MISSION STATEMENT

The Trust for Health Systems Planning and Development (Health Systems Trust) is committed to funding a programme of health systems research and planning which will help to inform the development of a comprehensive health service for South Africa, based on equity.

An integral part of this process will be strengthening research, management and planning capacity, particularly of people for whom access to training has been restricted.

To achieve these aims, the Trust will:

1. Define a systematic programme for addressing the priorities in health systems research, through ongoing consultation with a broad range of interested parties.

2. Provide funding for this programme by commissioning or supporting proposals for specific research projects.

3. Ensure that all research results and recommendations are widely disseminated in order to inform health policy and planning.

4. Identify and support processes whereby the management, planning and research skills of individuals are developed, with particular emphasis on redressing colour, gender, class or urban bias.
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Red Cross Memorial Children's Hospital

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Research Scientist
Medical Research Council
The Health Systems Trust (HST) was established in April 1992 to promote research into health systems in South Africa.

It aims to inform decision makers in order to restructure the present inadequate system of health care delivery into a comprehensive one that will respond to the health care needs of all South Africans. The principles of equity, affordability and affirmative action underpin the thrust of its work.

To date the HST has funded projects to the amount of R4.5m. Among these projects are: sources of financing; cost and quality of primary health care in different settings; the role of primary health care in a future health service; mental health information systems; cost effectiveness of community health workers and many others.

In addition it has supported a number of planning seminars and workshops: district health care systems; health expenditure review; personnel training and the role of the media in health care reform.

Central to our activities is the quest for skills development among the previously disadvantaged sector of our population. These groups are poorly represented in the cadre of health systems researchers. Research interns are attached to most of our funded programmes. It is hoped that these trainees will in the years to come spearhead research, training and management of health systems delivery.

The Trust is very fortunate to have acquired the services of its young and very able Executive Director - Dr David Harrison. He, with the assistance of Nomonde Mbadi as Administrator and Thembisile Mbatu as Secretary have, by dint of hard and long hours of work and commitment, managed the affairs of the Trust very competently. I wish to convey to them the thanks and gratitude of the Trust.

The Trust is about to expand its activities. With the assistance of the Kaiser Family Foundation, the Trust will publish an annual comprehensive review of all health matters in South Africa. It is hoped that this up to date authoritative publication will be a useful source of reference in the field and provide a systematic description of policy developments over time.

Secondly, the European Community through the Kagiso Trust has made a substantial grant for the development of District Health Systems in South Africa.

Both of these projects necessitate the appointment of additional staff. Some have already been appointed while others are in the process of being appointed.

The Trust has now a full complement of 12 Trustees. To them I wish to express my appreciation for their co-operation and assistance in efficiently overseeing the work of the Trust.

Our final gratitude goes to our three main funders - Kaiser Family Foundation, the Kagiso Trust and the Department of National Health and Population Development who made it all possible. In addition, we are grateful to the Rockefeller Foundation for their support for crucial aspects of our work as well.

The Trust remains buoyant and optimistic about its future and its capacity to contribute to the development of an equitable and affordable health care system for all its people in a post-apartheid South Africa.

Jairam Reddy
EXECUTIVE DIRECTOR’S REPORT

The Health Systems Trust was officially launched on 1 April 1993, following a protracted period of consultation with people from research and academic institutions, non-government organisations and political groups.

Existing Activities

Five facets characterised the activities of the Health Systems Trust during 1993. The first was a process of regional consultation which commenced in October 1992 and ended in February 1993. This process, described later, aimed to identify the research questions which a range of South Africans regarded as most pressing. The results served to mould our funding programme.

The second facet has been considerable support for about 25 health systems research projects throughout South Africa. Most of these projects are progressing very well, and should contribute a substantial body of information to current plans for reform. Many of the project participants have played significant roles in shaping recommendations for future health policy, based largely on the research and discussions being conducted in their own institutions.

A third facet of the Trust’s activities was a limited degree of skills development. Until 1994, 10% of the Health Systems Trust’s budget was allocated to capacity-building in the areas of health systems research, health planning and management, epidemiology, and economics and financing. Given these financial constraints, the focus was on skills development amongst people involved in delivery of services at local level. The magnitude of the need, and limited opportunities for training within South Africa, resulted in a fairly ad hoc programme with little follow-up support. Participation in training programmes of teams consisting of a variety of health workers was encouraged in an attempt to establish a critical mass of like-minded individuals in outlying areas such as Kimberley and northern KwaZulu.

Now, additional funding from the Henry J. Kaiser Family Foundation and the Rockefeller Foundation, as well as support from the Independent Development Trust, will allow for the establishment of a programme which promotes skills development in a far more systematic and sustainable manner.

The fourth facet was the role of the Health Systems Trust as facilitator of a number of planning processes. With varied success, the Board and Secretariat have striven to ensure that the Trust remains, and is perceived to remain, as independent and impartial as possible. Consequently, we have been able to facilitate discussions amongst a wide range of role players. Examples include district systems development and the health expenditure review.

The fifth facet has been the establishment of contacts with similar organisations outside of South Africa; in particular, the National Epidemiology Boards of Thailand and Cameroon. The Rockefeller Foundation supported reciprocal visits of representatives of the Health Systems Trust and the Epidemiology Boards. It is hoped to build on the links established during these visits.

Constraints and limited successes

In retrospect, and with our mission statement in mind, there are three major areas of concern which need to be addressed during 1994.

The first is dissipated energy. The Health Systems Trust emerged into a climate thick with policy discussion, and in which most aspects of health policy were being dissected in a fairly haphazard manner. The consequence has been a more reactive, rather than pro-active approach, to health systems reform. The expansion of the secretariat should permit greater consolidation and development of the research programme.

A concern linked to this is the fact that a number of crucial research questions remain unaddressed. While a substantive body of research is now underway, there remain numerous glaring gaps which need to be filled by a process of commissioned research. This has become an important goal for 1994.
A final concern is the limited success in implementing a programme which focuses on historically neglected institutions. We have been faced with the challenge of informing short- and medium-term policy discussions while attempting to build national health systems research capacity for the long-term.

This latter process has proved to be slow and energy-intensive, and requires even greater effort during 1994.

**Future development**

I believe that we must continue to see the Health Systems Trust as one agent of health systems transformation. Our responsibility should be to support and nurture existing institutions and organisations, and not to create new ones.

To that end, we try to ensure that new programmes have finite objectives which address the needs of the present phase of health systems reorganisation in South Africa. One exception is the Project for Health Information Dissemination, which it is hoped will garner a life and character of its own.

The major output of this project is intended to be an annual review of policy development and trends in South Africa. This will also provide a medium through which research results and recommendations can be disseminated.

Two other exciting programmes are being developed. The acquisition of additional funding from the Henry J. Kaiser Family Foundation, the Rockefeller Foundation and the Independent Development Trust has allowed for expansion of our skills development programme, aimed at developing South Africa’s health systems research, planning and management capacity. The second programme is that of District Systems Development funded by the Commission of the European Union, through which the national transition to district-based health care will be supported.

