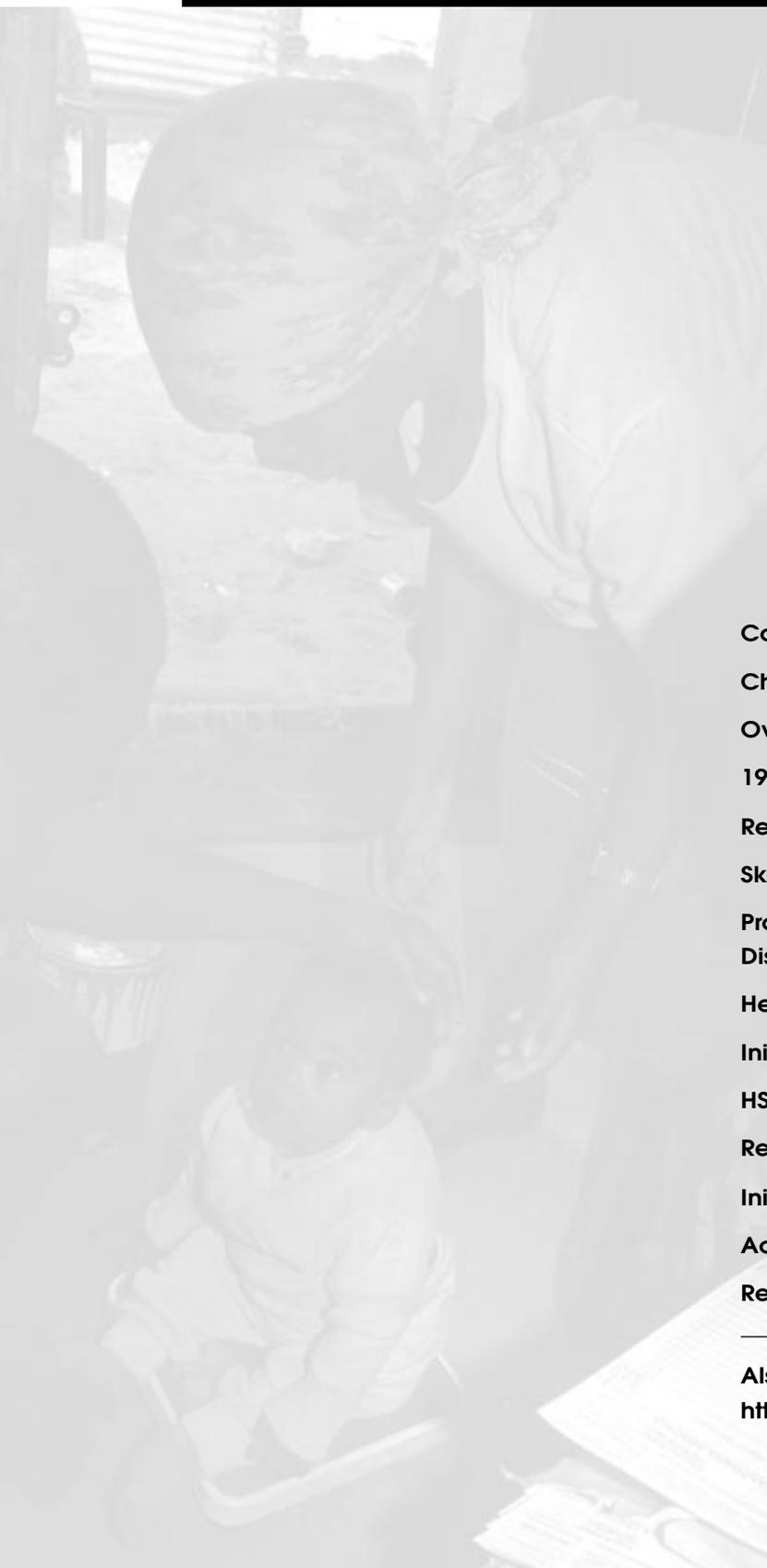


HEALTH SYSTEMS TRUST

ANNUAL REPORT 1997





Contents	
Chairperson's Report	1
Overview of Activities	2
1997 at a Glance	4
Research Programme	6
Skills Development and Capacity Building	11
Programme for Health Information Dissemination	15
HealthLink	17
Initiative for Sub-District Support	20
HST Publications	23
Research Grants	25
Initiative for Sub-District Support Grants	40
Acknowledgements	42
Report of the Independent Auditors	44

Also available on the Internet
<http://www.healthlink.org.za/hst>



Chairperson's Report

This is my final report as Chairperson of the HST Board of Trustees. June 1998 sees myself and four colleagues (Prof Racheal Gumbi, Dr Joce Kane Berman, Prof Nicky Padayachee and Prof David Power) completing our terms as Trustees, having served on the Board since the inception of the organisation in 1992. It is with mixed feelings that we depart from the organisation. We feel very proud of having been part of a team that took an idea and watched it develop into one of the most vibrant and dynamic non-government organisations in the South African health sector, the Health Systems Trust (HST).

In the year under review, the HST has continued to rise to the challenge of supporting and monitoring the transformation process of the health sector - ensuring that this process places the mission of equity at the forefront of our efforts, and yields tangible outputs. The various sections of this report give more detail in this regard.

A major activity of the outgoing Board has been the initiation of a strategic review and planning exercise for the entire organisation. This is intended to be a period of reflection and refocussing necessary for an organisation of HST's calibre, which has been in existence now for six years during a crucial period of South Africa's history. The planning process has afforded us the opportunity to review our achievements over the years, and we are pleased to report that these are in line with the original mission of the organisation.

Furthermore, the planning process has reaffirmed HST's contribution to health sector change, namely support of critical thinking and enquiry which governs the development and implementation of policy in the health sector. In line with this, we have identified three important areas, towards which the organisation will focus most of its resources in the next few years:

- ◆ Support for decentralisation and district systems development;
- ◆ Monitoring of health sector performance, particularly with regards to the move towards equity in health and health care; and
- ◆ Generating national thinking around future health care in South Africa.

I wish to express my sincere appreciation to my colleagues in the Board of Trustees and to members of the Secretariat for their outstanding work in the face of major challenges within the organisation, and in the health sector as a whole.

As some of the members of the Board of Trustees leave to make way for new Trustees, we do so feeling confident that the new Board and staff of the HST will continue to serve the interests of equity in health and health care with renewed focus, vigour and commitment. We welcome the new members of the Board of Trustees (Ms Nomonde Bam, Prof Craig Househam, Ms Francie Lund and Dr Mvuyo Tom) and wish them well as they take on this important challenge.


Dr Jairam Reddy



Overview of Activities



If 1996 was about development of policies in the health sector, 1997 was certainly a year of accelerating implementation of these policies. A lot still remains to be done in this regard. The Health Systems Trust has taken the need to quicken implementation as an important cue for its work.

Initiative for sub-district support (ISDS)

The site for implementation of health policies is the health district. It is at this level of the health system that we concentrated a significant amount of our resources through the Initiative for sub-district support (ISDS) because, making district systems development a reality, is a major challenge. In order to meet the nationwide need for support to health district development, the ISDS has experienced more growth and expansion than any of the programmes of the HST.

A number of people have come on board: Carmen Baez, Otto Chabikuli, Sarah Davids, Beth Engelbrecht, Bernard Gaede, Andy Gray, Ross Haynes and Susan Strasser serve as facilitators in the new sites. Thulani Masilela has taken on national management and administration in addition to being a site facilitator. Rosheen Adams provides secretarial support in our Cape Town office.

Research

Our research programme inevitably focussed on district systems development. The approach taken in the programme is multi-centred and uses multi-disciplinary teams of researchers on key projects. This promotes collaboration among different institutions on key national priorities for research. A new member of this team is Nomgcobo Sangweni, who comes on board as one of the Managers in the programme.

Skills and capacity development

Skills and capacity development is integral to all the activities of the HST, particularly research. Our research internship programme has focused on a few interns who enjoy longer periods of training than their predecessors. More effort is made to ensure support, particularly, supervision to interns. One of the challenges facing this programme is identifying strategies and mechanisms to retain interns within the research field. This is one of the issues to be debated in a national conference on skills and capacity development scheduled to take place during the course of 1998.

Project for health information dissemination (PHID)

Our profile as a powerhouse for information in the health sector continues to be boosted by the South African Health Review, a flagship publication of this project. The project focuses its energies on promoting the use of information generated by the Health Systems Trust for decision making. This year's Review was launched in two clinics in Mpumalanga. As much as



Overview of Activities

the clinics demonstrated obstacles in the way of health sector restructuring, they also showed progress in bringing health care closer to communities. We were humbled by the dedication of health workers in these clinics, working under difficult circumstances.

Antoinette Ntuli has taken over the reins of this project and works as its Manager. She has recently been joined by Khululiwe Mfayela who works in the project's resource centre.

HealthLink

This electronic information dissemination and communication project has grown in strength during this period of review. The number of web-sites and e-mail discussion lists hosted by HealthLink have increased significantly. Some of the sites and lists have become important catalysts for interaction among various stakeholders, including the media, health managers and researchers.

We welcome Bongiwe Shongwe who is on placement as an intern in HealthLink seconded from the Skills and Capacity Development Programme.

New direction

The report by the Chairperson of the Board of Trustees has highlighted the need for the HST to focus on a few key areas and products. The programmes of the HST are being repositioned to work collectively and in integrated manner for the attainment of these products. The challenge facing us in the Secretariat is to concretely define these products and ensure that they are in line with this new strategic direction. Although the products have not been finalised, there is consensus they will focus on the following :

- ◆ Targeted information packages for health workers, policy and decision makers at the various levels of the health system;
- ◆ Support for the development of "best practice" district sites;
- ◆ The development of monitoring mechanisms for equity in health and health care with specific indicators;
- ◆ Scenarios of the status of health and health care delivery in South Africa over the next 5 to 20 years.

Thanks

We wish to thank all the people – organisations and individuals who have supported us during the course of this period. The Board of Trustees and staff deserve special mention for their dedication and support. The excellent ideas that we had would not have been realised without the support we continue to receive from our funders.

