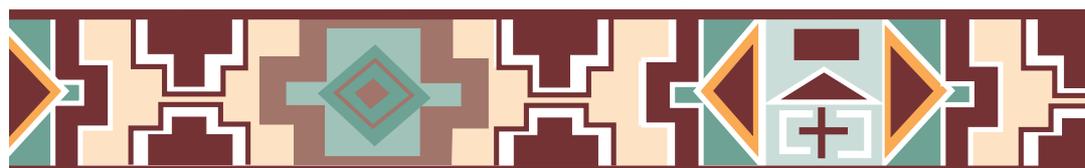


*Health Systems
Trust*

*Annual Report
1996*



Health Systems Trust

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Mission of the Health Systems Trust

“The Health Systems Trust is committed to a health care system which meets the needs of all South Africans. It seeks to help realise this vision through independent support for research and skills development aimed at improving policy and planning at all levels, as well as other strategic initiatives which move us toward this goal”







Table of Contents

Chairperson's Report	4
Overview of the HST and its activities	8
1996 at a Glance	11
Programmes and projects of the HST	
Research	14
Skills development	21
Project for Health Information Dissemination	23
HealthLink	27
Initiative for Sub-District Support	30
1996 Grants	35
Publications	46
Acknowledgements	49
Report of the Independent Auditors	51



Chairperson's report

Dr. Jairam Reddy Board of Trustees



The conditions under which non-governmental organisations operate have dramatically changed since 1994. A large number of these organisations (most of which provided excellent services to underserved and neglected communities during the difficult years of isolation) had to close their doors as support from donors and funders evaporated with the dawn of our new democracy.

We have nonetheless seen a few of these organisations surviving these difficult times. The Health Systems Trust is one of them. The Trust succeeded in focusing its energies and resources at priorities facing national, provincial and district policy-makers. Also, fruitful partnerships were forged with important stakeholders, including the Department of Health, other non-governmental organisations (especially those that work directly with communities), academic institutions and important funding organisations. Our programmes have managed to demonstrate a return on each investment made by the funders. The Trust has also succeeded in assembling a dynamic team of personnel with real commitment to the ideals and goals of the organisation.

We therefore look back at the end of 1996 with a great sense of achievement and look forward to the next five years with enthusiasm and confidence that we will maintain and enhance the excellent level of service.

Growth however poses a challenge for the future, namely, the need to consolidate existing programmes while at the same time maintaining the ability to respond to new challenges as they emerge. The organisation needs to enhance the best that it



has achieved from the past by maintaining and developing itself as a successful independent non-governmental organisation supporting health systems reform in South Africa by focusing on the following:

- ◇ bringing our programmes closer to implementation, particularly at the lower levels of the health system as the current transition phase plays itself out;
- ◇ providing independent and critical review and assessment of health policy developments;
- ◇ in partnership with other NGOs, strengthening smaller and more localised NGOs to ensure effective community participation in health care;
- ◇ nurturing individual and institutional capacity development already started within health services, historically black institutions and other non-governmental organisations.

In conclusion, I wish to thank the members of the Board for the consistent support that they have provided to the organisation over the year. The Secretariat has once again maintained its dynamism as it grappled with the difficult task of translating the organisation's vision into tangible and practical activities. David Harrison has stepped down as Executive Director and now heads our new initiative in support of district development. The Board thanks him for the sterling work that he did in developing the Health Systems Trust into a recognised and respected non-governmental organisation in the health sector. David Mamejja has taken over the leadership of the organisation as it enters a new era. The Board congratulates and assures him of its support.

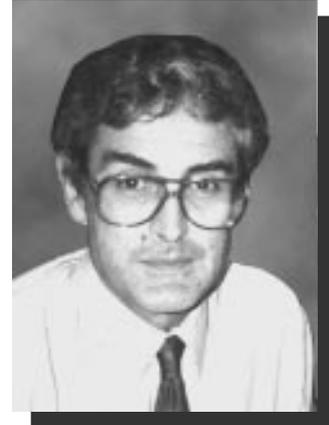


HST Board Members



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Health Resource Planning,
Department of Health



Professor David Power

Professor of Paediatrics &
Child Health :
Red Cross Memorial
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Trevor Fowler

Speaker : Gauteng Province
Legislature



Thembeke Gwagwa

Executive Director :
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University of Durban-Westville



Overview of the HST and its activities

David Mametja Executive Director



This is the first overview of the Health Systems Trust's activities, since I took over as Executive Director. The past four years have been marked by various activities as programmes took off under the dynamic leadership of my predecessor, David Harrison. During these four years, the Health Systems Trust succeeded in placing itself as an important actor in health systems development.

The **Research Programme**, which is the central pillar of the HST, continues to inform national policy debates and also provides critical analysis that guides policy and programme implementation by health service providers. Although the link between policy and research outputs is not always direct and linear, there is evidence that most of our research outputs have informed major decisions with regard to the equitable provision of health care services to South Africans. We have worked with the provinces in reviewing

health information available to provincial managers, and presenting it in a way which is helpful for health planning (ReHMIS). HST has co-ordinated multi-centred evaluations of two of the Presidential Lead Projects spearheaded by the Department of Health, namely the Free Health Care policies for pregnant women and children and the Primary School Nutrition Programme.

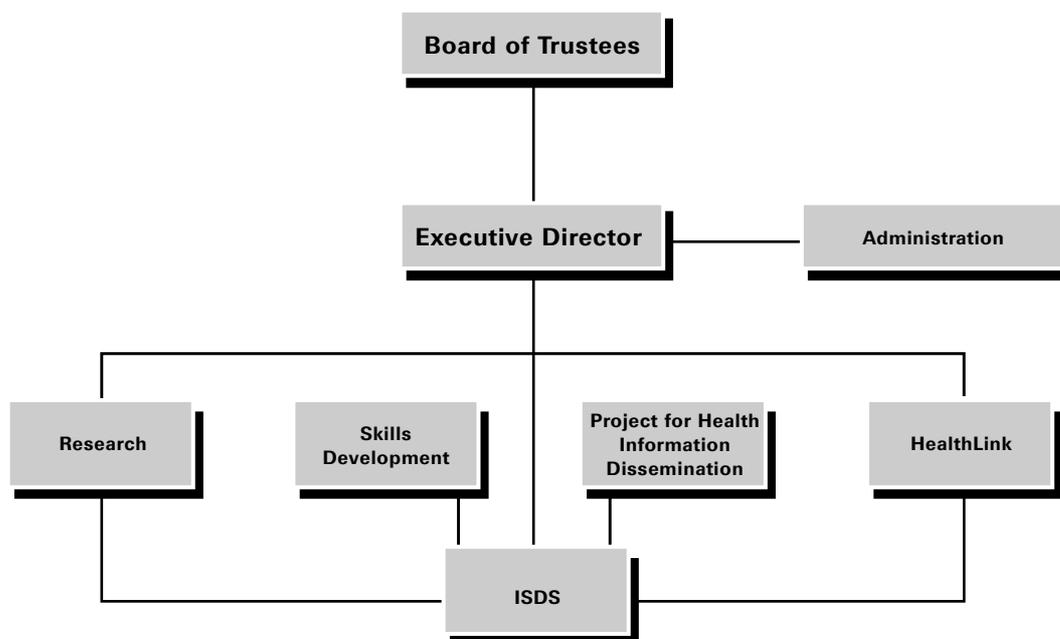
The struggle to create training opportunities for appropriate human resource skills continues under our **Skills Development Programme**. The research internships have produced a cadre of new researchers and policy analysts, some of whom are now appointed at the various levels of the health services in important positions within the Department of Health, academic institutions, and the South African Parliament.

We continue to address the need for information felt by various health workers, particularly those working in remote and underserved rural areas through our **Project for Health Information Dissemination (PHID)**. Among the many publications produced by PHID are the monthly HST Update and the annual South African Health Review that have succeeded in giving the HST a face and profile in the health research sector. The emergence of a new publication, the Rural Health Bulletin, represents an excellent partnership between the HST and the McCords Hospital in providing useful information to rural health workers.



We managed to consolidate our electronic communication project, **HealthLink**, from a small pilot project in three provinces to a recognised electronic communication tool supporting health service providers, including the Department of Health and major non-governmental organisations working in the health sector.

Our previous annual report highlighted the thinking at the time of the importance of a “multi-pronged, multi-site intervention programme in a number of districts, aimed at providing support to health systems development at the point of service delivery”. It is with a sense of great accomplishment that we can now report that this thinking has come to fruition in the establishment of our biggest programme yet, the **Initiative for sub-district support (ISDS)**. The ISDS brings together the various programmes of the HST in an integrated package of support interventions within our fledgling health districts. Once again, the Initiative represents a partnership between the HST, the Department of Health, the Henry J. Kaiser Family Foundation, the Department for International Development (formally Overseas Development Administration - ODA) and the Independent Development Trust (IDT). We expect other partners to come into the fold during the course of 1997.



Not all the activities of the HST fall squarely within our systemic programmes. Most of these activities are part other strategic initiatives made by the HST in support of major stakeholders in the public health arena. These activities are co-ordinated from the office of the **Executive Director**. We support the National Assembly Portfolio Committee on Health and the Ministry of Health by strengthening their research capability through funding from the Kaiser Family Foundation. The HST managed funding for HIV/AIDS-related promotional projects on the basis of a bilateral agreement between the Department of Health and the United States Agency for International Development (USAID). We have also managed funding on behalf of the National Progressive Primary Health Care Network (NPPHCN) - a large NGO working with poor communities and small community projects. In partnership with the Kaiser Family Foundation, we help organise regular media seminars aimed at encouraging the media to report on health



and development issues in South Africa. With the closure of the Health Policy Co-ordinating Unit (HPCU), HST took over some of its activities including facilitation and organisation of strategic planning workshops.

The successes made thus far would not have been possible without the dedication and hard work of our staff. Although the staff has increased quite significantly to match the magnitude of the work that has to be done, it is still relatively small compared to other organisations with the same kind of resources. Some of our staff members have moved on for a variety of reasons and we thank them for contributions they made when they were still part of the organisation : Duane Blaauw, Terence Nair, Dudu Shogole, Vijay Makanjee and Eric Deacon. We also welcome the new members who have joined the team and assure them of a rewarding work experience : Andrew Boulle, Candy Day, Michael Ruwona, Roger Day, Natasha Palmer, Rachael James, Hendrick Lushaba and Hlengiwe Shazi.



Administrative staff:

L-R standing	Feroz Khan	Financial Manager
	Thembisile Mbatha	Office Administrator
	Rachael James	Secretary
	Hendrick Lushaba	General Assistant
L-R seated	Khuphukile Nyawose	Secretary
	Jurie Thaver	Grants Administrator



1996 at a glance

January

HST Update explored issues on the AIDS epidemic.
HealthLink News Issue No 1 was published.

February

David Mametja attended a one week international workshop on Linking Research to Health Policy, in Mexico.

March

A research proposal development competition intended to inspire health workers (particularly nurses and Environmental Health Officers) to undertake health systems research was launched.
Mr Don Bodley stepped down from HST Board of Trustees.

The future of academic health care was the theme for this month's HST Update.

April

The evaluation report on "Free health care for pregnant women and children under six in South Africa: An impact assessment" was presented to the Minister of Health at a media conference.

HST Update focused on the Essential Drugs Programme.

HealthLink News Issue No 2 was published.

HealthLink made an exhibition at Helina Conference '96.

May

Candy Day joined the HST as the HealthLink Information Manager.