Assuming that appropriate people are found to manage these programmes, I believe that the Health Systems Trust will be able to build on the progress which we have made in our first year of operation.

**David Harrison**

Ms Thembiile Mbuta
Secretary

Dr. David Harrison
MB ChB, MSc (Med)
Executive Director

Ms Nomonde Mbiadi
B Comm, B Comm (Hons)
Administrator
DEFINING THE PROGRAMME OF THE HEALTH SYSTEMS TRUST

The Health Systems Trust conducted a series of ten regional consultative workshops aimed at shaping its programme within the brief described in its mission statement.

The attendance at all ten regional workshops is tabulated below:

**Attendance at Health Systems Trust regional consultative workshops**

October 1992 - January 1993

<table>
<thead>
<tr>
<th>TYPE OF ORGANIZATION</th>
<th>NO. OF PARTICIPANTS AT EACH VENUE*</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BFN</td>
<td>CT</td>
</tr>
<tr>
<td>Community-based</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Civic organization</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Funder</td>
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<tr>
<td>Health service</td>
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<td>9</td>
</tr>
<tr>
<td>Individual</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Indus/commerce</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>NGO (health)</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>NGO (other)</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Political org.</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>University / Technikon</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Unsatisfied</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>26</strong></td>
<td><strong>64</strong></td>
</tr>
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</table>

*KEY TO VENUES:*

- BFN Bloemfontein
- CT Cape Town
- DBN Durban
- TKI Transkei
- EL East London
- JHB Johannesburg
- NCL Newcastle
- PE Port Elizabeth
- PMB Pietermaritzburg
- PTG Pietersburg

These 333 people represented 151 different organisations.

Fragmentation of health services, poor public participation in planning and management, inequity in service provision and resource allocation, inaccessibility of health care and poor intersectoral co-operation were identified as the most critical areas for change within the South African health system.

Mechanisms for public involvement in health services and improved efficacy and effectiveness of services were regarded as of greatest priority in health systems research. Planning for reintegration of South African health services, the development of intersectoral collaboration, and a comprehensive health information system also featured prominently amongst the priorities for research. Health economics was a crucial, but neglected area, and economic evaluation had to become an integral part of health planning at all levels of care.

Key funding criteria included demonstration that the research was geared towards implementation of recommendations arising from research results, appropriate public interaction in research projects, evidence of inter-sectoral links and plans for feedback of results to health personnel and community members.

Participants suggested numerous ways for strengthening research capacity, particularly amongst disadvantaged South Africans, but stressed that the process should not only develop new researchers, but impart appropriate research skills to other individuals to enable the effective use of information.

Participants repeatedly noted the need for accountability of the Health Systems Trust by both formal scientific review and informal consultation and evaluation. The Trust had a responsibility to fund only that research which was necessary, which answered the question in the simplest effective manner, and which provided clear and implementable policy options.
1. HEALTH CARE FINANCING

Project work on these projects funded by the HST commenced towards the end of 1993.

1.1 Sources of financing for health care in South Africa: building a national health service.

| Grantee: Centre for Health Policy, University of Witwatersrand |
| Programme Director: Dr Max Price |
| Grant amount: R591 296.28 |
| Grant period: 2 years |

This project will examine public and private financing options for health care, including considerations of tax-based funding and National Health Insurance.

Sources of financing for health care in South Africa critiques the Medical Schemes Amendment Act, 1993, in the form of a journal article, monograph and submission to Government’s Melamet Commission of Enquiry, which is investigating the future funding and viability of medical schemes and health insurance. This work built on previous thinking about national health insurance, and led to the development by the Programme of a proposal on “Social Insurance”.

1.2 User fee policies in South Africa - Revenue generating potential and equity implications.

| Grantee: Dept. of Community Health, University of Cape Town |
| Programme Director: Ms D McIntyre |
| Grant amount: R107 000.00 |
| Grant period: 1 year |

The term “user fees” refers to the levying of charges for public health services, to recover some or all of the costs of providing such services. There is significant international debate about the role and implications of user fee policies. On the one hand, user fees could generate much needed revenue for health services and deter excessive and unnecessary utilisation of health services. On the other hand, unless fee policies are carefully structured to protect vulnerable groups such as the poor, access to health services could be adversely affected.

The purpose of this project is to examine arguments for and against user fees, to analyse international experience (particularly in developing countries), to document current user fee policies in South Africa, to quantify and analyse revenue currently raised through fees, to evaluate effects on access to health care as a result of user fee policies, and to evaluate alternative scenarios for future user fee policies.

This project is in its initial phases. A literature review and a review of the current South African user fee policy have been completed and a report is being drafted in the form of a Health Economics Unit (HEU) Working Paper, which is being widely circulated amongst service providers, academics and policy makers. Final reports will also be published in this form as well as in peer reviewed journals.

A research intern will be appointed shortly to undertake the major data collection and analysis. S/he will participate in the HEU’s research trainee programme which is designed to develop health economics capacity in South Africa.

Further methodological refinement and data collection will be carried out in close consultation with the relevant health service providers.

1.3 The role of private primary care providers in the future national health system.

| Grantee: Centre for Health Policy, University of Witwatersrand |
| Programme Director: Dr Max Price |
| Grant amount: R335 872.90 |
| Grant Period: 18 months |

This project will explore possible roles for these providers in relation to both the private and public sectors.

The role of primary care providers in the future national health system has reviewed the literature on managed care and applied this to the South African context. A survey is presently underway to assess the trends and developments in managed care in South Africa.

1.4 Acceptability of general practitioners of a National Health Insurance System with capitation as a reimbursement mechanism.

| Grantee: Dept. of Community Health, University of Cape Town |
| Programme Director: Dr Mark Blecher |
| Grant Amount: R7 000.00 |
| Grant period: Four months |

Project purpose

National Health Insurance (also called social health insurance) is one of the most common forms of financing health care worldwide and used in more than 90 countries. In South Africa national health insurance (NHI) has been raised as an option by many including the current government and academics. An important aspect of health system restructuring is the willingness or likelihood of the various role players to accept various systems. Powerful interest groups exist which
may affect the acceptability and workability of the various models.

The purpose of this study is to facilitate negotiations around restructuring our health care system by testing the acceptability of national health insurance to one important group of health care providers, namely General Practitioners. The study aims to describe GP’s attitudes towards National Health Insurance and to capitation as a system of remuneration and to explore determinants of these attitudes.

Progress

The study has proceeded well and we are close to completing our data collection phase. 170 GP’s were randomly sampled within the Cape Peninsula area. Doctors were sent an introductory article on NHI and were interviewed by telephone by a trained interviewer using a structured questionnaire. In addition four focus group interviews were conducted with approximately 40 GP’s. These were audiotaped and transcribed. Analysis of data will begin soon.

Collaboration

We have worked closely with the Academy of Family Practice. We are keen to expand the study nationally - hopefully in association with the Academy of Family Practice and Centre for Health Policy.

Interviewers received detailed training.