David Mametja
Executive Director



1997 at a Glance



January

HST Update focus on Health Legislation
Kalahari Region recognised as a "mirror site" for ISDS activities in the Northern Cape
HealthLink's Internet Gateway and WWW server transfers from Johannesburg to the Durban office

February

Mr. Moonsaamy Govindsamy joins the HST Board of Trustees
HealthLink starts running its own mailing list software and launches several focused information and discussion electronic lists
HST Update focus on People Who Provide Health Care
ISDS publishes a literature review entitled "What really improves the quality of health care?"
Series of workshops in ISDS sites to clarify the roles and functions of various members of the District Management Team

March

Publication of the popular Pocket Guide to District Health Care in South Africa
Visit by Dr Eleuther Tarimo, head of the Division for Strengthening Health Services of the World Health Organisation
Publication of situation analyses and action plans for Kakamas and Kalahari
HealthLink News focus on how HealthLink is a key to the success of ISDS

April

Travelling seminar on "The Media and the Marginalised", jointly organised by the Henry J. Kaiser Family Foundation and the Health Systems Trust
HST Update focus on Tuberculosis
Vishal Ramduny joins HealthLink/ISDS as Communications Co-ordinator and Vijay Makanjee, Support Co-ordinator, leaves HealthLink

May

HealthLink News concentrates on Maternal and Child Health
HST Update focus on Reproductive Health
Publication of situation analysis and action plan for ISDS site Underberg/Pholela/Impendhle
ISDS success in expediting installation of telephones in some clinics in KwaZulu-Natal, Tonga/Shongwe and Mount Frere

June

HST Update focus on Health and the Media
Bothaville accepted as a new ISDS site for the Free State
ISDS launches a new brief for busy health managers, called "KwikSkwiz"
Publication of situation analysis and action plans for ISDS sites Mount Frere and Tonga/Shongwe



1997 at a Glance

July

HST Update focus on Health Information
PHID Manager Thokozile Nkabinde leaves HST
A HealthLink node established in Pietermaritzburg to facilitate e-mail in KZN

August

Christina Stucky of the Sunday Independent takes over from Kathy Strachan who won the "Kaiser Foundation 1996 Best Health Journalist" award
First Regional reproductive health methods course is organised for the African Region
A HealthLink node installed in Cape Town to support the MCH Distance Learning Programme
HST Update focus on Primary Health Care Training
Introduction of new stock control system in a number of ISDS-linked clinics

September

HealthLink participates in the Second World Rural Health Congress held in Durban, providing up-to-date information to Web Browsers around the world
HST Update focus on Hospital Restructuring
Reproductive Health Fund convenes an international workshop on the establishment of appropriate services for the prevention and management of STD's in South Africa
Kaiser Family Foundation President, Drew Altman, visits HST and ISDS site, Mount Frere in the Eastern Cape

October

HST holds its annual Research Report Back Conference, attended by researchers and policy makers from around South Africa
HST Update focus on Rural Health
Antoinette Ntuli joins HST as the new manager for PHID
Kellogg Foundation Vice-President Anne Petersen visits HST

November

The 1997 South African Health Review launched in Mpumalanga
Bongiwe Shongwe joins HealthLink
HST Update focus on Research as an Instrument for Change
ISDS Technical Advisory Group conducts its one-year review of progress

December

HST Update focus on HIV/AIDS and STD's
HealthLink News on the Second World Rural Health Congress
Schoonoord and Letaba accepted as two new ISDS sites in the Northern Province



Research Programme



During 1997 more than 50 HST research projects were funded throughout South Africa. These varied from relatively small projects of importance to local service delivery, to large multi-centred projects central to the national planning of health services. The single factor that brings these projects together is their common purpose of contributing to improvements in health and health care. This report will not try to describe every project, but will attempt to show the link between research and changes in the health system.

Many of the activities of the research programme link directly with the other programmes of the Health Systems Trust. For example, research outputs would often be worthless if they were not shared and disseminated in appropriate ways. In addition, skills development and institutional capacity building are key principals of many of the research projects funded by the HST. However, for the purposes of this report these activities of information dissemination and skills development are reported separately.

MEASURING THE MOVE TOWARDS EQUITY



*From the Site
of Service Delivery*



Equity

Equity is a theme which will become increasingly prominent in the future research activities of the HST. Many of our projects have looked at issues of equity, but one of the most prominent projects in 1997 was a national clinic survey. The survey of over 150 clinics considered simple indicators, including the inputs into the clinics (e.g. availability of water, electricity and telephones) as well as outputs and quality of care issues such as treatment and screening of STD's.

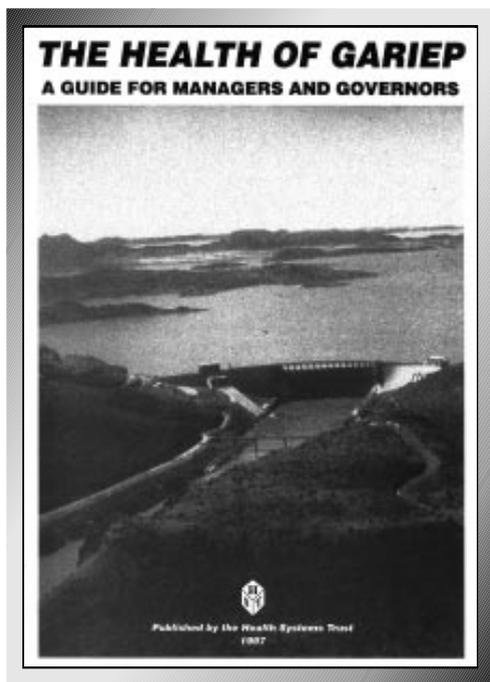
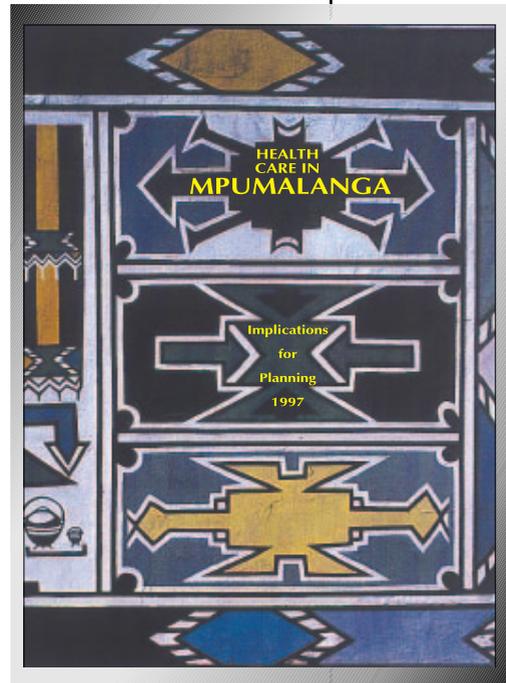


Research Programme

Information

In 1996, the HST initiated provincial information reports which analysed, presented and interpreted routine data available on a number of inputs into the health system (e.g. human resources, facilities), as well as processes and some indicators of outputs and quality of care. This initiative continued into 1997.

The HST has also played a key role in assisting the National Department of Health to produce an easy to read manual on how to set up a district information system. This will be available as a resource in all 200 districts in South Africa.



In its continuing efforts to promote a culture of decision-making based on objective information, the HST commissioned district health reports in a number of districts around the country. Those completed include:

- ◆ Gariiep in the Free State
- ◆ Upper Karoo in the Northern Cape
- ◆ West Coast and Winelands in the Western Cape

These reports synthesise all available information in the district, and by so doing paint a broad picture of health status and factors influencing health and health service delivery within the district. The reports serve as prototypes for other districts. They also highlight gaps in information and thereby encourage improved district information systems. In addition they promote equity through enabling managers to see and make changes to inequities in financial and human resource distribution.



Research Programme



District Development

During 1997, the HST commissioned work to develop a core package of primary level services which would be affordable and deliverable in most districts in South Africa. The implementation of this core package will help the move towards more equitable service delivery. The further development of these core services has been given priority status by the National Department of Health. The package has been presented and workshopped by the researchers in most provinces and the next step during 1998 will be to test it for its practicality and relevance.

Human Resource Development

Decisions regarding the funding of community health workers have been repeatedly postponed because of a lack of a policy framework regarding this cadre of health worker. Following inputs from various stakeholders, the HST commissioned a report which compiled the findings of various projects, and presented policy options and strategic questions regarding community health workers. This report has made it possible for policy makers to make decisions required for community health worker programmes to function effectively.

The HST also funded a project which considers factors which impede or facilitate the progress of careers of women in health care professions. Proposals for cost effective interventions which facilitate optimal utilisation of women doctors will be made.

Health Economics and Financing

In the current climate of fiscal discipline, with reduced government expenditure, there is a need for good financial management and information. As part of a pilot project, the HST analysed all public health expenditure in KwaZulu Natal province over a three year period. This enabled a picture to be obtained of trends as well as health spending in the province. The final report highlights the complexities of the financial management system (FMS) and the training requirements needed by users of this system. The Department of Health proposes to fund similar projects in the other eight provinces.

Reviews to analyse district financing, with a view to determining ways to improve financial management capacity and resource allocation mechanisms in support of equity were also funded. These reviews were undertaken in districts in the Eastern Cape and North West provinces and highlighted intra-provincial inequities. The National Department of Health has, as a result of this work, funded research units to carry out similar work in other provinces.



Research Programme

Nutrition

During 1997, the HST undertook an evaluation of the Primary School Nutrition Programme (PSNP). The PSNP cost R600 million per year to run and has been in operation for 3 years. The evaluation highlighted a number of ways in which the PSNP could be re-oriented in the future. It also highlighted some deficiencies such as the vertical nature of the programme and the lack of targeting. This project has resulted in provincial workshops to discuss these findings and make plans to re-orient the programme. As a result, some districts have begun to pilot an integrated nutrition programme.

Other nutrition projects included an extensive literature review of malnutrition in South Africa. This review highlighted gaps in knowledge, as well as opportunities for further research. Evaluations of the clinic based Protein Energy Malnutrition (PEM) programme were also carried out in the Western and Northern Cape. Following on from the micro-nutrient fortification workshop in 1996 a project considering issues of iron fortification was funded.