Peter Barron attended an international workshop in Mexico to promote Health Expenditure Reviews in developing countries.

Reproductive Health was the theme for HST Update.

Kathy Strachan received the Henry J. Kaiser Family Foundation award for excellence in health journalism.

June

Nonhlanhla Makhanya joined the Health Systems Trust as co-Manager of the Reproductive Health Research Fund.



1996 at a glance

July

The Reproductive Health Research Fund was launched.

HST's WWW site which serves as a repository for publications produced and funded by HST went up on the Internet.

Sizwe Nxasana stepped down as a member of the HST Board of Trustees.

HST Trustee Prof. Nicky Padayachee was honoured for being "the most distinguished city leader" at a function in North Carolina - USA.

HST Trustee Dr. Joce Kane-Berman was elected President of the Medical Association of South Africa (MASA) - the first woman president in almost 100 years of the existence of MASA.

HST conducted a Workshop on Managing a Small Resource Centre for the National Progressive Primary Health Care Network (NPPHCN).

MedInfo project to provide access to medical library information was initiated and funded by HealthLink.

Vijay Makanjee joined HealthLink as User Support Manager.

HST Update focused on "Progress towards district based health care".

August

HealthLink established a World Wide Web site for the National Progressive Primary Health Care Network.

September

HST's research report back conference was held in Durban.

Thokozile Nkabinde presented a keynote address at the Fifth Congress and General Assembly of the Association for Health Information and Libraries in Africa held in Brazzaville, Congo.

David Mametja attended an international seminar on "Setting tomorrow's agenda in developing countries: Health Policy issues in developing countries" in Boston, USA.

HealthLink established WWW sites for the National Institute for Virology and the Reproductive Rights Alliance.

HST Update focused on "NGOs : non-entities or crucial partners in health?"



1996 at a glance

October

David Mametja took over as Executive Director while David Harrison moved on to spearhead the Initiative for Sub-District Support (ISDS).

South African Health Review 1996, a joint publication of the Health Systems Trust and the Henry J. Kaiser Family Foundation, was presented to the Department of Health and the media.

The Kaiser Family Foundation announced funding of R25 million to the Health Systems Trust and its programmes.

Roger Day joined HST as Technical Manager of HealthLink.

HealthLink's WWW site was established.

Web sites for Essential Drugs List and the National Drug Policy were placed on the Internet by HealthLink.

HST Update focused on "Health systems research in 1996".

A HealthLink node was set up in Mmabatho.

November

A HealthLink node was commissioned in Upington in support of the ISDS project.

HealthLink held a training Workshop for node managers.

December

Duane Blaauw resigned as National Manager of HealthLink.

Michael Ruwona joined HST as HealthLink User Support Manager.

The Swaziland Ministry of Health was connected to the Internet by HealthLink.

The third edition of the Directory of Health Systems Research in South Africa: 1996 was published.

A new HealthLink node was commissioned at MEDUNSA, with an emphasis on distance learning based in the Department of Family Medicine.

HST Update focused on "Mass deworming and fortification make economic sense".

Issue No. 4 of HealthLink News was published.



As in previous years, 1996 was characterised by more focus on research needs of the national and provincial Departments of Health. This is in line with our commitment to fund appropriate and relevant health systems research within the overall Essential National Health Research (ENHR) framework.

During the second half of the year, reproductive health research was added to the research portfolio as one of our priority areas of the HST. To this end a special fund, the Reproductive Health Research Fund, was established. This fund focuses on research related to adolescent sexuality, sexually transmitted diseases, family planning and termination of pregnancy.

Nonhlanhla Makhanya was appointed on a full-time basis to co-manage this Fund together with Jane Edwards, who has been seconded by the Department of International Development (formerly known as Overseas Development Administration - ODA) for a further two years with the Health Systems Trust. The budget for this Fund is approximately R6 million over two years with equal contributions from the national Department of Health, the Department of International Development and the Kaiser Family Foundation.



Standing Peter Barron – National Research Manager
L - R seated Julia Elliot – Programme Secretary
Natasha Palmer – Research Programme Assistant

Jane Edwards (left) and Nonhlanhla Makhanya Managers, Reproductive Health Research Fund



One of our goals is to improve both the quantity and the quality of health systems research in South Africa. We continued to encourage institutions, which have not been active in health systems research, to get involved (eg. UNITRA). We also continued to encourage the relatively stronger institutions to work with the relatively weaker ones. One example of this includes the Universities of Natal and Zululand working together on research into school health services. Another is UCT and MEDUNSA collaborating in the evaluation of the primary school nutrition programme.

Another way in which we tried to publicise Health Systems Research (HSR) was to publish a booklet entitled “**Health Systems Research in South Africa**”, jointly with the national Department of Health and the Medical Research Council (MRC).

Essential National Health Research (ENHR)

The Health Information and Research Chief Directorate of the Department of Health organised an ENHR workshop on research priorities in December 1996. The HST assisted the Department in drawing up the agenda for this important meeting involving all universities and higher education institutions involved in health research. HST staff also acted as facilitators for the small group discussions at the workshop.

Allocation of funding

The full funding allocation of the HST for the past four years has been analysed and the results of this are shown in Figures 1 to 6 (see page 16). It is clear that during 1996 there was a dramatic increase in the number of projects funded. There was a continuation in the decrease in the average amount allocated to each project.

In the 1995 annual report it was stated that the HST was committed to spreading research funding to areas and institutions which had not previously benefited. One of the ways in which we tried to promote this was through funding research projects on condition that they were carried out in geographically remote areas. Through this we encouraged skilled researchers to take their skills outside of the metropolitan areas. Subsequently, there has been an increase in the number of projects and the research funds which were allocated outside of the historically advantaged institutions.



Figure 1

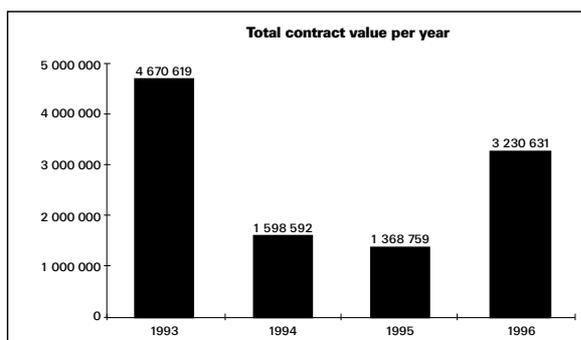


Figure 2

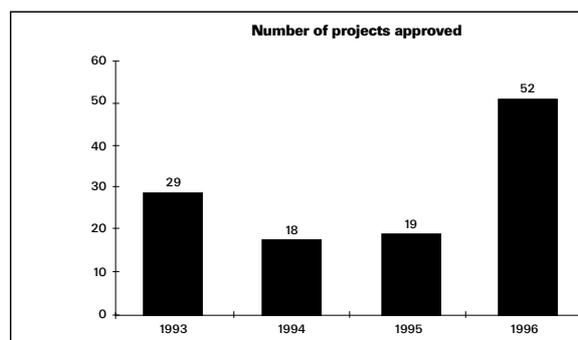


Figure 3

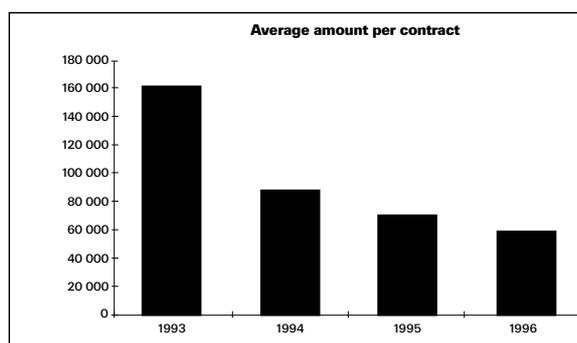


Figure 4

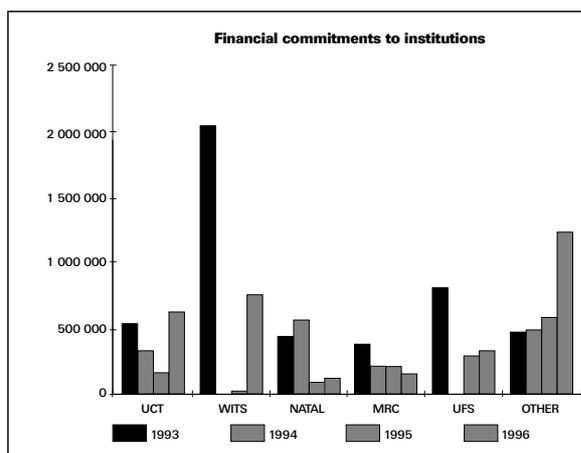
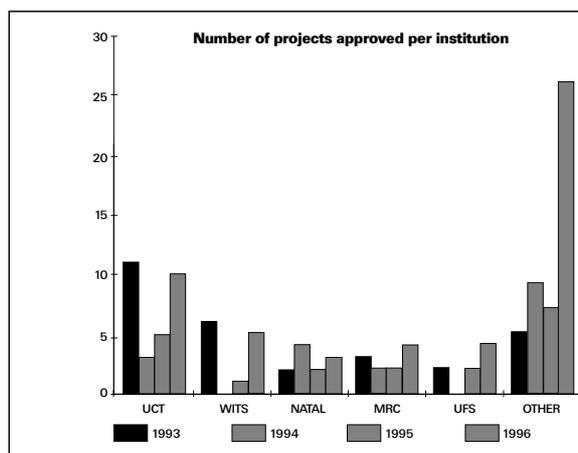
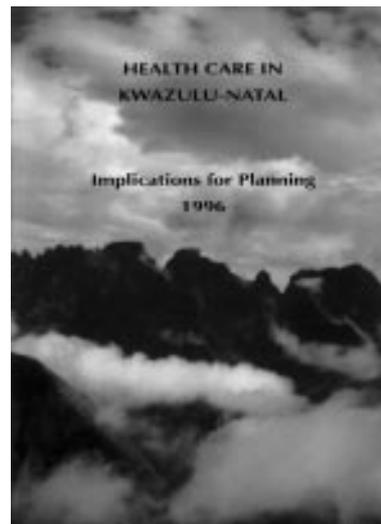
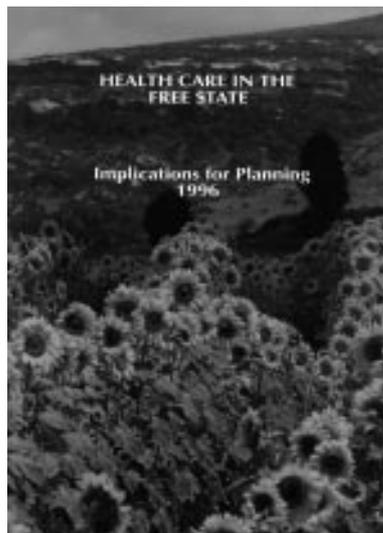


