Contents

HST’s Mission 1
Chairperson’s Report 2
Overview of Activities 4
1998 At a Glance 6
Initiative for Sub-District Support 8
Research programme 11
HealthLink 16
HST Publications 21
Research Grants 23
Acknowledgements 36
Report of the Independent Auditors 38

Also available on the Internet
http://www.healthlink.org.za/hst
The Health Systems Trust is a dynamic independent non-governmental organisation that actively supports the current and future development of a comprehensive health care system, through strategies designed to promote equity and efficiency in health and health care delivery in South Africa.

**Goals:**

- Facilitate and evaluate district health systems development
- Define priorities and commission research to foster health systems development
- Build South African capacity for health systems research, planning, development and evaluation
- Actively disseminate information about health systems research, planning, development and evaluation
- Encourage the use of lessons learnt from work supported by the Trust
In July of 1998, Professor Jairam Reddy retired from his position as Chairperson of the Board of the Health Systems Trust. Professor Reddy had been a founder Trustee and served the organisation for six years since its inception in 1992, along with Professor Rachel Gumbi, Dr Joce Kane-Berman, Professor Nicky Padayachee, and Professor David Power, all of whom retired with him. The Board was instrumental in leading the Trust from its humble beginnings of good intentions to promote equity through health systems development and research, to an organisation which has come to take its place as an important national asset in the process of health transformation. The organisation owes the Trustees a debt of gratitude for their commitment, their tireless work, and their insight into the critical role to be played by the Trust in the process of change in our country.

As the new Board takes over, it does so with an acute awareness of the need for civil society organisations to be vigilant in monitoring and responding to the dynamic changes within their surrounding environments. The process of strategic review and planning undertaken by the previous Board initiated over a year ago has adequately addressed this. A few months into our office as a new Board, we can confirm that indeed the Trust is on course as a central agent for “health systems planning, design, development and evaluation” outside of, yet complementing, the intent of governmental and corporate sectors to transform the health sector.

The report reflects our success with channeling our resources to priority areas identified previously. These are support for district development and decentralisation and monitoring the move toward equity in health and health care. In the planning is a third focus area - a futures-orientated review and planning process for the health sector. We believe that the Trust is well-placed to act as a facilitator in stimulating debates and discussion which can help develop future scenarios for the health sector.

While maintaining our core capability in supporting health systems research, we will do so understanding the complex relationship between research, policy and implementation. We are cognisant of transformation of the science systems at large, and of health research in particular, and will strive to ensure that we contribute to these efforts by continuing to promote the application of health systems research to policy development and its implementation.

Strengthening our strategic advantage as a non-governmental organisation promoting health systems research and development calls for increased co-operation between the programmes of the HST. Such integration will be achieved through a matrix organisational structure whereby programme work will be represented on working teams for each of the priority focus
areas that have been identified. Some existing programmes are now integrated to reduce overlap and maximise effectiveness in the new focus areas. Key products will result from each focus area.

I wish to thank colleagues in the former and current Boards, the staff of HST and our research and development collaborators and partners for their dedication and commitment to supporting the contributions of HST to the transformation of health and health care in South Africa. We are appreciative of the excellent relationship which we have with the Department of Health – at national, provincial, district and local levels. With gratitude, we acknowledge our funders, in particular the Department of Health, the Henry J. Kaiser Family Foundation, the Department for International Development (DFID) for their consistent support, and welcome our renewed contact with the Rockefeller Foundation.
Overview of Activities

Integrating programmes with the strategic niche

The Chairperson’s report gives an outline of the strategic direction that was identified by the Health Systems Trust (HST) for the next few years. In terms of this directive, the HST will continue its work as an independent agent for “health systems planning, design and development”. The challenge that faces the full-time staff of the organisation is to align our activities with the 3 core areas of focus that have been identified, namely

- District systems development which will assist identify beneficial practices to the entire health system that can be implemented;
- Promoting the move toward equity through monitoring implementation of government programmes and projects; and
- Forward planning for future health and health care development.

We have re-positioned our programmes to add more value to the work that is being done by various stakeholders in an effort to improve the health system.

Research

Research continued to play a central role as the main support intervention for HST’s work. A new emphasis is futures research (forward-looking research), although we are still at a conceptualisation phase for this kind of work. Skills development has ceased to be a separate programme activity, and cuts across all of our work as a common theme. Support for research interns is now an integrated activity of the Research Programme.

Initiative for sub-district support (ISDS)

The Initiative for Sub-district Support (ISDS) has succeeded in providing us an excellent entry point into the entire health system by demonstrating systems and strategies that really work for health systems development. The Initiative has provided a framework that integrates inputs from all HST programmes around key organisational products. From the few fledgling sites we had in the previous reporting period, we now work in 21 district sites throughout South Africa. We are working hard in developing these sites to become “best practice districts” from which important lessons can be learnt for the benefit of the entire health system.

HealthLink

We merged our hard copy and electronic information and communication activities into one solid programme, HealthLink: Programme for Information, Communication, and Advocacy.
Overview of Activities

The programme encourages and facilitates the use of information for decision-making by various stakeholders. An aspect of this programme is work that is being done in partnership with national and provincial legislators around the promotion of equity in health and health care. Recognising the important role that legislators have to play in overseeing the equitable distribution of public resources, the Equity Gauge project offers legislators information that helps them make decisions regarding budgets and monitor the use of resources for health improvements.

Staffing

In consolidating our activities around the key areas of focus identified during our strategic planning, it was necessary to bring additional personnel, particularly for the district related support work. We currently employ a staff compliment of 54 professional, administrative and technical people reflecting the diverse composition of the South African society: 47% African, 7% Coloured, 15% Indian (69% Black), 31% White, of whom 94% are South African and 67% are women.