Together these projects have been important in informing various stakeholders of the importance of nutrition, as well as providing information to improve the current system.

An Evaluation of South Africa's Primary School Nutrition Programme



Produced by the Child Health Unit for the Health Systems Trust



Research Programme



Reproductive Health

The Reproductive Health Fund awarded over 15 grants during 1997. These projects considered varying critical issues, including assessing the quality and setting standards for reproductive health services, planning for the needs of target groups (eg. adolescents and commercial sex workers); and enhancing health service delivery (such as strategies for those with sexually transmitted diseases, and for the victims of domestic violence). Key priorities set for the year include issues pertaining to family planning, adolescent sexually transmitted diseases and termination of pregnancy. Projects were successfully commissioned within each of these areas.

Sexually Transmitted Diseases

One of the projects funded relating to this priority service included the development of an STD managerial instrument to enable clinic supervisors to assess the quality of STD service delivery. It enables these supervisors to identify problems which can then be addressed. The instrument was piloted in the Western, Eastern and Northern Cape Provinces, and in 1998, with the support of the National Department of Health, will be implemented throughout South Africa.

Termination of Pregnancy

February 1997 saw the implementation of the new Termination of Pregnancy legislation. To assist in the process of its implementation, the HST funded a number of projects including a project which piloted and evaluated values clarification workshops. It was shown that health workers who had attended these workshops understood more clearly their feelings towards termination of pregnancy as well as the issues involved.

Another project documented the costs of implementing the termination of pregnancy legislation, showing that when delivered at lower level services it was significantly cheaper. A further project, aims to improve the accessibility of these services. The Reproductive Health Fund has also funded a number of national meetings to discuss research and the implementation of the termination of pregnancy legislation.



Skills Development and Capacity Building

Overview

Skills Development is an integral component of all the programmes of the Health Systems Trust as may be evident when reading the programme reports. The core elements of the Skills Development programme in 1997 included support for :

- ◆ intern training and development
- ◆ institutional capacity development (management training)
- ◆ strengthening HSR (short courses and training workshops)

In addition, during 1997 a review of crucial aspects of the organisation's functioning and core business was instituted. The programmes of the Trust, including the Skills Development Programme are subsequently being repositioned to focus on selected health care interventions that will address priority health policy and systems research issues facing South Africa.

Intern training and development

The overall aim of the intern programme is to increase the pool of people skilled in conducting health policy and systems research (HP&SR). The specific skills acquired by interns differ depending on the specific HP&SR issue(s) under focus. However, the general expectation is that the programme would afford its beneficiaries the opportunity to :

- ◆ Gain an understanding of the health care system in South Africa
- ◆ Gain knowledge on how to plan and manage research projects
- ◆ Gain a variety of practical organisational skills, such as planning and facilitating meetings or workshops; writing research reports for and/or presenting these to various target audiences.

Interns supported by HST in 1997

Carnita Ernest

Carnita is attached to the 'Public Health Intervention through Legislative Advocacy Programme' (PHILA) at NPPHCN. This programme was set up to build analytic capacity within civil society to enable individuals and communities to understand and actively participate in the legislative process.

Carnita has since been involved in analysing the policy making process; looking at how the processes involved in making policy impact on the content of the policy; its implementation; and public acceptance of the policy.



Skills Development and Capacity Building



Xoliswa Mfeka

Xoli is an intern with the National Assembly Portfolio Committee on Health. The placement offers Xoli the opportunity to develop research skills in the area of health legislation development and monitoring, and liaison between the National and Provincial portfolio committees on health.

Sphindile Magwaza

Sphindile is based at the Department of Community Health (Women's Health Unit), at the University of Cape Town.

She was given the opportunity to coordinate a project entitled "The development of an STD quality of care assessment instrument for use in primary care clinics", in addition to participating in other projects within the unit.

Nozizwe Dladla

During her internship, Nozizwe was involved in two projects: An evaluation of School Health Services, and a situational analysis of health status and health services in the Lower Tugela District. This opportunity enabled her to gain both qualitative and quantitative research skills.

Nozizwe completed her internship in December.

Eva Abrahams

Eva's interest is in the field of child health policy, thus her attachment to the Child Health Policy Institute at the Department of Community Health, University of Cape Town.

Eva has been actively involved in planning and contributing to a workshop that reviewed the Policy for School Health.



Skills Development and Capacity Building

Enhancing Health Policy and Systems Research in Institutions

As part of a deliberate process to assist university trained researchers located in universities with integrating the concepts of health systems research into their research programmes, and promote the development of student's theses in this area, presentations were made at the following institutions:

- ◆ University of Natal, Durban – Medical School Ethics Committee
- ◆ University of Natal – Nursing Department (Masters students)
- ◆ University of Western Cape – Nursing Department
- ◆ MEDUNSA – Health Sciences Faculty

These presentations were also an opportunity for highlighting the role of HST in promoting Health Systems Research.

Strengthening Health Systems Research: Short Courses, Workshops and Conferences

Proposal development workshop for KZN health workers.

In response to requests from junior researchers for support in proposal development, a 4-day workshop was run for a group of 15 individuals – mainly nurses from KwaZulu–Natal health services. The workshop described Health Systems Research as a discipline, and demonstrated the relevance of this approach in solving priority health problems. Subsequent to this workshop, funding proposals have been submitted and are currently under review.

University of Western Cape Public Health Programme

Through the Skills Development Programme, HST continues to support individuals wanting to develop specified skills through participation at the Public Health Winter and Summer school Programme at the University at the Western Cape. In 1997, a total of 21 individuals were supported and attended various Public Health courses offered through the programme.



Skills Development and Capacity Building



Short Course in Reproductive Health Research

The purpose of this course was to build capacity in reproductive health research particularly among managers, researchers and service providers working in the reproductive health field.

The course introduced participants to aspects of qualitative, quantitative and health systems research.

Annual Presentation and Review of HSR projects supported by HST and writing skills workshop

Given the large number of projects funded by the Trust, only 35 could be presented at this year's 'Report-Back of Work in Progress' conference.

The conference, held in Durban between 1st to 3rd October, is an annual event of the Health Systems Trust which offers researchers an opportunity to have their work reviewed by their peers, policy makers, health service managers and the media.



Although a review of projects presented at the conference by the panel of judges (Dr Lindiwe Makubalo, Dr Brian Pazvakambwa, Dr John Matjila, Prof Dingie van Rensburg) was generally positive, concern about concentration of research in only 2 – 3 provinces was raised. Active involvement of health planners, and insight into the policy making

environment and process were also identified by the panel as areas requiring emphasis, in order to make research meaningful.

The last day of the conference was a training workshop on writing skills. Although the workshop was open to all interested researchers, interns were the primary target. The workshop was attended by about 20 people and was facilitated by Ms Jo Barnes, a lecturer in Epidemiology and Research Methodology from the University of Stellenbosch.



Programme for Health Information Dissemination

During 1997 PHID was a vehicle for getting information to those involved with health care and health systems at all levels. Update, which covers a broad range of topical issues crucial to health systems reform and publicises findings from HST funded research, goes to all hospitals and clinics in South Africa. It provides a valuable reference for those health workers in isolated settings who have difficulty in accessing information. As part of reporting on policy in progress, Update covered developments at Provincial level, exploring key issues facilitating and blocking progress. Once all Provinces had been covered Update began focusing at a District level, reporting on areas of relevance to the establishment of District level services. During 1997 HST sent out a total of ten issues of Update. Other publications are often sent out with Update, and over the year these included the Rural Health Bulletin, which contains vital information for doctors and other health workers in rural settings, ISDS Kwik Skwiz's and MCH News. The Update mailing list was in excess of 4,000 by the end of 1997.





Programme for Health Information Dissemination



The 1997 South African Health Review was launched on November 25th. Building on work done in the previous two Health Reviews, the 1997 Review contains chapters on all aspects of the planning for, and management of, health services. It also reviews progress in implementation of the Department of Health's priority programmes. An important new addition to this year's review is the Clinic Survey. This survey is the first building block in measuring the move towards equity from the site of service delivery, and a number of key indicators are measured. The survey will be repeated annually and thus will provide the basis of a tool for monitoring the move towards equity in South Africa's health service. The Review was launched in Mpumalanga and a group of TV, radio and newspaper journalists were taken on a visit to two clinics to enable them to understand better the issues illustrated by the clinic survey. The press conference in the afternoon was attended by more than a hundred people and provided an opportunity for discussion around some of the major findings of the Review. Articles appeared in five newspapers and a radio interview was broadcast on AM and PM Live the day after the launch.

By the end of 1997 plans were well under way for developing the programme for health information dissemination to play a more active role in facilitating and encouraging the use of the important information coming from HST programmes.



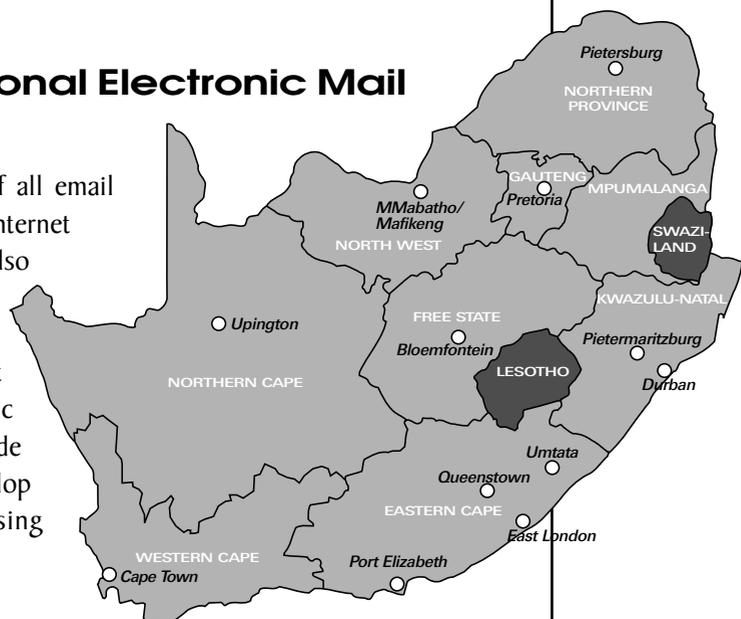


HealthLink

1997 was a busy and successful year for HealthLink. This report cannot detail all of our activities, but will instead focus on major areas of development. We have, throughout the year viewed our work in major categories, and it is in these categories that we are reflecting on the year.