Figure 5



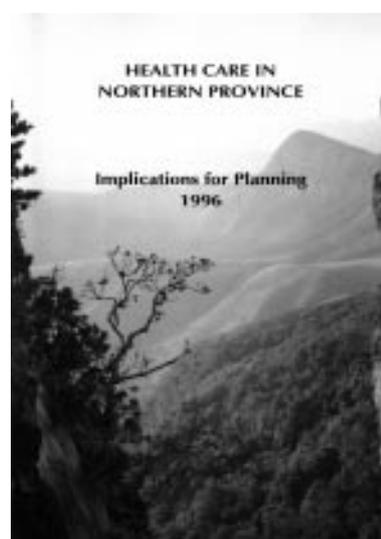
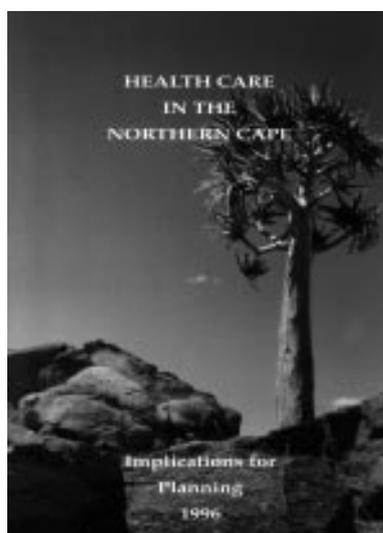
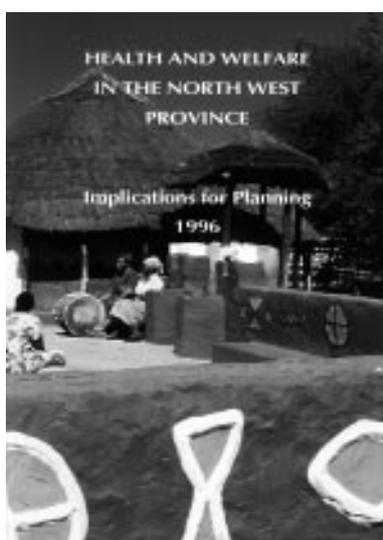
Key : UCT - University of Cape Town
 WITS - University of the Witwatersrand
 Natal - University of Natal
 MRC - Medical Research Council
 UFS - University of Free State

Other - Disability Action Research Team
 - MEDUNSA
 - National Progressive Primary Health Care Network
 - Planned Parenthood of SA
 - Prince Mshiyeni Hospital
 - Technikon Northern Transvaal
 - University of Potchefstroom
 - University of Transkei
 - University of Zululand



Information

The most important areas where the HST was active in commissioning work were around information and nutrition. During the year 6 information reports were produced on the basis of data collected, analysed and interpreted by the provinces using the 1995 Regional Health Management Information System (ReHMIS). The purpose of these ReHMIS reports was to display information; provide baselines; demonstrate geographic inequities in resources intra-provincially; to provide health managers with objective and structured information regarding health resources and to encourage health managers to improve and refine the data in their possession.





Nutrition

The primary school nutrition programme (PSNP), a presidential lead project, is the focus of a broad evaluation currently underway. This evaluation is ongoing and is based on the work being done by a consortium of researchers who include the Child Health Unit at UCT, UWC, MEDUNSA, UNITRA, University of Natal, National Progressive Primary Health Care Network (NPPHCN), University of Witwatersrand, Development Bank of South Africa and the Human Sciences Research Council (HSRC).

Fortification

The fortification of foodstuffs with micronutrients is internationally accepted as a cost-effective public health intervention. In August 1996 the HST organised (with the national Department of Health) a national conference on food fortification. Around 100 stakeholders were invited and as a result of this workshop research around food fortification in South Africa has been commissioned. This research is a precursor to the implementation of a food fortification programme.

Health finance and economics

The HST, together with the Fiscal and Finance Commission (FFC) and the national Department of Health, organised a workshop on health financing and economic issues in December 1996. The participants included top management from national and provincial health departments, health economists and researchers. The main health financing and economic issues facing the public health sector were identified.

All three of these workshops have been instrumental in helping to identify the research agenda for the HST for 1997.

Proposal development competition

The proposal development competition aimed to encourage Health Systems Research amongst new researchers within the health services, particularly targeting nurses and environmental health officers. These groups have previously been marginalised from research activity, and it was thought the incentive of a competition would encourage these groups. The proposal development competition was first advertised in February 1996, with the closing date of August and the evaluation of the proposals during September.

Sisana Janet Majeke
of Prince Mshiyeni
Hospital, Durban,
receives a cheque
from David Mametja





The overall quality of the proposals was quite poor, and illustrated to the HST the considerable skills development need amongst this group.

All the proposals were reviewed, and comprehensive feed-back provided to each contestant. The competition has allowed us to identify certain individuals to be developed, and a number of these have subsequently been sent on short courses.

The overall winner was a nurse in Durban, Sisana Janet Majeke, who wrote a proposal on developing standards of care for Primary Health Care midwives.

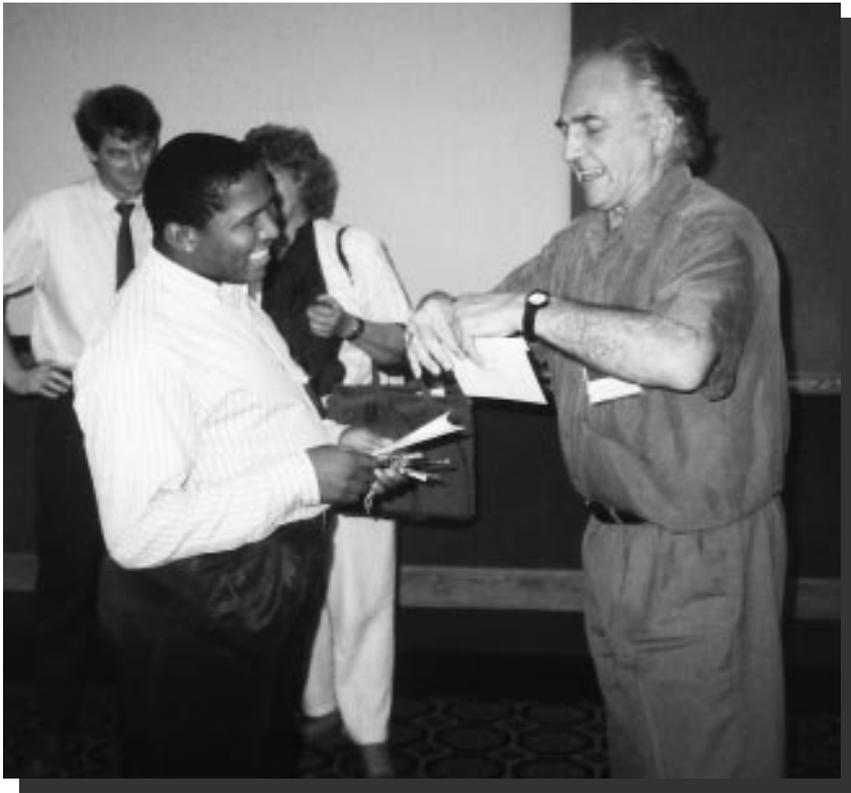
Annual research report-back seminar

The research report-back seminar ran from the 16th to the 18th September 1996. A total of 47 HST funded research projects presented progress on their work during the first 2 days of the conference. On the third day, a workshop titled "Making health systems research more effective" was held.

One of the purposes of the conference was to evaluate the work of HST's research programme. A group of experts was brought together to undertake this evaluation. The review panel consisted of: Costa Gazi (Head of the Department of Public Health - Cecilia Makiwane Hospital); Francie Lund (University of Natal); Lindiwe Makubalo (Director of Health Systems Research - Department of Health); Vincent Orinda (UNICEF); Caesar Vundule (Head of Health and Welfare Information - North West Province); Beatriz Zurita - guest speaker at the conference and facilitator of the workshop (Mexico Health Foundation - FUNSALUD); Merrick Zwarenstein (Head of Health Systems Research - MRC).

In its evaluation, the panel found that projects funded were in line with the goals and purpose of the Health Systems Trust. No projects were considered 'irrelevant' and over three quarters of them were considered as 'highly relevant'. The quality of research was said to have improved as compared to the previous years, however some research projects did not appear to be adequately involving relevant service providers and decision makers. There was significant capacity building evident throughout the conference with only 10% of the projects considered to have no research capacity building elements. The geographical spread of the funding was also apparent. The panel was also impressed by the growth of Health Systems Research throughout the country.

One new initiative in the 1996 HST conference was the introduction of three prizes. **Bongiwe Shongwe** was awarded the prize 'New Health Systems Researcher of the Year', for her work on, *The evaluation of the appropriateness and success of integrating of STDs at the Site B Health Complex, Khayelitsha, Cape Town*. 'Best Health Systems Research Project' was awarded to the team which conducted the work on, *The impact of free care for pregnant women and children under six*, coordinated by **David McCoy**. Finally, 'The Best Project Presentation' was awarded to **Richard Hlophe** from the Disability Action Research Team, based in Howick, who presented on, *An exploration into the availability, affordability, servicing and applicability of assistive devices used by disabled people in KwaZulu-Natal*.



Richard Hlophe (left) receives the award for 'The Best Project Presentation' from Dr Costa Gazi

Bongiwe Shongwe
'New Health Systems Researcher of the Year'



David McCoy
'Best Health Systems Research Project'





Skills development



Gcinile Buthelezi
Programme Manager

In the latter part of 1996, there was a deliberate focus on reviewing and strengthening existing activities of the Skills Development Programme. Subsequently, some fundamental changes are planned, particularly with regard to the format, duration and support mechanisms provided by HST to the research internship programme. The programme also seeks to strengthen institutional capacity building and support to potential researchers in the health services. A series of focused interventions in specific geographical areas have been planned and their effectiveness will be evaluated with time.

Research internships

The internship programme was established as a strategy to introduce people to health systems research, and subsequently expand the core of health systems researchers in South Africa. An indirect output and benefit of the programme, however, has been the appointment of a significant number of personnel supported through this programme at various levels of the health services.

A new type of internship which would attach individuals to institutions or supervisors rather than HST funded research projects will commence soon. These internships will run for a two year period and will be designed to expose interns to a broad range of research projects and methodology.

Management Training

District Team Problem Solving Programme

The Health Systems Trust has supported the training of many health managers and workers in health systems research and planning. A 'problem-solving' approach adapted from WHO's District Team Problem Solving (DTPS) concept was used because its practicality in resolving real health problems experienced by health workers and communities, and its involvement of multi-disciplinary district teams. Initially piloted in KwaZulu-Natal, the programme has been replicated in the North West Province and there are plans to implement it in Mpumalanga. Furthermore, this programme served as a forerunner of the Initiative for Sub-district Support Programme of the Health Systems Trust (described in greater detail elsewhere in this report).



Enabling NGOs to document their activities, monitor their progress and assess their impact.

Support was provided to selected NGOs to develop their capacity of documenting their activities, monitoring their progress, and evaluating their impact, so that their role in service provision was better defined and recognised. Through this, the efficiency of these organisations was enhanced. They could also interact with public service providers as partners, from a position of strength.

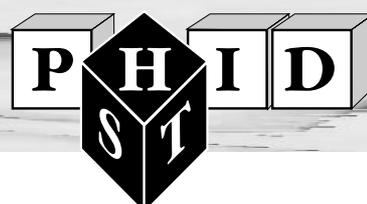
Short courses and training workshops

Short courses and workshops continue to be used as a means to develop or strengthen capacity in health systems research concepts; and have been used to address specific skills requirements of health workers within services and research interns. An approach that has since been adopted by Health Systems Trust is to support the training of teams of health workers rather than individuals on an ad hoc basis. We believe that such an approach builds team support, and thus enhances application of concepts learnt to the work setting.

During 1996, workshops on proposal development were run at Health Sciences Departments at various academic institutions around the country. These workshops used a practical group based style to introduce new researchers to Health Systems Research, and participants were taken through step wise instructions on how to develop a research proposal. In addition, assistance has been provided on an individual basis to many new researchers identified through these workshops.