Plans for disseminating results

Our first article arising from the study - “National Health Insurance - an introduction” was published in SA Family Practice in April 1994.

We will be publishing a working paper on NHI through the Health Economics Unit.

The study results will be submitted to the SAMJ for publication.

2. RESOURCE ALLOCATION

2.1 Resource allocation: tackling regional inequity and strengthening primary care.

| Grantee: | Centre for Health Policy, University of Witwatersrand |
| Programme Director: | Dr Max Price |
| Grant amount: | R263 705.37 |
| Grant period: | 16 months |

This project will conceptualise a framework for allocating resources within the health sector to optimise health outcome in an equitable way. Different approaches, including programme budgeting, allocating according to levels of care, and prioritisation on the basis of cost-effectiveness analysis (as proposed by the World Bank’s 1993 Development Report Investing in Health) will be compared.

For the National Expenditure Review, the project on resource allocation; tackling regional inequity and strengthening primary care has conducted an international literature review of expenditure by levels of care (primary, secondary and tertiary), and research on the cost of primary care within two “homeland” health wards. The measurement of trends in provincial hospital expenditure in the Transvaal has commenced.

Networking and collaborative research

All four projects - Sources of financing for health care in South Africa, Cost and quality of primary level care in different setting, The role of primary care providers in the future national health, and this one - involve extensive interaction with health service providers, through the nature of the research process itself (which includes facility-based research as well as structured interviews with providers) as well as through the development of recommendations (which includes focus group discussions and public debate). Formal collaboration with other research groups was achieved in the primary care costing with the Centre for Health and Social Studies (CHESS) at the University of Natal, and through participation in the National Health Expenditure Review. Researchers in this programme also make a direct input into the ANC health policy through their participation in the ANC health financing commission. Informal discussions with academics outside the Centre for Health Policy occur on an ongoing basis.

Attempts to develop skills

Researchers in the Programme are supported in their research through various mechanisms. An academic supervisor and collegial workshops assist the conceptualisation of research, while attendance at conferences and courses enhances skills. A research intern with an economics degree has been employed by the Programme for training in policy analysis. The large size of the Programme will allow the provision of health economics courses as well as support to researchers outside the Centre. The programme is providing an input of 4 person-weeks on an intensive 3 month course for senior health managers to prepare them for their role in transforming the health services.

Plans for disseminating results or recommendations

Results and recommendations will be disseminated in various forms, including workshops with health providers and planners involved in the research process, formal presentations to specific fora, public seminars, short briefing documents and press articles, longer monograms, journal articles and conferences. Two monograms arising out of the work have been published
2.2 Mental Health services in the Western Cape: Possibilities for resource re-allocation

<table>
<thead>
<tr>
<th>Grantee:</th>
<th>Dept of Psychiatry, University of Cape Town.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Director:</td>
<td>Prof Brian Robertson</td>
</tr>
<tr>
<td>Grant amount:</td>
<td>R122 800.00</td>
</tr>
<tr>
<td>Grant period:</td>
<td>1 year</td>
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At present there is consensus amongst mental health service providers, planners and policy makers that the integration of mental health services at a primary care level should be prioritised. In addition it is recognised that inequities in service provision as part of the apartheid legacy must be redressed. The re-allocation of resources from institutional to community based services is regarded as a necessary step in improving equity and accessibility of mental health services. However there is a lack of empirical work concerning the mechanisms and feasibility of these objectives. An important focus of this project is the empirical evaluation of the proposal to develop community based and primary mental health services in South Africa while reducing institutional and custodial care.

The aim of this project is to compile an inventory of current resources for mental health provision in the Western Cape and to quantify resources which could feasibly be released from present mental health institutions to support the development of community care.

The first component of the project entails mapping the resources currently available for mental health service in the Western Cape. Equity issues in terms of level and type of care provided, average patient cost, as well as geographic accessibility, are addressed here. The second component involves evaluating potential ways in which these resources can be re-allocated to develop community based and primary care level mental health services using the methodology of retraction modelling.

The data of the first component of the research is currently being prepared for publication. After consultation with service providers it was decided also to include services for the mentally handicapped in the expenditure review. The fragmentation and overlap of service administration and budgets, as well as the inadequacies of current routine data collection systems presented a significant obstacle to obtaining accurate information. This has resulted in a request for the researchers to set up a routine data collection system within one service. A wide variety of service providers and administrators from CPA, DNHPD, including the ostensibly defunct "Own Affair", participated in the project and have requested data. A request for data has also been received from the Metropolitan Health Forum. A workshop will be arranged where results will be reported and implications discussed; a detailed report of findings will be distributed in working paper form and a summary report will be submitted to SAMJ.

A research intern who will receive training in health systems research, will be joining the present research team for the remainder of the study.
2.3 Towards More Equity and Efficiency: Aspects of Financing, Organisation and Management of Health Services at Regional and District Level in the Western Cape.

<table>
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<tr>
<th>Grantee:</th>
<th>Health Economics Unit, Dept. of Community Health, University of Cape Town</th>
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<tr>
<td>Programme Director:</td>
<td>Dr Brigid Strachan</td>
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<tr>
<td>Grant amount:</td>
<td>R68 268.00</td>
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<tr>
<td>Grant period:</td>
<td>6 months</td>
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Purpose of Project
The project aims to:
- describe and analyse current patterns of financing, expenditure, organisation and management of health services in the Western Cape
- to describe resources for health care in the public and private sectors
- to discuss aspects of allocative and technical efficiency in the use of resources
- to identify some areas for reform

Project Progress
The project is funded by the Health Systems Trust from December 1993 - June 1994. It will be completed in June 1994.

Collaboration
The research process has involved close collaboration with all services in the public sector and many in the private sector in the Western Cape.

Dissemination of results
A final report will be available in June. Efforts will be made to publicise results through the SAMJ in South Africa, and Health Policy and Planning in the UK.

The results of some of the research are already being used by the Cape Metropolitan Health Forum (Working Group 3 Finance). This Working Group has been tasked with examining expenditure in the Western Cape.

Dr Brigid Strachan

2.4 Cost and quality of primary level care in different settings.

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<tr>
<th>Grantee:</th>
<th>Centre for Health Policy, University of Witwatersrand</th>
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<tr>
<td>Programme Director:</td>
<td>Dr Max Price</td>
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<tr>
<td>Grant amount:</td>
<td>R385 969.65</td>
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<td>Grant period:</td>
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This project will estimate the cost of providing primary care at five "best-practice" sites. These sites include services offered by a group of general practitioners, a private outpatient clinic, and NGO clinic, and a public "homeland" clinic. Information from these sites will allow the calculation of national costs of providing a core package of health services, and providing some indication of the relative costs of doing so under different circumstances in the private and public sectors.

Cost and quality of primary level care in different settings has completed the costing of one site and is collecting data on the remainder. Quality of care criteria are also applied to each of these sites.

2.5 Cost effectiveness of Community Health Worker programmes.

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With the calls for increased emphasis on primary health care as a means of achieving the goal of "Health for all by the year 2000", the potential role of community health workers (CHWs) has increasingly been focused on. CHWs are seen as a way of addressing current deficiencies in access to clinic-based services as well as to provide promotive and preventive services at a relatively low cost.

