HEALTH SYSTEMS TRUST

ANNUAL REPORT 2013/14

Health Systems Trust is a dynamic not-for-profit organisation established in 1992 to support the transformation of the health system in a newly democratic South Africa. Subscribing to a primary health care approach, HST actively supports the current and future development of a comprehensive health system, through strategies designed to promote equity and efficiency in health and health care delivery in southern Africa.

Vision

Health systems supporting health for all in southern Africa.

Mission

To contribute to building comprehensive, effective, efficient and equitable national health systems by supporting the implementation of functional health districts in South Africa and the southern African region.

HEALTH SYSTEMS TRUST

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Acronyms & Abbreviations

ANC	Antenatal Care
AP	The Atlantic Philanthropies
ART	Antiretroviral Treatment
CARRS	Consultation and Registered Referral System
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CDC	Centers for Disease Control and Prevention
CHC	Community Health Centre
CHW	Community Health Worker
DFID	Department for International Development
DG	Director-General
DHS	District Health System
DHIS	District Health Information System
DPME	Department of Performance Monitoring and Evaluation
FHIT	Facility Health Information Team
HAART	Highly Active Antiretroviral Therapy
HCT	HIV Counselling and Testing
HSR	Health Systems Research
HSS	Health Systems Strengthening
ICASA	International Conference on AIDS and STIs in Africa
IDRC	International Development Research Centre
IDT	Independent Development Trust
IPT	Isoniazid Preventive Therapy
KMC	Kangaroo Mother Care
M&E	Monitoring and Evaluation
MCWH	Maternal, Child and Women's Health
MDG	Millennium Development Goal
Medunsa	Medical University of South Africa
MEP	Maternal Events in Pregnancy
mHealth	Mobile Health
MNIC	Maternal, Newborn, Infant and Child
MNCWH	Maternal, Newborn, Child and Women's Health
MPH	Master of Public Health
NDoH/DoH	National Department of Health/ Department of Health
NGO	Non-Governmental Organisation
NHI	National Health Insurance
NLB	National Lotteries Board
NSDA	Negotiated Service Delivery Agreement
NW	North West Province
OHSC	Office of Health Standards Compliance
PCR	Polymerase Chain Reaction
PEECHi	Programme for Economic Evaluation of Child and Maternal Health Interventions
PEPFAR	President's Emergency Plan for Aids Relief
PHC	Primary Health Care
PMTCT	Prevention of Mother-To-Child Transmission
PNC	Postnatal Care
PRICELESS	Priority Cost-Effective Lessons for Systems Strengthening South Africa
RA	Rapid Assessment
RMCH	Reducing Maternal and Child Mortality through Strengthening Primary Health Care
RQI	Re-engineering Quality Improvement
SA SURE	South African Sustainable Response to HIV, AIDS and TB
SETA	Sector Education and Training Authority
SWOT	Strengths, Weakness, Opportunities and Threats
UWC	University of the Western Cape
WBOT	Ward-Based Outreach Team
WEL	Wellness for Effective Leadership
WHO	World Health Organization

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Report from the Chairperson

It is a great pleasure to introduce Health Systems Trust's (HST) 21st Annual Report – an account of our activities, achievements and impact over the 12 months from July 2013 to June 2014.

There have been a number of changes to the Board of Trustees during the year, and in August 2013 we welcomed Dr Themba Moeti as the new Chief Executive Officer of HST. Dr Moeti has previously held posts with the Botswana Ministry of Health as Deputy Permanent Secretary, The African Comprehensive HIV/AIDS Partnership as Managing Director and AMREF Health Africa as Senior Policy Advisor. He brings with him vast experience of strategy and policy development in southern Africa, which we are sure will hold us in good stead as he steers HST forward.

I thank our outgoing Board members – Kevin Bellis, Obakeng Mogale, Professor Laetitia Rispel, Professor Welile Shasha and Dr Tim Wilson – for their support and the guidance they have given to the organisation over the past few years. As we bid them a fond farewell, we welcomed eight new Trustees: Dr Refik Bismilla, Professor Otto Chabikuli, Aziz Kader, Professor Esther Kibuuka-Sebitosi, Thulani Masilela, Wendy Matthews, Dr Flavia Senkubuge, and Edith Skweyiya.

Over the year, we have continued to work across South Africa in a variety of interventions designed to contribute to more effective functioning of our health systems. Many of these projects span several years, the magnitude of which affords greater impact for our health sector and ultimately, for our communities.

Policies and decisions that are informed by and taken from an established body of evidence are crucial for improving our health systems, and it is therefore with pride that we reflect on our Health Systems Research Unit's outputs. Whilst most of these have been concerned with collating health-related data and improving information systems, service delivery projects have also featured in this portfolio.

Without support for the implementation – and evaluation of implementation – of new policies, new initiatives are bound to struggle. Guidance for their implementation is necessary to ensure smooth sailing. With this in mind, it is notable that our Health Systems Strengthening Unit has been involved in several projects in the past year that have addressed programmes dealing with maternal and child health, quality improvement in our facilities, and HIV testing, counselling and treatment.

Our Corporate Services Directorate continues to serve as the logistical backbone of the organisation: the Finance, Administration and Travel office staff work tirelessly behind the scenes to provide continuous and competent support for our core activities, thus enabling us to deliver on our mandate, while the Corporate Communications Unit supports HST's standing as a reliable resource of public health knowledge through a variety of communications outputs.

On behalf of the Trustees, I wish to thank all the staff for their commitment and passion during the period under review, and we look forward to another successful year together.

Dr Maureen Tong
Chairperson: Board of Trustees

Message from the Chief Executive Officer

In presenting this report on HST's journey through another successful year, I am pleased to confirm that we are in a stable financial position to take our work into a new chapter.

During the 2013/14 year, we have been immersed in a wide variety of projects focusing on health systems strengthening and health systems research. Many of these are multi-year in length and broad in reach, spanning the full range of South Africa's health reform initiatives. This extensive scope is one aspect that represents our vision for improved and stronger health systems across the region.

Our Programmes Directorate has been involved in 26 projects over the year – 18 under the Health Systems Research Unit and eight under the Health Systems Strengthening Unit. One of our key funders is the National Department of Health (NDoH), and other major funders include the European Union (EU), the United Kingdom's Department for International Development (DFID), the US Centers for Disease Control and Prevention (CDC) and The Atlantic Philanthropies (AP).

We can also boast that our staff have written, edited or contributed to 15 publications and reports, and 26 presentations at several conferences and high-level meetings. We are proud of their technical expertise, demonstrated across all the pillars of health systems strengthening. Through their efforts, we have established a strong and collaborative presence in the country's national, provincial, district and sub-district health structures in addressing national health and development priorities. These interventions provided concrete support to national initiatives such as the Primary Health Care (PHC) Re-engineering Strategy, National Health Insurance (NHI), the Ideal Clinic Initiative, and the National Pregnancy Registry. Our activities are in keeping with the Negotiated Service Delivery Agreement (NSDA), and with the Millennium Development Goals (MDGs). Looking to the future, there is no doubt that the post-MDG agenda will identify strong and effective health systems as being essential for sustainable development.

Our work in both the Health Systems Research and the Health Systems Strengthening units has provided us with a nuanced understanding of the various challenges and strengths of our health system. The synergy between these two directorates in developing innovative and sustainable approaches to health systems strengthening is arguably the kernel of our strength as an organisation as the scope, breadth and synthesis of our various initiatives affords us the privilege of developing both an academic and empirical perspective of public health issues in the region.

Our Corporate Services Directorate unfailingly meets the challenge of rendering multiple vital services to the programmes. Our newly formed Corporate Communications Unit, which is charged with telling the story of HST and expanding its work to new audiences, has beneficiated our technical outputs in strategic and creative ways. Over the year, our donor funding has been deftly managed, enabling us to significantly influence the size of the organisation in order to meet the growing portfolio of projects being undertaken by HST.

Major public health challenges, such as preventable infant deaths, maternal mortality, compromised sexual and reproductive health and rights, HIV and AIDS, TB, malaria and non-communicable diseases, persist. HST is addressing these critical health issues in line with the aims of countries in the region, where fragile health systems are often seen to play an underlying role.

In conclusion, I thank all our funders and partners, the facilities and communities with which we work, and our dedicated staff for their commitment to realising equitable and efficient health systems for the people of South Africa and our region.

Dr Themba Moeti
Chief Executive Officer

Directorates' Reports

As we publish our Annual Report for 2013/14, news coverage of the Ebola contagion as a global public health concern signals the urgent need to address frail national health systems through international collaboration. Against this backdrop, South Africa remains confronted with a "quadruple" burden of disease – HIV and AIDS; poverty-related diseases, such as tuberculosis or maternal and perinatal conditions; chronic or non-communicable diseases; and injuries.

Concurrently, the National Department of Health (NDoH) is rolling out its PHC Re-engineering Strategy and implementing National Health Insurance (NHI) in a context of economic pressures, lack of resources, and low awareness of health services available. This underscores the importance of HST's role in supporting the implementation of a primary health care approach to strengthen the public health system in South Africa.

HST pursues this aim through the operation of two directorates: Programmes and Corporate Services, the former comprising the Health Systems Research and Health Systems Strengthening Units, which plan and conduct projects under our five core business areas (many of them straddling more than one core area):

- Good-practice management of health districts and sub-districts
- Good-practice implementation of priority health programmes through health systems strengthening for improved health outcomes
- Essential national health research
- Information for planning, monitoring, evaluation and decision-making
- Training on good practice

Health Systems Research

René English, Director: Health Systems Research

The Health Systems Research (HSR) Unit undertakes innovative health systems research to strengthen the district health system, its support systems and priority programmes, with a focus on improving knowledge management, translating research into policy or practice, and building capacity within the paradigm of Essential National Health Research.