Infrastructure and National Electronic Mail System

Importantly, we centralised the routing of all email through a new national gateway onto the Internet which we set up at our Durban offices. We also set up a number of new nodes to extend the coverage of our network to a national service, and established services to support our information arm, notably electronic discussion group software and World Wide Web servers. We were also able to develop further our client software for those using electronic mail on our network.



A node is one of the computers distributed around the country that provides the local access point for people to send and collect email. This node then connects to the central gateway to link in to the rest of the Internet.

Information Services

This was an area of marked expansion. We began the year hosting four web sites, and ended with fourteen sites on our servers. In addition our own site, as well as those of the programs of HST, were extensively developed. We set up the electronic mailing and discussion lists at the beginning of the year and were running twenty of these by the end of the year. Technically we were able to deliver dynamic content from our databases onto the web. We also produced four issues of HealthLink News, our hard copy newsletter. Two significant developments on our own sites were the advent of "Health Care's Current Affairs", a site to encourage interaction with the media and the public, and the Reproductive Health Research Directory, a site making the output from the Reproductive Health Research Fund searchable by anyone with Internet access, with the opportunity to submit updates.

Support Services

In this area we have continued to develop our relationships with support people located within the provincial departments of health, whilst still maintaining contact directly with our users. Our support comprises national office phone-in support, materials development (manuals), and support visits to the provinces to train support personnel and visit users.



HealthLink



Support to district development processes

We published communication analyses and implementation plans for three districts where the Initiative for Sub-District Support (ISDS) is active, and instituted training programs to develop computer skills in these districts. The aim is to assist the move to a district based health system by impacting on the skills of management team members, on the communication between them, and on their organisational efficiency. We also work with facilities and primary care practitioners to improve their skills, their communication with the district offices, and their access to resources which can support them in their clinical functions.



Special Events

There were a number of events during the year which deserve mention. Firstly we assisted in the organisation of the Second World Rural Health Congress held here in Durban in September. We helped to organise the Information Technology content of the congress, and provided the platform on which the congress was organised through email by rural practitioners in the field. We ran an Internet Café at the congress and published proceedings live from the venue on the World Wide Web.

The second major event was our annual node manager's training course, where we provided training for a dozen people from around the country in the basics of managing a mail server and supporting email users. This is part of our strategy to equip provinces to manage their own network services.

The national office

HealthLink presently employs four full-time staff, having started the year employing six. We do however share a further staff member with the Initiative for Sub-District Support, and benefit from the placement of an intern with HealthLink by the Skills Development Program, allowing us functionally to call on the skills of six people. We have operated within our budget for 1997, and have actively contributed to the strategic planning process initiated by the HST Board. The year was a vibrant one characterised initially by a rapid growth in the scope of our services, and later by a consolidation of these services.



HealthLink

New WWW sites in 1997:

RAMS (Representative Association of Medical Schemes) <http://www.rams.co.za>

RHRU (Reproductive Health Research Unit) <http://www.rhru.co.za>

CHP (Centre for Health Policy) <http://www.HealthLink.org.za/chp>

The Valley Trust <http://www.HealthLink.org.za/valley>

MRC HIV/AIDS/STDs Surveillance Project <http://www.HealthLink.org.za/stdstats>

NBI (Natal Bioproducts Institute) <http://www.HealthLink.org.za/nbi>

SARHN (Southern African Reproductive Health Network) <http://www.sarhn.org>

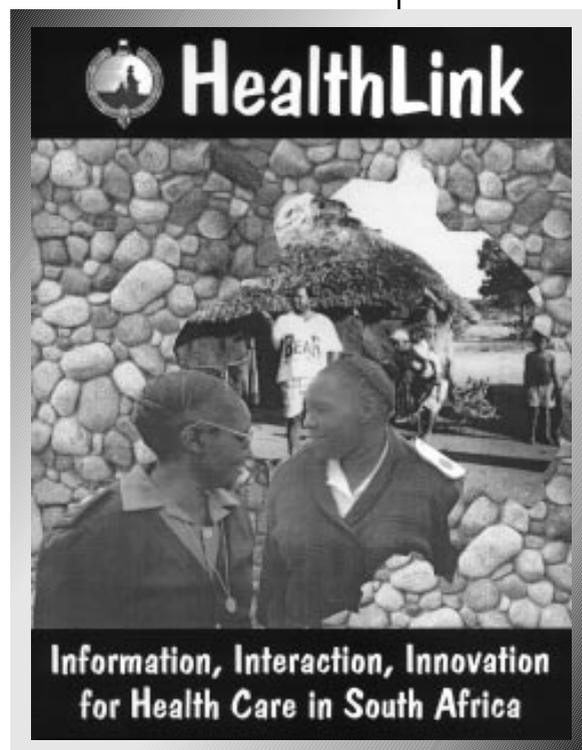
PPMnet (Public / Private mix in health) <http://www.HealthLink.org.za/ppmnet>

Mailing Lists and Discussion Groups

A detailed list of the publicly available lists is available from the HealthLink web site (<http://www.HealthLink.org.za>)

Publications

HealthLink: Information, Interaction, Innovation for Health Care in South Africa gives an overview of the history and current activities of the HealthLink project.





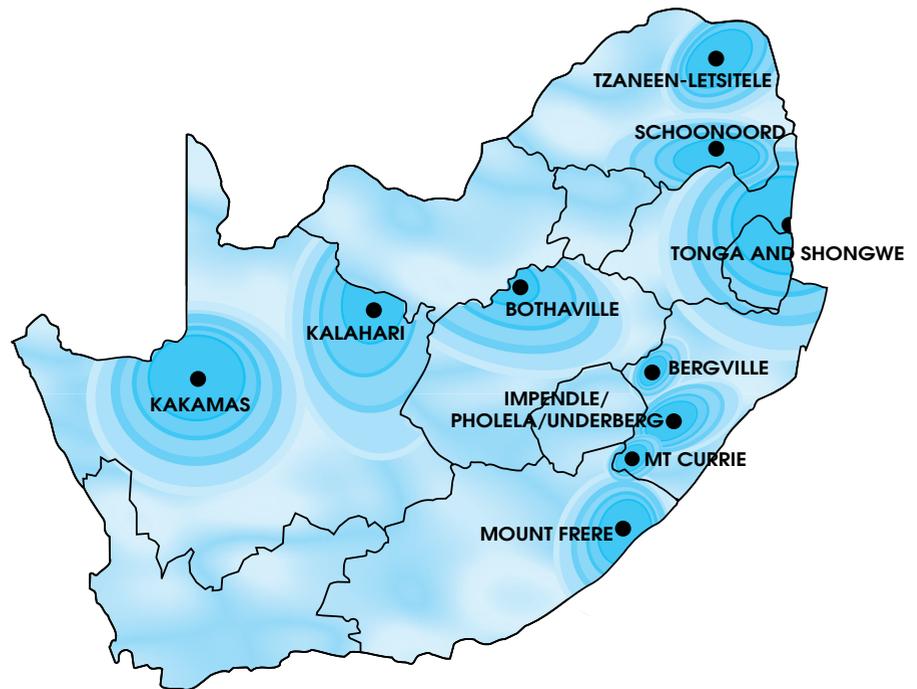
Initiative for Sub-District Support



District Development – Bottom up

What are the prospects of some of the poorest areas in South Africa leading the move towards a district-based health system? Pretty slim. Enter the Initiative for Sub-District Support, aimed at turning the tables upside down.

In partnership with the Department of Health, under-resourced districts in six provinces have been selected to foster health care practice – not only in those districts, but in neighbouring ones as well. Through a systematic, multi-pronged process of support, the district management teams are helped to tackle those factors affecting the quality of care. By the end of 1998, ISDS hopes to have sites in every province.



Districts participating in the ISDS are not regarded as stand-alone models, but rather sites for shared learning through a combination of concentrated effort in selected districts, and an inbuilt “knock-on” effect to surrounding districts and regions.



Initiative for Sub-District Support

Examples of Support Strategies

Strengthening the District management teams by:

- defining roles, responsibilities and relationships
- improving communication among team members
- training in health services management and administration

Improving efficiency of key management systems, such as:

- information
- pharmaceuticals and supplies
- finances
- transport

Developing health workers skills and knowledge about:

- clinic care
- the communities they serve

Opening new channels of communication through:

- more telephones
- electronic mail
- building bridges between people and organisations

Promoting easy access to information by:

- linking district with resource institutions
- developing information resources
- helping health workers use information

Strengthening community participation by:

- better understanding existing methods of participation in specific districts
- strengthening the ability of health committees to participate in decision-making

Fostering intersectoral collaboration through:

- sub-district action teams
- non-government development organisation
- community telephone meetings



Initiative for Sub-District Support



The Initiative for Sub-District Support is constantly throwing up lessons for district development in South Africa today. These are documented in a separate publication, but we can't turn down this opportunity to mention a few:

- ◆ District managers can quickly become paper shufflers if they do not keep their eye on the ball, namely improvement of quality of care.
- ◆ Hierarchical provincial management structures and vertical programme support don't lend themselves to concerted action which assists district managers to improve the quality of care. How about provincial support personnel organised into "district transformation teams"?
- ◆ There's a sequence to establishing districts. Too much to describe here, but detailed in ISDS reports.
- ◆ Unblocking little obstacles, often with very little or no additional resources, can have a significant impact on the quality of service delivery. Sorting out delays in medicines procurement, for instance, improved the availability of drugs in rural Mount Frere clinics, and dramatically improved their effectiveness.
- ◆ Helping health workers to gain access and use information is slow and often unrewarding. But when they understand the potential, whole new worlds are opened up.