Project for health information dissemination



Thokozile Nkabinde
Project Manager

The main outputs of this project are the South African Health Review; HST Update; Directory of Health Systems Research in South Africa and the Rural Health Bulletin.

There has been a tremendous demand for the outputs of the Project both nationally and internationally. These publications are also quoted by the media on various topics. The Rural Health Bulletin is the latest addition to the Project's output. The Bulletin has been received with a lot of enthusiasm, and readers have been sending letters of support and congratulatory messages.

South African Health Review

South Africa's health reviewed

What has changed over the past year for the poor, rural woman or child who presents to the clinic? Is the academic hospital a more cost-effective training and service institution? And do health workers feel more supported, less demoralised?

Such are the types of questions that the South African Health Review 1996, published jointly by the Health Systems Trust and the Henry J. Kaiser Family Foundation, seeks to answer, with its focus on changes in service delivery since the publication of the first *Review* a year ago.

And inevitably the scorecard is mixed, says Trust Chairperson Professor Jairam Reddy, with excellent progress in some areas but little improvement in others.

The first part of the *Review* sets the scene in terms of demographics and health status, and says that the past year has been a time of preparation for a new policy, census and the *Demographic and Health Survey*, while on the health front, the disparities in health status and the presence of diseases related to poor living conditions make a shift towards a primary



care approach imperative. The second section concentrates on health sector reform, and on the organisation and management of the public sector on a provincial basis. The *Review* finds that the structures now emerging appear to follow district trends, showing more sensitivity to local conditions than to text-book definitions of primary care delivery.

As for facilities, many - especially hospitals - are in a dilapidated state and nearing the end of their useful lifespan. But future developments should proceed with caution and care and a comprehensive and coordinated national building and maintenance plan is required.

On the health budget, the *Review* states that progress has been made in strengthening and improving access to primary level services and in inter-provincial resource distribution, but several areas - some discussed by the Committee of Inquiry into a NHIS - remain unresolved and require urgent attention, including alternative financing sources to strengthen primary care services, private sector regulation and public/private sector cooperation. For human resources, there has been little movement in addressing some of the main policy issues facing the Department of Health, most notably that of personnel redistribution. On the other hand, the transformation of the personnel structure to reflect more the face of the country has been quite successful, though capacity development has occurred mainly at the higher levels and more attention is required at the lower, district and local levels of care.

During the year, many of the elements required for an efficient and cost-effective pharmaceutical sector were put in place with the National Drug Policy, says the *Review*. But whether these, and others still being planned, are allowed to bring the objectives to fruition is another matter, as "the degree of opposition by vested interests" cannot be overestimated.



On the research front, the *Review* says that an accurate understanding is currently hampered by a lack of information, in particular including funding sources, expenditure and the issues being addressed. Essential National Health Research is probably one of the most important initiatives in shaping the future of health research, while additionally greater transparency in research funding is needed.

The final section examines some of the stated priorities of the Department of Health, including nutrition, "free health care", HIV and AIDS, maternal, child and women's health, district systems development and legislative reform, and in the case of the latter, the past year has not been very encouraging....

The *Review* is disseminated electronically through the HST Web site.

Source: *The South African Health Review*, reviewed by Jonathan Spencer Jones in the *South African Medical Journal* Vol 86 No. 11 November 1996



The Bulletin has been received with a lot of enthusiasm. It has been described by readers as “a user friendly little bulletin that is readable and informative”. The editors have been congratulated for producing a bulletin that “reaches out to rural health workers in a dynamic way”.

Directory of Health Systems Research

The fourth edition of the directory was published in December last year. The directory is still a significant yearly update for health systems research undertaken in South Africa. It aims to promote networking and to provide information about contact addresses of researchers and institutions.

HST Annual Report

The annual report presents activities of all HST programmes. There is also a list of commissioned and funded research projects, and HST publications.

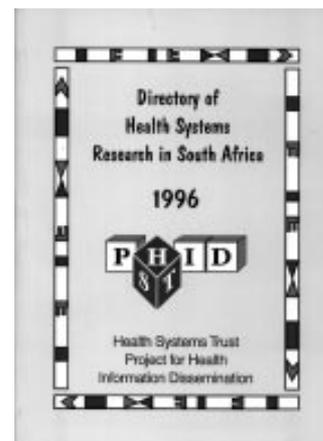
South African Journal of Public Health

The South African Journal of Public Health is a new peer-reviewed quarterly supplement to the South African Medical Journal. This journal is being funded by the Health Systems Trust and was first published in November 1996 (Vol 86 No. 11). Within each issue, the HST has been given four pages, in which HST funded research projects will be encouraged to present interim results, or summaries of their final results. This will be an excellent opportunity, particularly for new researchers, to disseminate their results to the scientific community.

HST Resource Centre

The resource centre maintains a rich collection of up to date research reports that emanate from HST funded and commissioned research. There is also a wide range of publications and periodicals, annual reports and newspaper clippings. The resource centre has become a hub for students and other researchers seeking research reports on various topics. According to an analysis of information requests, some of the most sought after titles include the Free health care for pregnant women and children under six in South Africa, Health expenditure and finance in South Africa; and Health care in KwaZulu-Natal: implications for planning and a host of publications on district health systems development.

Lawrence Gikaru (second from left), based in Kenya, from the Support for African Research and Analysis (SARA) visiting HST





Our aims are:

- 1 to provide a simple and appropriate computer networking system for use in health services, particularly in under-resourced areas
- 2 to develop the use of electronic mail as a tool for improving the management of health services
- 3 to provide isolated health workers with access to information resources
- 4 to be a major non-government source of health information.

1996 saw significant changes in HealthLink. On a practical level, the offices moved from Johannesburg to Durban and the staff compliment increased from two to six. The year heralded a significant shift in the focus of the organisation. HealthLink had begun with the



Standing L-R Halima Hoosen – Web designer, Michael Ruwona – User Support Manager,
Vishal Ramduny – HealthLink ISDS Coordinator, Candy Day – Information Manager
Seated L-R Andrew Boule – National Manager, Roger Day – Technical Manager



major focus being to provide electronic connectivity through an off-line electronic mail system. More recently we have positioned ourselves to provide more comprehensive support to health workers, continuing to place emphasis on those who are in under-resourced or information impoverished areas. This has necessitated us becoming an electronic repository for relevant information. It has also necessitated that we gear ourselves to provide sustained and integrated user support to health workers who have not before had access to computing and electronic communication. We continue to assist in the development of applications that employ electronic communication to improve the functioning of both clinical and administrative aspects of health care.

The mission of HealthLink is “to address the communication and information needs of managers, providers and consumers of health care using appropriate technology”. We subscribe to the mission statement of Health Systems Trust as follows: “The Health Systems Trust is committed to a health care system which meets the needs of all South Africans. It seeks to help realise this vision through independent support for research and skills development aimed at improving policy and planning at all levels, as well as other strategic initiatives which move us toward this goal.”

In individual provinces HealthLink has in most cases become a part of the implementation strategies of the information technology sections of the various provincial health departments. This has been a necessary shift and has enabled us to restructure so as to be able to concentrate on doing development work and adding value to the infrastructure already created. A management board to oversee the activities of the organisation met for the first time in July and met again in October. Our funder, the Henry J. Kaiser Family Foundation, reaffirmed their support for HealthLink in agreeing to fund the project for a further two years starting in July 1996. Duane Blaauw had steered the organisation since its inception through to the move to Durban, and finally took leave of HealthLink in December in order to continue with his studies. Duane was replaced by Andrew Boule as National Manager.

Technical infrastructure

Our store and forward electronic mail system is now well established and supports users in every province, many of whom would have no other access to this medium without HealthLink. The past year saw the establishment of a further three host computers (Mmabatho, Upington, Medunsa) to take the total to nine. New users were connected as far afield as Swaziland. A full time technical manager (Roger Day) was appointed in October which has added to the stability of the system and to the potential for expansion. A conference for node managers (the operators who look after the individual host computers in the various provinces) was held in November and was attended by 15 people.

Information resources

In May Candy Day joined the HealthLink team as Information Manager. Her impact was immediately felt as HealthLink users began to receive a steady stream of valuable information and pointers to other resources. Towards the end of the year our World Wide Web server became operational and we also started to provide web services for clients. The volume of work has rapidly become too much for one person to manage and Halima Hoosen has ably assisted Candy and has gradually become an integral part of our team.

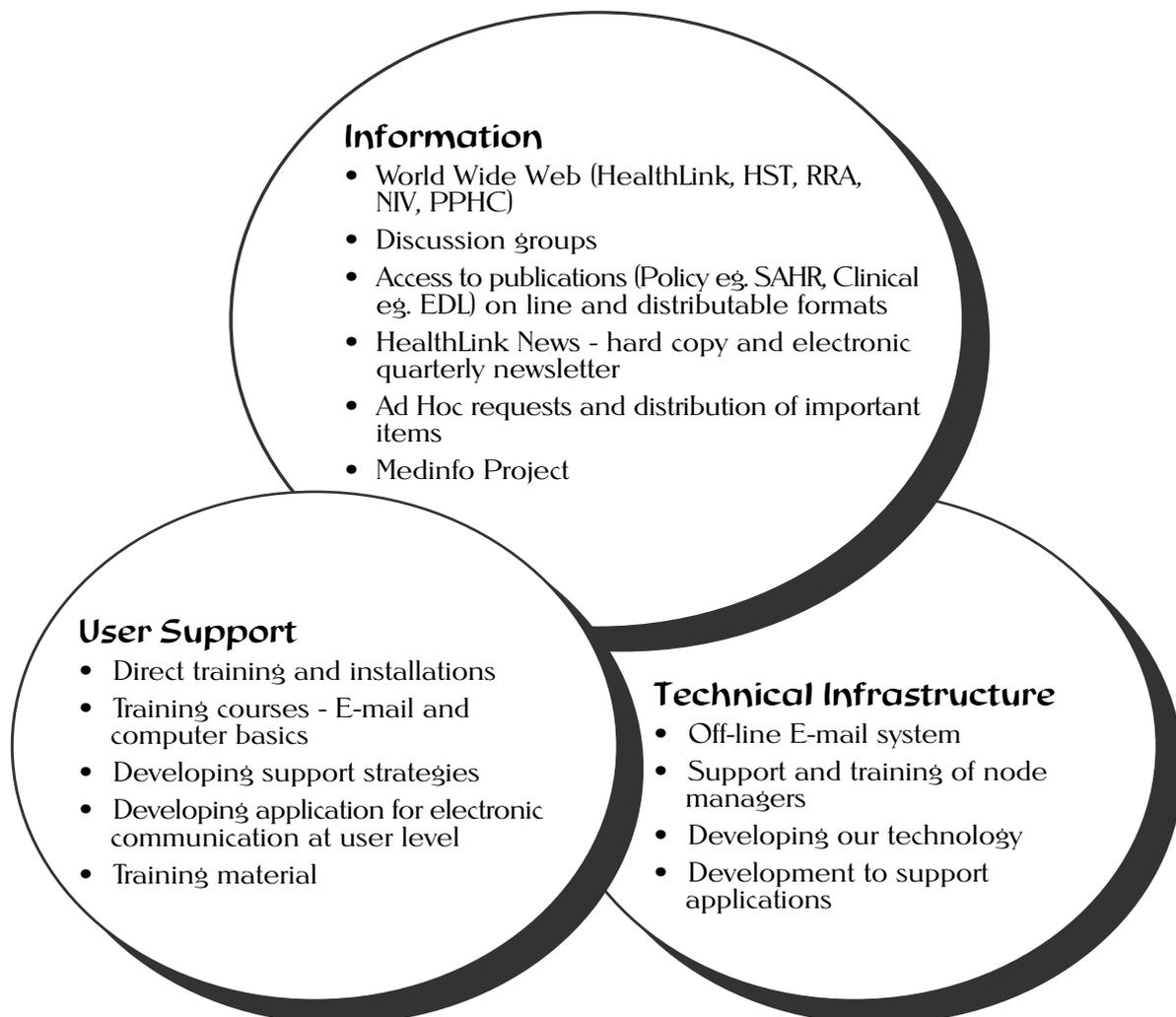


User support

As mentioned earlier, this is a vital component of our functioning, and last year saw us significantly increase our ability to provide the kind of support to our users that is needed. Many users in barely accessible places in KwaZulu-Natal had already been surprised to find Vijay Makanjee arriving to install a point or provide training and support. Vijay joined the team on a full time basis in August and later in the year Michael Ruwona joined the team to provide user support, bringing with him further technical expertise as well. A strategic alliance was envisioned with the Initiative for Subdistrict Support. This initiative is focusing on health facilities where HealthLink would particularly like to make a contribution.