Leadership and Governance

With funding from the NDoH, we created a **Resource Manual for the Capacity Strengthening of Health Governance Structures**, as a response to the National Health Act which decrees that community-based governance structures should be in place at various levels in the healthcare system. Effective governance is critical if there is to be access to quality health services. The manual helps to bring accountability to structures such as hospital boards, clinic committees, community health centre committees and district health councils. It supports the induction of new members into governance structures and is a resource for strengthening community capacity to engage in the delivery of health services.

An **Appropriate Model for Strengthening the District Health System in Eden District**, funded by the Western Cape DoH, was designed to determine the good practices and models for human resources, finance and supply chain management at a rural district level. At its core was strengthening the governance and critical support functions of the district's health system. Among other interventions, we assessed all delegations and functions on all management levels for baseline data and to identify gaps. The model evolved from these data, and was presented at a workshop arranged by the Eden District Office attended by the Provincial Head of Department, eliciting good feedback from all levels.

Financing

Resource allocation and costing were unpacked in a study funded by the Financial and Fiscal Commission that was premised on the question: **Is Public Health Care Adequately Funded in South Africa?** We analysed various approaches to costing to find the most appropriate technique for South Africa. The objectives of the study were to: determine the adequacy of public health care funding; identify causes for spending pressures and factors likely to influence and undermine an efficient allocation of health resources; review literature on costing methodologies; and recommend the most appropriate costing technique for South Africa. However, given the limited timeframe for the study, it was acknowledged that the objective to determine the adequacy of public health care funding would not be fully achievable. The researchers found that a significant growth in health budgets has been associated with the growing burden of disease over time at an aggregate (national) level. While the results indicated that public health care budgets have responded positively to growth in the burden of disease, questions remain as to the efficient use of available resources. Going forward, additional and more detailed research will be needed to address the question of adequacy of funding at different levels of the health service using clearly defined criteria and to assess the efficiency of health resources across districts for optimum policy conclusions.

Information

HST subscribes to an integrated, inclusive and empowering approach that recognises the cultural and social contexts of knowledge and practice crucial to bringing about the behaviour change needed to save the lives of more mothers and babies. To this end, HST is involved in community dialogues – which we have found to be an effective approach to health education and promotion that sets out to reduce the gaps between awareness, knowledge and behaviour. With support from the Global Fund and in close collaboration with the NDoH, HST organised **Community Dialogues: Antenatal Care and Prevention of Mother-to-Child Transmission of HIV** to raise awareness and knowledge of, and demand for, maternal, newborn, child and women's health (MNCWH) services. It is important to note that the government's Strategic Plan for Maternal, Newborn, Child and Women's Health and Nutrition (MNCWH) in South Africa: 2012–2016 is designed to reduce maternal and child mortality, but there are still concerns about the uptake of the services offered. Through the community dialogues, the team gained greater insight into why people were not accessing basic antenatal care services at public facilities. These dialogues were filmed for the NDoH,

Health Systems Research

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and the footage will be used to help train healthcare workers to facilitate more community dialogues.

The dialogues were conducted at three study sites: Ehlanzeni District in Mpumalanga, Dr Ruth Segomotsi Mompati District in the North West, and John Taolo Gaetsewe District in the Northern Cape. In total, 530 people attended nine community dialogues. Several themes emerged, among them a lack of knowledge about MNCWH topics, a reliance on traditional methods, constrained access to health services, and mistreatment by nurses. Recommendations that arose from the dialogues included their continuation, and that they should focus on strengthening capacities; empowering women, men, families and communities; birth planning, birth preparedness and complication readiness; and supporting pregnant woman. Through such open dialogues, communities are empowered to exercise their rights regarding access to and the quality of MNCWH and nutrition services.

HST is involved in a three-year joint research project, **Injury Morbidity Surveillance in Khayelitsha and Nyanga**, with the South African Medical Research Council, the University of Cape Town and the Health Impact Assessment Unit of the Western Cape Government. Given the inordinately high level of violence in these two Cape Town townships, we aim to establish a risk profile for non-fatal injuries at district-level hospitals and community health centres (CHCs), and to assess the interventions already in place. The study comprises a series of six-monthly rapid assessments (RAs) to identify high-risk population sub-groups and high-risk areas, and to monitor trends over time. RAs were conducted in September and October 2013 and in February and March 2014. The last assessment round will take place in September 2015. Simple yet innovative mobile data collection tools that work quickly and can aggregate large amounts of data in a short period of time are being used for this process. The partners expect that the data will assist in discerning how to improve the local burden of disease measures, help to plan health services better, and develop targeted injury prevention interventions.

While our core work centres on the health sector, our reputation extends beyond these parameters, evidence of which is found in the HST study commissioned and funded by the Department of Performance Monitoring and Evaluation (DPME) in The Presidency, which examined how effectively Directors-General (DGs) used their time. The pilot study for **Research on Use of Time by Directors-General** assessed the office of the DG in the Department of Environmental Affairs, running from September 2013 to March 2014, and the findings were submitted to the DPME that month. The project's study methods, tools and lessons learned will be used to inform wider assessments of DGs of all government departments.

With an eye on effective use of time, we had noted that PHC facilities use 54 registers to collect vertical programme data, which places an enormous burden on health care workers. Funded by the NDoH, HST undertook a pilot **Rationalisation of Registers Project** to test the feasibility and effectiveness of reducing this number to six, namely:

- PHC daily tick sheet
- TB register
- TIER.Net for ART (Three Integrated Electronic Registers for antiretroviral treatment)
- Delivery register
- Midnight census
- Theatre register

Run in the Ehlanzeni District of Mpumalanga at 120 PHC facilities, the pilot study proved that rationalising the number of registers is a feasible, implementable solution. Ninety-six of the facilities were successfully rationalised. The results were well accepted by the National and Provincial Departments of Health, and the rationalised registers will be rolled out in the NHI districts, led by HST. This is one of many HST projects that provide fundamental support to the NDoH in strengthening health systems.

Another example is our **District Health Barometer (DHB)**, which has been published since November 2005, and funded by the NDoH for the past three years. In all, we have published eight DHBs. Minister of Health Dr Aaron Motsoaledi delivered the keynote at the launch of the District Health Barometer 2012/13, released in October 2013. The DHB is a comprehensive statistical and analytical resource rightly recognised as an expert source of critical information. It gives an overall view of district health performance at the primary health care level, including district hospitals. The NDoH has used the DHB extensively over the past eight years for developing strategy, monitoring district performance, and to inform planning at national and provincial levels. In compiling the content, we draw data from a range of sources, including the NDoH District Health Information System (DHIS), Statistics SA, the Electronic TB Register and the National Treasury.

There are 42 indicators in the latest edition, with trend illustrations and profiles of South Africa including the nine provinces and 52 districts. In-depth, district-specific chapters examine all the indicators per district and identify the key priority issues needing attention. In total, 3 000 copies were distributed to the NDoH, Provincial Departments of Health and health districts, and to other institutions and individuals on request. To ensure optimal access to the DHB, we have also published it on CD with additional files, resources and definitions, and posted it to our website.

A similarly wide-ranging project is the **National Health Research Database (NHRD)**, an electronic system set up to track and monitor all health research being conducted and ethical approvals granted in health facilities across South Africa. This web-based database was funded by the NDoH and developed to facilitate efficient research administration and an easy application process for researchers. Provincial health research approvers were invited to a two-day workshop in September 2013, during which they learned to use the manuals and dedicated website facilities developed by HST. NHRD is scheduled to be implemented in all provinces in the 2014/15 NDoH financial year. Related pamphlets, posters and a marketing guide have been created and are available electronically and in hard copy.

Human Resources

In 2011, a study that assessed facility and sub-district managers in five provinces found that there were competency gaps among these levels. With funding from CDC, we expanded the project, **Assessing Public Health and General Management Competencies of Health Facility and Other Sub-District Level Managers in South Africa**, during the year under review. Our focus was on refining the assessment tools and scaling up the assessments to 12 districts. Data will be used to develop an approach to capacity-building and to design a curriculum for building the capacity of management teams.

Meanwhile, in the Eastern Cape, with NDoH funding, HST worked with the rural Amathole District and Emergency Medical Services (EMS) to investigate people's responses and actions in an emergency. In **Determining the Health Care-seeking Behaviour of Communities in an Emergency Setting**, a series of group discussions with community leaders and residents was held in Elliotdale, Idutywa, Gxojana and Stutterheim over a week in October 2013, in an attempt to improve the emergency medical care delivered to people and their use of EMS. Now at project write-up phase, the results give insight into the respondents' attitudes towards and perceptions of EMS, as well as knowledge of health and illness, and practices in emergencies.

Service Delivery

Our Sub-District Data Quality Improvement Initiative: **The Sub-District Barometer Project**, funded by the Health Department for the past two years, aimed to strengthen data management at the sub-district level by supporting Information Management Officers. The impetus for this work was to demonstrate an improvement in data quality over time, and to show that the components of the initiative were acceptable, feasible and appropriate. The project was introduced in several districts and was fully implemented in the Overberg District in the Western Cape. Evidence that it has improved district performance was seen in the indicators presented at the district's quarterly monitoring and evaluation sessions.