There has been a rapid growth in CHW programmes in recent years in South Africa. However, there has been relatively little evaluation of these programmes, either in terms of their costs or their effectiveness. Such an evaluation is essential before embarking on a wide scale introduction of CHW programmes.

This project proposes to:
- Provide an overview of the existing CHW programmes in the Cape Peninsula and environs;
- Analyse the training and recurrent costs of some of these programmes;
• Evaluate their effectiveness in terms of various output measures;

• Estimate the cost implications of further extension of CHW programmes in impoverished peri-urban communities.

This project is in its initial phases and consultation with representatives of the various CHW programmes must be extended. A research intern will be appointed to undertake much of the data collection and analysis. He/she will participate in the HEU’s research trainee programme which is designed to develop health economics capacity in South Africa.

The results of this research will be published in peer reviewed journals, as well as in the form of a Health Economics Unit (HEU) Working Paper, which is widely circulated amongst service providers, academics and policy makers.

3. ORGANIZATION OF SERVICES

3.1 The integration of primary health care at the district level: The example of Upington.

| Grantee: Centre for Health Policy, University of Witwatersrand |
| Programme Director: Laetitia Rispel |
| Grant amount: R149 767.00 |
| Grant period: 1 year |

Project purpose

The announcement that primary health care services will be integrated under the auspices of the local authority, coupled with negotiations on a new political future for the country, have resulted in increased attention being devoted to policies related to comprehensive and appropriate primary health care services. This project aims to develop guidelines for the integration of preventive/promotive, curative and rehabilitative health care services in a small town, using the town of Upington in the North Western Cape as a case study. The town has an estimated population of between 60,000 and 70,000 people. Existing services are fragmented as in other parts of the country. Preventive and promotive services are provided by Upington Municipality. Most of the curative care is provided by 13 general practitioners in Upington. Two of the general practitioners also act as part-time district surgeons. There is one community hospital under the auspices of the Cape Provincial Administration, which provides limited outpatient and inpatient care. Antenatal care is provided by the local authority clinics and by private general practitioners, and women are expected to deliver in the local hospitals.

A detailed protocol has been completed, and checklists have been designed for data collection. A preparatory visit has been made to the area at the end of January 1994. During this visit, a series of strategic meetings were held with the majority of health care providers, and selected individuals in the community. The purpose of the visit was to introduce the project and members for the research team, to obtain important background information, to enlist the cooperation of health care providers and to determine the best time for field work and data collection. Fieldwork is expected to commence during the second week of March 1994. The general practitioners are in the process of collecting utilisation information for the month of February 1994.

The municipality and some of the general practitioners are very keen to participate in the study and no major problems are expected.

Attempts to develop skills

The project is likely to contribute significantly to the research experience of Ms Marawa, one of the research interns in the Centre for Health Policy, by exposing her to survey design, data collection, data entry, negotiations with service providers and with community members.

It is envisaged that the use of a participatory approach will indirectly build the research capacity of health care providers. We have offered, during the course of our discussion with Upington Municipality, to run a workshop with nurses to give feedback on the findings of the survey and to jointly develop recommendations for possible service improvement.

Plans for disseminating results or recommendations

Workshops are planned (these have been discussed with the public health authorities) to jointly develop recommendations and give feedback once an initial report has been done.

In addition to the workshops, journal articles aimed at the research and academic community are planned during the course of the project.

A technical report will be given to the Health Systems Trust and will be available from the Centre for Health Policy.

Project team

Laetitia Rispel is the principal researcher. Nomvula Marawa is the research intern.
3.2 The evaluation of the implementation of a booking/appointment system at a public service in Cape Town.

Grantee: Dept. of Community Health, University of Cape Town
Programme Director: Dr Hassan Mahomed
Grant amount: R10 100.00
Grant period: 1 year

Studies have indicated that patients are dissatisfied at the length of time they have to wait before being attended to at public health services in Cape Town. Day hospitals in Cape Town are intending to implement a booking/appointment system which hitherto has been lacking. Because of the significant nature of the intervention, this study is being performed to evaluate the impact of the new system. The attitude of patients and staff is assessed as well as the average waiting time of patients for attention. This is being done in a "before/after" manner so that the study becomes evaluative in nature and measures the difference resulting from the new system. The results are to be fed back to the authority concerned so that appropriate changes may be made as necessary. The "before" part (Phase I) has been completed and what follows are the results thereof:

The waiting times of a representative sample of day hospital patients has been measured. The goal of this part of the study, namely to establish a baseline before an appointment system is implemented, has been achieved.

The median waiting time for patients at this day hospital during the week studied was 3 hours and 35 minutes. 60% of patients are amenable to being booked as part of an appointment system. Different categories of patients have different waiting times. Club (chronically ill) patients (except hypertensive) wait longer than acute general patients. Arriving earlier does not decrease waiting time substantially. Monday has the longest waiting time. The greatest concentration of patients occurs in the morning period with 80% of patients having arrived by 9h00 and 90% having left by 14h30.

Staff and patients have different feelings and views about an appointment system. Staff feel it will not work whereas patients feel enthusiastic about the idea and feel that it can work.

Feedback on these results has been given to senior management in charge of the day hospitals as well as to local staff working at the day hospital concerned. It is hoped that the feedback given will guide the implementation of the booking/appointment system. The authority concerned is the Department of National Health and Population Development (Western Cape Region). A report will be drawn up on this part of the study which will be disseminated as widely as possible to as many health authorities as possible on a national scale. Once the study as a whole has been completed i.e. including the evaluatory part, the same measure of dissemination will take place.

3.3 Primary health care for workers and their dependents in a typical industrial area in Cape Town.

Grantee: Dept. of Community Health, University of Cape Town.
Programme Director: Ms Shirley Miller
Grant amount: R76 180.00
Grant period: 1 year

The purpose of the project is to investigate access of employees and their dependents to both general and occupational health services in the Epping Industrial area in Cape Town with a view to designing improved and cost effective comprehensive health services.

The project describes existing and general health service utilisation by employees in Epping and their dependents. In depth interviews will explore knowledge, attitudes and relevant factors influencing utilisation of both occupational and general health services for a representative sample of the entire workforce and their dependents. Attitudes of both employees and employers to existing and alternative services are being examined.

Various options are being developed for integration of occupational and general health services (whether workplace-based or not) into a comprehensive health care system. This will include both provision and financing of the services.

Interviewers recruited into the project have been trained in interview and sampling techniques and basic data management. These interviewers have been recruited from the residential areas from which the majority of the workforce are drawn.

The results of the research will be made available to interested parties i.e. trade unions, employer organisations, all health service authorities concerned with public and private sector primary health care in the Western Cape. Should an alternative comprehensive health service appear to be cost-effective an attempt to implement the findings will be made in conjunction with the major stakeholders.
3.4 The development of a local health service model in the Western Cape.

| Grantee: | Dept. of Community Health, University of Cape Town. |
| Programme Director: | Dr Lillian Dudley |
| Grant amount: | R85 050.00 |
| Grant period: | 1 year |

Purpose
The aim of the project is primarily to develop a health information system for District Health Service planning and management.