Funding

All of the above require resources by the HST. Unfortunately, times are tough for fundraising by NGOs, and the HST is no exception. We had to review our fundraising strategies and be more innovative in our approach. In line with this, a new project management unit has been established which attracts projects on behalf of a variety of stakeholders (including government) from which additional income is generated for the HST’s grant-making activities.

Guidance for HST’s Work

Finally we wish to acknowledge and express our appreciation for the dynamic and excellent guidance that we receive from our Board, and from a range of stakeholders with whom we collaborate. The HST continues to be guided by an independent Board of Trustees. A new Board was inaugurated in July 1998. As with the previous Board, new members collectively bring a wide and rich experience to the organisation. They comprise a diverse group of individuals with professional standing and expertise in health systems development. At the same time, the HST’s work is being guided through active, organised and systematic consultation with and participation of relevant stakeholders (particularly the Department of Health). Advisory groups comprising individuals from a broad spectrum of civil society, continue to harness technical input and other strategic insights into the work of the organisation.

David Mametja
Executive Director
1998 at a Glance

January

ISDS initiates 2 sites in the Northern Province, Harlegratz and Ngwaritsi - Makhudu - Thamaga - Tubatse - Steelpoort.

Improvement of drug delivery systems and practices becomes a focus for ISDS.

HST Update focus on HIV/AIDS and STD’s.

HST’s Health Systems Research Directories were made available on the Internet.

February

HST Update focus on Women in Health.

ISDS expands sites in KZN and starts working in Mount Currie and Okahlamba.

March

“How to Conduct a Situational Analysis” is published.

HST Update focus on Intersectoral Working.

April

HealthLink moved its popular list services to a new system providing many advantages such as a full webb interface.

Nurse training is seen as a focus of activity for all ISDS sites.

HST Update focus on District Level Financial Management.

May

HST Update focus on Trauma, a Public Health Issue.

HealthLink News focuses on connectivity for small organisations and the use of geographic information systems (GIS) by health managers.

ISDS initiates its first site in Gauteng in the Vaal Region.

June

A workshop on Equity in Health and Health Care with local and international speakers is organised for national and provincial legislators.

Plans for HST’s new strategic direction are finalised.

The research programme, in partnership with the Provincial department of health in North West province, organises a proposal development workshop to support service providers at district level in using HSR as a management tool.
Some of HST’s longest standing Trustees leave the Board having served the maximum six year term of office, and new Trustees join the Board.

Following on from the June workshop a technical meeting to develop the Equity Gauge Project takes place in Cape Town.

Research programme organises a proposal development workshop in partnership with the Northern Province.

HealthLink provides connectivity and training in Information Technology in support of a distance education masters course at UCT.

HST Update focus on Speak out on Poverty.

ISDS initiates its first site in the North West at Taung.

HealthLink assists with the Information Technology demonstration at the Christian Medical Doctors Congress.

ISDS starts work in a second site in Mpumalanga at Mmamethlala.

‘Getting Research into Action’ is the theme of HST’s annual research conference held this month.

HST Update focus on District Hospitals.

ISDS starts its first site in the Western Cape at Mossel Bay.

ISDS is awarded the European Union tender for District Development.

Email tools are developed to enable people without full internet access to retrieve web pages.

HST Update focus on Traditional Healers.

A technical report on Drug Management is published.

HST moves to new offices and adopts its new logo.

HST Update focus on Obstetric Services in South Africa.

New ISDS sites are initiated in South Peninsula, Humansdorp, Odi, Hlanganani and Brakpan Districts.

A technical evaluation of the HealthLink electronic connectivity projected is completed.

HealthLink News focuses on information systems, particularly at District level and in support of pharmaceutical services.
During 1998 the ISDS programme expanded dramatically. This occurred as a result of confidence in the programme being expressed by provincial health departments who requested ISDS to be active in additional districts. Confidence was also demonstrated in the ISDS by the national Department of Health through their awarding ISDS an European Union tender for district development worth nearly R10 million.

The areas where ISDS is actively present are shown in the map below. There are now 18 facilitators working in 21 districts. These facilitators are supported by four content experts employed directly by ISDS:

- Nurse Training
- Drugs
- Operational Efficiency
- Communication

There is also a national management team of three with administrative backup.
These are no easy routes to setting up a good district health system in South Africa and no miracle cures. The ISDS acts largely as a catalytic agent, providing some oil to get the wheels of change turning. The focus is always on improving the quality of care for the most needy.

Some examples of getting things to happen at district level include:

- Assisting the Lower Orange District of the Northern Cape to implement the national policies around Tuberculosis, contributing to an improvement in the TB cure rate.
- Helping the Harlegratz district in the Northern Province set up a district health information system.
- Reducing the hospital malnutrition mortality rate in Mount Frere in the Eastern Cape through the implementation of the “WHO Ten Step Programme”.
- Co-ordinating a nurse training programme in Impendle-Pholela – Underberg in KwaZulu-Natal.
- Facilitating the functional integration of local government and provincial primary level health care workers in the Vaal, Gauteng.
- Decreasing morbidity of diarrhoeal diseases in Tshepo, Free State.
- Improving the administrative efficiency of the district health office in Tonga, Mpumalanga.
- Analysing the role of the district surgeon in the district level health system in Mossel Bay, Western Cape.
- Linking the district hospital and its goals to those of the overall health district in Taung, North West.