The **Programme for Economic Evaluation of Child and Maternal Health Interventions**, or PEECHi, is a collaborative effort between HST, funders Priority Cost-Effective Lessons for Systems Strengthening South Africa (PRICELESS), the South African Medical Research Council's Burden of Disease Project and the University of Witwatersrand's Unit in Rural Public Health and Health Transitions Research (Agincourt). Our focus is to identify, inform and establish the most affordable, effective and scalable interventions for attaining the MDGs for maternal and child health, HIV, sexually transmitted infections (STIs) and tuberculosis (TB). A tandem goal is to help the NDoH to achieve the targets set forth in the Strategic Plan for Maternal, Newborn, Child and Women's Health and Nutrition in South Africa: 2013-2016.

To this end, HST has reviewed all national and global interventions that address maternal, neonatal and child health. This was an extensive undertaking: we interrogated 63 interventions to reduce maternal, newborn, infant and child (MNIC) morbidity and mortality, and identified gaps in evidence.

The goal of the primary health care re-engineering policy is to shift primary health care from a curative, hospital-based focus to health care that is preventive and promotive, entailing a population-based family health programme that is delivered closer to the community. The transformed PHC system

Health Systems Research

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comprises three streams: Ward-based PHC Outreach Teams, District Clinical Specialist Teams, and School Health teams.

Another aspect of our focus on maternal and child health is represented in one of several projects set up to sustain support of PHC Re-engineering Strategy: the **Outreach Teams Influence Project: The Referral Project**, known as ORTIP, is funded by The Atlantic Philanthropies. Our purpose is to investigate the influence of Stream One (Ward-based Outreach Teams) of the policy on achieving or improving health outcomes in priority conditions and areas of MNCWH, HIV and TB. Operational research is helping to strengthen activities conducted in Stream One. ORTIP is taking place in the North West and Mpumalanga Provinces, running in North West from January to May 2014. We used historical data captured in the referral tools of community health workers (CHWs) to determine the type and frequency of conditions referred at an individual level and the outcome of these referrals. A secondary purpose was to determine whether there was an association between the referrals and North West's performance in MNCWH, TB and HIV.

In South Africa, the PHC Re-engineering Strategy is pivotal to reforming the health sector and to attaining Outcome 2 in the NSDA – a long and healthy life for all. Working with the NDoH as funder and partner, our **Assessment of Progress towards Implementing the PHC Re-Engineering Strategy in South Africa** project highlighted broad milestones. We reflected on good practices across the three streams of the strategy, and have been able to identify key steps that should be taken to accelerate implementation.

Following a high-level decision in 2010, NGO-run ART clinics have been phased out and large numbers of ART patients are being transferred to the public sector – in the absence of a universal systematic strategy to support this transition. Meticulous planning is crucial for successful large-scale transition, to increase the chances of patients remaining in care and to prepare health managers and facilities for the required changes. HST has supported this process with a project **Monitoring and Evaluating ART Patient Transfer from an NGO Facility to Government Clinics in the Free State**, funded by PEPFAR and CDC. Through our SA SURE programme structures, we helped to plan, monitor and evaluate the transfer. We began monitoring two months after all the patients were transferred, in June 2014. SA SURE's evaluation team and the Fezile Dabi SA SURE District Office tracked patients to determine whether they reached a government facility after transfer and were retained in care. We will continue to follow the patients for at least a year and evaluate their clinical outcomes and the quality of care they receive. As the strategy and tools used in the project could prove useful for tracking future ART patient transfers, branded tools, as well as documents on strategy and lessons learned were developed to share on various platforms, so broadening the potential impact of our work.

In 2013, HST also developed a **Patient Referral Policy for Thabo Mofutsanyana District** in Free State Province which was approved at provincial and district levels, and we trained key DHS role players in implementing the policy in February 2014. In addition, HST developed an implementation plan for the district to roll-out the policy to all levels of care. The project commenced in March 2013 and closed in March 2014.

In Gauteng, we evaluated the performance of most hospitals according to key hospital efficiency indicators. Included in our **Gauteng Hospital Efficiency Indicators Project**, funded by the NDoH, were district, regional, tertiary, central, specialised TB and specialised psychiatric hospitals. We used quantitative and qualitative research methods, and found that ensuring good data quality was a key challenge facing the province. Also, the 2011 District Health Information Management System policy was not fully implemented. The study highlighted a lack of understanding about targets, target-setting and how to address deviations from targets; moreover, the efficiency of hospitals was largely dependent on efficiencies in other departments. We presented our findings in four reports.

FEEDBACK QUOTE: "Thanks for the audit and the report on data quality at Odi Hospital. It is good for one to know the strengths and weaknesses of [one's] institution to enable us to make quality improvement plans. The report … brought an alert about the seriousness of ensuring data quality. The statistics committee is revived, first meetings already held. We also recruited a statistician with clinical background in January 2014, active walkabout rounds to service points are taking place, a formal M&E in-service training was conducted by [the] district manager in January 2014 as per hospital invitation. We will forward a progress report in March to give them a chance for implementation." Mathilda Mekgoe – Chief Executive Officer, Odi Hospital

Health Systems Strengthening

Ronel Visser, Director: Health Systems Strengthening

HST's Health Systems Strengthening (HSS) Unit provides sustainable capacity-building to the Department of Health and other clients through training, mentoring and technical support, using a quality improvement lens and establishing 'good practice' and learning sites in selected districts.

HIV and AIDS

Despite South Africa's recent gains in addressing the HIV and TB burden, particularly around testing and antiretroviral treatment, districts struggle to plan and deliver comprehensive, effective services. **South Africa Sustainable Response to HIV, AIDS and TB (SA SURE)** provides sustainable technical support to 12 districts in five provinces for health systems strengthening, with particular focus on HIV and AIDS, and maternal, child and women's health. With a five-year grant from PEPFAR through CDC to finance broad geographic coverage, this project affords HST a valuable opportunity to make a positive contribution to improving health outcomes.

Over the past two years, SA SURE has demonstrated the value of systems-orientated thinking in implementing a programme for health systems strengthening. We have also highlighted lessons learnt regarding effective partnering in line with the needs of the NDoH. HST's mandate is to provide comprehensive district-level support, ensuring that programmes are effectively delivered and integrated with other PHC interventions.

Some successes at district level

uMgungundlovu	HIV antibody test on HIV-exposed babies at 18 months ➔ increased from 79% to 89%
	HIV-positive children under 15 years eligible for ART starting ART ➔ up from 51% to 77%
	PCR uptake rate ➔ increased from 36% to 63%
	ANC retest rate ➔ rose from 0% to 66%
Waterberg	Paediatric ART initiation ➔ improved from 35% to 80%
	TB/HIV ART initiation ➔ improved from 47% to 62%
Zululand	PNC at six days for mothers ➔ increased from 49% to 56%
	Signed-off facilities on TIER.Net Phase 6 and generating ART cohort reports ➔ increased from 17% to 24%
	Facilities with data Quality Improvement Plans ➔ increased from 56% to 71%
	Facilities with functional Facility Health Information Teams (FHITs) ➔ increased from 56% to 71%
uMzinyathi	ANC first visits before 20 weeks ➔ increased from 52% to 61%
	Couple Year Protection Rate ➔ increased from 48% to 70%
uThukela	ANC clients CD4 first test rate ➔ increased from 96% to 99%
	New HIV-positive patients screened for TB rate ➔ achieved 100%
Xhariep	ANC clients initiated on HAART rate ➔ increased from 81% to 94%
	TB/HIV co-infected client initiated on ART rate ➔ increased from 49% to 60%
	HIV-positive new client initiated on IPT rate ➔ increased from 68% to 95%
Mangaung	ANC clients HIV retest rate ➔ increased from 44% to 57%
Lejweleputswa	TB screening rate ➔ increased from 39% to 59%
	IPT uptake for eligible clients ➔ increased from 86% to 92%
	ANC first visits before 20 weeks ➔ increased from 56% to 63%

Health Systems Strengthening

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The SA SURE project adopted a consultative approach, beginning with a rapid baseline assessment of district functionality and performance. This included a SWOT analysis – of strengths, weakness, opportunities and threats – conducted with district management teams, which highlighted priorities to be addressed. This approach to collaborative planning led to agreed district-level work plans, signed and approved by the district health management teams.

Initial engagement sets out to establish mutual accountability to agreed activities and responsibilities. HST has replicated this approach in engaging at facility level, using a quality improvement cycle in conducting a baseline assessment of each facility supported. With the knowledge gained, we have planned interventions to address identified gaps. This approach assured alignment of the project goals with the District Health Plans, and tailoring of the project activities to meet the particular needs of individual districts.

Using the World Health Organization framework of building blocks for health systems strengthening, we developed a service delivery package to ensure a holistic and dynamic programme of technical support. This focuses on three cross-cutting streams of support: leadership and management, clinical governance, and monitoring and evaluation. Maintaining a constant loop of reflective practice, our package is based on the principles of iterative learning while remaining focused on results. To achieve sustainable change and improvement through transformational leadership, HST's five-year programme is based on a mentoring approach aimed at district, sub-district and programme managers, extending to staff at facility level, as well as communities.

The SA SURE intervention is beginning to show how an NGO can model a collaborative and comprehensive approach for health systems strengthening, generating key lessons for effective association. In a short time, SA SURE has demonstrated successes in improved planning processes, support for programme implementation through capacity-building and mentoring of health workers, addressing backlogs in data capture on routine health information systems, and innovative quality improvement activities.