Progress
Preliminary work in this area was done in 1993, but the actual project commenced late January 1994. During 1993 broad consultation with health service providers in Atlantis, as well as a situational analysis of health in Atlantis were the main aspects of the preliminary work. A protocol for the health information research process is currently being completed, and will be submitted to HST for comment.

The following have commenced this year:-

Workshop
A workshop has been organised in Atlantis for 18 March and will focus on identifying health care priorities in Atlantis, and problems that local health service providers experience with health information. The information gathered here will be used to develop a minimum data set (MDS) based on the health priorities and goals for health care delivery in the area. This MDS will be developed in conjunction with a committee comprising representatives from all the health care providers in the area as well as some community representation via the Atlantis Forum.

The organising committee of the workshop is comprised largely of health service personnel from Atlantis (Day Hospital, WCRSC clinics, School Health, Community Psychiatry, Health Inspector, Industrial Health Services) and UCT registrars. A wide range of health care providers in Atlantis (private, public, NGOs and industrial) will be participating in the workshop.

Health Information Assessment
The situational analysis on health in Atlantis identified several problems with the present health information collected. The community health registrar will thus be focusing on these and other problems in the current health information system. The part-time researchers from the health services will be actively involved in evaluating the health information collected at a local level. They will start with the services in which they are based, but will be looking at health information in the other sectors as well (NGOs, private and occupational health services).

Training of part-time researchers from the health services
Two nurses from the Day Hospital and the local authority clinic in Atlantis have been selected as part-time researchers. In consultation with the nurses and health service managers we have agreed to employ them on a part-time basis from April in a research and a coordination role. The nurse from LA clinic attended the Health Services Research course at the School of Public Health in January. The nurse from the Day Hospital will be attending the course in July.

Basic training will be given in critically evaluating and using health information (skills in collation of data, analysis, and presentation of data). Training will also be given in computer skills, in particular the use of Epi-Info, at the MRC in April. These health services researchers are developing a questionnaire that will be used at the workshop, and will be using this as their data set for learning Epi-Info.

An interesting development in the project has been the need expressed by middle and senior health service management staff in the project for training opportunities. We will therefore be including the chief professional nurse from the L.A. and the project coordinator from the Mamre project on the Epi-Info course. We will be providing the software to the health services director from CPA involved in the project. They (CPN and medical director) will also be applying to attend the Health Services Research course via their own organisations.

The development of middle and senior management skills was neglected in our proposal, with greater emphasis placed on the development of local personnel. However, we have begun to recognise that the appropriate insights and skills do not exist at higher levels of service management and that this is an area that needs as much attention if local initiatives are to succeed.

Literature review
Currently we are identifying and reviewing available literature. In addition a Health Information Journal Club has been proposed to identify and discuss literature on local/district health information systems and related topics. Debbie Bradshaw from the MRC has agreed to organise it, and this will hopefully commence in April.

This should assist in informing the process of developing an appropriate District Health Information System.
3.5 The Agincourt study: Population based information to support District Health System Development.

Grantee: University of Witwatersrand, Health Services Development Unit
Programme Director: Dr Steve Tollman
Grant amount: R309 020.10
Grant period: 1 year

Purpose

The Agincourt Field Practice Project, based in a sub-district of Bushbuckridge (see map), involves a partnership between the Tintswalo health service, local communities, and the Health Services Development Unit (HSDU), part of Wits University’s Community Health Department. Contributing to the Bushbuckridge District Health Initiative, the Project aims to:

1. Establish the community’s demographic, health and fertility status;
2. Pilot and evaluate district health and development interventions;
3. Assess their impact on community health status;
4. Pilot village health committees as the basic element in a district health authority.

Fig. 1

Average Years of Education by Refugee Status by Age

![Graph showing average years of education by age for locals and refugees compared to the norm.](image-url)
RESEARCH PROGRAMMES

Fig. 2 Population profile of the Agincourt Field Practice Area

The Demographic and Health Study, also supported by the MEDUNSA Appropriate Technology Unit, will provide timely and accurate information on which to base district health planning. Such information has not previously been available.

Progress

During 1992/93, a household census was conducted in all 8896 households of the Practice Area. Ten local fieldworkers, recruited from unemployed youth, were trained to accurately map the twenty villages and conduct detailed interviews. In addition, extensive discussions were held with health committees, civic associations and indunas to review the uses of the census, and seek their support.

From November 1993 to March 1994 the field team updated the census and collected detailed information on births and migrations. Fertility and mortality rates can be derived from this. A “verbal autopsy” study will elicit probable causes of death.

The Agincourt area (some 150 sq km) lacks infrastructure, and logistical support, particularly transport and communications, is difficult. On-site data capture is now possible, and the twelve full-time field staff are residents of the Practice Area.

Results

Key findings include:

• The Agincourt community, at 57,609 persons, is over 50% larger than the best official estimates (Fig. 1)
• Mozambican refugees comprise some 25%
• Over 60% of men 30-49 years are migrant labourers, the figure for women being 14%
• Less than 10% of those 25-59 years have completed matric, with only 3.2% proceeding to tertiary education (Fig. 2)

Following the census, village health committees hosted public meetings to review the results. Debate was
vigorously and centered on creche and preschool needs, school drop-outs, changing roles of women, and teenage pregnancy.

Provoked by the results, the Tintswalo Chief Nurse introduced an additional mobile health service to serve the most distant communities.

**Conclusion**

Health service managers will have a basis for rational programme planning, and critical information will be available to the Interim District Health Committee.

Communities are beginning to interpret and use the results. The study area is well placed to act as a national sentinel site. Detailed results and analysis will appear in a forthcoming monograph.

### 3.6 The integration of Mental Health Services

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<th>Grantee:</th>
<th>Dept. of Psychology, University of Durban Westville</th>
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<tr>
<td>Programme Director:</td>
<td>Ms Inge Petersen</td>
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<tr>
<td>Grant amount:</td>
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To make mental health care in South Africa more accessible and to reduce the inefficient use of resources, there have been numerous calls for the integration of mental health into the health care system generally and into primary health care specifically. Successful implementation of such policy is contingent on:

1. Information on the prevalence and nature of mental health problems, and on the mental health status of communities more generally.

2. A comprehensive review of available resources and their use at primary, secondary and tertiary levels.

3. The ability of primary care workers to detect, refer and manage mental health problems.

The Community Mental Health Project (CMHP) aims to address the above issues through a number of projects in partnership with the Ngcolosi community in Kwadedangendlale in Natal. As a community based project, the CMHP therefore hopes to articulate and deliver an approach to planning and intervention in mental health care that has tangible and meaningful results for the Nogolosi community, and which simultaneously informs a systematic approach to mental health care planning nationally.

