
- Reduce the burden of disease
- Decrease both infant and mortality rate
- Prevention of ART prophylaxis and management of opportunistic and infectious diseases
- Integrated Management of Child illnesses (IMCI) and
- Implementation of Quality improvement plans by our facilities.

This policy development framework therefore becomes a blue print from which our policies can be developed, implemented and monitored.

It is therefore my pleasure to present to you this important tool to manage, develop and analyse policies for the Limpopo Department of Health. I also wish to commit my office to give oversight to this policy development framework.

FOREWORD BY THE ACCOUNTING OFFICER (THE HOD)

This Policy development framework of the Limpopo Department of Health comes at the midpoint of the Government's current planning cycle, the 2009/10 - 2014/15. It is geared towards providing guidance and strategic framework in our policy practice and realization of the Department's mission of provision and promotion of a comprehensive, accessible and affordable quality health care service to improve the life expectancy of the people. Through this Framework, the Department re-commits to the vision of *"An optimal and sustainable health care service in Limpopo"*

The Department will continue with efforts to improve health services in the province as outlined in the Social Cluster Programme of Action and the Negotiated Service Delivery Agreement (NSDA) of the Health Sector 2009/10 - 2014/15

In pursuit of providing quality health care service in an integrated, sustainable, affordable, effective, and efficient manner, and in pursuit of the four strategic outcomes of the NSDA: Increasing Life Expectancy; Decreasing Maternal and Child mortality; Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis; and Strengthening Health System Effectiveness, the Department will focus on strengthening primary health care. We will embark on re-engineering primary health care, focusing on the following three streams: District-based clinical specialist support teams; School-based Primary Health Care services; and Municipal Ward-based Primary Health Care.

The Department will appoint an integrated team of specialists who will be based in the districts (District-based Clinical Specialist Support Teams). The role of these teams will be to provide clinical support and oversight to primary health care services in order to address high levels of maternal and child mortality and to improve health outcomes.

We will intensify provision of school health services, which will include health promotion, prevention and curative health services that address the health needs of school-going children. We will also establish Municipal Ward-Based Primary Health Care teams, which will be responsible for a defined number of families. These teams will facilitate community

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involvement and participation, and will implement appropriate interventions to address health problems.

Preparations for the introduction of the National Health Insurance will be at the centre of our activities. At the forefront of these preparations will be ensuring compliance with quality standards, in particular improving cleanliness, improving safety and security of staff and patients, reducing long waiting times, improving staff attitudes, infection control and addressing drug stock-outs. In this regard the department will ensure that an additional 121 facilities are ready for certification, bringing to 242 the total number of facilities ready for certification.

Shortage of staff remains a fundamental problem. The Department will therefore continue to pay particular attention to recruitment and retention of health professionals, through various strategies including through addressing accommodation needs. To this end, the Department will complete 180 staff accommodation rooms during this financial year.

This Framework outlines in detail the procedure and steps, and legislative and policy mandates that must be considered in all policy analysis, development, implementation, monitoring and evaluation.

I undertake to ensure that the limited resources allocated to this department are utilised efficiently, effectively and in an economic manner to achieve the health outcomes for our population as outlined in this policy development framework and as articulated in our strategic, annual performance and District Health Plans.

Ms D. Mafubelu
Head of Department
Department of Health

Date

OFFICIAL SIGN OFF

It is hereby certified that this Policy development framework was developed by the Provincial Department of health in Limpopo; was prepared in line with the current Provincial Policy Development Framework as signed by the Director General of the Limpopo Provincial Government, Ms. Molepo Modipa and the Strategic, Annual Performance and District Health plans underpinned by overarching legislative and policy mandates under the guidance of Dr. M.N Mabasa, the Member of the Executive Council for Health; and comprehensively provide the framework for health policy development that must obtain in the current medium term strategic framework 2009 – 2014.

MR P.J RAMAWA

HEAD OF PLANNING

SIGNATURE

MS D. MAFUBELU

ACCOUNTING OFFICER

SIGNATURE

APPROVED BY:

DR M.N MABASA

MEMBER OF THE EXECUTIVE COUNCIL

SIGNATURE

METHODOLOGICAL NOTE

This initiative came with the Policy Coordination Unit in the Office of the Premier in the Limpopo Provincial Government. The framework is customized from the Provincial Policy Development Framework as signed off by the Director General of the Limpopo Provincial Government.

In compiling this customized Health Policy Development Framework, the Department mainly used its intersect oral collaboration and Policy function to compile and write the framework. It followed mainly desk top approach, consulting a number of sources in the form of reports, legislation, policy documents and other sources.

The time to consult broadly with stake holders was limited; hence this serves as an approved initial blueprint that provide platform for further interaction and consultations with stakeholders towards a cohesive policy development and management approach.

ELLIPSES

CEO'S	Chief Executive Officers
CoGHSTA	Cooperative Governance, Human Settlement and Traditional Affairs
DEMS	District Executive Managers
DG	Director General
EXCOM	Executive Committee
FET'S	Further Education and Training colleges
GDS	Growth and Development Strategy
HOD	Head of Department
HPPF	Health Planning and Policy Forum
HR	Human Resource
LEGDP	Limpopo Employment Growth Development Programme
MDG'S	Millennium Development Goals
MEC	Member of the Executive Council
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NDP	National Development Plan
NSDA	Negotiated Service Delivery Agreement
NSDP	National Spatial Development Perspective

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PPC Provincial Policy Council

PPF Provincial Policy Framework

PGDS Provincial Growth and Development Strategy

SBU Strategic Business Unit

PU Policy Unit

TOR Terms of Reference

1. INTRODUCTION

Chapter 2 of the Constitution of the Republic, 1996 on the Bill of Rights, confers Rights to the citizens of South Africa. Among these rights also, is access to health care services and emergency medical treatment.

The provisions of section 27 sub-section **(1) (a)** rules that **everyone has the right to have access to health care services, including reproductive health care**; and sub-section **(3)** proclaims that **no one may be refused emergency medical treatment**.