In this, the third year of implementation, the project has started to see improvement in the performance indicators in the supported districts. We attribute this to improved stakeholder co-operation, capacity-building, and on-site mentoring and coaching. Despite significant improvements in many of the indicators in the sites at which we are based, our ultimate goal is to ensure that these gains are sustained, translated and replicated across the county.

Maternal and Child Health

Reducing Maternal and Child Mortality through Strengthening Primary Health Care (RMCH), funded by DFID, is a three-year national programme running until March 2015. The goal is to improve maternal, neonatal and child health through implementing the PHC Re-engineering Strategy. As a partner in the project, HST has developed and implemented the national induction and orientation training of district clinical specialist teams (DCSTs) over the last 18 months. By May 2014, DCSTs in eight provinces were trained in all five modules of the programme. Lending weight to our work, feedback from participants has been exceedingly positive, with 90 per cent having found the training to be useful or very useful. The three most useful topics are research, monitoring and evaluation, and leadership, and 53 per cent of the respondents have requested further training, particularly in these areas.

The project also trained team leaders of community health workers in 25 districts in nine provinces in the provision and monitoring of early ANC and neonatal services. Through this, we ensured that health workers took up house-to-house health promotion of family planning and other key MNCWH components. We also developed educational material to support the national contraceptive and fertility planning guidelines, and gave mentoring and technical support to health care workers, community health workers and team leaders.

Family planning education materials have been developed by the RMCH project team to assist health care workers and their patients.

RMCH facilitators have also helped districts in revising their health plans to address systems issues that cause poor maternal and child health outcomes, and to support quality improvement and Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) implementation plans. Although the training of DCSTs was successful and useful, we found that mentorship, during training and for at least six months to a year after the training, is a necessary step to ensure that the teams are fully integrated and functional within the district health system.

FEEDBACK QUOTES: "Reflecting on the progress made from modules one to five. Whaaa!!! How much we have grown the wisdom. Thank you, HST. This was a wonderful programme."

"Thank you very much to all for all the induction sessions. They have been very helpful and have equipped us with some leadership skills."

"This is the best programme that needs to be sustained. It cannot be done by other people. The quality of facilitators is making it to be of a good quality. Hence HST must continue with the programme."

Consolidating a strong focus on maternal and child health, our **Maternal Events in Pregnancy (MEP)** study was funded by CDC. Pregnant women are generally advised not to take a large number of drugs because of potential, or proven, adverse effects on their unborn babies, but antiretroviral medication cannot be halted. There has been little research on the effects of ART in pregnancy, prompting us to set up a study measuring maternal severe adverse events, pregnancy outcomes and congenital birth defects in women receiving ART at the time of conception and during pregnancy in South Africa and Zambia. The study was a collaborative effort between the Elizabeth Glaser Pediatric AIDS Foundation, the Center for Infectious Disease Research in Zambia and the Medical University of South Africa (Medunsa); HST became involved in the middle of the study at the South African site, seeing it through to completion.

Initial findings have provided meaningful information on ART safety and toxicity, and were shared through a poster presentation at the International Conference on AIDS and STIs in Africa in December 2013; the manuscript with the main study findings will be published by the journal AIDS. HST has also shared its findings with the national Head of Pharmacovigilance in South Africa, as well as with other programmes such as the Pregnancy Registry and Birth Defect Surveillance System project in KwaZulu-Natal.

Quality Improvement

Although we support PHC re-engineering in a range of our projects countrywide, from September 2012 to August 2014, the HSS Unit provided particular support for its implementation in the John Taolo Gaetsewe and Namakwa Districts of the Northern Cape, and in Gert Sibande and Nkangala Districts in Mpumalanga. **Re-engineering Quality Improvement** (RQI), funded by the European Union, focused on improving management capacity and supporting quality improvement plans and interventions. Through this work, we have strengthened the management and leadership skills of facility managers and their teams, and set up a mentorship programme linked to assessing the application of the skills and tools of the management and leadership programme. The programme includes monitoring improvements in identified population health-based indicators.

Leadership Development Programme training in Namakwa

Since April 2013, 333 members of staff in the four districts have completed the Leadership Development Programme. Central to this intervention has been the need to work closely with the provincial Quality Assurance Directorates. Strategies for project sustainability include:

- establishing forums for PHC operational managers at sub-district level;
- identifying champion sites for intensified ongoing mentorship from which lessons can be drawn for district-wide implementation; and
- establishing the practice of systemic performance reviews at sub-district and district level.

Health Systems Strengthening

(continued)

FEEDBACK QUOTE: "The facility staff, PHC supervisors, clinic committee members and district management structures have demonstrated remarkable ownership of and involvement in the model, and a strong element of management is emerging. There have been impressive inputs from governance structures, which form a crucial link between the facility and the community, and the clinic committee chairpersons are developing a very good understanding of health indicators." – PHC Director in Mpumalanga

In addition, a number of interventions have been undertaken under our AP-funded project to **Improve the Capacity of Government for the Implementation of PHC Re-engineering Programme**. Our work involves supporting PHC re-engineering by building and strengthening the capacity of provincial, district and sub-district management teams to implement the strategy. The two-and-a-half year project ends in June 2015 and is being implemented in North West and Mpumalanga Provinces.

The North West Province successfully ring-fenced its PHC re-engineering budget, buying 18 vehicles for the Integrated School Health Programme, uniforms for easy identification of CHWs in the Ward-Based Outreach Teams (WBOTs) and 3G cards for every clinic in the province to enable easy flow of data for improved data quality. Part of this budget was used to fund an innovative collaborative project with Mobenzi involving the use of cell-phones for data capture at household level by CHWs.

In response to a request from Mpumalanga and North West

Community health workers and team leaders in their new uniforms

Provinces an audit of the WBOTs data was conducted, and will be used to help the provinces improve their planning and strengthen their monitoring.

We facilitated 18 community dialogues in Mpumalanga on maternal and neonatal care, as well as seven workshops in the two provinces to help develop a national strategy for early booking for ANC services.

In our efforts to highlight the work being done by PHC outreach teams on the ground, we produced the first of what will be a regular newsletter series that shares their perspective, and showcases the contribution teams are making to deliver health services where needed.

Working with the Health Systems Research Unit, we undertook a study to determine the types of referrals made from households to health facilities as well as the outcome of such referrals. Data collection has been completed and the results are expected to bring improvements to the referral process.

In Nkangala District, Mpumalanga, we worked with HelpAge International on **Baseline Studies in Mainstreaming Ageing Health Issues in Primary Health Care Re-engineering**. PHC re-engineering was acknowledged as an important intervention to help older people gain access to good-quality health care.

In April 2014, HST management, NDoH provincial managers and project partners visited Brazil to study its PHC model and identify good practices that could be adapted to the South African context. From this mission, both provinces have identified key strategies to be taken forward. HST will support their efforts in conjunction with the NDoH.

In another leg of this far-reaching project to support PHC re-engineering, we worked with the University of the Western Cape (UWC) and other roleplayers to unpack the staffing challenges of PHC outreach teams, especially as there are too few professional nurses available to serve as team leaders. Acceptability of services was a key identifying factor, such as postnatal care being provided in homes; less buy-in and acceptance from residents in urban areas; and sustainable planning and budgeting for the roll-out of full coverage in all wards. We are researching the acceptability of community-based services, and working with partners in the government, academic institutions and other NGOs to find solutions to bottlenecks. These issues are discussed with the NDoH and at regular task team meetings in the provinces on our mutual

HST, AP and NDoH representatives during their fact finding visit on PHC re-engineering models in Brazil

quest to find effective, sustainable solutions.

The team has planned a range of activities over the remaining grant period that responds to the needs identified in the districts and builds on good practices and innovations that have been identified in other sites, including in Brazil during the benchmarking visit.

Communications and Behaviour Change

As a one-year project funded by the National Lotteries Board (NLB), our **HIV Counselling and Testing** (HCT) intervention began in November 2013. We sought to raise awareness of HCT through focused and targeted community mobilisation activities linked to a national media campaign. The campaign included the development of a radio advertisement encouraging people to get tested and know their status. The advertisement, available in six languages, was broadcast on 13 community and Public Broadcasting Service radio stations in mainly rural parts of the country. Hundreds of people also attended community events in various places across the country, like KwaNokuthula, in the Western Cape. Key activities have included door-to-door campaigns, mentoring strategies for increasing the uptake of HCT, and community education and awareness meetings.

Our involvement with the ***Soul City*** television series has helped to send the appropriate messages about health care and behaviour change to a very large number of people.

The Soul City Institute again contracted HST to provide technical support to the 12th series of the popular television show. Our efforts were funded by the Institute, and we conducted a literature review on PHC re-engineering and community participation which contributed to the development of the themes for the series. The episodes focused on PHC outreach teams, profiling CHWs and what they did.

HST's contribution included brainstorming ideas during story and character development, and reviewing each script, which entailed making inputs and suggestions on the operational matters related to PHC outreach teams, clinic processes, staffing, clinic committees as well as clinical aspects. Through this project, that contributes to very important behaviour change, HST was contracted to support the two most recent series of Soul City which validates HST's reputation as a leading technical consultant in the field of implementing health programmes.

Behaviour change, albeit from a different perspective, also drives our **Wellness for Effective Leadership** (WEL) project, funded by SA SURE. The programme seeks to address aspects of emotional intelligence and personal and interpersonal competencies among frontline managers in our public health services at all levels. Addressing stress and risks of burn-out, the programme provides health care workers with the skills to operate in a constantly changing health care environment.