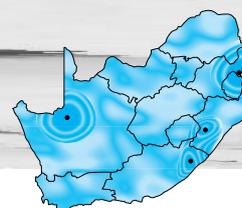
Further applications

Some applications do not fit neatly into one area of our work, and these include support to distance learning projects and the development of systems such as the electronic delivery of laboratory results to outlying hospitals. All three areas of the Healthlink activity feed into the support for the ISDS Initiative.





Initiative for sub-district support



The Initiative for Sub-District Support is a new activity of the Health Systems Trust whose **aim** is to demonstrate real improvements in the quality of care in selected sites throughout the country. This initiative will provide sustained, concerted support to these sub-districts to bring about improvements in health care delivery.

Initiative for Sub-District Support

The **purpose** of this initiative is to demonstrate the impact of a process which:

- ◇ deliberately and systematically addresses factors affecting the quality of care at local level
- ◇ supports and strengthens the capacity of both public sector and non-government health providers
- ◇ strengthens the capacity of communities to participate in governing and managing health services
- ◇ harnesses technical resources, both local and distant, to support health systems reform at local level.

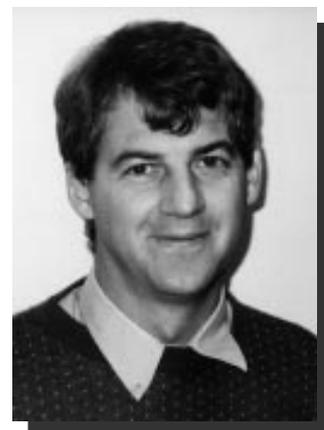
Site selection

Four sites have been established thus far:

Kakamas

Kakamas is situated along the banks of the Orange River in the Northern Cape province, about 80 kilometres west of Upington. From the air, irrigated farmlands adjacent to the river are seen as a strip of green through the vast semi-desert.

Although the Northern Cape covers roughly one-third of South Africa's surface area, it houses less than two percent (1.8%) of the population. There are approximately 10 000 people in Kakamas, with settlements of about 500 to 1000 people at Augrabies and Marchand villages, and Riemvasmaak. There are roughly 10 to 50



David Harrison – Director ISDS



people working on each of the large farms along the banks of the Orange, but these numbers swell to 300 to 400 during harvest time twice a year. With the exception of a container clinic at Riemvasmaak, existing health facilities have good basic infrastructure. But despite this fact, significant ill-health in the form of health problems such as tuberculosis and malnutrition persists.

Mount Frere

The town of Mount Frere is situated some hundred kilometres north east of Umtata in the former Transkei, now part of the Eastern Cape province. The district is very mountainous, with deep valleys gouged out by rivers. This makes large areas of the district quite inaccessible. Clustering of homesteads as a result of so-called "betterment schemes" has resulted in overgrazing and serious erosion in areas.

This area is faced with overwhelming problems related to decaying infrastructure and staff shortages, poor communication and transport systems, and serious shortages of medicines.

Despite the present decay, there are a number of highly competent, enthusiastic individuals eager to improve health services. Management systems have stagnated and broken down.

The Initiative will need to work together with the Department of Health in addressing resource deficiencies and using existing resources more efficiently.

Tonga and Shongwe

Tonga and Shongwe are adjacent health districts forming a block of land bordered by the Kruger National Park (north), Mozambique (east) and Swaziland (south). Formerly part of the homeland of KaNgwane, Tonga and Shongwe consist mainly of sugar-cane farmlands and scattered villages. The districts are fairly densely populated for a rural area. Official statistics place the total population at just over 600 000, equally distributed between the two districts. The area still harbours many people who have fled from Mozambique and have, to a large extent, been assimilated into the indigenous population.

Health workers identify inadequate transport, poor communication systems, and inadequate training support as their greatest obstacles.

Underberg/ Pholela/ Impendle

Underberg, Pholela and Impendle are three magisterial districts in the midlands of KwaZulu-Natal, which together form a health district. This area is of particular historical significance for health care, in that the first health centre was established in Pholela in 1942 by Sydney and Emily Kark. The work done at Pholela Health Centre was instrumental in the development of community-oriented primary care. The Health Centre still exists as a clinic.

Because of the great distances and inaccessibility of areas, effective communication and transport systems are crucial. A priority is to strengthen the district team.



ISDS Facilitators



Gcina Radebe, The Valley Trust
KwaZulu-Natal Facilitator



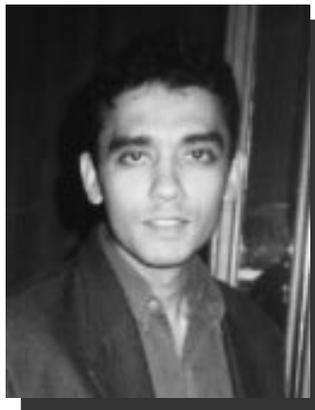
Aarti Kishuna, University of Durban-Westville
Rational Drug Use Co-ordinator



Vishal Ramduny, HST
ISDS HealthLink Coordinator



Lesley Bamford, Child Health Unit
Northern Cape



David McCoy, Child Health Unit
Eastern Cape



Zama Nxumalo, CHES
Mpumalanga



Catherine Orrell, University of Cape Town
Rational Drug Use Co-ordinator

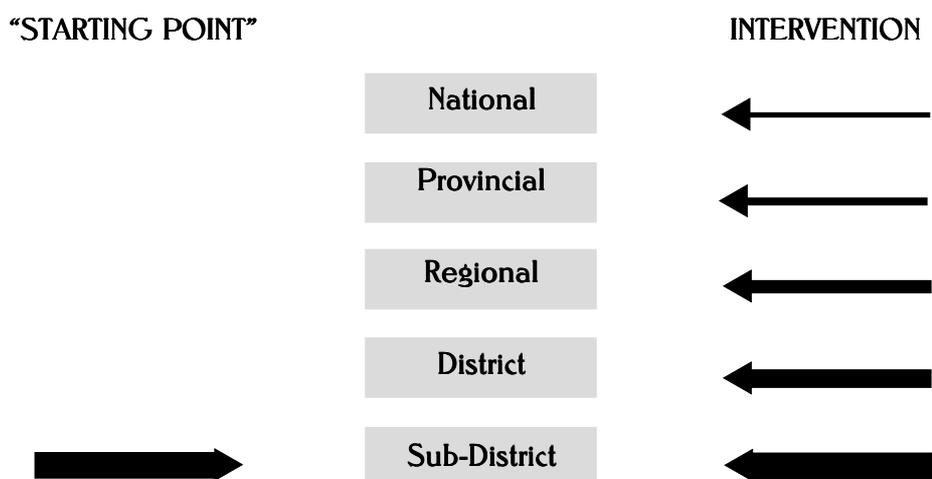


Support interventions

These seven components form the basic package of support:

- Research
- Evaluation
- Communication
- Technical support
- Information
- Facilitation
- Your own input

Although the focus is at the site of service delivery, it is recognised that many of the support interventions will need to be directed at a higher level. For example, it does not make sense to try and improve the drug management system by improving stock management within clinics if there are also problems with procurement and distribution at district and regional levels.



Creating the “knock-on” effect

The interventions and strategies that are planned to solve the problems and to meet the needs must be replicable. For example, interventions at the district level should allow for the improvement of health care delivery in the other sub-districts of that district. Similarly, the lessons learnt from, and the strategies developed by, the ISDS project should be as applicable as possible to other districts and other regions so that there can be a knock-on effect. Some of the strategies for “knock-on” include: the establishment of “mirror sites” within provinces, so that lessons learnt and systems developed can be rapidly introduced; involving appropriate provincial co-ordinators and managers in the process of systems redesign; and an extensive communication strategy.



Time frame

ISDS recognises that improving the quality of care will take time, energy and resources.

There is an up front commitment of 2 years to any one site, while our initial time frame is five years for the Initiative as a whole. We believe that the ISDS will become an important national strategy for implementing health reform over the next few years.

Read about the ISDS

Visit our Web Site (<http://www.healthlink.org.za/hst/isds/>)

Join the ISDS e-mail discussion group

Get a quick printed guide to the ISDS (Introducing the ISDS)

Other publications to date include the ISDS Technical Report #1, Pocket Guide to District Health Care, and Training Manual on Rational Drug Use.

E-mail davidh@healthlink.org.za or write to David Harrison at HST.



1996 Grants

Projects listed as follows :

- Name of project/beneficiary
- Grantee institution
- Principal Researcher/Project Director
- Grant amount
- Status of research

Research

District development

Conceptualisation and Implementation of a Rural District Health System: The case of New Hanover, Kwa Zulu-Natal

Department of Geography, University of Natal
Prof. R J Fincham
R7 000
In progress

The project aims to use Geographical Information System (GIS) to improve access to primary care.

District Health Support in Benade-Oranje (Northern Cape) and Mmabatho (North West) Districts

Centre for Health Policy, Wits University
Jorge Cabral
R331 784
In progress

The aim of this project is to help develop district health systems within South Africa by critically appraising the initiation of district strategic planning processes and also support capacity for strategic planning within health districts.

Evaluation of District Surgeons

Centre for Health Systems Research and Development,
University of Free State
Nic Van Zyl
R52 321
In progress

The aim of the project is to establish skills needed for contracting capacity and to analyse how contracting functions fit into the management structure of the district health system in the Western Cape, Northern Cape and the Free State.

Evaluation of District Surgeons

Health Economics Unit, University of Cape Town
Nicole Valentine
R142 679
In progress

The project seeks to identify skills needed for contracting capacity and to analyse how contracting functions fit into the management structure of the district health system in the Western Cape, Northern Cape and the Free State.



Using GIS to develop a model of clinic placement which will enhance utilisation in rural areas

National Malaria Project, Medical Research Council
Dr. David le Seuer
R69 630
In progress

The project aims to evaluate the existing clinic locations in relation to the delivery of maternal and child health services in the Ubombo/ Ingwavuma area of Kwa Zulu Natal.

A study to determine public sector contributions to medical aid schemes for employees in the Northern Cape

Northern Cape Health and Welfare Department
Dr. Rosemary Foster
R20 000
Complete

The project quantified contributions of the public sector to the private health sector in the Northern Cape with particular emphasis on the Department of Health. The research will form a baseline for further investigation into the private health sector.