Besides the specific interventions at specific districts the ISDS has been active nationally working on a wide range of issues including:

- District expenditure reviews; developing a tool whereby the expenditure on health in a district can be assessed and comparisons made over time and across districts.
- Making inputs in the core competencies of primary level nurses so that nurse training is based on the practical realities facing nurse professionals.
- Giving feedback to policy makers around national policies such as the national drugs programme and the essential drugs list.
The key issue with regard to district development is communication around lessons, successes, failures, obstacles and challenges. The ISDS has spent considerable money, time and energy on ensuring adequate and appropriate documentation of the experiences. These take the form of stories in “Update”, the HST’s monthly journal; technical reports and Kwik Skwizes (easy to read briefs for district managers). In addition there are open formal and informal lines of communication at district, regional and provincial level.
1998 was a year in which the research programme increasingly focused its work around three main themes:

- Equity in health and health care
- Health services development – particularly district systems development
- Designing, monitoring and implementation of priority programmes.

Defining key focus areas for HST and particularly the research programme was a necessary step for ensuring that we remain effective in supporting development of a sound health system. As well as defining the scope for the research programme, efforts to engage appropriate strategies in pursuing the objectives of the programme are equally critical. The key strategies for advancing the work of the research programme are as follows:

- Health Systems Research – largely commissioned research, but also responsive research
- Raising the profile of health systems research as a tool for health services transformation
- Targeted dissemination of research findings.

**Highlights in 1998**

**Health Systems Research**

**Equity in health and health care**

Research aimed at defining indicators for monitoring progress towards achievement of equity, as well as a collection of baseline data was commissioned within key areas (listed below) of the health system. Concrete examples of inequities between and within provinces were documented by these studies.

- Health facilities survey
  This national survey of hospital and clinics considered simple indicators, including the inputs into the health facilities (e.g. availability of water, telephones) as well as outputs and quality of care issues.
- Health sector financing and expenditure
  Evaluating inequities in health care expenditure serves to answer the question “who benefits from the health services?” Addressing historic inequities in the geographic distribution of resources remains a challenge for the South African health system. Research that sought to evaluate the extent to which post-election policies have impacted on equity in health care financing and expenditure was commissioned. The approach adopted was to collate financing and expenditure trend data, and to critically evaluate the policies in the light of these financing and expenditure patterns.
Human resources development

An analysis of health care human resource distribution and ratios of personnel to population densities shows that there has been very little, if any, shift towards a more equitable distribution of human resources in the public sector. Historically entrenched inter-provincial inequities as well as a bias towards curative and tertiary hospital services as opposed to regional or district level services still prevail. Inequitable distribution of human resources for health is a major constraint in the transformation and development of the health sector in South Africa.

Strategic deployment and redeployment of health care personnel to areas with low ratios of human resources to population remains a challenge for departments of health.

In 1996 approximately 44% of all medical students in South Africa were women. Projections at the time indicated that women doctors will comprise at least 50% of the medical workforce in the next 20 years. Although such figures are a good indication of a move towards gender equity, further monitoring and research into issues surrounding women doctors is required.

Private health sector

Research assessing the impact of private health care on equity shows clearly that private health care financing and provision does not promote equal access for equal need in the South African health system. In terms of total resource use, the private sector is the dominant vehicle for both the financing and provision of health care. However, a limited number of South Africans have access to this sector on a regular basis. Under the circumstances, a great burden is placed on the state to provide cover for a much larger proportion of the country’s population.

Health services development

Information systems

In its continuing efforts to promote a culture of decision making based on objective information, compilation of situational analyses reports in a number of districts around the country were commissioned. The 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 also serve as prototypes for other districts. They also highlight gaps in information and thereby encourage improved district information systems. In addition, they promote equity by highlighting existing inequities in financial and human resource distribution.

Integrating PHC services

There is consensus that the integration of services is one of the cornerstones for providing access to comprehensive PHC services. Yet integrating services always raises a number of concerns around suitability of the model chosen. Hence the need to choose an
appropriate model of integration suitable for different situations. Projects that sought to highlight the benefits and difficulties of various models for integrating health services, including a review of international literature, were commissioned by the research programme.

- Human resources development

HST funded a series of projects looking at factors around staffing of rural facilities. The projects that were funded investigated human resource issues vis-a-vis human resources development and community services, procedural skills requirement for rural doctors and prescribing skills of nurses.

**Designing, monitoring and implementation of priority programmes**

- Mental health services

De-institutionalisation of mental health services has been identified as one of the priorities for decentralisation of services. HST funded projects that undertook in-depth analyses of the implications of de-institutionalisation in South Africa. Some of the issues explored by the study included community care needs, potential barriers and enabling aspects for a de-institutionalisation programme.

- Reproductive health
  
  • Sexually transmitted diseases

  Control of sexually transmitted diseases remains a major challenge and a priority, particularly in the prevention of HIV / AIDS. Through the Reproductive Health Fund, a project that sought to develop a tool for STD management for use by clinic supervisors in assessing the quality of the service delivered was funded. The Department of Health is committed to a nation-wide implementation of this tool. The process of implementation will be informed by lessons documented from a pilot of the tool in three provinces.

  In another study, the use of audio-visual presentations in PHC clinics as a tool for STD management was found to be effective in improving partner notification.

  • Termination of pregnancy

  Following the legislation of termination of pregnancy in 1997, projects aimed at engaging service managers and providers in a process of identifying and resolving impediments to implementation of TOP services were commissioned.

- Maternal and child health

Mothers and children remain an important target group for PHC services. Research looking at progress with ensuring accessibility of PHC facilities to these target groups has been funded.
**Raising the profile of HSR as a tool for Health Sector Development**

**Internships**

The internship programme aims to develop skills in health systems research, particularly among medical and health personnel within the health service delivery systems and researchers of related disciplines. Overall, this has been a successful way of increasing the number of individuals with skills in health policy and systems research.