HST began running the programme in 2013, for groups in 12 districts as part of the SA SURE project. We also offer WEL for other groups on request. WEL complements the technical interventions of SA SURE, aimed at strengthening district management, and dovetails with the HST's Leadership Development Programme, showing the synergy between programmes within the organisation.

WEL aligns with the Negotiated Service Delivery Agreement as it is premised on improving effectiveness by strengthening human resources in the health sector, and also aligns with the requirements of the National Core Standards. During the year under review, HST facilitated 18 WEL groups. The strategy was to hold WEL groups with district management teams, sub-district management teams, operational (facility) managers and clinic supervisors. Given the capacity for team leaders to act as change agents and sustain gains or block innovations line managers were strongly urged to attend the course.

WEL has contributed to making health care workers and teams more effective, and we have received encouraging feedback from participants. They have reported improved staff attitudes and new skills of self-awareness and management styles. In effect, the programme strengthens the health system by supporting the development of public sector managers

Health Systems Strengthening

(continued)

who are better able to manage, lead teams and care for themselves, as well as enhanced team functioning that leads to improved service delivery.

Programme team members are analysing participant evaluation data and will present these results along with further articulation of WEL's social impact in the next annual report. In contributing to HST's broader work programme our team will draw on the WEL experience to formulate insights on the competency of health managers, and will share the team's internal expertise in documenting and disseminating findings.

A WEL group with a local AIDS council, mainly comprising ward councillors was also facilitated. The success of the WEL programme has led to HST's exploration of possibly expanding WEL to other sectors, such as the Departments of Social Development and Basic Education.

FEEDBACK QUOTES: "I can't change the department, but I can make a difference right here with the people I am working with. And with myself; taking care of myself, so I don't drop and die!"

"My manager has been a participant, and she has really changed. She was the type of person who would shout and go crazy when things didn't go her way. Now, she is calmer, and she handles these things differently. I'd like to thank all of the participants. And I'm hoping my turn will come."

"My relationships at home and work have improved a lot."

"I am able to respond in a positive way to my staff and family."

"When I go home... I don't kick the dog anymore. I ask my family how they are. My approach has changed and for this I am grateful."

"We often think because our resources are limited that we cannot meet the outcomes and outputs required of us and now we know this is not true. It is not about the resources or lack thereof... it's about how you make use of what you have."

"Through this programme we have learned to expand the gap between stimulus and response and to increase our circle of influence."

"Seek support from others – as the WEL group (alumni) gets bigger. There is support there; don't be afraid to ask for it, and to give it!"

"It's exciting being part of the team... but you are all going 'home' and back to your own teams in your facilities. In terms of measuring the success of the WEL programme, it is about how each of the participants continues to apply the learnings – and that requires personal, individual effort and commitment."

"I would strongly advise these participants to ensure that they maintain contact with a buddy, especially if they are not going back to the same workplaces as the other participants."

"From my own experience as a previous participant, I think this training is in some ways protecting us from making mistakes in the workplace, for example, not signing things in a rush. For me personally, this question of effectiveness is related to continuously 'Sharpening the Saw.'"

"I have seen that participants have gained confidence, they see the value of team work, and they are able to focus better. Another area of improvement that I've noticed is with the National Core Standards. We went to one of the clinics and listened to how they were working in the community. You can really see the outcomes being achieved."

"I have also observed that sometimes we deprive others of the opportunity to do something, and to demonstrate their ability to do things. This raises the importance of delegating and allowing others the opportunities."

"What the Rivers of Life exercise taught me is that we don't talk about, and know about, each other. Rather, we always apply ranks and levels. But if we use the Rivers of Life, this makes it much easier to really understand and know the person, the situations that he or she is going through, and why he or she is making certain decisions. And because of this, we support each other more; the burdens are lifted a bit."

"When all of our Rivers of Life flow together to form a raging current, we can change the world."

Corporate Services

Deena Govender, Director: Corporate Services

HST's Corporate Services Directorate provides essential and specialist support services to a range of short, medium-term and multi-year projects undertaken in the organisation. The directorate's proficiency is seen in our application of sound governance and rigorous business practices to deliver a comprehensive and integrated finance, human resources, information technology, administration, and marketing and communications function.

Ensuring that all our work is delivered in pursuit of total quality management and sustainability, our well-trained Corporate Services staff enable programme staff to concentrate their efforts on the core areas of health systems research and strengthening.

During the year, several Information and Communication Technology (ICT) developments have been designed to bring us closer to a paperless environment and allow key managers to make more efficient use of their time; these included the introduction of online approvals for procurements and payments, electronic salary slips, and self-service human resources features that allow employees to apply for leave and check their profiles electronically.

Corporate Services consists of a number of specialist units that are fully resourced with the requisite expertise and infrastructure to both maintain and innovate HST's operational mandate:

Finance

Effective resource management and donor relations, together with a long-term fund development strategy and ethical accounting practices, form the cornerstones of any successful organisation. Our Finance Unit is responsible for all of these functions and has played a pivotal role in solidifying HST's reputation as a responsive and reliable funding partner.

Exacting and judicious financial reporting procedures, coupled with internal and external compliance and auditing procedures, contribute to sound governance and accountability in the organisation, demonstrated by HST's flawless record of unqualified annual audits over the past 21 years. The unit's Grants and Contracts office and Compliance Department are fully conversant with local and international auditing and reporting guidelines, enabling them to manage effectively and efficiently all agreements between our partners, sub-recipients and grantees.

Use of Pastel Evolution software gives staff online access to management accounts and budget reports to monitor expenditure and manage outputs.

Human Resources

HST subscribes to a strategic human resource management approach, designed to meet the needs of the organisation and of its human capital. Under the guidance of Mr Robert Hendricks, the unit has facilitated adoption of various policies, programmes and codes of practice that enhances the attractiveness of HST as an employer of choice with a reputation for equity, talent management and progressive employment practices.

HST has been accredited by the Sector Education and Training Authority (SETA) to offer recognised training. We are aware that better training leads to happier staff and thus better organisational results. A total of 51 employees were trained during the financial year 2013/14. Computer training was among the most popular courses attended, as it was identified during our skills audit as one of HST's skills priorities. The training expenditure during the reporting period totalled R 311 750.

During the year under review, HST implemented a Staff Wellness Programme through ICAS to facilitate employees' easy access to counselling for emotional, health, lifestyle and financial issues. Since the launch of the programme, approximately 17 per cent of the staff have used the wellness service.

Corporate Services
(continued)

The Succession Planning Policy was adopted at the 78th Board Meeting held in June 2014 and will become part of all managers' performance contracts. It will also form an integral part of the Employment Equity (EE) Plan in order to support achievement of our EE goals.

Information & Communications Technology

Critical to the smooth operation of HST is the Information and Communications Technology Unit (ICT) Unit, whose primary role is to protect the organisation's data and network assets. Using advanced technology ensures reliable in-house and remote user connectivity, maximum up-time to the workflow system, easy access to knowledge repositories, and effective communication within the organisation.

Our highly trained IT specialists ensure the implementation, maintenance and continuous review of HST's systems, so that our technological backbone remains up-to-date and anticipates the ICT needs of the organisation.

Introducing new software and hardware – such as Pastel Evolution for finance, procurement and administration, and ESS for HR – and the development of the SharePoint platform will allow for closer integration between the various applications. Our IT Unit has also improved our infrastructure to allow hosting of websites and databases, installed a Virtual Private Network, and developed a Disaster Recovery Plan.

Administration

Spanning 14 offices, our Administration Unit oversees and implements a well-developed and efficient system of site operations and asset management. This unit is arguably the heartbeat of HST, oxygenating and maintaining our complex network of systems and policies, and has several branches, including stewardship of organisational health and safety, and environmental awareness. These are enshrined in our environmental policy, drawn up to promote responsible and sustainable business practices that protect the public, our employees and the earth.

Given that our projects are run across all corners of the country and our staff present papers around the world, our Travel Office is a crucial component of our organisation. Getting people to where they need to be cost-effectively and efficiently is undertaken by a team of accomplished staff in our travel centre who co-ordinate and fulfil the travel and accommodation requirements of over 200 staff on a daily basis. The Travel Office now enjoys the benefits of accreditation by the International Air Transport Association (IATA), which certifies our in-house travel professionals with globally recognised industry credentials.

Corporate Communications

The Corporate Communications Unit (CCU) was formed in June 2013 and by the end of the reporting period, under the leadership of Ms Ashnie Padarath, comprised six staff members. The CCU has focused its efforts on establishing a variety of systems and procedures for professional publication services, and has co-ordinated interventions to improve internal and external communication practices. The unit operates across four key domains: internal and external communications, marketing, and total quality management. Activities were focused on strengthening HST's brand reputation and visibility and documenting HST's work to increase awareness of, confidence in and demand for HST's expertise.

The unit accomplished several key outputs over the year, including the production and launch of HST's flagship publications, the 2012/13 South African Health Review and District Health Barometer. The CCU developed a multi-lingual radio-based campaign, funded by the National Lotteries Board, to promote HIV counselling and testing (HCT), and co-hosted a public research advocacy seminar with the leading AIDS scientists to mark World AIDS Day 2013 under the title Putting the 'I' back into HIV – new approaches in developing person-centred interventions to fight the epidemic.