To make the above constitutional provisions a reality, government enters into policy discourse with the Citizens and partners. The policy terrain occurs at macro, middle and micro levels in order to carry out the above mandate. Specific enabling legislation is reflected in the paragraph on legal framework.

2. PURPOSE AND OBJECTIVES OF THE FRAMEWORK

The purpose of this framework is to guide, inform and encourage the development, implementation, monitoring and evaluation of a common and integrated policy approach that is driven by the needs and priorities of the Limpopo Provincial Government and the Health sector in particular.

The Provincial Health Policy Development Framework should therefore be viewed as a toolkit for understanding, developing, implementing, monitoring and evaluating the policies of the Provincial Government of Limpopo and the Health sector in particular, in their varied yet with an evidence of established heartland / hive of interrelated policy regimes that seek to achieve the ideals of government priorities within the Medium Term Strategic and Expenditure Frameworks 2009-2014.

The specific objectives are as follow:

- To inform, guide and support Limpopo Provincial Government shared growth and integrated, sustainable development through a common policy approach within the Health sector.

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- To shape and support a focused and coherent Limpopo Provincial Government policy agenda through a common policy approach within the Health sector.
- To coordinate and facilitate an environment conducive for common and integrated policy development, implementation, monitoring and evaluation within the sector.
- To encourage and promote dialogue and wide range participation in the Limpopo Provincial Health sector policy development processes.
- To develop processes and mechanisms for monitoring and evaluating the impact of Health policies on the lives of the population of Limpopo.

3. TYPES OF POLICIES

3.1 International Protocols, treaties and conventions.[macro level]

International protocols or treaties can be defined as agreements under international law entered into by actors in international law, namely sovereign states and international organizations. For example, United Nations policy instruments such as Convention on the Rights of the Child. The World Health Organization at this level provides macro frameworks in the Health sector such as the millennium development goals as stated above and many other programmes like TB, HIV & AIDS, Maternal, Child, Women’s Health and Nutrition etc.

3.2 National Government policies and Acts

This refers to policies developed and implemented by national government and serving as mandatory guides in developing provincial policies. For an example: RDP, Gear, National Development Plan (Vision 2030) etc. To access [Health Sector specific legislation and policies](#), follow the link.

3.3. Provincial government policies

These are the policies developed and implemented by provincial government in order to deliver service to its people. For example, Limpopo Traditional Leadership Act. To access [Health Sector specific legislation and policies](#), follow the link.

3.4. Institutional Policies

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These are transversal policies, applied across all Provincial departments, as per national or provincial guidelines and frameworks, for example, Finance and Human Resource Policies.

3.5 Organizational Policies

These are departmental policies that are developed and implemented by a specific department in order to deliver on its mandate. This talks to the concept of Meta policy genesis - the genus or species “baby policy” that implements “mother policy”. For example, ICT policy and Cell phone policy, National Core standards for Health Establishments in South Africa -Fast Track to Quality-The Six Most Critical Areas for Patient- Centered Care (2011).

4. SCOPE OF APPLICATION

This framework is applicable to the Limpopo Department of Health and all its institutions, Districts, Sub-districts, Facilities and Programmes.

It is designed to establish a common approach to the designation policies implemented across all business units of the Department. Business units / Programmes will identify policy gaps and needs within their operations and develop Meta policy to action macro, national, provincial and local policies that guides and provide overarching frameworks in each programme / business unit.

5. SERVICE DELIVERY PRIORITIES

This framework is aimed at contributing to the broader Provincial development pathways through a coherent policy development approach. Therefore, Limpopo Provincial Government is underpinned by the following electorally mandated priorities:

- Creation of decent work and sustainable livelihoods
- Education
- Health
- Rural development, food security and Land reform

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- The fight against crime and corruption

From the above, the sector specific priorities follow from the **health priority** of the electorally mandated priorities. The health sector priorities for the Medium Term Strategic Framework 2009-2014 therefore include but not limited to the following:

The manifesto of the ruling party's **Health priority** as reflected in the above electoral mandates and as articulated in the,

1. Social Cluster Programme of Action.
2. The **ten point plan** of the National Health system 2009-2014
3. **Outcome 2** of the 12 government outcomes as outlined in the MTSF 2009-2014, "A long and Healthy Life for All South Africans"
4. The four focus areas/outputs as elaborated in the NSDA- the quadruple burden of diseases, namely:
 - Increasing Life Expectancy
 - Maternal, Child and Women's Health
 - Combating HIV, AIDS and TB
 - Strengthening Health System Effectiveness
 - Quadruple Burden of Disease (BoD) consisting of HIV and AIDS and TB; High Maternal and Child Mortality; Non-Communicable Diseases and; Violence and Injuries.

6. LEGAL FRAMEWORK

The policy framework is embedded within a complex relationship of national, provincial and local government policy making processes. This policy framework is guided by the following:

- The Constitution of the Republic of South Africa, 1996
- The Millennium Development Goals
- Vision of Government 2014

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- The National Spatial Development Perspective (NSDP)
- Limpopo Employment, Growth and Development Plan (LEGDP)
- New Growth Path
- National Development Plan (vision 2030)

The sector specific legislative framework to ensure the effective stewardship of the national health system [at all its levels that is Provincial, District and Sub-district levels] a number of enabling legislations and supporting regulations have been enacted by Parliament to support the achievement of the vision of improved health status and longevity for all South Africans. The following is the list of all Acts for which the Minister of Health is the custodian of:

- The National Health Act
- The Choice of Termination of Pregnancy Act
- The Mental Health Care Act
- The Sterilisation Act
- The Nursing Act
- The Medical Schemes Act
- The Occupational Diseases in Mines and Works Act
- The Health Professions Act
- The Pharmacy Act
- The Allied Health Professions Act
- The Traditional Healers and Practitioners Act
- The Dental Technicians Act
- The Food, Cosmetics & Disinfectants Act
- The Medicines and Related Substances Act
- The Medical Research Council Act
- The National Laboratory Services Act
- The Human Tissue Act