Health economics

District financing in support of equity

Centre for Health Policy, Wits University
Dr. Lucy Gilson
R186 178
In progress

The project recommends processes for allocation of resources, mechanisms for equitable determination of budgets and financial management capacity for effective implementation of district health systems in the Eastern Cape and North West Provinces.

Drug policy

Drug prescription review, Primary Health Care clinics

Eastern Cape Health Department
Dr. Andy Parrish
R4 835
Complete

The aim of the study was to pilot the development of a tool to audit quality of care at primary health facilities based on assessing appropriate drug prescriptions.

District financing in support of equity

Health Economics Unit, University of Cape Town
Di McIntyre
R168 701
In progress

The project recommends processes for allocation of resources, mechanisms for equitable determination of budgets and financial management capacity for effective implementation of district health systems in the Eastern Cape and North West Provinces.

Evaluation of the Transformation of Pharmacy related services in the Northern Province

School of Pharmacy, MEDUNSA
Prof. Rob Summers
R45 062
In progress

The project aims to determine the impact of rationalised drug procurement and distribution in the Northern Province.



Nutrition

An evaluation of the Protein Energy Malnutrition (PEM) food scheme for children 0-5 years at all clinics in Mitchells Plain

Child Health Unit, University of Cape Town
Dr. Elmarie Malek
R19 600
Complete

The project described the implementation and evaluate the effectiveness of the protein energy malnutrition scheme in the Mitchells Plain district with regard to the rehabilitation of underweight children under 6 years of age in Mitchells Plain.

Evaluation of Primary School Nutrition Programme (PSNP): Assessment of Food Quality and Quantity Issues

University of Transkei
Dr. Thabisile Hlathswayo-Moleah
R64 500
In Progress

The aim of the project is to identify the acceptable food quality which will meet the main objective of the PSNP which is to alleviate short term hunger.

Evaluation of PSNP

Child Health Unit, University of Cape Town
Dr. David McCoy/ Dr. Michael Hendricks
R53 290
In progress

The aim of the project is to provide a scientific evaluation of research issues, as well as a set of policy recommendations or policy options related to the PSNP in specific, but related to nutrition and development in general.

Evaluation of PSNP: Assessment of patterns of coverage and dropout

Goldfields Nutrition Centre, MEDUNSA
Dr. Mmipe Saasa
R73 900
Complete

The project aimed to help improve the efficiency and effectiveness of the school feeding programme by assessing the coverage of the PSNP in five provinces.

Evaluation of the Protein Energy Malnutrition Scheme in the Northern Cape

Child Health Unit, University of Cape Town
Dr. Michael Hendricks
R47 500
In Progress

The project aims to assess the existing Protein Energy Malnutrition (PEM) Scheme as well as develop and implement a monitoring system for the scheme in the Northern Cape.

Evaluation of the Primary School Nutrition Programme (PSNP) as a tool for nutrition education in South Africa

Public Health Programme, University of the Western Cape
Rina Swart
R71 500
In Progress

The aim of the project is to evaluate the role of the PSNP in nutrition education of school children in South Africa.

Growth Monitoring and Promotion

Hlabisa, Medical Research Council
Dr. Micky Chopra
R37 620
In Progress

A baseline survey measuring anthropometric indices, key socio-economic and demographic factors and child health characteristics relevant to nutritional status will be conducted repeatedly over three years. The quality of growth monitoring being performed by Community Health Workers will also be measured.

Opportunities of extending the parameters of the PSNP

Child Health Unit, University of Cape Town
Prof. Marian Jacobs/ Dr. David McCoy
R77 460
In progress

The aim of the project is to investigate ways by which the PSNP can include greater community participation, and be more cost-effective and cost-beneficial through linkages with other nutrition related interventions.



Opportunities of extending the parameters of the PSNP

National Progressive Primary Health Care Network (NPPHCN)

Khathatso Mokoetle

R67 900

In progress

The aim of the project is to investigate ways by which the PSNP can include greater community participation, and be more cost-effective and cost-beneficial through linkages with other nutrition related interventions.

Parasite control for the PSNP evaluation

Human Sciences Research Council (HSRC)

Dr. Jane Kvalsvig

R5 000

Complete

The project aimed to place the school based control of parasites in the context of the Primary School Nutrition Programme.

Parasite control study in KwaZulu-Natal

Dept. of Biology, University of Natal

Dr. Chris Appleton

R10 240

In Progress

The project aims to assess the maintenance and analysis of the cost effectiveness and efficiency of a holistic Bilharzia control programme in Mpolweni Mission, Natal Midlands, Kwa-Zulu Natal.

Review of Recommendations for the nutritional intervention for women and preschool children

Child Health Unit, University of Cape Town

Dr. Michael Hendricks

R 5000

In Progress

The project aims to review and analyse nutrition policy and intervention concerning South African women and children in the context of the PSNP.

Review of Existing Nutritional data and its implications for PSNP

Department of Nutrition, Potchefstroom University

Prof. H.H. Voster

R24 000

Complete

The project described the current data on nutrition using demographic as well as nutritional status indices. It is a review of published and grey literature.

The further development of the Primary School Nutrition Programme (PSNP) in schools on commercial farms

Rural Education Facilitator Project, Wits University

Dr. Adele Gordon

R29 975

In Progress

The project aims to see whether the PSNP can play a role to act as a catalyst for an integrated nutrition programme on commercial farm schools.

Mental health

District level Psychiatric Services in the Western and Eastern Cape: Developing a model

Department of Psychiatry, University of Cape Town

Dr. Karen Ensink

R127 000

In Progress

The project aims to formulate a model for the development of district level psychiatric services in the Western Cape and thereby support the Eastern Cape in developing its own model. The model will be implemented and evaluated in three districts in the Western Cape and later, the Eastern Cape.



School health services

Evaluation of effectiveness of school health services in KwaZulu-Natal

Department of Community Health, University of Natal
Myra Taylor
R97 000
In Progress

The aim of the project is to evaluate the effectiveness of the component of the School Health Services in one of the eight regions in KwaZulu-Natal. This evaluation looks at health education, health inspection, the providers' and recipients' perceptions of the service and determines the cost of rendering school health services.

Evaluation of effectiveness of school health services in KwaZulu-Natal

Department of Nursing, University of Zululand
Doris Nzimakwe
R12 100
In Progress

The aim of the project is to evaluate the effectiveness of the component of the School Health Services in one of the eight regions in KwaZulu-Natal. This evaluation looks at health education, health inspection, the providers' and recipients' perceptions of the service and determines the cost of rendering school health services.

Human resources management

Developing appropriate skills for Rural Doctors

MEDUNSA
J. Pierre
R48 026
In progress

This research describes the experience of medical practitioners in undertaking surgical and obstetric procedures in rural hospitals and compares these with the theoretical training of these doctors.

Evaluation of the impact of the health systems research short course

Medical Research Council
Hester van der Walt
R26 000
In progress

The project aims to assess student, teacher and health service manager perceptions of the usefulness in the work context of the skills taught on the Health Systems Research 1 short course offered by the UWC Public Health Programme and the extent to which the course has stimulated awareness and development of HSR in the work setting.

Planning the composition of health care Teams

Department of Community Health, Wits University
Prof. William Pick
R150 000
In progress

The project aims to propose a plan for the development of human resources for health care at National level.

Role of Environmental Health Officers (EHOs) in PHC Teams in South Africa

Department of Environmental Health, Technikon Northern Transvaal
Stanley Mukhola
R20 981
In Progress

The project aims to make recommendations on the future role of EHO's within the Primary Health Care team.

Women in Medicine

Faculty of Medicine, University of Cape Town
Dr. Joce Kane-Berman
R6 000
In progress

A literature review will be conducted to ascertain relevant work done in this field and obtain information on how women function in the health sector after they have graduated.



Information

Implementation of a Health Information System to Optimise PHC in the Free State

Centre for Health Systems Research and Development,
University of Free State
Prof. HCJ Van Rensburg
R250 000
Complete

The project integrated all PHC information in the Free State in selected districts. Personnel in the districts will participate in the implementation of the recommendations after receiving orientation. This process will be monitored and evaluated and the initial plan will be adapted accordingly.

Testing the viability of computers in a busy clinic

Centre for Health Systems Research and Development,
University of the Free State
Prof. T. McDonald
R20 000
In Progress

The aim of the project is to assess whether a nurse in a busy Primary Health Care Clinic will be able to capture patient data directly on a computer as part of a patient consultation and to compare this method with a hand held data capture sheet.

Disability

Assistive devices used by disabled people of KwaZulu-Natal; An exploration into the availability, servicing and applicability of assistive devices used by disabled people

Disability Action Research Team
Dr Pam Mc Laren
R234 749
In Progress

The project evaluates the field of assistive devices to disabled people in terms of budget, procedures and policy with the aim of making recommendations as to what should happen. It is based in KwaZulu-Natal.

The prevalence of childhood disabilities in the Manguzi Health District of KwaZulu-Natal

Manguzi Hospital
Dr. J. Couper
R10 450
In Progress

The aim of the project is to develop an appropriate rehabilitation model for disabled children under the age of 9 years within the Manguzi Health District

Other

Community Participation in primary care service development: A case study from the informal settlement of Matthew Goniwe, Khayelitsha, Cape Town

Department of Community Health, University of Cape Town
Dr. L. London
R23 500
In Progress

The project aims to ascertain the perceptions of the health service providers, community and other stakeholders regarding the process of community participation in the development of the clinic in Matthew Goniwe. It also aims to identify obstacles to the implementation of community participation and methods to improve the effect of community participation.

Paediatrics and Child Health Development Programme in the Northern Region of the Eastern Cape Province

Department of Health and Welfare, Eastern Cape
Dr. Chris Sutton
R70 638
In Progress

The study aims to explore the issues related to the development of regional paediatric and child health services in the Northern Region of the Eastern Cape Province and to develop this into a model for planning and developing paediatric and child health services in similar regional services.



A study on assessing a questionnaire for developmental screening

Child Health Unit, University of Cape Town
Dr. Carl Wicht
R4 776
In Progress

The project aims to validate a questionnaire to be used for screening for developmental disabilities in children who present for their 9 month immunisation. If assessed to be appropriate, the questionnaire could be introduced into the routine evaluation of children.

Reproductive health

Cost analysis of the procedures to be used in the termination of pregnancy in the first and second trimesters at different levels of service

Department of Community Health, University of Cape Town
Dr. Helen de Pinho
R 13 200
Complete

The project undertook a cost analysis of the procedures used in the termination of pregnancy in the first and second trimesters at the different levels of service, and to provide projected total costs based on estimated demand over the next 5 years.

Developing health education for lesbians, gays and bisexuals

Triangle Project, Western Cape
Giles Griffin
R15 000
In Progress

The aim of the project is to determine attitudes towards and treatment of lesbians, gays and bisexuals in health education and care settings including clinics, day hospitals, hospitals and general practitioners.

The development of an abortion values clarification workshop

Planned Parenthood Association, Western Cape
Anna van Esch
R14 700
Complete

The project designed and ran 6 workshops for health care workers. The workshops enabled participants to identify their attitudes towards patients seeking abortion care, in order to allow them to maintain a professional relationship with the patient; and encouraged them to understand the social and medical basis of the problem the law was seeking to address.

Standards of antenatal care for primary health care midwives in the management of pregnant women with gestational hypertension

University of Natal
Sisana Majeke
R6 000
Complete

The project formulated standards for antenatal care provided by the PHC midwives to pregnant women with mild Gestational Hypertension (GH) and mild pre-eclampsia. This will improve midwifery practice, outcome to mother and baby thus reduce maternal and perinatal morbidity and mortality rates.