HST Publications

The 1997 South African Health Review

Measuring the Move Towards Equity from the Site of Service Delivery

The Health of Gariiep –

A Guide for Managers and Governors

Health Care in Mpumalanga –

Implications for Planning 1997

District Health Information Systems Guidelines

Towards a Spatial Rural Information System

An Economic Analysis of Community Health Worker Programmes in the Western Cape Province

Community Health Workers in South Africa –

Information for Provincial Policy Makers

An Evaluation of South Africa's Primary School Nutrition Programme

The Nutritional Status of South Africans –

A Review of the Literature from 1975 – 1996 (Parts 1 and 2)

HealthLink: Information, Interaction, Innovation for Health Care in South Africa

The Initiative for Sub-District Support – Technical Report # 1

Introducing the Initiative for Sub-District Support

A Pocket Guide to District Health Care in South Africa

What really Improves the Quality of Health Care? –

A Review of Local and International Literature

ISDS Evaluation and Research Framework

District Situational Analysis

Action for Health in Kakamas 1997/8

Action for Health in the Kalahari 1997/8

Action for Health in Impendle/Pholela/Underberg 1997/8

Action for Health in Tonga/Shongwe 1997/8

Action for Health in Mount Frere 1997/8



HST Publications



Training Manuals

Rational Drug Use and Stock Management : Training Manual

How to Conduct a Rapid Situational Analysis : A Guide for Health Districts in South Africa

Kwik Skwiz

#1 First Six-Month Review

#2 Budgeting as a District Management Tool

#3 A District Communication Strategy For Health

#4 Training for Rational Drug Use

#5 Setting up a District Management Team: Lessons from Impendle/Pholela/Underberg

#6 Transport Management: A Key Component to Effective Health Care

#7 Strengthening Community Participation: Lessons from Bergville District

All publications are available electronically on the HST web site :

<http://www.healthlink.org.za/hst>



Research Grants

EQUITY

Measuring the move towards equity - from the site of service delivery

Institutions involved :	Various	To evaluate aspects of quality of service provision rendered at the primary level in South Africa, and to describe any major differences between provinces and between rural, peri-urban and urban areas.
Project Director :	Gcinile Buthelezi	
Grant Value :	R 120 000	
Grant Period :	June – November 1997	
Project Status :	Complete	

NUTRITION

Assessment of Food Quality and Quantity Issues

Institutions involved :	University of Transkei	To identify acceptable food levels below which the main objective of the Primary School Nutrition Programme, which is to alleviate short term hunger, cannot be met.
Project Director :	Dr Thabisile Hlatswayo-Moleah	
Grant Value :	R 64 500	
Grant Period :	November 1996 – April 1997	
Project Status :	Complete	

Evaluating the PSNP as a tool for nutrition education in South Africa

Institutions involved :	Public Health Programme, University of Western Cape	To evaluate the role of the PSNP in nutrition education of school children in South Africa. This project assesses the existing nutrition education messages and proposes improvements to the way in which both the content and the method of presentation of messages are conducted in schools in South Africa.
Project Director :	Prof. David Sanders	
Grant value :	R 71 500	
Grant Period :	November 1996 – March 1997	
Project Status :	Complete	

The further development of the Primary School Nutrition Programme on commercial farms

Institutions involved :	University of Witwatersrand - Rural Education Facilitator Project	To determine whether the PSNP can play a role to act as a catalyst for an integrated nutrition programme on commercial farm schools. This project looks at what commercial farmers are doing in relation to the primary school nutrition programme as it has been found that many of the worse cases of malnutrition exist on "white farms".
Project Director :	Dr Adele Gordon	
Grant value :	R 29 975	
Grant Period :	January – May 1997	
Project Status :	Complete	



Research Grants



An evaluation of the Protein-energy malnutrition (PEM) scheme in the Northern Cape Province of South Africa

Institutions involved : University of Cape Town
Project Director : Dr Michael Hendricks
Grant value : R 47 500
Grant Period : November 1996 – May 1997
Project Status : In progress

To assess the existing PEM Scheme as well as to develop and implement a monitoring system for the scheme in the Northern Cape.

Iron Overload

Institutions involved : University of Witwatersrand
Project Director : Prof. MacPhail
Grant value : R 11 500
Grant Period : March – April 1997
Project Status : Complete

This project will place in context the possible consequences of an iron fortification strategy on people in South Africa who are predisposed to or have iron overload.

Critical review of nutrition & poverty alleviation policy in SA

Institutions involved : Development Bank of SA
Project Director : Ms Milla McLachlan
Grant value : R 7 000
Grant period : February – March 1997
Status: Complete

To provide a policy context for the assessment of the Primary School Nutrition Programme (PSNP), through a critical analysis of relevant policies, in the light of the poverty and malnutrition situation in South Africa.



Research Grants

INFORMATION SYSTEMS

Primary Health Care information project district based health systems research

Institutions involved : University of the Free State,
Centre for Health Systems
Research and Development

Project Director : Prof. HCJ van Rensburg

Grant value : R 18 000

Grant Period : February – November 1997

Project Status : In progress

To provide in-depth information about health care problems and issues at district level which are not covered by routine information systems.

To test the viability of computers in a busy clinic

Institutions involved : University of the Free State -
Centre for Health Systems
Research & Development

Project Director : Prof. McDonald

Grant value : R 20 000

Grant Period : January – July 1997

Project Status : Complete

To assess whether a nurse in a busy Primary Health Care clinic will be able to capture patient data directly on to a computer as part of a patient consultation and to compare this method with a hand held sheet. The report highlights the difficulties of introducing computers into routine data capturing at present.

Thinktank on clinic information systems – Workshop

Institutions involved : Eastern Cape Department
of Health

Project Director : Dr Vincent Shaw

Grant value : R1 040

Grant Period : April 1997

Status : Complete

To facilitate the development of a rational, simple, effective and uniform clinic record system to gather statistics at clinic level in the Eastern Cape.

The development and implementation of a new routine system for Primary Health Care

Institutions involved : Centre for Health Systems
Research & Development, UOFS

Project Director : Ms Annalize Fourie

Grant value: R6 000

Grant period : March 1997

Status : Complete

To orientate, inform and guide other provinces/ services/projects with regard to the development and implementation of a new minimum Routine Date system for PHC as part of a comprehensive district-based health information system.



Research Grants



DEVELOPMENT OF DISTRICT SERVICES

District Health Reports

District reports are currently being undertaken in:

Free State: Gariiep District

Institutions involved : University of the Free State,
CHSR
Project Director : Prof. HCJ van Rensburg
Grant Value : R 62 947
Grant Period : May – October 1997
Project Status : Complete

Western Cape: West Coast Winelands Region

Institutions involved : University of Stellenbosch
Project Director : Dr Barney de Villiers
Grant Value : R 45 000
Grant Period : June – September 1997
Project Status : In progress

Northern Cape:

Institutions involved : University of Cape Town
Project Director : Dr Nicol Coetzee
Grant Value : R 61 494
Grant Period : June – September 1997
Project Status : Complete

KwaZulu Natal:

Institutions involved : University of Natal, Department
of Community Health
Project Director : Prof. C.C. Jinabhai
Grant Value : R 55 000
Grant Period : August – December 1997
Project Status : In progress

The aims for this project are:

- ◆ To provide a coherent overall picture of the health status and health services in specific districts.
- ◆ To stimulate and assist district management and health workers to obtain objective, reliable information on which to base planning decisions.
- ◆ To improve information systems and stimulate their use through the encouragement of analysis and feedback of existing data.
- ◆ To identify gaps in information and by so doing encourage the collection of reliable data.
- ◆ To train health managers and health workers during the project in the analysis and use of health and health related information for the purpose of management and decision making.



Research Grants

Developing an essential PHC package for use in local planning & management in the Free State and Gauteng

Institutions involved : University of the Free State (CHSR) and Centre for Health Policy
Project Director : Prof. HCJ van Rensburg
Grant Value : R 139 535
Grant Period : May – August 1997
Project Status : Complete

To contribute to the improvement of local planning, implementation and evaluation capacities for PHC. This is to be achieved through the definition of an essential PHC package to be made available for every citizen seeking health care in a primary level (clinic) health care facility in South Africa. The package will include a set of guidelines and standards for the provision of the package.

Guidelines and standards for essential primary health care in Gauteng Province

Institutions involved : University of Witwatersrand - Centre for Health Policy
Project Director : Dr Helen Schneider
Grant value : R135 300
Grant Period : January – July 1997
Project Status : Complete

To define both guidelines and standards for an essential primary health care package for Gauteng Province. The purpose of this project is to document a minimum primary care expected to be delivered by the different levels or the different components for the primary care system viz mobile clinic, a community based clinic and a community based health centre.

Piloting the Primary Health Care Package in the Free State

Institutions involved : Centre for Health Systems Research & Development, UOFS
Project Director : Dr Elgoni
Grant value : R 173 855
Grant period : November 1997 – August 1998
Status : In progress

To pilot the proposed PHC package in the two selected health districts within Region E and to develop and cost a core package and train managers in its use for PHC planning in the Free State.



Research Grants



HUMAN RESOURCE DEVELOPMENT

Women in health care

Institutions involved : Provincial Administration of Western Cape and MASA
Project Director : Dr Joce Kane-Berman
Grant value : R 122 250
Grant Period : May 1997 – June 1998
Status : In progress

To investigate factors which impede or facilitate the progress of careers of women in health care professions. Proposals for cost effective interventions which facilitate optimal utilisation of women doctors will be made.

Review of Community Health Workers (CHW's)

Project Director : Ms Denise Cruse
Grant value : R50 000
Grant Period : July – October 1997
Project Status : Complete

Decisions regarding the funding or not of community health workers (CHW's) have been repeatedly postponed because of a lack of a policy framework regarding this cadre of health worker. The HST, having had inputs from the National Department of Health, academic institutions and NGOs, commissioned a report to compile the findings of various projects, and present policy options and strategic questions regarding CHWs.