There are also other acts that are part of government's legislative framework that have a direct or indirect bearing on the functioning and structure of the health sector currently. More importantly, these acts have a bearing on how some of the proposals indicated above can be undertaken more immediately. These acts include, but are not limited to:

- The Compensation for Occupational Injuries and Diseases Act
- The Road Accident Fund Act
- The Correctional Services Act
- The Competition Act

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- The Consumer Protection Act
- The Local Government Municipal Structures Act
- The Protection of Personal Information Act
- The Municipal Systems Act
- Higher Education Act
- Public Service Act
- Labour Relations Act

To support the achievement of the four (04) outputs and related sub-outputs as stipulated in the NSDA, we have already undertaken a process to review some of the provisions of the National Health Act (Act No 61 of 2003).

6.1. The Constitution of the Republic of South Africa

Fundamental human rights are entrenched in Chapter 2 of the Constitution of the Republic of South Africa, Act 108 1998. The Bill of Rights is the part of the Constitution that has had the greatest impact on everyday life since 1994.

6.2. The Millennium Development Goals

Limpopo Provincial Government policies and strategies must seek to achieve the goals set out in the United Nations Millennium Declaration. South Africa has committed itself to progress that is based on sustainable economic growth, which must focus on the poor, with human rights at the centre. The objective of the Declaration is to promote 'a comprehensive approach and a coordinated strategy, tackling many problems simultaneously across a broad front'. The set targets are expected to be met by 2015.

The eight Millennium Development Goals (MDGs) form a blueprint agreed to by all countries and leading development institutions world-wide. They have led to unprecedented efforts to meet the needs of the worlds' poorest of the poor. Our policies and programmes must all be designed to achieve these goals.

Goal 1: Eradicate extreme poverty and hunger

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- Reduce by half the proportion of people living on less than a dollar a day.
- Reduce by half the proportion of people who suffer from hunger.

Goal 2: Achieve universal primary education

- Ensure that all boys and girls complete primary schooling.

Goal 3: Promote gender equality and empower women

- Eliminate gender disparity in primary and secondary education at all levels by 2015.

Goal 4: Reduce child mortality

- Reduce by two thirds the mortality rate among children under five.

Goal 5: Improve maternal health

- Reduce by three quarters the maternal mortality ratio.

Goal 6: Combat HIV/Aids, malaria and other diseases

- Halt and begin to reverse the spread of HIV/Aids.
- Halt and begin to reverse the incidence of malaria and other major diseases.

Goal 7: Ensure environmental sustainability

- Integrate the principles of sustainable development into country policies and programmes, and reverse loss of environmental resources.
- Reduce by half the proportion of people without sustainable access to safe drinking water.
- Achieve significant improvement in the lives of at least 100 million slum dwellers by 2020.

Goal 8: Develop a global partnership for development

- Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory, and committed to good governance, development and poverty reduction — nationally and internationally.
- Address the least developed countries' special needs, such as tariff- and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt, and more generous official development assistance for countries committed to poverty reduction.
- Address the special needs of landlocked and small island developing states.
- Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term.

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- Develop decent and productive work for youth, in cooperation with the developing countries.
- Provide access to affordable essential drugs in developing countries, in cooperation with pharmaceutical companies.
- Make available the benefits of new technologies, especially information and communications technologies, in cooperation with the private sector.

Whereas the sector specific issues are mainly captured in goals number 4, 5 and 6, the notion of the environmental / social determinants of health, including climate change and global trends, where social determinants of health mean the conditions in which people are born, grow, live, work and age including the health system itself, makes all the 8 goals relevant to health outcomes.

That could mean for any health care delivery system, intersect oral collaboration and partnership is always critical for the achievement of better health outcomes and results.

6.3. Vision of Government 2014

Vision 2014 was adopted by the South African Government and is one of the most important guiding documents for policy development in South Africa. Vision 2014 is South Africa's direct response to the development challenges set out in the Millennium Development Declaration.

Some of the most important targets and objectives making up Vision 2014 are as follows:

- Reduce unemployment by half through new jobs, skills development, assistance to small businesses, opportunities for self-employment and sustainable community livelihoods.
- Reduce poverty by half through economic development, comprehensive social security, land reform and improved household and community assets.
- Provide the skills required by the economy, build capacity and provide resources across society to encourage self-employment with an education system that is geared to productive work, good citizenship and a caring society.

- Ensure that all South Africans, especially the poor, children, youth, women, the aged, and people with disabilities, are able to exercise their constitutional rights and enjoy the dignity of freedom.

6.4. National Spatial Development Perspective (NSDP)

The NSDP is an important guiding strategy regarding spatial planning for development. In essence, it advocates a focus on areas with development potential and urges local authorities in localities of low development potential to demonstrate their comparative advantages in order to receive support from other spheres of government.

The NSDP proposes normative principles to be used as a guide by all spheres of government in order to achieve the objectives of national government, namely economic growth, employment creation, sustainable service delivery, poverty alleviation and the eradication of historic inequities.

6.5 Limpopo Employment, Growth and Development Plan (LEDGP)

The Limpopo Employment, Growth and Development Plan (LEDGP) provides the Limpopo Provincial Government with a clear strategic framework for accelerated and shared economic growth through a thorough developmental intervention in Limpopo in favor of all its residents, particularly the poor, while restoring the ecosystems and resources essential to sustain shared economic growth within a coherent spatial development framework.

6.6. New Growth Path

New Growth Path aims to create 5 million jobs by 2020. It seeks to do so by providing a supporting environment for growth and development, while promoting a more labour-absorptive economy. Its proposal is intended to lower the cost of living for poor households and for business through targeted microeconomic reforms, especially in transport, telecommunications and food. Lowering the cost of living is a necessary adjunct to raising the standard of living and encouraging investment.