CCU staff are responsible for effective management of various e-lists: the HST Bulletin (2 870 members), the moderated electronic discussion list 60percent (350 members) and the DrugInfo group (714 members), and these platforms serve to animate HST's position as a repository and disseminator of up-to-date public health knowledge.

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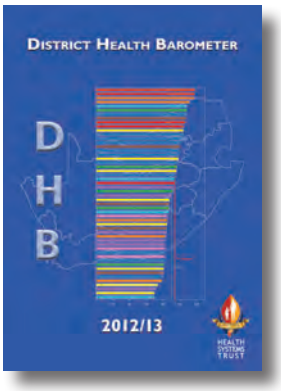

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Names in bold type indicate HST authors

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Gadifele Kgwasa
Gilbert Shushu
Gloria John
Goitsemang Goai

Happiness Nyathi
Happydance Mdikeli
Hlengiwe Gcaba
Isaac Nyoka

Jackie Smith
Jaliswa Majwede
Jane Maja
Jaqueline Habana

Johanna Dippenaar
Johannes Reachable
Johannes van Schalkwyk
John Mkhumbuzi

Joseph Rasethe
Juliet Nyasulu
Katlego Tlhapi
Kelebogile Selemela

Kgabo Mmekwa
Kgomotso Nyandwi
Khanyisile Myeni
Koliswa Tiwani

Landiwe Khuzwayo
Lebogang Mohlabane
Lehlohonolo Mokoena
Lindelwa Mjali
Lindiwe Msimang
Livhuwani Mashamba
Lizze Afrikaner
Loyiso Tshetsha
Lucky Gumede
Lulama Mhlongo
Lulama Molusi
Lungi Melane
Mabatho Sebola
Magogodi Masisi
Mahlasinyane Dabete
Makhosazana Khoza
Makhosazana Ntuli
Malefetsane Tsolo
Malibongwe Daweti
Mamphuthi Arie
Mando Malebo
Mangale Ndivhuho
Manqoba Mthembu
Maria Earle
Maria Pheiffer
Maria Sithole
Martha Mavundla
Masego Seupe
Maselaelo Legodi
Matshedisho Mahabane
Matshidi Sekgopo
Matshidiso Motshele
Maureen Sithole
Mbali Dladla
Mbhekeni Mhlongo
Mbonani Nhlapo
Mesuli Ntshalintshali
Mfanimpela Mndebele
Mimi Teffo
Mioara Marcu
Modipadi Mugivhi
Moeketsi Thobeli
Moeketsi Toli
Mogalagadi Makua
Mogale Mokobi
Moira Fourie
Mokete Maselo
Mokgadi Selepe
Mollita Ncube
Momo Mokoena
Monica Puley
Motlalento Mohlahlo
Motlalepula Madlala
Motshabi Modise
Mpho Setlhabi
Mpitizeli Wogqoyi
Msa Sigudu
Mteteleli Sineke
Mukondeleli Netshaulu
Muzi Matse
Myekeni Thibane
Mzikazi Masuku
Mzwandile Mpongwana
Nana Nkosi
Nancy Zitha
Nandy Mothibe
Njabulo Mbanda
Nkululeko Ibisi
Nobuhle Magadla
Nokuthula Khumalo
Nokwazi Cele
Nolwazi Dlamini
Nombulelo Nobanda
Nomfanelo Ximiya
Nomso Arosi
Nomtunzi Xozwa
Nomtutuzela Kgotla-gomang
Nomvula Radebe
Nomvula Sakati
Nonceba Khumalo
Nonceba Languza
Nonsikelelo Nontswabu
Nontumekelelo Madiba
Noyabeni Nchabeleng
Nozintle Ntlou
Noziphiwo Balfour
Ntombazana Makinana
Nwabisa Ntshiba
Pamella Magenuka
Patricia Bartman
Patrick Madhlopa











HST Staff

(continued)












Paul Kocheleff
Paulina Banda
Peggy Sago
Phelelani Ndlela
Phumelele Mabizela
Phumeza Mofu
Phumlani Khumalo
Phumlani Madela
Phumzile Zungu
Pitso Rasiile
Poppy Mathane
Portia Shai Mhatu
Potlaki Moloi
Puleng Lerite
Puseletso Molahloe
Qaqamba Mlambo
Queeneth Mashaba
Rally Moropa
Ramasela Maphoto
Ramokone Ledweba
Rebecca Motsoeneng
Regina Molete
Reitumetse Ratsomo
Rendani Muntswu
Ria Molewa
Roger Tevan
Sakhumzi Nohe
Sandra Qolesa
Sello Moremi
Semakaleng Molema
Seobi Matube
Shirlane Douglas
Sibongile Mnisi
Sibongile Monareng
Sibongile Shezi
Sicelesihle Mngomezulu
Sikelela Dube
Simphiwe Sandlana
Sindisiwe Khumalo
Sipho Fakude
Sithombe Mkhize
Siyabonga Hlatshwayo
Sne Khuzwayo
Somikazi Mgwebi
Songezo Madyibhi
Songezo Ngwenya
Sonia Lupondwana
Sophie Madute
Stiaan Byleveld
Susanna Naudé
Tandiswa Ngqusha
Teboho Theoha
Thandeka Khumalo
Thandiswa Mdaka
Thandokuhle Makhathini
Thato Mafoko
Thembekile Lushaba
Thembisile Shongwe
Thenjiwe Jankie
Tholakele Zulu
Tshitshi Ngubo
Tumelo Mampe
Veliswa Mayeko
Veliswa Mgoqi
Victoria Shandu
Vusumuzi Kubheka
Vuyokazi Mndwetywa
Vuyokazi Ntshakaza
Vuyokazi Siko
Wandle Shuping
Willias Zendera
Xolisa Jabe
Xoliswa Lute
Zamayeza Mkhize
Zandile Marareni
Zodwa Mdoda












Interns

Matt Meredith – University of Utah School of Medicine
Omar Dabbies – University of Central Florida
Samukelisiwe Mahlawe – University of KwaZulu-Natal, Pietermaritzburg
Khadija Ga'al – Carleton University, Canada
Justin Dubreuil – Dalhousie University, Nova Scotia, Canada
Sabrina Chaudhry – University of Toronto, Canada
Kendra Yama – Queen's University, Canada

Annual Financial Statements

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

for the year ended 30 June 2014

TRUST INFORMATION

Trust for Health Systems Planning and Development registration numbers:

Non-profit Organisation	020/700/NPO
Public Benefit Organisation	18/11/13/3137
Trust (Masters Office – Pretoria)	1098/92
Registered address:	34 Essex Terrace Westville 3630
Postal address:	PO Box 808 Durban 4000
Auditors:	Deloitte & Touche Durban
Bankers:	First National Bank, Nedbank

Annual Financial Statements

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

for the year ended 30 June 2014

STATEMENT OF RESPONSIBILITY FOR FINANCIAL REPORTING BY THE BOARD OF TRUSTEES

The Board of Trustees is responsible for the preparation of the annual financial statements of the Trust for Health Systems Planning and Development ("the Trust"). In presenting the annual financial statements, the International Financial Reporting Standard for Small and Medium-sized entities and the requirements of the Trust Deed have been followed and appropriate accounting policies have been used, while prudent judgments and estimates have been made.

The Board of Trustees is also responsible for ensuring that proper systems of internal control are employed by or on behalf of the Trust. These controls are designed to provide reasonable, but not absolute, assurance as to the reliability of the annual financial statements and to adequately safeguard, verify and maintain accountability for assets, to record liabilities, and to prevent and detect material misstatement and loss. The systems are implemented and monitored by suitably trained personnel with an appropriate segregation of authority and duties. Nothing has come to the attention of the Board of Trustees to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

The annual financial statements have been prepared on the going concern basis, as the Board of Trustees has no reason to believe that the Trust will not be a going concern in the foreseeable future based on reserves forecasts, available cash resources, and on the assumption that the Trust will continue to receive sufficient donor funding to meet its financial obligations.

The annual financial statements have been audited by the independent auditors, Deloitte & Touche, which was given unrestricted access to all financial records and related data, including minutes of all meetings of members, the Board of Trustees and committees of the Board of Trustees. The Board of Trustees believes that all representations made to the independent auditors during their audit were valid and appropriate. The Deloitte & Touche audit report is presented on pages 9 to 10.

APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS BY THE BOARD OF TRUSTEES

The annual financial statements set out on pages 11 to 26 and the supplementary information set out on pages 27 to 31 were approved by the Board of Trustees on 17 October 2014 and signed on its behalf by:

Chairperson

These annual financial statements are an abbreviated version of the full audited version signed at the Board of Trustees' meeting as recorded above and are not, in themselves, audited. Copies of the full, audited version of the annual financial statements are available on request. Page numbers mentioned in this abbreviated report refer to the full version of the annual financial statements.

CORPORATE GOVERNANCE STATEMENT

The Trust for Health Systems Planning and Development ("the Trust") confirms its commitment to the principles of openness, integrity and accountability as advocated in the King III Code on Corporate Governance. Through this process stakeholders may derive assurance that the Trust is being ethically managed according to prudently determined risk parameters in compliance with generally accepted corporate practices. Monitoring the Trust's compliance with the King Code on Corporate Governance where practical, forms part of the mandate of the Trust's Audit Committee. The Trust has complied with the Code, relative to HST's business during the year under review.

Board of Trustees

Responsibilities

The Board of Trustees ("the Board") was established on the basis of a legal Deed of Trust document, supplemented by a formally approved written charter. Its composition is balanced so that no individual or small group dominates decision-making. The Board meets regularly, and is responsible for oversight and ensuring proper accountability by the Executive Management. The Executive Management attends the Board meetings by invitation.