Community health interpreter training & employment programme

Institutions involved : The National Language Programme
Project Director : Ms Mosula Shiela Ntshona
Grant value : R 10 550
Grant period : October 1997 – February 1998
Status : In progress

To evaluate the National Language Project's Health Programme initiative which has trained and placed interpreters at Valkenberg Hospital. To highlight and enforce the right of every patient to considerate and respectful care delivered with dignity, particularly those who are linguistically and culturally disadvantaged or alienated by the current health delivery system.



Research Grants

HOSPITAL SERVICES

Evaluation of the down-scaling of tertiary hospital paediatric general outpatient departments in the Western Cape

Institutions involved : University of Cape Town,
Child Health Unit
Project Director : Dr Maylene Shung-King
Grant Value : R 41 500
Grant Period : July 1997 – March 1998
Project Status : In progress

As a means of conducting a rapid appraisal of aspects of child health services in the Cape Metropolitan Region of the Western Cape, this project will evaluate the down-scaling of selected components of the paediatrics outpatients departments at two tertiary hospitals to primary level facilities within the Cape Metropolitan region of the Western Cape.

The economic implications of down-scaling Red Cross Hospital general outpatient department

Institutions involved : University of Cape Town,
Health Economics Unit
Project Director : Dr Di McIntyre
Grant Value : R 33 000
Grant Period : June – November 1997
Project Status : In progress

Evaluate the economic implications of down-scaling a tertiary hospital (Red Cross) paediatric outpatient department to community health centres (CHCs) within the Cape metropolitan region.

PHARMACEUTICAL SERVICES

Building a quality culture in district-based pharmaceutical services : The application of total quality management techniques

Institutions involved : University of Durban-Westville,
Department of Pharmacy
Project Director : Mr Andy Lofts Gray
Grant Value : R 25 000
Grant Period : August 1997 – August 1998
Project Status : In progress

To study the usefulness of a Total Quality Management / Continuous Quality Improvement approach to the operation of pharmaceutical services in a district-based health system.



Research Grants



The impact of effective prescribing training in primary care

Institutions involved : School of Pharmacy, Medunsa
 Project Director : Prof. Rob Summers
 Grant value : R 85 043
 Grant period : October 1997 – May 1998
 Status : In progress

Determine the impact of an effective prescribing training programme on the process of prescribing at primary care level, in region 5 of the Northern Province.

MENTAL HEALTH

The integration of comprehensive psychiatric/mental health care in to the PHC system : Implementation & evaluation of a phased approach

Institutions involved : University of Natal,
 Department of Nursing
 Project Director : Prof. Leana Uys
 Grant Value : R 17 100
 Grant Period : May – October 1997
 Project Status : In progress

This is the third phase of a project, with the aims of evaluating implementation strategies aimed at integrating mental health services in the primary health care system of selected clinics.

The role of the official caregiver in caring for the mentally ill : A case study at Fort Beaufort

Institutions involved : Eastern Cape Department of Health & Welfare
 Project Director : Mr Vuminkosi Magaqa
 Grant Value : R 15 000
 Grant Period : June – December 1997
 Project Status : In progress

To assess the attitude, and the contribution of the caregiver towards caring for the mentally ill in Fort Beaufort magisterial district of the Eastern Cape Province.

Description of the mental health needs of children in a black township in KwaZulu/Natal

Institutions involved : Department of Nursing,
 University of Natal
 Project Director : Ms Nelisiwe Ngcobo
 Grant value : R 8400
 Grant period : November 1997 – February 1998
 Status : In progress

The purpose of this study is to explore children's mental health problems in one black township as seen by key-informants as well as services needed to cater for children's problems.



Research Grants

Review of rapid appraisal of mental health rehabilitation services in KwaZulu-Natal

Institutions involved :	Disability Action Research Team	To give an overview of mental health rehabilitation services in KwaZulu-Natal. This includes identification of the major difficulties and gaps within the service, as well as its strengths and the resources it has to offer.
Project Director :	Dr Pam McLaren	
Grant value :	R 22 612	
Grant period :	November 1997 – February 1998	
Status :	In progress	

District level psychiatric services in the Western & Eastern Cape: Developing a model for service delivery

Institutions involved :	University of Cape Town	To formulate a model for the development of district level psychiatric services in the Western Cape and to support Eastern Province to do the same. The purpose of this project is to take the existing vertical psychiatric services from the tertiary institutions and integrate them at the primary care level through an active participatory approach.
Project Director :	Karen Ensink	
Grant value :	R 127 000	
Grant Period :	Dec 1996 – Dec 1997	
Project Status :	In progress	
Institutions involved :	Rhodes University	
Project Director :	Prof. Rob Holmes	
Grant value :	R 168 500	
Grant Period :	March 1997 - March 1998	
Project Status:	In progress	

CHILD HEALTH

A study on assessing a questionnaire for development screening

Institutions involved :	University of Cape Town - Child Health Unit	To validate a questionnaire to be used for screening of development disabilities in children who present for their 9 month immunisation. This will be administered to parents by health care workers. If assessed to be appropriate, the questionnaire could be introduced into the routine evaluation of well being of children.
Project Director :	Dr Carl Wicht	
Grant value :	R 4 775	
Grant Period :	February – April 1997	
Project Status :	Complete	



Research Grants



The prevalence of childhood disabilities and plans to develop appropriate services in the Manguzi Health District of KwaZulu-Natal

Institutions involved : Manguzi Hospital
 Project Director : Dr Jacqui Couper
 Grant value : R 10 450
 Grant Period : December 1996 – December 1997
 Project Status : In progress

To plan and develop an appropriate rehabilitation model for disabled children under 9 yrs within the Manguzi Health District. This is being developed with the physiotherapist and the rehabilitation team of the district and through their involvement a plan for implementation will be built in.

A household survey of maternal and child health in the Mt. Frere health district, Eastern Cape

Institutions involved : University of Cape Town,
 Child Health Unit
 Project Director : Mr James Irlam
 Grant Value : R 17 800
 Grant Period : July – December 1997
 Project Status : In progress

To describe key features of maternal and child health in the Mt. Frere health district, Eastern Cape.

HEALTH ECONOMICS AND FINANCING

Provincial Expenditure review

Institutions involved : Centre for Health Policy,
 KwaZulu Health Department,
 Department of Health
 Grant value : R 100 000
 Grant Period : June – September 1997
 Project Status : Complete

This pilot project analysed all public health expenditure in KwaZulu Natal over the three year period 1994 to 1997 in order to monitor trends. As a result of this project the Department of Health will fund similar projects in the other eight provinces. In the current climate of fiscal discipline with reduced government expenditure, there is a great need for good financial management and information.



Research Grants

Leasing Public Facilities

Institutions involved : Health Economics Unit,
University of Cape Town
Project Director : Edina Sinanovic
Grant value : R 49 765
Grant Period : September 1997 – February 1998
Project Status : In progress

To assist the provincial administration of the Western Cape (PAWC) in evaluating the potential for leasing out spare beds and to provide technical assistance for pilot projects of this nature.

ADOLESCENT SEXUALITY

Situation analysis of school based reproductive health promotion

Institutions involved : University of Natal
Project Director : Ms Christine Varga
Grant value : R 40 323
Grant Period : July – September 1997
Project Status : Complete

To compile existing information about Reproductive Health Promotion activities and programmes within schools. The outcome of this project will be a document which can be used by planners of new initiatives in South Africa.

SEXUALLY TRANSMITTED DISEASES

Assessing the quality of care provided for patients with STDs in primary health care clinics: The development of an instrument for use by district clinic supervisors

Institutions involved : Department of Community
Health, University of Cape Town
Project Director : Dr Nicol Coetzee
Grant Value : R 71 695
Grant Period : July – December 1997
Project Status : In progress

To develop a performance based instrument for routine use by district clinic supervisory staff in the assessment of the quality of care provided to patients who present with sexually transmitted diseases at primary care services.

Evaluating the feasibility of using educational video drama in patient waiting area of primary health care facilities to improve STD partner notification

Institutions involved : University of Cape Town,
Community Health & Medical
Research Council
Project Director : Dr Catherine Mathews
Grant Value : R 10 400
Grant period : October – December 1997
Project Status : In progress

This is a pilot project which aims to assess the feasibility, acceptability and potential effectiveness of a video drama designed to increase partner notification for STD patients attending primary health care settings.



Research Grants



FAMILY PLANNING

Barriers to family planning services for adolescents in the Northern Province : Patient and provider perspectives

Institution involved : Medical Research Council
 Project Director : Ms Kate Wood
 Grant Value : R48 336
 Grant Period : February – April 1997
 Project Status : Complete

To make recommendations which will influence the quality of adolescent health services, particularly family planning services, through an understanding of the barriers as perceived by both the adolescents themselves and service providers.

TERMINATION OF PREGNANCY

Pilot of termination of pregnancy values clarification workshops

Institution involved : Planned Parenthood Association of South Africa
 Project Director : Ms Anna van Esch
 Grant Value : R14 700
 Grant Period : October – November 1997
 Project Status : Complete

Given the implementation of the Termination of Pregnancy Act (1996), this project funded a series of pilot values clarification workshops, where their effectiveness is evaluated.

Costing of Termination of Pregnancy services during the first and second trimesters at different levels of service

Institution involved : University of Cape Town
 Project Director : Dr Helen de Phino
 Grant Value : R13 200
 Grant Period : November 1996 – February 1997
 Project Status : Complete

To provide managers of the public health services with accurate costing information, which would enable them to plan for the implementation of the Termination of Pregnancy Act.

National workshop to develop a research agenda for Termination of Pregnancy

Institution involved : Reproductive Health Research Unit
 Project Director : Dr Helen Rees
 Grant Value : R 13 552
 Grant Period : February 1997
 Project Status : Complete

With all the relevant role players, to develop a co-ordinated national approach on research and monitoring of the Choice of Termination of Pregnancy Act, implemented on 1 February 1997.



Research Grants

National workshop on monitoring and research of the Choice on Termination of Pregnancy act

Institution involved : Reproductive Health
Research Unit
Project Director : Dr Helen Rees
Grant Value : R 24 858
Grant Period : June 1997
Project Status : Complete

This workshop involved provincial and national representatives involved in the implementation of the Termination of Pregnancy Act. Current research findings were discussed at this meeting as well as practical issues around the implementation of the Act.