6.7. National Development Plan 2030

National Development Plan 2030 have been adopted by the National government is one of the crucial guiding documents for policy development in South Africa. This plan is the direct response to the development challenged set out in the vision 2014. National Development Plan seeks to achieve the following:

- Seek to eliminate poverty and reduce inequality by 2030
- Seek a country wherein all citizens have capabilities to grasp opportunities available
- All people who are HIV positive must be on ARV's

7. POLICY PRONOUNCEMENT

Policy development and management within the Limpopo Provincial Government shall be guided by the Batho Pele principles.

Policy pronouncements include among others the following:

- The state of the nation addresses- follow the link to access all the State of the Nation Addresses dating back to 1994
- The state of the province addresses- follow the link to access all the State of the Province Addresses dating back to 1994
- Budget speeches- follow the link to access all the Department of Health and Social Development Budget speeches dating back to 1994
- Budget speeches- follow the link to access all the Budget speeches of Finance Ministers dating back to 1994 and
- Any other statement of intent made by the political authority within public administration.

8. ROLES, RESPONSIBILITIES AND POWERS IN POLICY MANAGEMENT

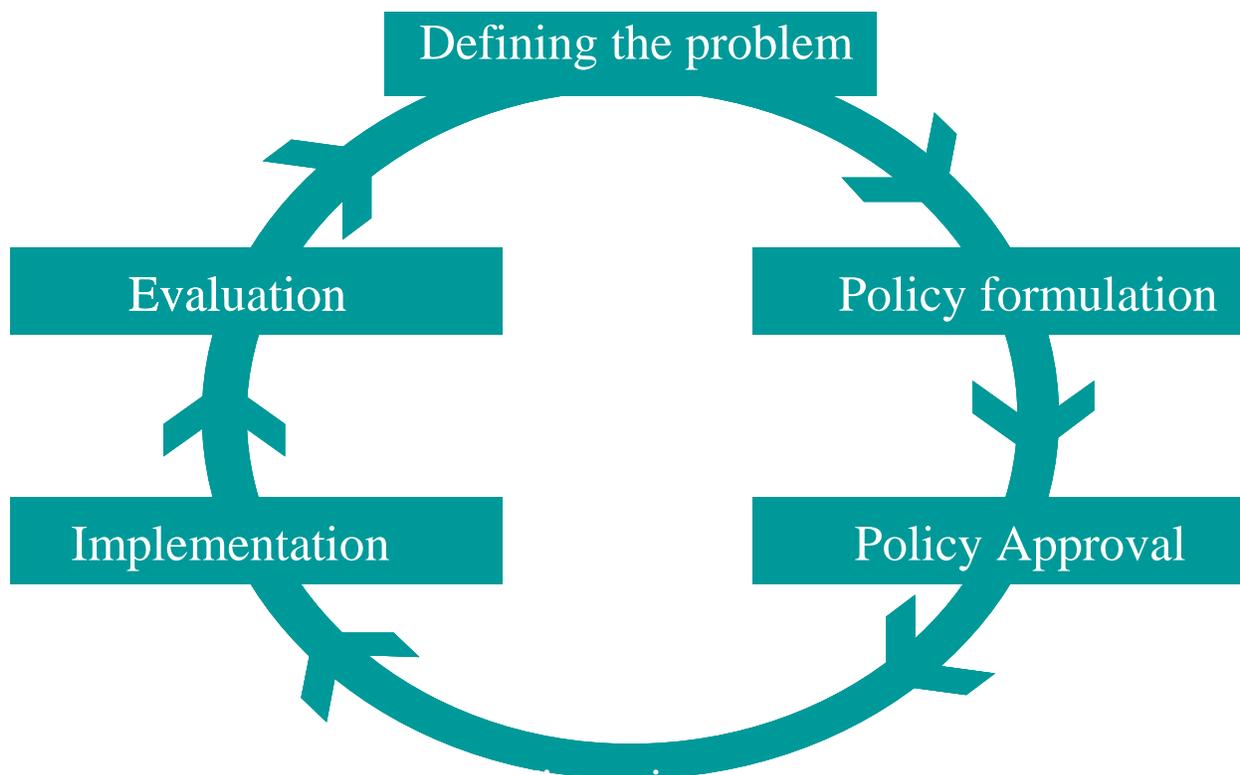
The roles, responsibilities, and powers for policy development and management within the Limpopo Provincial Government as adjusted from the Provincial framework are outlined in the table below. These roles, responsibilities and powers apply to departmental policies as well.

Authority/ Office	Policy Agenda	Formulation & Drafting Policies	Policy Approval	Policy Implementation	Monitoring & Evaluation
Executive Authority	Genesis	Delegate to officials/ technocrats/DGS', Accounting Officers etc.	Approves and sign off all strategic policies applicable to the department	Oversee the implementation of policy and provide strategic vision and political oversight / leadership	Oversee the implementation of monitoring and evaluation regime over policy and provide strategic vision and political direction / leadership based on results
Accounting Officer	Implementation of policy and policy architecture	Provides strategic direction, management and leadership	Recommends and core-sign policies relevant as per accounting powers conferred to accounting officers in terms of legislation	Oversees implementation of policies and provide strategic management and leadership	Put systems in place and monitor and evaluate the system
Executive Management/ Senior Management	Policy interpretation and management	Policy Writing and management	Operational procedures, memos, letters, budgets, plans, diaries etc., as per delegation of powers	Operationalizing policies, provide management and guidance / leadership in the implementation of policy and strategy	Monitor and evaluate implementation of policies at strategic level and lead strategic reviews of policies in accordance with this very policy framework, paragraph 11 below on monitoring and evaluation
Lab our Organizations / stakeholders	Analyses and make inputs into policy agenda	Make recommendations	Support or reject policy approval	Check as to whether the rights of employer and employee are not violated	Monitor and Evaluate policy impact, results and make further recommendations for improvement or termination of policy

9. POLICY DEVELOPMENT APPROACH

The policy development process entails a number of processes before a final policy is produced. These processes include extensive research, analysis, consultation and synthesis of information that lead to the compilation of the final policy document with specific desired outcomes.