### 3.7 Prospects for equalising public health service salaries and other compensation.

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<th>Grantee:</th>
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Differences between health authorities in salary scales and other forms of compensation (e.g. medical aid cover, pension scheme, transport and housing subsidies, holidays) are major obstacles to the development of a unitary national health system. According to the recent experience of many health service managers attempting to integrate, or at least coordinate, functions between staff working in different health authorities, staff perception of unfairly different compensation are, from the point of view of staff, the single most salient problem. There is thus an urgent need for a coherent policy to be developed as soon as possible.

This project proposes to: determine levels of compensation for each category of employee in the different health authorities; determine the numbers of employees in each category; examine methods of job grading, and adjusting compensation for profession, educational level, experience, length of service and performance; evaluate options for achieving parity in compensation for comparable employees over a limited number of years; and qualify the cost implications of adjustments in compensation packages.

In a project of this nature, it is vital to consult and work closely with health service employer and employee representatives to determine their perceptions and intentions.

A research intern has recently been appointed, and began data collection in mid February 1994. He will participate in the HEU’s research trainee programme which is designed to develop health economics capacity in South Africa.

The results of this project will be published in peer reviewed journals as well as in the form of a Health Economic Unit (HEU) Working Paper, which is widely circulated amongst service providers, academics and policy makers. Working Papers tend to contain more detailed data presentation and analysis than is feasible in journal articles.
4. INFORMATICS SUPPORT TO HEALTH CARE

4.1 The development of management indicators.

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Health informatics is the application of computing methodology and technology in the collection, evaluation, organisation and dissemination of information in the health sector. The Rhodes Health Informatics (Management) Project (RHIMP) is a research and training project concerned with using information to improve the management, efficiency and quality of health services.

All countries collect data about the resources they provide for health care and the patients they treat. But it is generally difficult to assess the outcome, performance and effectiveness of the services in a given locality. South Africa is no exception, the health care statistics tending to concern itself with counting what is provided (e.g. beds), what is done (e.g. visits) and particularly income (fees data), rather than what is achieved or how beneficial the services are. Further, despite the amount of data recorded at all levels of the health care system, it tends to be aggregated and passed upwards to a level of authority where it is used mainly for top-down monitoring and budgetary purposes. Hands-on professionals working in local health services end up with very little information to help them. Yet it is they who most need it to guide their day-to-day decisions concerning the management of their patients and the management of resources within their control.

We are soon to have a 'new South Africa', a new health service, and probably a new health information system. But before adopting a completely new information system - as other countries have with sad consequences - RHIMP aims to show which data can be presented and used to provide useful management information. At the same time, gaps and other management (performance) indicators, some unique to the South African situation, are being identified.

Initially the research focuses on producing comparative information across hospitals, which, in the absence of absolute measures, enables providers to measure their own performances and effectiveness against the wider perspective of performance elsewhere. Preliminary results confirm this as a useful and appropriate methodology for South Africa, for, in addition to the obvious historical inequities between hospitals, other unexpected differences and outliers are emerging that...
warrant further investigation. It confirms that microcomputers can be used to process data and feed useful information back quickly in a form which is easy to understand.

A considerable effort has been devoted to networking with health authorities and providers in the region. Indeed, since the project concerns working alongside them, it could not proceed until a comfortable working relationship had been accomplished. Papers have been presented at conferences and meetings nationally. The Director received an award for the paper ‘Health Informatics in Africa: Lessons for South Africa’ at the South African Medical Informatics Group’s tri-annual conference.

A research officer has been appointed to RHIMP. She is taking a tailor-made M.A. programme in Information Systems in Health Care, the first year comprising parts of several courses to enable her to acquire information systems skills. She also participates fully in the research activities of the project.

A workshop and article to illustrate the methodology will be available soon when local data is more complete.

4.2 The development of a health information system to optimise primary health care in the Orange Free State.

| Grantee: Centre for Health Systems Research, University of Orange Free State |
| Programme Director: Prof. H C J van Rensburg |
| Grant amount: R348 830.00 |
| Grant period: 1 year |

The lack of reliable, appropriate management information, as well as the improper and inadequate use of available information by decision-makers, are fundamental problems constraining accountable PHC provision. In order to address these problems, health authorities in the OFS entered into partnership with the Centre for Health Systems Research (UOFs) in an effort to develop an appropriate information system for optimising PHC in the province.

This partnership is based on the assumption that reliable and appropriate information is fundamental to the accountable planning, management and provision of PHC services. For purposes of proactive planning and management of PHC the generation of area-specific, community-based information is crucial. By entering into the above-mentioned partnership, health authorities committed themselves to a systematic revision of the existing PHC information system and declared themselves willing to be advised and guided in this regard by PHC workers, the communities served by PHC services, as well as by experts from appropriate disciplines.

The main objective of the project is to develop a strategy for the implementation of an information system which will enable relevant role-players in the planning, management, provision and utilisation of PHC (i.e. health authorities, health workers and communities) to make informed decisions in the interest of such care. This requires the revision of the existing system according to which routine statistics are being accumulated. In addition, PHC personnel at ground level will have to be trained to supplement routine statistics with information generated by self-initiated research studies within the communities they serve. In their turn, health managers will have to be trained to take all relevant information into account in order to do justice to the principle of need-related PHC planning. In the process, the specific objectives of the study, namely to improve the health status of all communities and to ensure a more equitable PHC dispensation in the OFS by involving communities, together with PHC workers and experts, in the planning, implementation and utilisation of a new PHC information system which will be scientifically sound and applied by personnel who have been properly trained to do so, will be addressed.

Provisionally, seven areas to be addressed by task groups in order to establish such an information system have been identified. These include (i) the revision of the routine statistics system, (ii) the compilation and regular updating of health profiles for the OFS, (iii) the management of financial resources in PHC, (iv) appropriate management information for PHC, (v) the methodology of community-based studies, (vi) community involvement in PHC and (vii) the establishment of an information system for traditional healing in the OFS.

Since work on the project commenced, a Temporary Executive Committee has occupied itself with the establishment of an organisational and administrative infrastructure, the provisional identification and decumulation of task groups and their functions, as well as the identification of experts who could guide and advise tasks groups. A project coordinator, evaluator/consultant and secretary have been appointed and experts in methodology, financial management and traditional healing have been co-opted.

With regard to community involvement, the Temporary Executive Committee has established valuable contacts with the ANC (Northern and Southern OFC Health Desks), SANCO (Northern and Southern OFS), SAHSSO, the NPFHCN and POKK (a development and coordination forum for PHC personnel in local authorities in the OFS) and is in the process of securing their active support of and participation in the project.

All these organisations, together with national, provincial and local health authorities and the CHSR, will be
represented on an Advisory Group which will ensure the ultimate accountability and transparency of the whole project to all concerned. The first meeting of the Advisory Group, to be presided by a professional facilitator, is scheduled for 15 March 1994. At this meeting the project management must be mandated, the composition and functions of groups and committees be discussed and adjusted, and a strategy for the commencement of task group activities be decided upon. In succession of this meeting the project coordinator and project evaluator will meet with task group conveners, task group leaders and experts to inform them in detail about the purpose and planning of the project, while mutual expectations and responsibilities will also be discussed. From 14th April task group activities will begin in earnest and will be directed at the preparation of blueprints for purposes of pilot studies to be undertaken in the subsequent planning phase of the project.