**Workshops, short courses and conferences**

In recognition of the changing demands of a health system undergoing transformation, the need to develop research skills of health managers as well as clinic staff has been recognised. Fourteen health workers benefited by participating in a project that examined ways in which the provision of PHC services can be improved through participatory time flow studies. In addition weeklong proposal development workshops were organized in an effort to encourage use of HSR by service providers at district level in managing health services.

A four-week long training course for health workers within the reproductive health field was co-hosted by the Health Systems Trust, Reproductive Health Research Unit and Medical Research Council. The aim of this course was to improve reproductive health policy, planning and programmes by offering core skills to a number of health workers and junior researchers working in this field.

Finally, the HST’s annual conference continues to provide a forum for researchers and particularly inexperienced researchers to present their work to peers. The 1998 conference was particularly enriched by the attendance of policy-makers and health service managers – who described the projects presented as “informative, impressive, comprehensive and useful”.

**Targeted dissemination of research findings**

In general, the HealthLink Programme is responsible for all information dissemination activities of the organisation. To a large extent therefore, information generated from the research programme is regularly disseminated by the HealthLink programme (see HealthLink Programme Report).

As part of their brief, researchers are required to outline mechanisms for sharing of their findings and recommendations with identified target audiences at the proposal development stage. The research programme oversees and supports the process.

Activities for promoting the use of research findings include in the first instance involvement of potential stakeholders and/or beneficiaries in defining the research issues and developing a proposal. Other dissemination activities include:
direct presentation of research findings and recommendations to targeted audiences such as at conferences

publication of findings and recommendations in

- HST’s monthly Update
- A quarterly journal of public health
- Stand-alone technical reports
- Use of research information in the South African Health Review

Publication in peer reviewed journals
HealthLink Programme for Information, Communication and Advocacy

During 1998 HST’s new strategic focus upon equity, districts systems development and futures research led to a bringing together of two of the former programme areas, the Programme for Health Information Dissemination (PHID) and HealthLink. The new programme is known as HealthLink, the Information, Communication and Advocacy programme.

Equity

In line with the intention, identified in last year’s Annual Report, to play a more active role in facilitating and encouraging the use of information the new HealthLink programme is centrally involved in projects designed to promote equity.

Equity Gauge

HST’s focus upon equity provided the framework within which an exciting new project has developed. The Equity Gauge Project is a partnership between the Health Systems Trust and Parliamentarians and grew out of two workshops held during the year.

The first workshop, in June, brought together a group of about 60 national and provincial parliamentarians, representatives from local government and technical experts. The workshop began with visits to some primary care facilities in the rural Impendle/Pholela/Underberg District of KwaZulu-Natal. This gave workshop participants a concrete understanding of issues affecting service delivery on the ground and insight into barriers to equity in service delivery. The experience of the visit informed discussions during the workshop as participants developed the bones of the project.

A technical meeting held in July, bringing together representatives from the Parliamentary Portfolio Committee on Health, the Finance and Fiscal Commission, the National Council of Provinces, and two Provincial Health Committees, with international and national technical experts, refined the project, outlining the detail of the various components. The aim of the “Equity Gauge” is to establish a set of benchmarks by which progress towards equity in health and health care provision can be monitored over time, and to facilitate its use and application. Funding for the initial year of the project was obtained, and work begun on the project at the end of the year.
South African Health Review

The South African Health Review is used by a wide range of individuals and organisations. Libraries, university departments, journalists, health service policy makers and planners as well as parliamentarians and students all make use of this comprehensive and independent health sector review. The 1998 South African Health Review evolved from earlier editions and included findings from primary research commissioned especially for the Review. The research is designed to provide data which highlights progress towards equity in health systems and identifies blocks to transformation.

The Review concentrates upon inputs to the public health system including finance, personnel and drugs and on service delivery at the health care facility level. A number of technical reports accompany the Review to provide more detail about research findings. One of the technical reports presents the findings of the facilities survey. HST commissioned a survey of 184 clinics and 84 district and regional hospitals. The survey updates findings from the 1997 clinic survey and adds more detail as well as providing some baseline data about service provision in hospitals. The facilities survey is a useful resource for the Equity Gauge project as it provides some of the data requested by legislators.

Support for District Systems Development

Information Dissemination

The combining of hard copy and electronic information dissemination into one programme led to the creation of eUpdate. eUpdate is an electronic newsletter which is based on the hard copy monthly publication. The electronic format allows for supplementary information and debates on the monthly topic through the provision of links and additional electronic referencing. Topics covered in 1998 ranged from focussing on technical areas such as District Level Financial Management to agenda-setting topics such as ’Speak Out on Poverty’ and ’Trauma: A Public Health Issue’.
The hard copy Update is distributed on a near monthly basis. At various times during the year other publications are sent out with Update providing a valuable service to rural readers who have few alternative sources of information. These publications include the quarterly Rural Health Bulletin which targets rural doctors, MCH News, and ISDS publications including Kwik Skwizes which target District level personnel. Currently just under 5 000 readers receive this mailing including all clinics and hospitals in South Africa.

During 1998 electronic lists facilitated by HST continued to provide a valuable source of information to a range of individuals and organisations. Some of the lists provide sites for fruitful discussion and debate on issues central to district systems development, while others, for example the Rural Doctors list, provide a vital opportunity for those working in isolated situations to confer and consult with colleagues. HealthLink Bulletin, an electronic information service provides regular updates and is a vehicle for disseminating news and announcements with an immediacy that cannot be achieved through hard copy information dissemination. HST’s website has a pivotal function in the process of information dissemination, and all publications produced by HST in 1998 (including the full text of the South African Health Review) can be accessed from our web site. The HealthLink web site also includes a number of resources useful to those working in health.