There are specific steps that need to be followed in developing a policy. Below are detailed processes that should be followed in developing policies within the Limpopo Provincial Government in general and the Health sector in particular.



9.1. Step 1: Define and detail the problem

- The primary responsibility to determine the need for a policy resides with the SBU or directorate which is responsible for the issues addressed by the policy.

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- A higher authority such as the Premier, DG, MEC, HOD or Executive Management may identify the need for a new policy to be developed or review of current policy.
- Permission to commence with formulation or review of the Policy should be approved by the Accounting Officer.
- The policy sponsor shall inform the Policy directorate of the proposed policy.
- The Policy directorate shall maintain a record of the policy agenda.

9.2. Step 2: Policy formulation and drafting.

- The SBU or directorate under which the policy issue resides will undertake the necessary research and consult with the relevant stakeholders including the Legal Services Unit and Policy coordination Unit.
- The policy shall be drafted to conform to the letter and spirit of legislation and higher level policies such as white papers and provincial policies.
- The policy shall be drafted in line with the formatting guidelines in Annexure 1.
- Policy to be circulated to staff members in the department for inputs and comments.

9.3 Step 3: Policy approval process.

- The draft policy shall be presented to the Executive Management Committee for inputs prior to submission to the Premier, the Director General or the HOD for approval.
- The memorandum covering the draft policy shall contain a summary of the key policy pronouncements as well as outline the consultative process followed.
- All submissions for approval of draft policies shall provide space for comment by the policy sponsor as well as the Policy directorate.
- The original signed copy shall be kept at the main registry and the Policy directorate shall keep copies of all policies.

9.4 Step 4: Policy implementation.

- The policy sponsor must ensure that within 30 days after approval by the Accounting Officer, the policy is brought to the attention of all employees of the relevant department and other relevant stakeholders.
- Ensure that lower level personnel are educated in their own language.
- The HR unit must ensure that all new employees are informed of all policies applicable within the department.

9.5 Step 5: Policy monitoring and evaluation.

- The SBU or directorate responsible for the issues addressed by the policy shall develop a mechanism for monitoring and evaluating the implementation of the policy.
- The Policy directorate shall confirm that all policies are subjected to a monitoring and evaluation process.

10. REVIEW AND TERMINATION OF DEPARTMENTAL POLICIES

All Provincial Health policies shall be reviewed periodically and in terms of policy analysis, development and review/monitoring processes and procedures.

It is desirable that a policy must achieve its predetermined objectives. Policy life span in terms of the policy development cycle must also be given its complete life cycle for it to yield the necessary results. Intercepting and terminating policies before they hatch can be very wasteful.

Think about intercepting incubation process with chicken eggs! What happens? Chickens may not hatch! So policy incubation is very critical especially within public administration wherein you have frequent change of administration or political power.

This has a potential to waste public resources without achieving policy objectives and changing the lives of the people for better. That accounts for, in most cases, no-correlation between budgets, expenditure and service delivery targets. The DHER has revealed those discrepancies on a number of occasions with continuous programme performance information assessments.

If the undesirable unintended consequences of the policy far outweigh its desirable predetermined results, the policy may be terminated or intercepted.

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The take here is policy termination should take stalk of those factors highlighted above. The desirable practice should be to allow policies to live their life span and build in a strong monitoring and evaluation process using the six guiding principles as presented in the next paragraph.

The Provincial framework states that all policies will be reviewed by the relevant department at least every 24 months based on the comments and inputs from the stakeholders and that the policy will remain in force until and unless it has been withdrawn and amended by Accounting Officer [or the executive authority]

11. MONITORING AND EVALUATION

The six guiding principles for evaluation are:

a. Pluralism - Evaluation implies considering in a balanced manner all the legitimate points of view the various stakeholders expressed about the evaluated activity.

b. Independence: Evaluation is carried out impartially and independently of programme management and decision-making processes. This independence serves to safeguard the public decision-makers' freedom of choice. Evaluation professionals inform their partners of any possible conflict of interests.

c. Competence: Specific competencies are needed to design, manage and commission evaluations, collect data and interpret findings. Evaluation professionals must update their skills consistently and explicitly mention their limitations. Recognized methods should be used, particularly those used by the international evaluation community.

d. Respect: Participants in the evaluation process must respect the rights, integrity and safety of all affected parties. They may not disclose the sources of any information or opinions they collect without the agreement of the persons concerned.

e. Transparency: At the beginning of an evaluation it should be decided how findings will be disseminated. Presentations must clearly describe the object of the evaluation, its purpose, its

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intended audience, the questions asked, the methods used and their limitations, and the arguments and criteria which led to these findings. The findings of evaluations should be made public. The integrity of findings should be respected.

f. Responsibility: At the beginning of an evaluation, clear responsibility must be assigned for each function in the evaluation (defining the brief, the management process, research and analysis, formulating findings and recommendations, disseminating findings).

Persons and institutions involved in the evaluation process should make available appropriate resources and the information required to carry out the evaluation. They are jointly responsible for properly implementing the guiding principles set out in the present monitoring and evaluation charter.

12. INSTITUTIONAL ARRANGEMENT

The Department shall establish a Provincial Health Planning and Policy Forum comprising key representatives from all Health Districts, Institutions of higher learning, State-owned entities, District municipalities and Wards and Health Governance structures and interest stakeholders.