The project has been planned in four phases, spanning a period of four years. Phase one entails the establishment of an administrative and managerial infrastructure for the project. During phase two, task groups will be convened and their activities immediately be focused on the design of a research plan for establishing an information system suitable for community-based PHC planning and provision in the OFS. These phases are well on schedule for completion at the end of 1994. The third phase, which is scheduled for 1995, entails the pilot-testing, in one urban and one rural community within each of the four hospital districts in the OFS, and the subsequent adjustment and adaptation of the original research design and instrumentarium which were developed in the previous phase. In the subsequent two years, the revised information system will be implemented throughout the OFS. By the end of 1997, sufficient skills and expertise should have been transferred from external sources to PHC managers, PHC workers and communities to ensure the system’s sustainability.

Project team

Dr R D Chapman  
Director: Community Health Services  
OFS Provincial Administration

Prof H C J van Rensburg  
Director: Centre for Health Systems Research  
University of the Orange Free State

4.3 Towards a spatial, rural health system.

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<tr>
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<td>Dr David le Sueur</td>
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Purpose

The purpose of the project is to provide a simple, PC based, geographic, health and development tool.

Progress

The database for the KwaZulu regions has been completed and covers a population of 485 362 areas. The mapping of homesteads using Global Positioning Systems is ongoing and three more teams are to be deployed in July this year. An example of the implementation of the system is shown in figure 1. This shows the distribution of malaria cases on the Makhatini irrigation scheme, for March 1993. This area previously had an annual total of 12.6 cases per annum between 1976 and 1986. During 1987 this increased to in excess of 700 cases (1988-600), as a result of irrigation activities and the provision of suitable breeding sites. Figure 1 (Appendix A) shows buffers of 2 km radius around the exacerbated areas. This distance approximates the maximum flight distance of vector mosquitoes. The ecology of the swamp has been altered due to the spillage of irrigation water and is thus included as an exacerbating factor (as it did not dry out in winter and thus provided a winter breeding site). This data is important both for the management of malaria control, as well as to influence the policy of development agencies when funding such schemes in malaria areas. Health assessments on the impact of irrigation development are a prerequisite of the World Bank (and especially malaria), but not of the Development Bank of Southern Africa.

One of the advantages of the system is its wide applicability. Data on school and clinic catchment for each homestead is also being collected, thus facilitating the plotting of exact catchment and the identification of spatially under-serviced areas. Spatial distributions of the population, as shown in figure 1 can be used for other development purposes e.g. placement of taps, ergonomic positioning of electrical power lines, etc.

Networking

This system could not have been established without the collaboration and infrastructure of the KwaZulu and NHDP health authorities (see training).

Training

Forty three malaria control team leaders have been given a course explaining the system and their role in its
establishment. This has ensured a high standard of data collection in the establishment of the database. A team of 3 people have been trained in the use of Global Positioning Systems. The staff responsible for the capture of malaria case data have been given a MS DOS course and an introductory and intermediate Dbase IV course.

Implementation

The first pilot (includes the 3 high risk for the province) system will be placed in the control programme office at Josini in July. The system will interface with existing Dbase files and data capturing procedures, thus facilitating implementation.

Figure 2 (Appendix B) shows the annual malaria incidence for northern Natal between 1980 and 1991. It is important to note the almost complete absence of cases from the coastal regions. The high incidence in the Mbangweni corridor is related to the passage of migrants from Mozambique. These maps are to be published in the newspaper every two weeks and will report the case incidence for the previous two weeks. This will allow travellers to the region to make an informed decision as to whether they should take prophylaxis. Such data will also be used to “focus” current malaria control efforts and the distribution of personnel.

4.4 A pilot study for the use of Geographical Information Systems (GIS) in planning health services for the Durban Functional Region (DFR)

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<th>Grantee:</th>
<th>University of Durban</th>
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<td>Westville</td>
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<tr>
<td>Programme Director</td>
<td>Dr D V Soni</td>
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<tr>
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Preamble

In South Africa, apartheid ideology has resulted in an uneven distribution of health services, unequal funding of segregated health facilities, grossly inadequate access to health services and a lack of documented information regarding health conditions and services provided for the disadvantaged black majority. To plan a more equitable distribution of health facilities Geographical Information Systems (GIS) will be used.
GIS is an analytical tool designed to support the capture, management, manipulation, analysis, modelling and display of spatially referenced data for solving complex planning and management problems. Most importantly GIS allows answers to “what if” questions with spatial dimensions.

Project Purpose

This study examines the viability of using GIS for the purpose of mapping health care information to facilitate health policy formulation and planning for a more equitable distribution of health facilities. To achieve this, the relation between the geographical location and catchment populations of the selected facilities will be examined. In addition, utilisation patterns of these facilities will also be examined.

Project Progress

1. An historical review of health care delivery in the DFR has been completed.

2. To upgrade and develop existing data on health care facilities in the DFR, data will be used from three sources:
   2.1 1985 digital data on the location of hospitals and clinics.
   2.2 1991 census data.
       (The above data sets are in the process of being “cleaned” and made more compatible for this project.)
   2.3 ReHMIS data will also be used when made available in June 1994.

3. A questionnaire schedule has been compiled to contain data on catchment populations and utilisation patterns of King Edward VIII Hospital - Congella, Besters Clinic - Inanda, Phoenix Health Centre - Phoenix and the Valley Trust Clinic - Valley of a Thousand Hills. Fieldwork will be conducted during June and July 1994. The residential location (in terms of Magisterial Districts) of patients interviewed will be used to determine the actual catchment area of these facilities. Data collected will pertain to the adequacy of services provided, factors influencing use of the facilities, patients’ perception of their future health care needs and their ideas on the ideal location of future health facilities. Recommendations will be made for the location of future health facilities on evaluation of data collected.

Efforts at collaborating / networking especially with health service deliverers

This project is being jointly co-ordinated by the Department of Geography (UDW), the Department of Community Health (UND) and the Programme of Malaria (MRC). Researchers from this project have joined IDHIG (an interdisciplinary group of researchers interested in health at UDW). There is also a possibility of a linkage programme with the University of West Virginia.

Attempts to develop skills of researchers and other participants

Priscilla Cuman (Principal researcher) has attended:
1. An ArCad/AutoCad course (Geographical Information Management Systems - GIMS, 24/28 January 1994).
2. A post graduate course on GIS which used the NGCIA core curriculum (Feb-March 1994).

She intends attending the Thirteenth Epidemiological Conference on “The role of epidemiology in health policy development and health services planning and management” (15-16 September 1994).

Peter Schmitz (GIS Support) intends attending the 6th International Symposium on spatial data handling (IGU Commission of GIS - 5/9 September 1994).

Dissemination

The data collected will be available to public and private organisations and institutions.