In addition to a proactive approach to information dissemination, HealthLink provides a reactive electronic and hard copy information service. The Resource Centre holds a wide range of reports, books and journal articles used to source responses to requests from health service personnel, the media and students among others, and electronic sources provide an essential complement to this information. The volume of these requests increased substantially during 1998.
HealthLink has also continued to support several other organisations and networks to disseminate information appropriately through hosting web sites and discussion groups. A number of technical improvements have been made to most aspects of HealthLink’s information dissemination tools over the last year, to provide a more effective and useful service.

**Electronic Communication**

HealthLink has continued to support district development through support for communication and information systems from the level of the district clinic to interaction with the national committees.

**Connectivity**

During the year substantial developments have been made to the technical infrastructure of the national email network which was developed to improve health workers’ access to communications technology. To improve the reliability and cost-effectiveness of maintaining the system a management tool was developed that automatically retrieves information from all the mail servers around the country on aspects vital to their functioning. This has enabled faster and more accurate troubleshooting of problems from the national office. Other exciting developments have been the release of a new version of the email client software, and a utility (getURL) that allows people without web access to retrieve web pages and even files off FTP sites using only email. Systems have also been developed that allow the support staff to check which users have not been able to collect their mail, and therefore to proactively contact them and resolve any problems.

**Training**

Hand-in-hand with providing the network infrastructure, there has been an ongoing process of support visits and training. These activities have increasingly been directed at staff within provincial departments of health, in order to develop their capacity to provide direct support to health workers within their districts.

HealthLink produced two issues of HealthLink News in 1998. These issues were distributed to a much wider audience than previously, and included content on general issues of information technology use in health in addition to providing support to users of HealthLink email.

During 1998 HealthLink also provided specific assistance to groups providing postgraduate distance education, provincial essential drug co-ordinators of the Department of Health and an international conference of Christian Medical Doctors.

A technical evaluation of the electronic information and communication service was produced at the end of 1998 to document the work of the project and highlight some of the benefits
and problems.

**Futures**

Although primarily a research issue, public health questions raised and debated through eUpdate and the South African Health Review assist in highlighting those areas that require further investigation and research.

**General**

**IT Review**

As dedicated funding for the original HealthLink project came to a close, the strategic priorities of HST, coupled with the findings of an IT review undertaken towards the end of the year, helped clarify the role that HealthLink should play with regard to IT support. The IT function, which has grown within HealthLink over the years, moved to become part of the service offered by central administration in recognition of this being a support function required by all programmes of the organisation. This shift allows HealthLink to concentrate on the core elements of its work as identified within the overall strategic direction of HST.
The 1998 South African Health Review

Equity in Public Sector Health Care Financing and Expenditure in South Africa -

Private Health Care in South Africa -

Measuring quality of Care in South African Clinics and Hospitals -

The Production and Distribution of Human Resources in Pharmacy -

Mental Health Care in Mount Frere

The development of the district health system in South Africa -
Lessons learnt from the experiences of ISDS – Technical Report #5

Rational Drug Use Training Project -

Community Research as a Springboard for District Action -

Conducting District Expenditure and Resource Allocation Reviews for Effective DHS Management -

District Drug Management -
Lessons Learnt from the ISDS in the Eastern Cape, KwaZulu-Natal and Northern Cape – Technical Report #9

TB Control in the Lower Orange District, Northern Cape – Technical Report #10

Improving Health Care to the Farm Community in the Bothaville District
District Situation Analysis

Action for Health in Bothaville – A Situation Analysis of Health in Bothaville

Health Care and Welfare Services in the NMTTS Districts, Northern Province

Health and Welfare – A Situation Analysis of the Haenertsburg/Tzaneen/Letsitele/Gravelotte District

Mental Health Care in Mount Currie Health District – A Situation Analysis of Existing Needs, Services and Resources

Towards an Integrated Mental Health Service – A Situation Analysis of the Lower Orange District

Training Manuals

Kwik Skwiz

#8 Short Courses for Nurses: A Half-baked response to Complex Training Needs?

#9 The Role of the District office in the District Health System

#10 Tackling TB in Benede Oranje Region

#11 Health Promotion in a Rural Health District: Making it More Effective and Efficient

#12 Administration in the Health District

#13 Using stock cards to Improve Drug Management

#14 How “programmes” can support the development of districts

#15 Supporting staff through effective supervision: How to assess, plan and implement more effective clinic supervision
Research Grants

EQUITY

**Health Facilities Survey**
- Institution involved: Department of Community Health, University of Witwatersrand
- Project Director: Prof. William Pick
- Grant Value: R 654 300
- Grant period: April – October 1998

**Equity in public sector health care financing and expenditure in South Africa**
- Institution involved: Health Economics Unit, University of Cape Town
- Project Director: Dr Di McIntryre
- Grant Value: R 68 768
- Grant period: February – June 1998

**Review of health management training in South Africa**
- Institution involved: Public Health program, University of Western Cape
- Project Director: Dr A Heywood
- Grant Value: R 41 475
- Grant period: April – July 1998

**Human resource distribution and equity with the South African health sector – 1997/98 in perspective**
- Institution involved: Health Economics Unit, University of Cape Town
- Project Director: Mr Bupendra Makan
- Grant Value: R 34 805
- Grant period: April – June 1998

To obtain baseline data on the quality of public sector hospital and clinic services in South Africa.

To provide an introduction and overview of equity challenges facing the public sector in health care financing and expenditure.

To assess the availability and degree of implementation of management training for all levels of public sector health workers.