13. DEPARTMENTAL POLICY SUPPORT

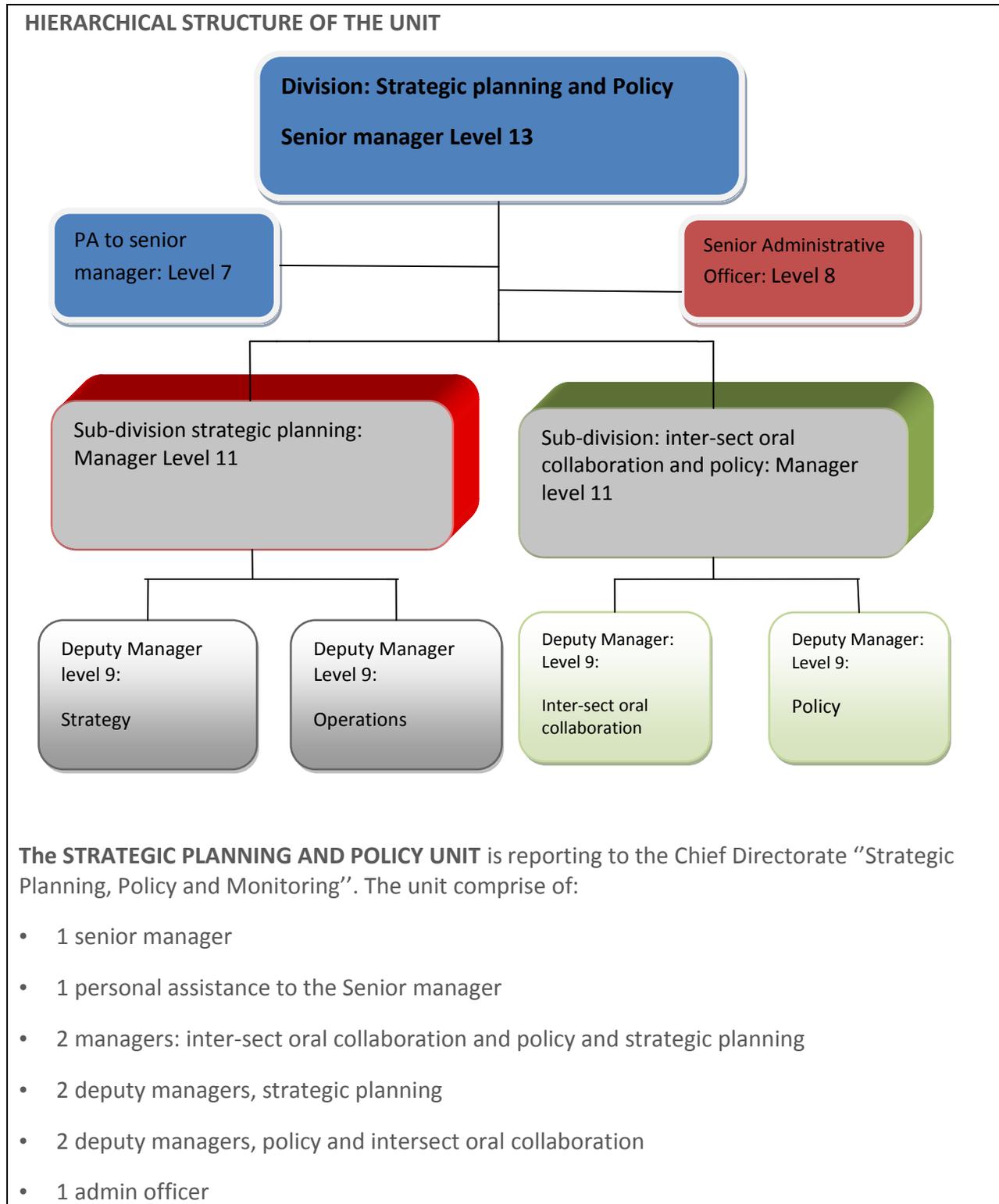
The Provincial Policy Development Framework asserts that Limpopo Provincial departments shall have policy support function. The responsibilities of the policy support function will be:

- To develop departmental policies
- To implement departmental policies
- To review and analyse departmental policies.
- To monitor and evaluate departmental policies.
- Creating capacity for other Strategic Business Units (SBU's) to develop, implement, review, monitor and evaluate policies

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This function is already existing in the Department embedded within the Chief Directorate Strategic Planning, Policy and Monitoring. The function is pitched at Deputy Manager/ Assistant Director Level further embedded within the Division Strategic Planning and Policy.

The following organisational chart and reporting lines may reflect the level of the function well:



14. PROVINCIAL HEALTH PLANNING AND POLICY FORUM

14.1 INTRODUCTION

The Departmental Health Planning and Policy Forum shall be established in accordance with the Departmental Health Policy Development Framework.

14.2. MEMBERSHIP OF THE HEALTH PLANNING AND POLICY FORUM

One of the key challenges found by the Negotiated Service Delivery Agreement for the health sector in strengthening health system effectiveness is captured as **poor integration [the preoccupation of CoGHSTA’s Local agenda 21]**. The NSDA of the Health sector states that “the health system has not adequately facilitated community participation and inter-sect oral collaboration in the provision and delivery of needed health care services. The need for quality health services at the primary care level for the bulk of health problems, wherein efficient and timely referral for those patients requiring this is another critical aspect of the “primary health care approach”. The inadequate integration of the different levels of care, spheres of government and between public and private sectors imply that many patients get ‘lost in the system’ resulting in poor access to health care, poor quality of care and an ineffective and inefficient resource utilisation. The allocation of resources for primary health care between and within provinces has been variable and not necessarily related to population growth, evolving health needs or the adequacy of infrastructure. The health system currently has no clearly defined basket of services at household and community level that is responsive to community needs and links different actors at this level as can be achieved through a programme such as the Community Health Worker programme”.