Skills development

Research interns/Trainees

Listing : Research Project
Intern
Institution
Grant Amount
Status of internship

Implementation of a Health Information System to optimise Primary Health Care

Ndabeni Bagosi
Centre for Health Systems Research, University of the Orange Free State
R65 000
In progress

The intern is looking at the issues that determine the use or lack thereof, by Primary Health Care workers, of health systems research findings and recommendations.

Qualities of health care

Karen Daniels
Medical University of Southern Africa (MEDUNSA)
R 60 638
In progress

Through qualitative research methodology, the project explores the meaning of caring in health; examines the training courses for health workers which claim to inculcate caring attitudes; and makes recommendations regarding caring attitudes of health workers.

Restructuring city-wide health systems project

Lulama Dikweni
Medical Research Council
R55 125
Extended

The intern has acquired skills in health systems research and methodology.

Evaluation of school health services in KwaZulu-Natal

Nozizwe Dladla
Department of Community Health, University of Natal
R58 125
In progress

Investigating the extent to which the School Health Services influence the health seeking behaviour of rural primary school children, using qualitative research methodology.

Geographic Information Systems

Sicelo Dlamini
Centre for Health and Social Studies (CHESS)
R10 000
Complete

The intern did mapping using GIS. He has also improved his report writing skills.

Course - Management for democratic organisations

Giles Griffin
AIDS Support and Education Trust (ASET)
R4 000
Complete

An exploration into the availability, affordability and servicing of assistive devices used by disabled people in KwaZulu-Natal

Richard Hlophe
Disability Action Research Team
R55 125
In progress

Through this project, the intern is expected to learn a number of research skills; including protocol development, research implementation, writing and dissemination of research findings and recommendations.



Planning the composition of health care teams

Siyabonga Jikwana
Department of Community Health, Wits University
R41 344
Complete

Project sought amongst other things, to determine the categories and numbers of health workers required for health care teams at district, regional and national levels.

TB programme costing study

Xoli Mfeka
Centre for Health and Social Studies (CHESS)
R4 475
Complete

The intern was introduced to the methods of economic evaluation, analysis and interpretation of data, communication and networking.

Patterns of referral in the Free State

Enid Morake
Centre for Health Systems Research, University of the Orange Free State
R55 125
In progress

Health seeking behaviour in pregnant women

Zodumo Mvo
Medical Research Council
R55 125
Complete

The project enabled the intern to acquire skills in qualitative research and writing academic articles from research findings for publication.

Community based nutrition surveillance systems

Sphiwe Ngubane
Regional Consultative Forum on Rural Development
R 52 500
Extended

This intern has acquired skills in planning, developing, organising and evaluating community-based nutrition surveillance programmes. The project involved the use of computer programmes.

The education and training of health personnel for the National Health System : Human Resources Development

Sulona Reddy
School of Public Health Programme, University of Western Cape
R60 638
In progress

Intern has been recently placed within this project and hopes to undertake a critical analysis of power and influence in the reform and regulation of health personnel education in South Africa.

Public Health Intervention through Legislative Advocacy

Jane Stuurman-Moleleki
National Progressive Primary Health Care Network (NPPHCN)
R67 238
In progress

The intern participated in a number of legislative analysis work within the PHILAW programme of the NPPHC; and has been closely involved in the comparison of provincial health plans and legislative development and content in South Africa.

The integration of comprehensive Psychiatric / mental health care into primary health care system

Lindiwe Thanjekwayo
Department of Nursing, University of Natal
R105 000
In progress

This intern has acquired computer and research methodology skills.



Training Programmes

District Management Development Programme in the North West Province

Prof. Hugh Philpott
Centre for Health and Social Studies (CHESS), University of Natal
R368 920
In progress

The district management training programme facilitated by CHESS is an effort to address the health problems experienced by the Province; as well as an effort to meet the training needs for management and delivery of health services in this Province.

KwaZulu-Natal District Management Development Programme

Prof. Hugh Philpott
Centre for Health and Social Studies (CHESS), University of Natal
R295 460
Extended

In its final phase, the programme seeks to consolidate the skills of the District Health team members to enable them to further strengthen district health services. Attention is being given to issues of health information systems, communication systems, advocacy and financial management, among others, at district level.

Nutrition capacity building within the Ndunakazi rural community Primary Health Care programme

Dr. Spinie Benade
Medical Research Council (MRC)
R42 000
Complete

The purpose of this programme was to develop nutrition promotion, growth and health status monitoring skills of Community Health Workers at Ndunakazi community, targeted especially at pregnant women and children under the age of five, mothers and the elderly.

Programme to enable non-government organisations (NGOs) in project documentation, monitoring and assessment

Peter Derman
Community Organisation Research and Documentation (CORD), University of Natal
R431 720
In progress

The project aims to enable NGOs to document and monitor their activities in order to assess their progress and present their work as co-partners in service delivery and district governance. Four organisations participated in this project; Insika Rural Development Association, Grootville Health Committee, Ithuseng Community Association and Hlatlolanang Health and Nutrition Education Programme.

Training of community-based rehabilitation workers

Dr. Karin Volker
Oliviershoek Clinic
R18 000
Complete

Community-based rehabilitation facilitators were trained in basic rehabilitation skills, assessing rehabilitation needs within the community, organising and mobilising community groups and in facilitating and training other workers and colleagues in community-based rehabilitation.

1996 Winter and summer schools

Directed by Prof. David Sanders
Public Health Programme, University of the Western Cape
Complete

Enhancing Health Systems Research in the Historically Black Universities

Health Systems Research training workshops :

University of the Transkei,
University of the North West,
Northern Transvaal Technikon,
University of the North,
University of Zululand and
Fort Hare University.



HealthLink

The use of HealthLink to disseminate health information from the medical Library (Med Info)

Trudie Venter
Medical Library, University of the Free State
R100 000
In progress

An intern, with the assistance of the project co-ordinator, provides e-mail support for queries ranging from requests for information on specific issues to requests for library searches, journal articles and Medline searches.

The rational drug prescribing training programme

Dr. Catherine Orrel
Department of Pharmacology, University of Cape Town
R70 000
In progress

This programme is based at both the Universities of Cape Town and Durban-Westville. It encourages a rational approach to prescribing at primary care level and focuses on training key people to in turn train primary care practitioners whilst providing information backup (including e-mail) for the process as well as training material.



Publications

Health Systems Trust Publications

Health Systems Trust. *Directory of Health Systems Research in South Africa* 1996.

Health Systems Trust. *Improving quality of care: the nuts and bolts of health reform: report of consultative meetings with provincial Departments of Health regarding a proposal for a sustained, multi-site initiative aimed at supporting health sector development at local level.*

Health Systems Trust. *Initiative for sub-district support.*

Health Systems Trust. *Initiative for sub-district support: technical paper 1.*

Health Systems Trust. *Internship programme, 1993-1995.*

Health Systems Trust. *Introducing the initiative for sub-district support.*

Health Systems Trust. *Primary health care in Mpumalanga: guide to district-based action.*

Health Systems Trust. *South African Health Review, 1996.*

Health Systems Trust. *Workshop on meeting the information needs of health workers.*

Health Systems Trust. *Workshop on managing a small resource centre/office collection.*

Health Systems Research in South Africa. Department of Health, Health Systems Trust, and the Medical Research Council.

HST Update

The AIDS epidemic, *January*

The future of academic health care, *March*

The Essential Drugs Programme, *April*

Reproductive health, *May*

Progress towards district-based health care, *July*

NGOs: non-entities or crucial partners in health, *September*

Health systems research in 1996: gauging progress, *October*

Mass deworming and fortification make economic sense, *December*

ReHMIS reports

Health care in KwaZulu-Natal: implications for planning. Health Systems Trust and Department of Health, KwaZulu-Natal.

Health Care in the Eastern Cape: implications for planning. Health Systems Trust, Dept. of Health and Welfare and National Dept. of Health.

Health Care in the Free State: implications for planning. Health Systems Trust and Department of Health.

Health care in the Northern Cape: implications for planning. Health Systems Trust and the Department of Health and Welfare and National Department of Health.



Health care in the North West Province: implications for planning. Health Systems Trust and the Department of Health.

Health care in the Northern Province: implications for planning. Health Systems Trust, Department of Health and Welfare and National Dept. of Health.

Health Systems Trust funded research reports

Communicable diseases

Cooper Di. *Report on an evaluation of the appropriateness and success of integration of the systems of management of STD at the site B health complex, Khayelitsha, Cape Town.* Cape Town: Department of Community Health, University of Cape Town.

Community Health Workers

Makan B. *An economic evaluation of community health worker programmes: Western Cape Province.* Health Economics Unit, Department of Community Health, University of Cape Town.

District development

Centre for Health and Social Studies, University of Natal. *The District Health Management Training Programme : piloted in eight districts in KwaZulu-Natal,* Centre for Health and Social Studies (CHESS), University of Natal.

Sankar U and Jinabhai C C. *Towards developing a district health system in the New Hanover district: a situation analysis.* Department of Community Health, University of Natal.

Drug policy

Kishuna A. *Pharmaceutical services at primary care clinics in KwaZulu-Natal,* Department of Pharmacy, University of Durban-Westville.

Financing health care

Blecher M S, Jacobs T and van der Heever A. *General practitioners and inter-provincial formula in support of equity.* Centre for Health Policy, University of the Witwatersrand.

Doherty J and van der Heever A. *Issues in resource allocation-an inter-provincial formula in support of equity.* Centre for Health Policy, University of Witwatersrand.

Kinghorn A and Gwala P. *The role of general practitioners in a future national health system-experience with contracting of part-time district surgeons and suggestions for change.* Centre for Health Policy, University of the Witwatersrand.

Hospital services

Lucas Christine Anne. *Evaluation of Manguzi hospital.* Centre for Health and Social Studies, University of Natal.

McMurphy D. *Efficiency studies of public sector hospitals in the Eastern and Western Cape provinces.* Health Economics Unit, Department of Community Health, University of Cape Town.

Human resources

Moorman J and Pick W. *Planning human resources for health care: A literature review.* Department of Community Health: University of Witwatersrand.

Informatics support

Mackenzie JE and Joubert G. *Designing a system of routine data for the management of primary health care in the Free State.* Centre for Health Systems Research and Development, University of the Orange Free State.

van Zyl Nick. *Redirecting the referral system in the Free State: A research project.* Centre for Health Systems Research and Development, University of the Orange Free State.



PHC/INFO Project. *Health systems research as a management tool in primary health care*, by Annalize Fourie. Technical Report.

PHC/INFO Project. Task Group: *Routine data in the management of PHC in the Free State*.

Maternal and child health

McCoy D. *Free care for pregnant women and children under six in South Africa*. Durban: Health Systems Trust.

Marais Thea. *Abortion values clarification workshop: pilot study*. Planned Parenthood Association, Western Cape.

Westerway M, Chabalala P, Viljoen E, Hlophe J, Gomes E, Wessie G and Story H. *Improving the quality of antenatal care: a community health service and research partnership*. Medical Research Council.

Mental health

Masilela TC, Macleod C, Sehayek G, Tollman S, Malomane E and Homer S. *An assessment of the mental health needs of communities in the Agincourt sub-district of Bushbuckridge, Mpumalanga Province Health Systems Development Unit - Acomhoek*, University of Witwatersrand.