To provide a description and analysis of up-to-date baseline data for the 1996/97 period of the distribution of health personnel in South Africa. To provide a contextualisation of human resource distribution issues within the broader context of equity in the health sector.
Research Grants

Investigation into the capacity of government hospitals to supervise medical training in rural and underserviced areas in KwaZulu-Natal

Institution involved: Ngwelezane Hospital, KZN
Project Director: Dr Stefan Morel
Grant Value: R 8 004
Grant period: June – October 1998

To investigate and evaluate the current capacity for the training and supervision of junior doctors in district and regional hospitals in underserved areas of KwaZulu-Natal as well as provide the KZN Department of Health and Medical Council with additional information to help them design services.

Physiotherapy Human Resources

Institution involved: Dept. of Physiotherapy
University of Durban-Westville
Project Director: Prof. P. Gounden
Grant Value: R 46 370
Grant period: April – June 1998

To present data and analysis of the production and distribution of Physiotherapists as is required for the further development of Physiotherapy services within the Health sector.

The production of doctors in South Africa

Institution involved: Department of Community Health
University of Witwatersrand
Project Director: Prof. William Pick
Grant Value: R 42 850
Grant period: June – August 1998

To examine the production of doctors for South Africa with a view to recommending the numbers of medical students to be trained in order to meet national need.

A randomised controlled trial to evaluate the impact of a training intervention for health workers on the adherence patterns and cure rates of pulmonary TB patients attending PHC clinics in Cape Town

Institution involved: Medical Research Council
Project Director: Dr Judy Dick
Grant Value: R 200 000
Grant period: July 1998 – January 2000

To assess the effectiveness in improving the adherence patterns and cure rates of sputum positive pulmonary tuberculosis patients of a health care provider training programme focusing on the principles of continuous quality improvement and patient-centredness.
NUTRITION

Investigation of the support mechanisms for those discharged from hospital with malnutrition, with particular reference to the role of social workers

Institution involved:  
Dept. of Social Work  
Prince Mshiyeni Hospital

Project Director:  
Ms Esthme Ntshingila &  
Ms. Lungi Shongwe

Grant Value:  
R 5 480

Grant period:  
November 1997– May 1998

To establish whether services available within the health and welfare departments for mothers presenting with malnourished children, are responsive to the needs of the mothers.

To make recommendations on how to improve service provision for malnourished children.

INFORMATION SYSTEMS

National health management information survey

Institution involved:  
Public Health Programme  
University of Western Cape

Project Director:  
Dr A. Heywood

Grant Value:  
R 62 475

Grant period:  
April – July 1998

To analyze the changes that have occurred in moving towards integrated health management information systems (HMIS) in South Africa.

To examine the policies that have been implemented over the past two to three years in each of the nine provinces, highlighting differences.

The assessment of the validity and generalisability of the South African Sentinel Practitioner Research Network

Institution involved:  
Dept. of Family Medicine &  
Primary Care  
University of Stellenbosch

Project Director:  
Dr A. Heywood

Grant Value:  
R 62 475

Grant period:  
April – July 1998

To determine the validity and generalisability of the validity SASPREN surveillance information provided by the sentinel network in the Western Cape.
DEVELOPMENT OF DISTRICT SERVICES

District Health Report

Situational analysis of the Jozini health district in KwaZulu-Natal

<table>
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<tr>
<th>Institution involved:</th>
<th>Wood and van Selm</th>
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<tr>
<td>Project Director:</td>
<td>Dr Fiona Heywood</td>
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<tr>
<td>Grant Value:</td>
<td>R 68 172</td>
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<td>Grant period:</td>
<td>April – July 1998</td>
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To collate existing data and review the policy framework in order to facilitate regional planning, that will help in the implementation of the National Health Plan and the District Health System, based on the principles of Primary Health Care and the unit of delivery being the district.

To describe the district in terms of geography, demographics, socio economic status and other indicators to determine the health status and disease profile of the district.

Deinstitutionalisation in South Africa: A rapid appraisal

<table>
<thead>
<tr>
<th>Institution involved:</th>
<th>Centre for Health Policy</th>
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<td>University of Witwatersrand</td>
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<tr>
<td>Project Director:</td>
<td>Dr Tennyson Lee</td>
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<tr>
<td>Grant Value:</td>
<td>R 89 987</td>
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<td>Grant period:</td>
<td>March – September 1998</td>
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To provide a contextual understanding of deinstitutionalisation in South Africa, and background statistics, to feed into the development and evaluation of an appropriate model for community care for South African psychiatric institutions.

To identify the diversity of models and experience of mental illness and community care for chronic psychiatric patients in African nations so as to inform the wider deinstitutionalisation programme.

To gauge the extent to which deinstitutionalisation is already occurring in South Africa.
## HUMAN RESOURCE DEVELOPMENT

### Evaluating the production of health professionals in South Africa (Nursing component and equity)

**Institution involved:** Dept. of Nursing  
**University of Western Cape**  
**Project Director:** Dr. Elma Kortenbout  
**Grant Value:** R 52 000  
**Grant period:** April – July 1998  

To evaluate the production of professional nurses, in South Africa as part of an overall investigation of equity in human resource production.

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### Primary health care in-service education for nurses

**Institution involved:** Dept. of Nursing  
**University of Natal**  
**Project Director:** Dr Thandi Gwele  
**Grant Value:** R 34 984  
**Grant period:** April – July 1998  

To look at who the providers of PHC continuing education programmes are, as well as who are the participants, what are the durations of such programmes, geographic distribution of PHC educational programmes in SA and recruitment strategies used by providers to attract potential applicants for these programmes.