From the above challenges asserted by the NSDA, the Forum shall be constituted as follows:

- a. MEC/HOD- Chair of the Forum
- b. Strategic Planning, Policy and Monitoring – Convener /Coordinator
- c. Human Resource Management, Research and Gender mainstreaming
- d. District Health Services
- e. Health Facility Planning and Inspection

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- f. Ward based / Primary Health Care Teams
- g. Community Health Workers
- h. All the DEM's
- i. Hospital CEO's
- j. State-Owned Entities.
- k. Health Private Sector
- l. Nursing Colleges in Limpopo
- m. Tertiary and Academic Services
- n. Institutions of Higher Learning and FET's in Limpopo
- o. All Health Programme Managers
- p. Governance structures
- q. Unions
- r. Organized Medical Professions – Councils for Nurses and Medical practitioners
- s. All District Municipalities
- t. Office of the Premier
- u. Interest Departments

This composition is mainly guided and informed by the following stakeholder identification per output / focus area extracted verbatim from the NSDA:-

IDENTIFICATION OF DELIVERY PARTNERS FOR EACH OUTPUT AREA

The improvement of the health status of all South Africans is a responsibility that cut across a number of sectors, both internal and external to the government systems and processes and not just the Department of Health. Health is determined by factors such as poverty (which contributes to malnutrition including obesity, unwanted pregnancy), lack of potable water (which contributes to diarrhoea, cholera, stress (which may lead to lack of productivity, depression and suicide), lack of safety in the home and road (injuries, burns, poisoning of children), air pollution (chest conditions such as asthma, bronchitis), drugs (alcohol and domestic violence, sexual indiscretion, child neglect) and moral degeneration (violence against women and children, interpersonal violence). Therefore,

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the Department of Health must engage with key partners within and outside government to ensure that it effectively implements the four required outputs of the NSDA 2010 – 2014.

The information below provides a high level analysis of the key Partners / Stakeholders that are identified as the major role players in terms of achieving the four (04) outputs as listed in the NSDA. This will guide the composition of the Forum as and when it sits depending on the nature of the policy agenda from time to time.

KEY PARTNERS/STAKEHOLDERS IN THE IMPLEMENTATION OF THE NSDA 2010 – 2014

OUTPUT AREAS AND KEY PARTNERS / STAKEHOLDERS PER OUTPUT

Output 1: Increasing Life Expectancy

KEY PARTNERS/STAKEHOLDERS

Departments of Social Development, Cooperative Governance & Traditional Affairs, National Treasury, Trade & Industry, Justice and Constitutional Development, Correctional Services, Water Affairs, Environmental Affairs, Agriculture, Transport and the South African Police Force Provincial Departments of Health and Social Development NGOs & Community Based Organisations, South African Local Government Association International organizations such as the World Health Organisation, UNICEF and the Centres for Disease Control.

Output 2: Decreasing Maternal and Child Mortality

KEY PARTNERS/STAKEHOLDERS

Departments of Social Development, Justice and Constitutional, Development, Correctional Services, Water Affairs, Environmental Affairs, Public Works, Transport and the South African Police Force, Provincial Departments of Health and Social Development, NGOs & Community Based Organisations, International organizations such as the World Health Organisation, UNICEF, and the Centres for Disease Control

Output 3: Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis

KEY PARTNERS/STAKEHOLDERS

Departments of Mineral Resources, Labour, Correctional Services, Human Settlement, Environmental Affairs and Rural Development, The Mining Companies (including the Chamber of Mines), Other partners including academic institutions, research and civil society organisations International organizations such as the World Health Organisation, UNICEF and the Centres for Disease Control.

Output 4: Strengthening Health System Effectiveness

Sub-Output 4.1: Re-Engineering the Primary Health Care Approach

Sub-Output 4.2: Improving Patient Care and Satisfaction

Sub-Output 4.3: Accreditation of Health Services Facilities for Compliance

Sub-Output 4.4: Improved Health Infrastructure Availability

Sub-Output 4.5: Improved Human Resources for Health

Sub-Output 4.6: Strengthening Financial Management (Monitoring & Evaluation)

Sub-Output 4.7: Improving Healthcare Financing through Implementation of National Health Insurance

Sub-Output 4.8: Strengthening Health Information systems

KEY PARTNERS/STAKEHOLDERS

Departments of Public Works; Water Affairs; National Treasury; Trade & Industry; Higher Education & Training; Science & Technology; Public Service & Administration, Cooperative Governance & Traditional Affairs; Other partners include:

- Eskom and relevant municipalities
- The Development Bank of South Africa (DBSA)
- Colleges of Medicine
- Statistics SA

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- South African Local Government Association
- Academic Institutions
- Regulatory Bodies
- Medical Device Industry
- Pharmaceutical Industry
- Community Based Organizations
- Non-Governmental Organizations
- Statutory Health Councils
- Professional Associations
- Labour Organizations
- Development Partners (e.g. European Union)
- International Agencies (WHO and ILO)

14.3. PURPOSE AND FUNCTIONS OF THE PROVINCIAL HEALTH PLANNING AND POLICY FORUM

The following are the functions of the Provincial Health Planning and Policy Forum:

1. Advise the Department on the policy development and implementation challenges and Identify policy gaps, developing mechanisms to close them.
2. Provide platform for networking and wider consultation amongst relevant institutions/stakeholders on policy development, implementation, and monitoring.
3. Provide buffer between policy making and implementation
4. Evaluate and input into health policy research projects to be conducted in the Province.
5. Facilitate knowledge sharing and integration.
6. Identifying capacity constraints related to policy development and implementation and share expertise.
7. Identify capacity constraints related to research and share technical expertise.
8. Recommend the use of standardized concepts, definitions and quality standards.
9. Foster corporate strategy and synergy

14.4. MEETINGS

The Forum shall meet once in six months or as may be determined by the MEC/HOD from time to time.

14.5. WORKING GROUPS (TECHNICAL TASK TEAMS)

The Forum may constitute working groups as a way of responding to identified challenges and ad hoc tasks. The terms of reference of the working groups shall be determined by the Forum, including reporting channels and frequency of meetings.

14.6. COORDINATION OF THE FORUM

The activities of the Forum shall be coordinated by the Strategic Planning Policy and Monitoring Sub-branch/Unit of the Department. The Unit shall facilitate the proceedings of the Forum and also take full responsibility for the management of its records.

14.7. AMENDMENTS / OR REVIEW OF THE COMPOSITION AND FUNCTIONS OF THE FORUM

The Forum shall be amended or reviewed during the review of the framework.