The roles of Committee chairpersons and executives do not vest in the same persons and the chairpersons are non-executive Trustees. The chairpersons and chief executive provide leadership and guidance to the Trust and encourage proper deliberation on all matters requiring the Board's attention, and they obtain optimum input from the other Trustees. New appointments to the Board are submitted to the Board as a whole for approval prior to appointment.

The Board has ultimate responsibility for the management and strategic direction of the Trust, as well as for attending to legislative, regulatory, and best practice requirements. Accountability to stakeholders remains paramount in Board decisions, and this is balanced against the demands of the regulatory environment in which the Trust operates, and the concerns of its other stakeholders.

	Attendees		
	18/10/13	14/03/14	20/06/14
Professor Welile Shasha	✓	✓	✓
Ms Gcwalisile Twala	✓	✗	✓
Mr Shadrack Shuping	✓	✓	✗
Dr Timothy Wilson	✓	✓	✓
Dr Victor Litlhakanyane	✗	✓	✗
Professor Laetitia Rispel	✓	✗	✓
Dr Maureen Tong	✓	✗	✓
Mr Obakeng Mongale (resigned 11 December 2013)	✓	-	-
Mr Kevin Bellis	✓	✓	✓
Professor Esther Kibuka-Sebitosi (appointed 14 March 2014)	-	✓	✗
Ms Edith Skweyiya (appointed 13 October 2013)	✓	✓	✓
Ms Wendy Matthews (appointed 13 October 2013)	✓	✓	✓
Mr Thulani Masilela (appointed 14 March 2014)	-	✗	✓

Annual Financial Statements

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

for the year ended 30 June 2014

CORPORATE GOVERNANCE STATEMENT (continued

Governance structures

To assist the Board in discharging its collective responsibility for corporate governance, several committees have been established, to which certain of the Board's responsibilities have been delegated. These committees operate with written terms of reference and comprise, in the main, non-executive Trustees. The chairperson of each committee is a non-executive Trustee with the exception of the Audit Committee who is an independent external member. The following Committees play a critical role to the governance of the Trust:

Audit Committee

The role of the Audit Committee is to assist the Board by performing an objective and independent review of the functioning of the organisation's finance and accounting control mechanisms. It exercises its functions through close liaison and communication with executive management and the internal and external auditors. The committee met four times during the 2014 financial year.

The Audit Committee operates in accordance with a written charter authorised by the Board, and provides assistance to the Board with regard to:

- Ensuring compliance with applicable legislation and the requirements of regulatory authorities;
- Matters relating to financial accounting, accounting policies, reporting and disclosure;
- Internal and external audit policy;
- Activities, scope, adequacy, and effectiveness of the internal audit function and audit plans;
- Review/approval of external audit plans, findings, problems, reports, and fees;
- Compliance with the Code of Corporate Practices and Conduct;
- Review of ethics policies; and
- Risk assessment

The Audit Committee consists of the following non-executive members:

	Attendees			
	18/09/2013	29/11/2013	19/02/2014	21/05/2014
Mr S Govindsamy (External member) (resigned 19/02/2014)	✗	✓	✓	-
Mr I Lax (External Member)	✗	✓	✓	✓
Dr V Litlhakanyane (Trustee)	✓	✓	✗	✓
Ms E Skweyiya (Trustee) (appointed 19 February 2014)	-	-	-	✓

The Audit Committee addressed its responsibilities properly in terms of the charter during the 2014 annual financial year. No changes to the charter were adopted during the 2014 financial year.

Management has reviewed the annual financial statements with the Audit Committee, and the Audit Committee has reviewed them without management or the external auditors being present. The quality of the accounting policies was discussed with the external auditors.

CORPORATE GOVERNANCE STATEMENT (continued

Governance structures (continued)

Personnel Committee

The Personnel Committee advises the Board on human resources and other personnel related policies including remuneration packages, and other terms of employment for senior executives. Its specific terms of reference also include recommendations to the Board on matters relating, inter alia, to executive remuneration, Trustees honorariums and fees and service contracts. Whenever necessary, the committee is advised by independent professional advisers. The committee met three times during the 2014 annual financial year.

The Personnel Committee consists of the following members:

	Attendees		
	19/09/2013	20/02/2014	22/05/2014
Mr O Mongale (Trustee) (resigned 11 December 2013)	✓	-	-
Dr M Tong (Trustee)	✗	✗	✓
Ms G Twala (Trustee)	✗	✓	✗
Ms W Matthews (Trustee)	-	-	-
Mr S Shuping (Trustee)	✗	✗	✓
Ms M Modipa (External Member) (resigned 3 December 2013)	✗	✗	✗
Mr I Matsheka (External Member) (resigned 3 December 2013)	✗	-	-

Finance Committee

The Finance Committee operates in accordance with a written charter authorised by the Board, and provides assistance to the Board in the overall management of the financial affairs in a manner that will ensure generally accepted reporting, transparency and effective use of the Trust's resources, and to periodically review, evaluate and report on the financial affairs of the Trust.

The Finance Committee consists of the following Trustees:

	Attendees		
	19/09/2013	20/02/2014	22/05/2014
Ms G Twala (Trustee)	X	X	X
Mr O Mongale (Trustee) (resigned 11 December 2013)	✓	-	-
Mr S Shuping (Trustee)	X	✓	✓
Ms W Matthews (Trustee) (appointed 13 October 2013)	-	-	✓

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TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

for the year ended 30 June 2014

CORPORATE GOVERNANCE STATEMENT (continued

Governance structures (continued)

Governance Committee

The Governance Committee operates in accordance with a written charter authorised by the Board, and provides assistance to the Board in the overall governance of the organisation in a manner that will ensure that best practice is exercised.

The Governance Committee consists of the following Trustees:

	Attendees		
	09/09/2013	04/02/2014	27/05/2014
Ms G Twala (Trustee)	✓	✓	✓
Professor L Rispel (Trustee)	✓	✗	✓
Mr S Shuping (Trustee)	✓	✓	✓

Executive management

Being involved with the day-to-day business activities of the Trust, these officers are responsible for ensuring that decisions, strategies, and views of the Board are implemented.

Risk management and internal control

Effective risk management is integral to the Trust's objective of consistently adding value to the business. Management is continuously developing and enhancing its risk and control procedures to improve the mechanisms for identifying and monitoring risks.

Operating risk refers to the potential for loss to occur due to a breakdown in control information, business processes, and compliance systems. Key policies and procedures which are in place to manage operating risk involve segregation of duties, transactions authorisation, supervision, monitoring, and financial and managerial reporting.

To meet its responsibility with respect to providing reliable financial information, the Trust and its divisions maintain financial and operational systems of internal control. These controls are designed to provide reasonable assurance that transactions are concluded in accordance with management's authority, that the assets are adequately protected against material loss or unauthorised acquisition, use, or disposal, and that transactions are properly authorised and recorded.

The system includes a documented organisational structure and division of responsibility, established policies, and procedures, including a Code of Ethics to foster a strong ethical climate, which is communicated throughout the trust. It also includes the careful selection, training, and development of people.

Internal auditors monitor the operation of the internal control system and report findings and recommendations to management and the Board of Trustees. Corrective actions are taken to address control deficiencies and other opportunities for improving the system as they are identified. The Board, operating through its audit committee, provides supervision of the financial reporting process and internal control system.

The Trust assessed its internal control system as at 30 June 2014 in relation to the criteria for effective internal control over financial reporting. The internal control process has been in place up to the date of approval of the annual report and annual financial statements. The Trust believes that its system of internal control over financial reporting and safeguarding of assets against unauthorised acquisitions, use, or disposition, met those criteria.

CORPORATE GOVERNANCE STATEMENT (continued

Governance structures (continued)

Internal audit

SizweNtsalubaGobodo served as internal auditors for the financial year. Their findings have been received by management and appropriate measures have been implemented to address the areas of improvement noted.

Ethical standards

The Trust has developed a Code of Conduct (the Code), which has been fully endorsed by the Board and applies to all Trustees and employees. The Code is regularly reviewed and updated as necessary to ensure it reflects the highest standards of behaviour and professionalism.

In summary, the Code requires that, at all times, all Trust personnel act with the utmost integrity and objectivity and in compliance with the letter and the spirit of both the law and trust policies. Failure by employees to act in terms of the Code results in disciplinary action.

The Code is discussed with each new employee as part of his or her induction training, and all employees are asked to sign an annual declaration confirming their compliance with the Code. A copy of the Code is available to interested parties upon request.

Accounting and auditing

The Board places strong emphasis on achieving the highest level of financial management, accounting, and reporting to stakeholders. The Board is committed to compliance with the International Financial Reporting Standards for Small and Medium-sized Entities. In this regard, Trustees shoulder responsibility for preparing financial statements that fairly present:

- The state of affairs as at the end of the financial year under review;
- Surplus or deficit for the period;
- Cash flows for the period; and
- Non-financial information.

The external auditors observe the highest level of business and professional ethics and their independence is not impaired in any way.

The external auditors were given unrestricted access to all financial records and related data, including minutes of all meetings of Trustees, the Board of Trustees, and committees of the Board. The Trustees believe that all representations made to the independent auditors during their audit are valid and appropriate.

The external auditors provide an independent assessment of systems of internal financial control to the extent necessary for the audit, and express an independent opinion on whether the financial statements are fairly presented. The external audit function offers reasonable, but not absolute assurance, as to the accuracy of financial disclosures.