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### Production and distribution of human resources in Pharmacy

**Institution involved:** South African Pharmacy Council  
**Project Director:** Mrs S.J. Putter  
**Grant Value:** R 26 800  
**Grant period:** April – July 1998  

To provide an overview of the current human resources situation in pharmacy nationally and, where possible, to compare the current situation with previous available information.
HEALTH ECONOMICS AND FINANCING

Private sector health care provision and financing in South Africa
Institution involved: Centre for Health Policy
University of Witwatersrand
Project Director: Dr Neil Soderlund
Grant Value: R 84 433
Grant period: February – July 1998

To review the private health sector in South Africa in terms of equity.

REPRODUCTIVE HEALTH GRANTS

Dissemination of findings of the Transformation of Reproductive Health Services Project
Grantee Institution: Women's Health Project
University of Witwatersrand
Project Director: Dr Sharon Fonn
Grant Amount: R 17 852
Period of Grant: March 1998

To underline the need for a systems approach to health service development in order to achieve success in health service development.

Clinic staff work load and patient time flow study : a management tool for developing comprehensive quality services
Grantee Institution: Women's Health Project
University of Witwatersrand
Project Director: Dr K.S.Tint
Grant Amount: R 266 193
Period of Grant: March 1998 – March 2000

Utilise a participatory micro management tool at clinic level to foster the development of more efficient and comprehensive reproductive health services.

To conduct clinic staff work load and time flow studies at clinic level.
To introduce participatory action based research.
To introduce changes in staff duties.
To measure the impact of the changes on the provision of more comprehensive and efficient services.
A demographic and social profile of women requesting termination of pregnancy (TOP) at King Edward VIII Hospital

Grantee Institution: King Edward VIII Hospital
Project Director: Dr A.M. Adarilawo
Grant Amount: R 10 000
Period of Grant: April – August 1998

To analyse the demographic and social profile of women requesting termination of pregnancy services and make recommendations to improve the quality and accessibility of TOP services.

Developing and implementing a project management strategy to overcome impediments to the operation of the Choice on TOP Act of 1996 in the Free State

Grantee Institution: Centre for Health Systems Research & Development, University of Free State
Project Director: Prof. H.C.J. van Rensburg
Grant Amount: R 208 268
Period of Grant: April 1998 – January 1999

To identify problems, constraints and impediments encountered in the process of implementing the Choice on Termination of Pregnancy Act in the Free State.

To develop a provincial strategy to assist policy-makers, managers and health providers in overcoming the above problems, constraints and impediments.

A situational analysis: Existing information, education and communication strategies regarding adolescent sexuality in Piet Retief, Mpumalanga

Grantee Institution: Human Sciences Research Council
Project Director: Anna Meyer-Weitz
Grant Amount: R 128 730
Period of Grant: April – October 1998

To investigate the existing information, education and communication strategies regarding adolescent sexuality within and outside of the health service with a view to develop implementation strategies in co-operation with the relevant stakeholders to improve these strategies as well as health service delivery regarding adolescent sexuality.
Evaluation of the Termination of Pregnancy service in Bethal and Ermelo Hospital

Grantee Institution: Bethal Research Programme  
Project Director: Dr Gabriel Uyirwoth  
Grant Amount: R 10 560  
Period of Grant: February – November 1998

To assess the quality of care associated with Termination of Pregnancy services at Bethal and Ermelo Hospitals.  
To make recommendations to hospital management and provincial authorities regarding strategies to improve Termination of Pregnancy services in the province.

Directory of Reproductive Health in-service training

Grantee Institution: Reproductive Health Research Unit  
Project Director: Ms Mags Beksinska  
Grant Amount: R 85 000  
Period of Grant: June – December 1998

To compile a comprehensive resource of training initiatives relating to reproductive health that are currently being offered throughout South Africa. This will ultimately be published as a directory as well as available on the Internet.

Termination of Pregnancy - Research Workshop

Grantee Institution: Reproductive Health Research Unit  
Project Director: Dr Kim Dickson-Tetteh  
Grant Amount: R 31 050  
Period of Grant: May 1998

To develop a co-ordinated approach to research around the implementation of the Choice on Termination of Pregnancy Act.

Training of Trainers: District STD Quality of Care Assessment

Grantee Institution: Department of Community Health University of Cape Town  
Project Director: Nicol Coetzee  
Grant Amount: R 32 200  
Period of Grant: June – December 1998

To provide training to health department trainers (from all provinces) in the use, application and implementation of the District STD Quality of Care Assessment instrument (DISCA). The training (11 workshops) will equip health department training personnel from all provinces in South Africa, to effectively train district management personnel (including district clinic supervisors) in the use and implementation of the DISCA.
Tool to measure quality of antenatal care in KwaZulu-Natal
Grantee Institution: Prince Mshiyeni Hospital
Project Director: Ms Sisana Majeke
Grant Amount: R 5 763
Period of Grant: June – September 1998

To develop and pilot a tool to measure standards and quality of antenatal care in order to improve Primary Health Care (PHC) approach in midwifery teaching and practice, outcome to mothers and babies, thus reducing maternal and perinatal morbidity and mortality rate.

Assessment of the completeness and effectiveness of the implementation of cervical screening, following policy guidelines, into the routine services of Eastern Metropolitan Local council
Grantee Institution: Eastern Metropolitan Sub Structure Greater Johannesburg
Project Director: Dr Virginia Zweigenthal
Grant Amount: R 20 000
Period of Grant: June – October 1998

The aim of the study is to assess the effectiveness of the recently implemented cervical screening programme in the clinics of the Eastern Metropolitan Local Council, and to make recommendations to improve it.

Review of literature and examples on integration of services
Grantee Institution: Women’s Health Project
Project Director: Dr Sharon Fonn
Grant Amount: R 34 690
Period of Grant: July – September 1998

To provide a detailed review of forms and methods of integration of primary health care services internationally to inform current efforts to integrate services.