Study to assess the accessibility of termination of pregnancy service to women in the Cape Metropolitan Regions

Institution involved : Women's Health Research Unit,
University of Cape Town
Project Director : Dr Helen de Phino
Grant Value : R 52 000
Grant Period : October 1997 – April 1998
Project Status : In progress

To develop guidelines on how to improve the implementation of the Termination of Pregnancy Act, with particular emphasis on understand the current barriers for women who wish to access this service.

REPRODUCTIVE HEALTH – GENERAL

Developing health education for gays and lesbians. Improving the health services response.

Institution involved : Triangle Project
Project Director : Mr Giles Griffin
Grant Value : R15 000
Grant Period : November 1997 – September 1998
Project Status : In progress

The aim of this project is to design an appropriate health education response to gays and lesbians within the public health services. The project considers the views and attitudes of the health services with regard to providing health care to this group, and looks into ways in which the barriers to access of these services can be reduced.

Investigation into sex workers risk behaviour and health seeking behaviour

Institution involved : University of Natal
Project Director : Ms Neetha Morar
Grant Value : R 49 582
Grant Period : January – September 1997
Project Status : In progress

This project is part of a larger project which looks at the effectiveness of a spermicidal gel. The focus of the project is to look at the barriers to commercial sex workers seeking health care from the public health services. It also looks at risky behaviour with the view to providing an appropriate health education response.



Research Grants



Standards of care for primary health care midwives. Prince Mshiyeni Hospital, KwaZulu-Natal

Institution involved : University of Natal
Project Director : Ms Sisana Majeke
Grant Value : R 6 000
Grant Period : September 1996 – February 1997
Project Status : Complete

This project arose from a proposal development competition, which the HST ran in 1996. This project aimed to develop standards of care for primary health care midwives.

Breaking the silence, A profile of domestic violence in women attending a primary health care settings. Consumer and health provider perspectives on improving service provision

Institution involved : Department of Community Health, University of Cape Town
Project Director : Prof. Margaret Hoffman
Grant Value : R 107 000
Grant Period : September 1997 – February 1998
Project Status : In progress

The aim of this project is to provide guidelines for improved service provision for domestic violence victims. These guidelines will be informed through discussions with both service providers and women who have presented for management.

A study of quality of care of reproductive health services associated with pregnancy and childbirth as determined by post delivery clients in the Eastern Cape

Institution involved : Department of Medicine, University of the Transkei
Project Director : Prof. Van Bogaert
Grant Value : R 36 460
Grant Period : September 1997 – January 1998
Project Status : In progress

This study aims to undertake an assessment of the quality of care being provided to women during pregnancy and childbirth, with a view to being able to provide advice to service providers and managers of reproductive health services.

A societal challenge: The availability, accessibility and capacity of health services in relation to HIV/AIDS, STDs and Teenage Pregnancy in the Bizana, Eastern Cape.

Institution involved : BATPACO (Bizana HIV/AIDS and Teenage Pregnancy Awareness and Counselling Organisation)
Project Director : Mr Ken Mwanza
Grant Value : R 36 500
Grant Period : October 1997 – April 1998
Project Status : In progress

The project aims to provide information to district management on the current availability, accessibility and capacity of reproductive health services.



Research Grants

What reproductive health information is available in the rural clinics of Umtata district in the Eastern Cape and how is it used?

Institutions involved : CERSA,
Medical Research Council
Project Director : Ms Nolwazi Mbananga
Grant Value : R 20 III
Grant period : March 1998 – May 1998
Project Status : In progress

The aim of the study is to undertake a situational analysis of reproductive health information in rural clinics. The information gathered will help to improve the processes of development, distribution, dissemination and management of reproductive health information.

INFORMATION DISSEMINATION

Directory of HSR reproductive health research in South Africa

Project Director : Beatrice Ngcobo and Liz Urwin
Grant Value : R 9 926
Grant Period : September 1996 – June 1997
Project Status : Complete

This directory is the first which examines current reproductive health research, with a specific focus on health systems research. The directory is also available on the Internet:
<http://www.healthlink.org.za/hst>



Initiative for Sub-District Support Grants



Note : These grants were all made to support aspects of the implementation of the Initiative for Sub-District Support.

Drug Information Support to health services in KwaZulu/Natal

Institutions involved : University of Durban-Westville
Project Director : Prof. C. Dangor
Grant Value : R 107 000
Grant Period : One year

Facilitation of the Underberg/Pholela ISDS Site

Institutions involved : The Valley Trust
Project Director : Dr Keith Wimble
Grant Value : R 130 500
Grant Period : January – December 1997

Groutville Health Committee

Institutions involved : Community Organisation Research & Development (CORD)
Project Director : Mr Peter Derman
Grant Value : R 27 500
Grant Period : 3 months

Facilitation of the Tonga/Shongwe ISDS Site

Institutions involved : CHES
Project Director : Prof. Hugh Philpott
Grant Value: R 113 004
Grant Period: January – December 1997

Development of research and evaluation framework for ISDS

Institutions involved : Centre for Health Policy, University of Witwatersrand
Project Director : Dr Lucy Gilson
Grant Value : R 31 900
Grant Period : February – March 1997

Technical support (Drug Management) – Underberg/Pholela/Impendle and Mount Frere

Institutions involved : Department of Pharmacy, University of Durban-Westville
Project Director : Prof. C. Dangor
Grant Value : R 49 500
Grant Period : June 1997 – February 1998

Strengthening community participation in ISDS sites : Planning and consultation phase

Institutions involved : NPPHCN
Project Director : Dr Irwin Friedman
Grant Value : R 72 000
Grant Period : July – September 1997



Initiative for Sub-District Support Grants

Note : These grants were all made to support aspects of the implementation of the Initiative for Sub-District Support.

District resource allocation and financial management capacity for district health system development – A case study of the Frere District

Institutions involved : Health Economics Unit,
University of Cape Town
Project Director : Dr Di McIntyre
Grant Value : R 67 703
Grant Period : September 1997 –
February 1998

Development of a district information system in IPU

Institutions involved : CHESS
Project Director : Prof. Hugh Philpott
Grant Value : R 35 155
Grant Period : November 1997 – April
1998

Facilitation of the Kakamas ISDS Site

Institutions involved : Child Health Unit,
University of Cape Town
Project Director : Prof. Marian Jacobs
Grant Value : R 310 000
Grant Period : January 1997 – December
1998

Support for implementation of research and evaluation framework for ISDS

Institutions involved : Centre for Health Policy,
University of Witwatersrand
Project Director : Dr Lucy Gilson
Grant Value : R 18 000
Grant Period : October 1997 –
December 1997

To draw up project proposals for Isinamva Community Development Centre

Institutions involved : Isinamva Community
Development Centre
Project Director : Ms Edna Fitzgerald
Grant Value : R 8 100
Grant Period : October 1997 – January
1998

A strategy to improve the quality of health care delivery by clinic nurses in Mount Frere

Project Director : Ms Susan Strasser
Grant Value : R 10 270
Grant Period : September 1997 – March
1998

Support for evaluation of the ISDS

Institutions involved : Centre for Health Policy,
University of Witwatersrand
Project Director : Dr Helen Schneider
Grant Value : R 12 450
Grant Period : 3 months



Acknowledgements



HST Funders for 1997

Independent Development Trust
Kagiso Trust
Commission for the European Union
Henry J. Kaiser Family Foundation
Department for International Development UK
Rockefeller Foundation
Independent Development Trust

Research Proposal Reviewers for 1997

Lesley Bamford	Max Bennum	Phillippa Bristow
Oona Campbell	Marina Clark	Nicol Coetzee
David Coetzee	Mark Colvin	Karen Ensink
Nico Fourie	Annalize Fourie	John Frankish
Irwin Friedman	Sue Goldstein	Andy Gray
Margaret Hoffman	Rob Holmes	Marian Jacobs
Tanya Jacobs	Rachel Jewkes	Joce Kane-Berman
Barbara Klugman	Steve Knight	Elma Kortenbout
Elise Levendal	Leslie London	Bupendra Makan
Lindiwe Makubalo	Nelly Manzini	Anna Mayer-Weitz
Jack Moodley	Mandi Mzimba	Loveday Penn-Kekane
Noel Phillips	Yogan Pillay	David Power
Helen Rees	Helen Schneider	Jouzua Schwepers
Freddie Sitas	Fatima Suleman	Leana Uys
Karen Weyer	Kate Wood	Merrick Zwarenstein



Acknowledgements

Reproductive Health Research Fund Reference Group

Eddie Mhlanga	Joe Venter	Helen Rees
Margaret Hoffman	Rachel Jewkes	Thembeke Gwagwa
Mohammed Jeenah	Jack Moodley	Barbara Klugman
Linda Richter	Nelly Manzini	Lindiwe Makubalo
Shirley Ngwenya	Pam Tshwete	James McIntyre
Rose Smart	Carol Thomas	

HealthLink Management Board

Trevor Fowler (Chairman)	Peter Barron	Shaheen Khotu
Michael Power	Trudie Venter	Caeser Vundule
Selina Dumela	Premlin Pillay	James Irlam
John Tressling	Duane Blaauw	

ISDS Management Board

Nomonde Bam	Peter Derman	Irwin Friedman
Louis Claasens	Toby Mjekevu	Mvuyo Tom
Yogan Pillay	David Power	Jairam Reddy
William Vivian	Masingita Zwane	Gweneth Kapueja



Report of the Independent Auditors



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 8. These financial statements are the responsibility of the trustees whilst our responsibility is to report thereon.

We conducted our audit in accordance with South African 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 1997, and the results of its operations and cash flow information for the year then ended in conformity with generally accepted accounting practice.

We draw attention to the fact that a fixed assets register, as required by Section 284 of the Companies Act has not been maintained.