The Audit Committee set principles that were considered and accepted by the stakeholders for using external auditors for non-audit services.

Deloitte.

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South Africa

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Pencarrow Park
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Docex 3 Durban

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INDEPENDENT AUDITOR'S REPORT ON THE ABRIDGED FINANCIAL STATEMENTS TO THE SHAREHOLDERS OF TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

The accompanying abridged financial statements, which comprise the statement of financial position as at 30 June 2014, the statement of profit or loss and comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, are derived from the audited financial statements of Trust for Health Systems Planning and Development for the year ended 30 June 2014. We expressed an unmodified audit opinion on those financial statements in our report dated 17 October 2014. These abridged financial statements do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The abridged financial statements do not contain all the disclosures required by International Financial Reporting Standards. Reading the abridged financial statements, therefore, is not a substitute for reading the audited financial statements of Trust for Health Systems Planning and Development.

Trustees' Responsibility for the Financial Statements
The trustees' are responsible for the preparation and fair presentation of these financial statements in accordance with the International Financial Reporting Standard for Small and Medium–sized Entities, and in the requirements of the Trust Deed, and for such internal control as the trustees' determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on the financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing 810, "Engagements to Report on Summary Financial Statements."

Opinion
In our opinion, the abridged financial statements derived from the audited financial statements of Trust for Health Systems Planning and Development for the year ended 30 June 2014 are consistent, in all material respects, with those financial statements, in accordance with the framework concepts and the measurement and recognition requirements of International Financial Reporting Standards, and the Trust Deed.

Deloitte & Touche

Deloitte & Touche
Registered Auditor

Per Mthokozosi Luthuli CA (SA)
Partner
6 February 2015

REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees presents their annual report for Trust for Health Systems Planning and Development for the year ended 30 June 2014.

1. General review

The Trust for Health Systems Planning and Development ("the Trust") is a dynamic independent non-government organization that actively supports the current and future development of a comprehensive health care system, through strategies designed to promote equity and efficiency in health and health care delivery in Southern Africa.

Goals

- Facilitate and evaluate district health systems development;
- Define priorities and commission research to foster health systems development;
- Build South African capacity for health systems research, planning, development and evaluation;
- Actively disseminate information about health systems research, planning, development and evaluation; and
- Encourage the use of lessons learnt from work supported by the Trust.

2. Financial results

2.1 Full details of the financial results are set out on pages 13 to 26 in the attached annual financial statements.

2.2 As set out in the annual financial statements, the Trust had a total surplus for the year of R 18 612 227 (2013: R 9 683 805).

2.3 The ratio of administration expenses (excluding the unusual and extraordinary items), against gross income is 9% which is in line with the prescribed limit as set out in the trust deed.

3. Trustees

Trustees serve on a voluntary basis and are not remunerated for their services.

The Trustees of the Trust during the financial year and at the date of the report are:

Name	Date appointed	Date resigned/tenure ended
Dr M Tong	01 April 2010	
Ms G Twala	01 April 2010	
Dr V Litlhakanyane	19 November 2010	
Mr S Shuping	01 February 2011	
Ms E Skweyiya	13 October 2013	
Ms W Matthews	13 October 2013	
Mr T Masilela	14 March 2014	
Professor E Kibuka-Sebitosi	14 March 2014	
Professor N Chabikuli	20 June 2014	
Mr A Kader	20 June 2014	
Dr R Bismilla	20 June 2014	
Dr F Senkubuge	20 June 2014	
Mr O Mongale	26 June 2009	11 December 2013

Annual Financial Statements

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

for the year ended 30 June 2014

Name	Date appointed	Date resigned/tenure ended
Professor W Shasha	1 August 2008	20 June 2014
Dr T Wilson	1 August 2008	20 June 2014
Professor L Rispel	1 August 2008	20 June 2014
Mr K Bellis	1 August 2008	20 June 2014

4. Material events after year end

The trustees are not aware of any matters or circumstances which are material to the financial affairs of the Trust that have occurred between year end and the date of approval of the annual financial statements.

5. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of activities of the Trust.

STATEMENT OF FINANCIAL POSITION

	Notes	2014 R	2013 R
ASSETS			
Non-current assets		20 702 027	9 327 602
Property, plant and equipment	7	20 585 031	6 406 852
Intangible assets	8	116 996	2 920 750
Current assets		72 129 005	47 723 391
Trade and other receivables	9	5 134 039	3 816 055
Cash and cash equivalents	10	64 094 078	37 624 559
Accrued revenue	3	2 900 888	6 282 777
Total assets		92 831 032	57 050 993
EQUITY			
Accumulated surplus funds and reserves		56 603 345	37 991 118
LIABILITIES			
Current liabilities		36 227 687	19 059 875
Trade and other payables	11	19 644 887	11 577 701
Deferred revenue	3	16 582 800	7 482 174
Total equity and liabilities		92 831 032	57 050 993

Annual Financial Statements

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

for the year ended 30 June 2014

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	Notes	2014	2013
		R	R
Grant income	3	293 802 566	129 789 597
Other income		3 149 534	10 025 661
Project expenses		(254 176 557)	(114 386 377)
Administration expenses		(25 897 912)	(15 242 411)
SURPLUS BEFORE INTEREST	4	16 877 631	10 186 470
Interest paid	5	-	(1 555 771)
Interest received	5	1 734 596	1 053 106
SURPLUS BEFORE TAXATION		18 612 227	9 683 805
Taxation	6	-	-
NET SURPLUS AFTER TAXATION		18 612 227	9 683 805
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		18 612 227	9 683 805

STATEMENT OF CHANGES IN EQUITY

	HSS	HSR	SA Sure (CDC)	Corporate Services	HST Reserve Fund	Total Equity
	R	R	R	R		R
Closing balance as at 30 June 2012	7 330 767	2 108 678	1 479 568	17 388 300	-	**28 307 313**
Total surplus for the year	9 308 867	(295 293)	(1 942 980)	2 613 211	-	**9 683 805**
Transfers to Reserve Fund	(8 705 091)	(574 270)	-	(5 000 000)	14 279 361	**-**
Closing balance as at 30 June 2013	7 934 543	1 239 115	(463 412)	15 001 511	14 279 361	**37 991 118**
Total surplus for the year	2 637 934	830 543	12 393 666	2 750 084	-	**18 612 227**
Transfers to Reserve Fund	(2 098 484)	(426 444)	-	-	2 524 928	-
Closing balance as at 30 June 2014	8 473 993	1 643 214	11 930 254	17 751 595	16 804 289	**56 603 345**

	2014	2013
	R	R
TOTAL EQUITY COMPRISES THE FOLLOWING		
Accumulated Surplus funds	39 799 056	23 711 757
HST Reserve Fund	16 804 289	14 279 361
	56 603 345	37 991 118

Being mindful of the fact that HST operates in a very competitive environment, the Board of Trustees approved the creation of a Reserve Fund for the sustainability of the organization. The Reserve Fund is governed by the applicable approved policy.

Annual Financial Statements

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

for the year ended 30 June 2014

STATEMENT OF CASH FLOWS

	Notes	2014 R	2013 R
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash generated from operations	A	41 998 921	27 827 135
Interest paid		-	(1 555 771)
Interest received		1 734 596	1 053 106
Net cash flows generated in operating activities		43 733 517	27 324 470
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from disposal of property, and equipment		176 515	1 794 046
Acquisition of property and equipment		(17 262 484)	(6 260 174)
Acquisition of intangible assets		(178 029)	(54 130)
Net cash flows used in investing activities		(17 263 998)	(4 520 258)
Net increase in cash and cash equivalents		26 469 519	22 804 212
Cash and cash equivalents at beginning of year		37 624 559	14 820 347
Cash and cash equivalents at end of year		64 094 078	37 624 559

NOTES TO THE STATEMENT OF CASH FLOWS

	2014 R	2013 R
A. RECONCILIATION OF SURPLUS BEFORE TAXATION TO CASH GENERATED FROM OPERATIONS		
Surplus before taxation	18 612 227	9 683 805
Adjustments for:		
Depreciation	2 783 052	1 362 101
Amortisation	2 981 783	3 170 509
Gain from donated intangible assets	-	-
Loss/(profit) on disposal of property, plant and equipment	124 738	(932 069)
Interest paid	-	1 555 771
Interest received	(1 734 596)	(1 053 106)
Cash inflows from operations before working capital changes	22 767 203	13 787 011
Working capital changes:		
Decrease in trade and other receivables	2 063 905	3 025 254
Increase in trade and other payables	17 167 813	11 014 870
Cash used in operations	41 998 921	27 827 135

A full copy of HST's Audited Financial Report is available on request.

Funders & Partners

African Comprehensive HIV/AIDS Partnerships (ACHAP)

Atlantic Philanthropies

Centers for Disease Control and Prevention (CDC)

Department for International Development (DFID)

Department of Health – National (NDoH)

Department of Health – Western Cape (WCDoH)

Department of Performance Monitoring and Evaluation (DPME)

European Union (EU)

Financial and Fiscal Commission (FFC)

Futures Group

HLSP

National Lotteries Board

Pact SA

PDG

Provincial Government of the Western Cape (PGWC)

Soul City

South African National AIDS Council (SANAC)

University of Cape Town (UCT)

World Bank

Wits Rural Public Health and Health Transition Unit (Agincourt), a division of Wits Health Consortium

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