Strengthening private sector provision of services with public health significance in South Africa
Grantee Institution: Centre for Health Policy University of Witwatersrand
Project Director: Dr Helen Schneider
Grant Amount: R 125 401
Period of Grant: July – December 1998

To identify and test interventions to improve the quality and scope of private GP care for public health problems affecting disadvantaged populations.
### The evaluation of alternative sexually transmitted disease partner notification strategies

- **Grantee Institution:** Cersa, Medical Research Council
- **Project Director:** Dr Catherine Mathews
- **Grant Amount:** R 322 640
- **Period of Grant:** August 1998 – April 1999

To establish a health education intervention comprising video, posters, pamphlets and improved contact cards, aiming to improve partner notification in public, primary health care clinics in South Africa.

To evaluate the impact of the intervention on the rate of partner referral by STD patients.

### Traditional Circumcision Schools and Transformation – The case of Bolobedu District in the Northern Province

- **Grantee Institution:** Technikon Northern Gauteng
- **Project Director:** Mr H.G. Matjeke
- **Grant Amount:** R 36 388
- **Period of Grant:** August – December 1998

To improve traditional circumcision practices through better understanding of perceptions and attitudes of the people in the Bolobedu District of the Northern Province.

### Improving physician transfusion practices in patients with ectopic pregnancies: Evaluating the effect of improved practice guidelines

- **Grantee Institution:** Department of Gynaecology, University of Cape Town
- **Project Director:** Dr James Nevin
- **Grant Amount:** R 8 910
- **Period of Grant:** September 1998 – August 1999

To assess the effect of this intervention on clinician transfusion practices and resultant transfusion error in the management of patients with ectopic pregnancies.

### Towards an intervention strategy to improve adolescent and youth reproductive health in the Free State

- **Grantee Institution:** Centre for Health Systems Research and Development, University of Free State
- **Project Director:** Prof. HCJ van Rensburg
- **Grant Amount:** R 84 810
- **Period of Grant:** September 1998 – February 1999

This project aims to conduct a situational analysis about youth services in the Free State.
Preventing the spread of HIV infection in oral health care

Grantee Institution: Division of Community Dentistry
University of Witwatersrand

Project Director: Prof. M.J. Rudolph

Grant Amount: R 41 100


To provide information which will assist in the prevention of the HIV transmission in the oral health care setting, in South Africa, through reviewing of existing protocols for prevention of provider-client transmission.

An evaluation of the integration of obstetric services in the Tygerberg Hospital drainage area

Grantee Institution: Women’s Health Research Unit
University of Cape Town

Project Director: Dr Helen de Phino

Grant Amount: R 19 998

Period of Grant: September – December 1998

To evaluate the planning, implementation and outcome of the integration of the primary and secondary level obstetric services from the Tygerberg Hospital drainage area of the Cape Metropole Region to district level care. The purpose of this study is to make recommendations for improvement of the existing system and to guide a similar process now underway in the Groote Schuur Hospital drainage area.

Teacher empowerment in the context of a school based life skills programme

Grantee Institution: Youth for Christ – Pietermaritzburg

Project Director: Dr Colin McKay

Grant Amount: R 24 833

Period of Grant: December 1998 – March 1999

To determine if the Life Skills Teacher Training Project in KwaZulu-Natal empowered teachers to implement sexuality education programmes in their schools.

Using the experience of the above KZN teachers, to make recommendations to increase the possibility that interventions such as the TTP will empower teachers and in so doing increase their effectiveness as sexuality educators.
SKILLS DEVELOPMENT GRANTS

Internships

Intern: Ms Eva Abrahams  
Institution: Child Health Unit  
Grant Amount: R 66 439  
Grant Period: July 1998 – July 1999

Intern: Zacheus Matebesi  
Institution: Centre for Health Systems Research and Development  
Grant Amount: R 65 489  
Grant Period: January – December 1998

Interns: Haroon Wade  
Precious Modiba  
Ipelegeng Khumalo  
Institution: Centre for Health Policy  
Grant Amount: R 238 855  
Grant Period: January – December 1998

Intern: Mpefe Ketlapile  
Institution: Women’s Health Project  
Grant Amount: R 75 312  

Interns: A Buthelezi  
N Ngcobo  
Institution: Department of Nursing, University of Natal  
Grant Amount: R 120 00  
Grant Period: November 1998 – October 1999
Skills Development Grants

Short courses and Workshops

University of Western Cape Winter and Summer School

Institution: University of the Western Cape
Grant Amount: R 86 980
Grant Period: January / February and June / July 1998

Reproductive Health Research Methods Course

Institution: Reproductive Health Research Unit
Grant Amount: R 90 000
Grant Period: July 1998 – August 1998

Health Systems Research Proposal Development

Institution: Department of Health, North West Province
Grant Amount: R 21 717
Grant Period: June 1998

Health Systems Research Proposal Development

Institution: Department of Health, Northern Province
Grant Amount: R 31 137
Grant Period: July 1998
Acknowledgements

Research Proposal Reviews for 1998

Marie Adano  Marie Adams  Garry Adler
Leslie Bamford  Mags Beksinska  Oona Campbell
Micky Chopra  Nicol Coetzee  Terri Collins
Mark Colvin  Sharon Fonn  Linda Granger
Abbie Henson  Margaret Hoffman  Tanya Jacobs
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<th>Name</th>
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<tbody>
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<td>Nomonde Bam</td>
<td>Peter Barron</td>
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<tr>
<td>William Vivian</td>
<td>Masingitha Zwane</td>
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Andy Gray  Drug Management
Susan Strasser  Nurse Training
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Wendy Habgood  Mt Frere
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