Peter Wolkhouse
27 October 1997



Report of the Independent Auditors

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 1997

	Note	1997	1996
		R	R
INCOME			
Grants	3	<u>19 322 931</u>	<u>7 350 353</u>
SURPLUS/(DEFICIT) FOR THE YEAR		<u>10 257 315</u>	<u>(2 716 345)</u>
After charging/(crediting) the following items:			
Auditors' remuneration			
- current year provision		37 000	11 500
- prior year underprovision		4 848	1 970
- other services		-	8 750
Depreciation		80 078	30 563
Interest received		(1 308 245)	(445 618)
Loss on disposal of asset		1 596	-
Operating lease charges			
- premises		111 457	66 413
- equipment		<u>4 776</u>	<u>5 481</u>
SURPLUS/(DEFICIT) FOR THE YEAR TRANSFERRED TO ACCUMULATED FUNDS	4	<u>10 257 315</u>	<u>(2 716 345)</u>



Report of the Independent Auditors



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
BALANCE SHEET
AT 30 JUNE 1997

	Note	1997 R	1996 R
CAPITAL EMPLOYED			
ACCUMULATED FUNDS	4	<u>12 763 127</u>	<u>2 505 812</u>
EMPLOYMENT OF CAPITAL			
FIXED ASSETS	5	<u>397 701</u>	<u>115 064</u>
CURRENT ASSETS			
Accounts receivable		209 240	110 372
Cash on deposit and at bank	6	16 067 390	5 630 877
Cash on hand		2 747	1 759
		<u>16 279 377</u>	<u>5 743 008</u>
CURRENT LIABILITIES			
Accounts payable	6	<u>3 913 951</u>	<u>3 352 260</u>
NET CURRENT ASSETS		<u>12 365 426</u>	<u>2 390 748</u>
		<u>12 763 127</u>	<u>2 505 812</u>



Report of the Independent Auditors

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 1997

	1997	1996
	R	R
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus/(deficit) for the year	10 257 315	(2 716 345)
Adjustments for:		
- depreciation	80 078	30 563
- loss on disposal of asset	1 596	-
- investment income	(1 308 245)	(445 618)
Operating surplus/(deficit) before working capital changes	<u>9 030 744</u>	<u>(3 131 400)</u>
Working capital changes		
Increase in accounts receivable	(98 868)	(91 428)
Increase in accounts payable	<u>561 691</u>	<u>2 761 680</u>
Cash generated from/(utilised in) operations	9 493 567	(461 148)
Interest received	<u>1 308 245</u>	<u>445 618</u>
Net cash inflow/(outflow) from operating activities	<u>10 801 812</u>	<u>(15 530)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of equipment	(378 664)	(55 733)
Proceeds from insurance claim	<u>14 353</u>	<u>-</u>
Net cash outflow from investing activities	<u>(364 311)</u>	<u>(55 733)</u>
Net movement in cash and cash equivalents	10 437 501	(71 263)
Cash and cash equivalents at beginning of year	<u>5 632 636</u>	<u>5 703 899</u>
Cash and cash equivalents at end of year	<u>16 070 137</u>	<u>5 632 636</u>



Report of the Independent Auditors



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

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. PRESENTATION OF FINANCIAL INFORMATION

The allocation of expenses for Health Systems Trust - Research are grouped and allocated to the Core Fund. The comparative figures have been restated to comply with the current year classification.

3 GRANTS RECEIVED



Report of the Independent Auditors



	HST R	Skills Development Programme R	Reproductive Health and Research Fund R	Health Link R	Parliamentary Standing Committee R	Free Health Care R	USAID R	Initiative for Sub-district Support R	1997 R	1996 R
Kaiser Family Foundation	3 029 526	-	2 519 191	2 980 183	348 288	537	-	2 341 858	11 219 583	5 522 374
USAID	-	-	-	-	-	-	762 572	-	762 572	414 780
Independent Development Trust	-	74 000	-	-	-	-	-	187 500	261 500	400 000
Health Systems Trust (internal)	-	452 953	-	-	-	-	-	-	452 953	842 775
Department of Health	3 225 000	-	1 500 000	-	-	-	-	-	4 725 000	152 424
Adcock Ingram	-	-	-	-	-	-	-	-	-	18 000
European Union	1 279 112	345 848	-	-	-	-	-	-	1 624 960	-
Micronutrient Initiative	49 543	-	-	-	-	-	-	-	49 543	-
Roche	8 000	-	-	-	-	-	-	-	8 000	-
Rockefeller Foundation	-	218 820	-	-	-	-	-	-	218 820	-
	7 591 181	1 091 621	4 019 191	2 980 183	348 288	537	762 572	2 529 358	19 322 931	7 350 353



Report of the Independent Auditors



4 ACCUMULATED FUNDS	1997	1996
	R	R
Balance at beginning of year	<u>2 505 812</u>	<u>5 222 157</u>
Health Systems Trust research surplus/(deficit) for the year	2 462 590	(1 894 745)
Project for Health Information Dissemination deficit for the year	-	(101 025)
Skills Development Programme surplus/(deficit) for the year	396 916	(14 290)
District Systems Support and Management Training deficit for the year	-	(37 680)
Strategic Management Training deficit for the year	(68 210)	(12 476)
Health Expenditure Review deficit for the year	-	(101 742)
Human Resources Utilisation (deficit)/surplus for the year	(79 071)	373 209
Health Link surplus/(deficit) for the year	1 841 875	(351 860)
Parliamentary Standing Committee on health surplus for the year	44 527	79 879
Reproductive Health Fund surplus/(deficit) for the year	3 749 685	(57 233)
Free Health Care surplus for the year	500	1 017
USAID surplus/(deficit) for the year	739 806	(588 164)
Initiative for sub district support surplus/(deficit) for the year	1 169 117	(15 655)
Adcock Ingram (deficit)/surplus for the year	<u>(420)</u>	<u>4 420</u>
Surplus/(deficit) for the year	<u>10 257 315</u>	<u>(2 716 345)</u>
Balance at end of year	<u><u>12 763 127</u></u>	<u><u>2 505 812</u></u>

Report of the Independent Auditors



4 FIXED ASSETS	Compter equipment	Furniture and fittings	Total
	R	R	R
Year ended 30 June 1997			
Opening net book value	82 136	32 928	115 064
Additions	369 792	8 872	378 664
Disposals	(15 949)	-	15 949)
Depreciation charge	(72 522)	(7 556)	(80 078)
Closing net book value	<u>363 457</u>	<u>34 244</u>	<u>397 701</u>
At 30 June 1997			
Cost	487 272	59 247	546 519
Accumulated depreciation	(123 815)	(25 003)	(148 818)
Net book value	<u>363 457</u>	<u>34 244</u>	<u>397 701</u>
Year ended 30 June 1996			
Opening net book value	65 085	24 809	89 894
Additions	41 777	13 956	55 733
Depreciation charge	(24 726)	(5 837)	(30 563)
Closing net book value	<u>82 136</u>	<u>32 928</u>	<u>115 064</u>
At 30 June 1996			
Cost	133 429	50 376	183 805
Accumulated depreciation	(51 293)	(17 448)	(68 741)
Net book value	<u>82 136</u>	<u>32 928</u>	<u>115 064</u>

5 ADMINISTERED FUNDS

Included in cash on deposit and at bank is an amount of R3 449 042 (1996 : 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.

7 TAXATION

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



HST Staff



Administration

David Mametja	Executive Director
Feroz Khan	Finance Manager
Hlengiwe Shazi	Finance Assistant
Jurie Thaver	Grants Administrator
Racheal James	Secretary
Thembisile Mbatha	Secretary
Khuphukile Nyawose	Receptionist/Secretary
Hendrik Lushaba	Office Assistant

ISDS

David Harrison	Director
Thulani Masilela	Manager, Programme Support and Site Facilitator
David McCoy	Manager, Strategic Planning and Site Facilitator

ISDS Technical Co-ordinators

Vishal Ramduny	Communications
Andy Gray	Drug Management
Susan Strasser	Nurse Training
Gwenyth Kapueja	Intersectoral Collaboration
Beth Engelbrecht	Administrative and Operational Efficiency

ISDS Site Facilitators

Lesley Bamford	Carmen Baez
Otto Chabikuli	Sarah Davids
Steven Donohue	Bernhard Gaede
Ross Haynes	Zama Nxumalo
Gcina Radebe	Sam Ross

(NB Some ISDS staff are based in other organisations)

Research

Peter Barron	Manager
Julia Elliot	Secretary
Rosheen Adams	Secretary

Reproductive Health Fund

Jane Edwards-Miller	Programme Manager
Nonhlanhla Makhanya	Programme Manager

Project for Health Information Dissemination

Antoinette Ntuli	Manager
Lucinda Franklin	Researcher
Khululiwe Mfayela	Resources Assistant

Skills Development

Gcinile Buthelezi	Manager and HST Deputy Director
-------------------	---------------------------------

HealthLink

Andrew Boulle	National Manager
Candy Day	Information Manager
Roger Day	Technical Manager
Halima Rooplall	Web Designer
Bongiwe Shongwe	User Support Intern
Cyan Ogilvie	Programmer



Trustees

Chairperson – Dr Jairam Reddy

Dr Trevor Fowler

Mr Selva Govinsamy

Professor Rachel Gumbi

Ms Thembeka Gwagwa

Professor Marian Jacobs

Dr Joce Kane-Berman

Ms Shirley Ngwenya

Professor Nicky Padayachee

Professor William Pick

Professor David Power





HEALTH SYSTEMS TRUST

HEALTH SYSTEMS TRUST

504 GENERAL BUILDING

CNR. SMITH & FIELD STREET

DURBAN 4001

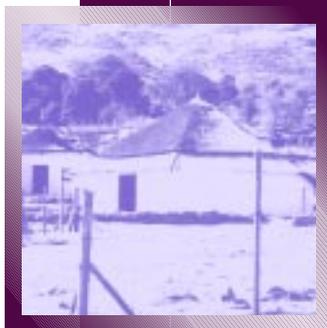
KWAZULU-NATAL

SOUTH AFRICA

TEL: (031) 307 2954

FAX: (031) 304 0775

Web Site: <http://www.healthlink.org.za>



Printed on recycled paper 

Designed and printed by
Kwik Kopy Printing Durban