15. AUTHORITY OF THE POLICY

Compliance to this policy development is mandatory to all our health institutions and facilities and any policy, procedure, or guideline that does not follow the procedures and processes outlined in this policy will not be approved by the executive authority

16. IMPLEMENTATION DATE

The implementation date for the framework shall be with immediate effect upon the approval of the policy by the MEC.

17. REVIEW OF THE FRAMEWORK.

The framework shall be reviewed after thirty six months from the date of approval by the Executive Authority or as per decision or directive by the Executive Authority. Such review process shall be in line with the set procedure for reviewing of departmental policies.

18. ENQUIRIES

Enquiries regarding this policy should, in the first instance, be directed to the Strategic Planning, policy and Monitoring Sub-branch or unit.

FORMAT FOR DRAFTING POLICY DOCUMENTS

1. COVER PAGE

1.1. The cover sheet is the first page of the policy that any reader will come in contact with and has to include the following information:

- The fact that the policy is that of the Limpopo Provincial Government
- The name of the policy
- The revision/ version of the policy

1.2. The design of the cover page has to be in line with the province's corporate image.

2. CONTENTS PAGE

2.1. The contents page should at the very minimum indicate on which page the main headings indicated in this annexure appear within the policy.

2.2. A policy containing less than 5 pages does not need to have a contents page.

3. ACRONYMS AND ABBREVIATIONS

All the acronyms and abbreviations should be clarified in this section of the document.

4. EXECUTIVE SUMMARY

4.1. It is not always necessary to include an Executive Summary, however if the policy is more than ten (10) pages it is advisable that it should be included.

4.2. The Executive Summary should not exceed a page and always starts on a new page.

5. INTRODUCTION

- 5.1. The introduction should provide the necessary background and context of the policy as well as any preamble.
- 5.2. The introduction should always start on a new page.

6. PURPOSE AND OBJECTIVES OF THE POLICY

The purpose as well as all the objectives of the policy should be included in this section. These form the basis of the policy pronouncements.

7. AUTHORITY OF POLICY

This section will mention the authority which issues the policy and thus reinforce the scope of application.

8. LEGAL FRAMEWORK

This section will list all the legal prescripts that form the basis and authority for the policy pronouncements within the policy.

9. SCOPE OF APPLICATION

- 9.1. A statement along the following lines will almost always be part of this section: "This policy, except otherwise indicated, is applicable to ..."
- 9.2. The scope could be clarified in terms of the type of activities and/or programmes the policies covered as well as the organizational depth and width of the policy.

10. DEFINITIONS

Special focus should be on defining words and concepts with special meanings or interpretation.

11. POLICY PRONOUNCEMENTS

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11.1. This section is the core of the policy document and requires to be particularly well crafted and explain the expectations.

11.2. Every objective of the policy has to be addressed by the policy pronouncements.

12. DEFAULT [POLICY AUTHORITY]

This section should state the consequences of non-compliance with the policy.

13. INCEPTION [IMPLEMENTATION] DATE

Extreme caution should be taken regarding backdating the inception date of a policy; this should generally be avoided.

14. TERMINATION AND REVIEW CONDITIONS

This section should indicate under which conditions would the policy be reviewed or terminated.

15. ENQUIRIES -

The unit, rather than the individual officer, to whom enquiries on the policy are made, should be stated here.

Theories and models for analysing public policy

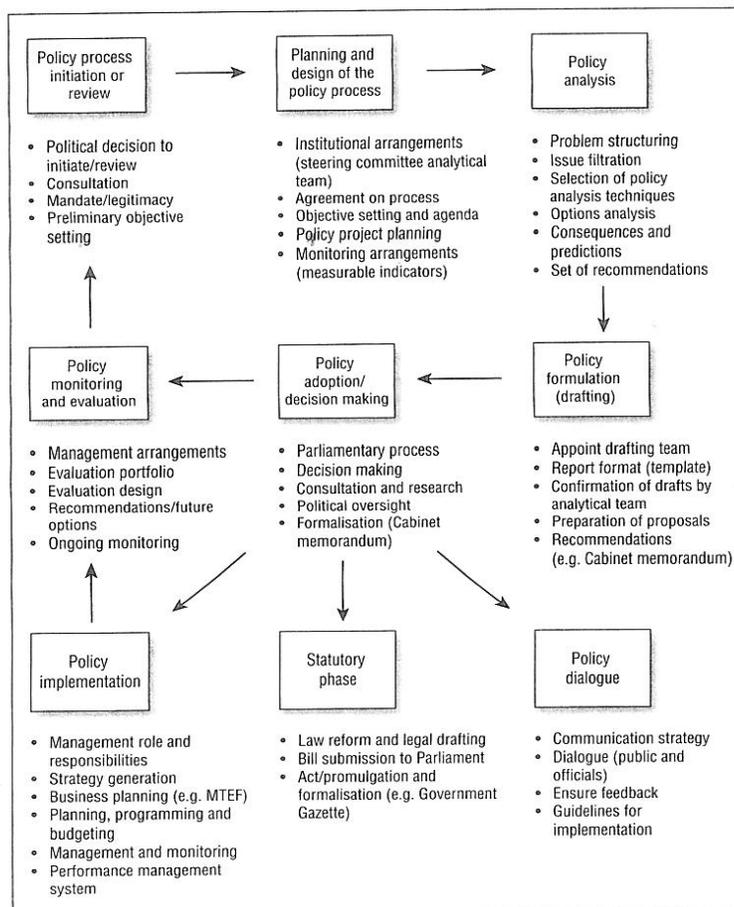


Figure 2.9 Key considerations for phases of the generic policy process model

Source: Adapted from De Coning (1995)

For more information on specific policy phases, see Chapter 5 (Policy agenda setting), Chapter 6 (Policy design), Chapter 7 (Policy decision making), Chapter 9 (Policy management) and Chapter 10 (Policy assessment).