Petersen Inge, Bhagwanjee Anil, Parekh Angina, Paruk Zubeda and Subedar Hassina eds. *Developing Primary Mental Health Care Systems in South Africa: the case of KwaDedangendlale*. Department of Psychology, University of Durban-Westville.

Sawyer Steve, Ngwenya Nellie, Memela Zethu, Petersen Inge, Subedar Hassina and Parekh Angina. *Training and resource manual for community care givers*. Department of Psychology, University of Durban-Westville.

Uys L. *Evaluation of Psychiatric services by consumers*. Department of Nursing, University of Natal.

Uys LR, Volkwyn L and Thanjekwayo L. *The evaluation of psychiatric services by consumers*. Department of Nursing, University of Natal.

Primary Health Care

Heunis JC, Pelsler AJ, Machedi S and van Rensburg HCJ. *An evaluation of community involvement in primary health care from a community perspective: case studies in the Sasolburg sub-region and Mangaung*. Centre for Health Systems Research and Development, University of the Orange Free State.

Rispel L, Price M and Cabral J. *Confronting need and affordability: guidelines for primary health care services in South Africa*. Centre for Health Policy, University of the Witwatersrand.

Private sector health care

Blecher MS, Jacobs T and McIntyre D. *General practitioners and national health insurance - results of the national survey*. Health Economics Unit, Department of Community Health, University of Cape Town.

Kinghorn A and Gwala P. *The role of general practitioners in a future national health system - experience with contracting of part-time district surgeons and suggestions for change*. Centre for Health Policy, University of the Witwatersrand.



Acknowledgements

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Funders

Department of Health	Commission of the European Union
Henry J. Kaiser Family Foundation	Independent Development Trust
Kagiso Trust	Rockefeller Foundation
USAID	Department for International Development (formerly known as Overseas Development Administration)

Research proposal reviewers for 1996

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Dr. Keith Cloete	Dr. David Coetzee	Dr. Nicol Coetzee
Prof. Peter Eagles	Karen Ensink	Dr. Sharon Fonn
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Dr. Alf Kettles	Barbara Klugman	Dr. Steve Knight
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Prof. Rob Summers	Prof. Leana Uys	Alex van der Heever
Alyssa Wigton	Dr. Merrick Zwarenstein	Dr. Ruth Zwi
Dr. Nic van Zyl		



Reproductive health research fund Reference Group

Reproductive Health Fund Managers would like to express their appreciation to the following members of the Fund Reference Committee, for their guidance, input and support for the Fund:

Dr. Eddie Mhlanga	Dr. Helen Rees
Dr. Margaret Hoffman	Dr. Rachel Jewkes
Dr. Mohammed Jeenah	Prof. Jack Moodley
Prof. Linda Richter	Nelly Manzini
Shirley Ngwenya	Pam Tshwete

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Prof. David Power: Professor of Paediatrics and Child Health, Red Cross War Memorial Children's Hospital

Prof. David Saunders: Director of the School of Public Health, University of the Western Cape

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Dr. Jairam Reddy: Chairperson, Board of Trustees, Health Systems Trust

William Vivian: District Manager, Odi District, North West Province

Masingita Zwane: Provincial Manager, Independent Development Trust (IDT)

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Report of the Independent Auditors

To the trustees of

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

We have audited the annual financial statements set out on pages 2 to 9. These financial statements are the responsibility of the trustees whilst our responsibility is to report thereon.

We conducted our audit in accordance with generally accepted auditing standards which require that we plan and carry out the audit to obtain reasonable assurance that fair presentation is achieved in the financial statements in all material respects. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We consider that our audit procedures were appropriate in the circumstances to express the opinion presented below.

In common with similar organisations, it is not feasible for the trust to institute accounting controls over cash collections from grants prior to the initial entry of the collections in the accounting records. Accordingly, it was impracticable for us to extend our examination beyond the receipts actually recorded.

Except for the effects of any adjustments which might have been necessary had it been possible for us to extend our examination of cash collections from grants, in our opinion these financial statements fairly present the financial position of the trust at 30 June 1996, and the results of its operations and cash flow information for the year then ended in conformity with generally accepted accounting practice.

Luise Waterhouse

9 October 1996



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 INCOME AND EXPENDITURE STATEMENT
 FOR THE YEAR ENDED 30 JUNE 1996

	Note	1996	1995
		R	R
INCOME			
Grants	2	<u>7 350 353</u>	<u>4 909 099</u>
DEFICIT FOR THE YEAR		<u>(2 716 345)</u>	<u>(1 515 919)</u>
After charging/(crediting) the following items:			
Auditors' remuneration			
- current year provision		11 500	10 000
- prior year under/(over) provision		1 970	(91)
- other services		8 750	-
Depreciation		30 563	22 061
Interest paid		-	526
Interest received		(445 618)	(564 520)
Operating lease charges			
- premises		66 413	62 325
- equipment		<u>5 481</u>	<u>1341</u>
DEFICIT FOR THE YEAR TRANSFERRED TO ACCUMULATED FUNDS	3	<u>(2 716 345)</u>	<u>(1 515 919)</u>



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

BALANCE SHEET

AT 30 JUNE 1996

	Note	1996	1995
		R	R
CAPITAL EMPLOYED			
ACCUMULATED FUNDS	3	<u>2 505 812</u>	<u>5 222 157</u>
EMPLOYMENT OF CAPITAL			
FIXED ASSETS	4	<u>115 064</u>	<u>89 894</u>
CURRENT ASSETS			
Accounts receivable		110 372	18 944
Cash on deposit and at bank	5	5 630 877	5 703 084
Cash on hand		1 759	815
		<u>5 743 008</u>	<u>5 772 843</u>
CURRENT LIABILITIES			
Accounts payable	5	<u>3 352 260</u>	<u>590 580</u>
NET CURRENT ASSETS		<u>2 390 748</u>	<u>5 132 263</u>
		<u>2 505 812</u>	<u>5 222 157</u>



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 1996

	Note	1996	1995
		R	R
CASH UTILISED IN OPERATING ACTIVITIES			
Cash utilised in operations	6	(3 131 400)	(2 057 852)
Investment income		445 618	564 520
Changes in working capital	7	<u>2 670 252</u>	<u>560 055</u>
Cash utilised in operating activities		(15 530)	(933 277)
Interest paid		-	(526)
		<u>(15 530)</u>	<u>(933 803)</u>
CASH UTILISED IN INVESTING ACTIVITIES			
Investment to expand operations			
- additions to fixed assets		<u>(55 733)</u>	<u>(44 966)</u>
		<u>(71 263)</u>	<u>(978 769)</u>
CASH EFFECTS OF FINANCING ACTIVITIES			
Decrease in cash balances		<u>71 263</u>	<u>978 769</u>



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1996

1. ACCOUNTING POLICIES

The financial statements have been prepared on the historical cost basis and incorporate the following principal accounting policies:

Fixed Assets

Fixed assets are depreciated on a straight line basis at rates considered appropriate to reduce book values over the useful lives of the assets to estimated residual values. The rates used are 15% for furniture and fittings and 25% for computer equipment.

Funded projects

Funds granted to approved projects are expensed as and when payments are made, even if projects are of an ongoing nature.



2 GRANTS RECEIVED

	General Fund R	Project health information dissemination R	Skills Development Programme R	Skills Management Training R	Health Link R	Parliamentary Standing Committee R	Free health care R	USAID R	Adcock Ingram R	1996 R	1995 R
Kaiser Family Foundation	3 262 793	-	729 390	375 730	752 723	272 400	129 338	-	-	5 522 374	1 415 074
USAID	-	-	-	-	-	-	-	414 780	-	414 780	-
Independent Development Trust	-	-	400 000	-	-	-	-	-	-	400 000	240 000
Health Systems Trust (internal)	-	842 775	-	-	-	-	-	-	-	842 775	-
Department of Health	-	-	-	-	-	-	-	152 424	-	152 424	1 952 000
Adcock Ingram	-	-	-	-	-	-	-	-	18 000	18 000	-
Kagiso Trust	-	-	-	-	-	-	-	-	-	-	1 302 025
	3 262 793	842 775	1 129 390	375 730	752 723	272 400	129 338	567 204	18 000	7 350 353	4 909 099



	1996	1995
	R	R
3 ACCUMULATED FUNDS		
Balance at beginning of year	<u>5 222 157</u>	<u>6 738 076</u>
General Fund deficit for the year	(1 894 745)	(538 440)
Project for Health Information Dissemination deficit for the year	(101 025)	(245 104)
Skills Development Programme deficit for the year	(14 290)	(615 335)
District Systems Support and Management Training deficit for the year	(37 680)	(227 441)
Strategic Management Training (deficit)/surplus for the year	(12 476)	(381 797)
Health Expenditure Review deficit for the year	(101 742)	(381 797)
Human Resources Utilisation surplus/ (deficit) for the year	373 209	(22 405)
Health Link (deficit)/surplus for the year	(351 860)	277 907
Parliamentary Standing Committee on health surplus for the year	79 879	-
Reproduction Health Fund deficit for the year	(57 233)	-
Free Medical Care surplus for the year	1 017	-
USAID deficit for the year	(588 164)	-
Initiative for sub district support deficit for the year	(15 655)	-
Adcock Ingram surplus for the year	4 420	-
Deficit for the year	<u>(2 716 345)</u>	<u>(1 515 919)</u>
Balance at end of year	<u><u>2 505 812</u></u>	<u><u>5 222 157</u></u>



	Compter equipment	Furniture and fittings	Total
	R	R	R
4			
	FIXED ASSETS		
	Year ended 30 June 1996		
	65 085	24 809	89 894
	41 777	13 956	55 733
	(24 726)	(5 837)	(30 563)
	<u>82 136</u>	<u>32 928</u>	<u>115 064</u>
	At 30 June 1996		
	133 429	50 376	183 805
	(51 293)	(17 448)	(68 741)
	<u>82 136</u>	<u>32 928</u>	<u>115 064</u>
	Year ended 30 June 1995		
	44 051	22 938	66 989
	38 631	6 335	44 966
	(17 597)	(4 464)	(22 061)
	<u>65 085</u>	<u>24 809</u>	<u>89 894</u>
	At 30 June 1995		
	92 349	35 722	128 071
	(27 264)	(10 913)	(38 177)
	<u>65 085</u>	<u>24 809</u>	<u>89 894</u>

5 ADMINISTERED FUNDS

Included in cash on deposit and at bank, and accounts payable, is an amount of R 3 153 102 held on behalf of the National Progressive Primary Health Care Network. The Health Systems Trust is acting as the administrator of these funds.



	1996	1995
	R	R
6 CASH UTILISED IN OPERATIONS		
Deficit before interest	(2 716 345)	(1 515 393)
Adjustment for:		
- depreciation	30 563	22 061
- investment income	(445 618)	(564 520)
	<u>(3 131 400)</u>	<u>(2 057 852)</u>
7 CHANGES IN WORKING CAPITAL		
(Increase)/decrease in accounts receivable	(91 428)	16 221
Increase in accounts payable	2 761 680	543 834
	<u>2 670 252</u>	<u>560 055</u>

8 TAXATION

No provision for taxation has been made as the Trust is exempt from income tax in terms of Section 10(1)(f) on the Income Tax Act.

9 CONTINGENT LIABILITY

A contingent liability exists in respect of penalties and interest amounting to R65 441 which the Receiver of Revenue has charged in respect of the late payment of PAYE. Management is at present negotiating with the Receiver of Revenue for the waiver of this amount.