4.5 Assessing South Africa's capacity to establish a National Health Information System.

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<tr>
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Purpose

The main purpose of this study is to assess the capacity of South Africa to implement a national health information system that would enable health service providers and planners at local, provincial and national levels to plan and manage health services.

Progress

This is an exciting opportunity to conduct a situation analysis of the South African health information systems. Many elements of a health information system exist in South Africa, but most are stand alone operations, and do not constitute an integrated national health information system for management of health services. With South Africa demarcated into nine provinces there is a need to develop a yardstick (health indicators)
through which these provinces can be measured to ensure they meet national standards. This project will contribute to this need.

In November 1993 we contacted the Department of National Health and Population Development to determine who collects information. We got lists of all local authority clinics including provincial administration, municipal and regional service councils.

We piloted the questionnaires to 19 organisations. Then, using the 1993 Hospital and Nursing Yearbook, we sampled 1081 organisations and mailed questionnaires between the third week in January and early February. We mailed to municipal, local authority, and RSC clinics, day hospitals, research organisations, academic institutions, private clinics (hospitals), community health centres, public clinics, mining industry and public hospitals and Regional Directorates: Dept. of National Health and Population Development.

Lulama Dikweni and Lulama Mbobob were hired as research assistants. Ms Dikweni learned how to use stratified systematic sampling procedures, while Ms Mbobbo learned how to use Epi-Info. These are skills that they can use even after completing these projects.

The results will be disseminated at the national workshop on developing a strategy and policy for health informatics in South Africa, to be held at Broederstroom on March 10 and 11 1994.

5 IMPROVING EFFICIENCY AND QUALITY OF SERVICES

5.1 Evaluation of self supervised treatment among TB patients in the Western Cape.

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Tuberculosis (TB) is a major cause of morbidity and mortality in South Africa. The Western Cape has the highest TB incidence in the world. This has resulted in increasing clinic attendance by TB patients resulting in increased clinic staff workload. Non-compliance by patients on daily supervised out-patients treatment is a major problem in the treatment of TB. The aim of the study is to compare compliance (adherence) and treatment outcome of newly notified adult TB patients who will be randomly allocated to three types of supervision. The supervision options that will be compared are:

- clinic supervision - where the patient receives daily treatment at the clinic under the supervision of clinic staff
- community based supervision - where the patient gets drugs from someone living in the community who is responsible for supervising the patient’s medication
- self supervision - where the patients collect his/her drugs from the clinic once a week, and is responsible for self administration or supervision
All study patients will be monitored until they complete their treatment.

The study will be conducted at clinics in Khayelitsha and Elsies River, and will involve 720 patients. Data collection will begin in Elsies River in March, and the study will be extended to Khayelitsha in June 1994. Data collection will end in the first half of 1995.

This study is a collaborative effort between the Western Cape Regional Services (WCRSC), the Community Health Association of Southern Africa (CHASA), and the Medical Research Council (MRC). The study will be conducted at WCRSC clinics and clinic staff will receive training in research skills as part of the study. CHASA will be mainly responsible for planning and setting up the infrastructure for community based supervision, and the MRC will play a major role in the design of the study and analysis of the data.

This study will show which supervision option yields the best compliance among adult TB patients. The study will also show which patients have the best compliance under each of the three supervision options. Results from this study will be disseminated to relevant health authorities and nursing staff in order to improve the management of TB patients and their compliance.

5.2 A model for building capacity for mother and child health service and delivery.

| Grantee: | Child Health Unit, University of Cape Town |
| Programme Director: | Prof Marian Jacobs |
| Grant amount: | R40 500.00 |
| Grant period: | 6 months |

Introduction

Maternal and child health has been acknowledged as a significant component of primary health care in this country and policy and health service developments reflect this recognition. However, while there is much discussion about this area of health in the international arena, documentation is not readily available.

As a first step in the research on capacity building for maternal and child health through health personnel education, a wide-ranging literature search was undertaken. The capacity of information gleaned from this search provided convincing evidence that the investigation is warranted.

The period of May to October 1993 was designated for initiation of the project. In the first few months of this period, no funding was available. The major activities during this period were therefore limited to those which required no resources. This included a literature search, and enquiries directed at national, African and international organisations concerned with the maternal and child health and primary health care.

Uncertainty about funding stimulated activity, and an assessment of feasibility, through activities such as consultations with national interested groups and individuals, were "piggy-backed" onto other academic activities of the researcher. This process of using mainstream academic opportunities to facilitate activities concerned with the research under review led to erosion of the sabbatical period dedicated to initiation of the actual research.

Against this background, the report reflects the research period from initiation, and not merely the period from receipt of the grant from the Health Systems Trust to date.

Objectives

The objectives of the project include assessing the need for mother and child health interventions in South Africa, the needs of health personnel in the management of mother and child health service delivery at district level, to review international and national maternal and child health management personnel educa-
tion programmes and national and regional initiatives in public health personnel education in general. National developments in health personnel education programmes and policies, and experience with the education programme being evaluated as part of this research project may necessitate extension of the research into more detail in some areas.

This includes issues of distance learning which are emerging as a major area of concern in continuing education programmes, especially for rural health service providers.

Accomplishments

The principal accomplishment was a wide-ranging (and frustrating!) literature search which targeted organisations as well as standard biomedical bibliographic database.

The results of this search were as follows:

(i) Very little reference is made to maternal and child health in the biomedical literature.

This therefore highlights the need to find a bibliographic database with an expanded thesaurus in this field.

(ii) Many of the international organisations contacted provided very little information through the mail. Some of these were very general and others were not directly relevant to the information requested.

A visit to a few key institutions may be worthwhile at a later stage of the project.

(iii) The most relevant information was provided most recently, after a period dedicated to the research, and follow-up of the leads provided by this information is still being undertaken.

Problems

Problems encountered and addressed

1. The problems related to the search for appropriate literature and information has been described above, and strategies to address these have been suggested. Implementation of these strategies will depend on availability of time and dedicated funding.

2. Time for, and timing of the research have both presented problems. The time for initiation of the research was referred to in the introduction, and discussions are being held to reclaim some of the sabbatical time eroded by routine academic activities.

However, this means that the period estimated for the initial phase has been extended, and the end-point can only be determined after agreement about time has been reached. This will not be later than September 1994.

The research was initiated in a climate of restructuring during which uncertainty about the structure and delivery of the reorganised health services, and the demands placed on the time of those concerned militated against their optimal participation in the research process, resulting in lack of compliance from some quarters, and slow response rate from others.

3. Funding was not available at the time dedicated for the research. This has been resolved and adequate funding is now available.

4. A search for the appropriate methodology and research tool was dependent in part on the availability of literature and contact with people with experience in this field. Much time was taken waiting for information and resources promised by UNICEF, and these have not yet been forthcoming. However, since that time other information has become available and this has informed the research process.

Problems unresolved and anticipated

The major unresolved problem is the allocation of time to do the research. At this time, the pace of change and the demands made on one’s time for participation in this
RESEARCH PROGRAMMES

process are significant factors, and serious attempts are being made to merge research activities with such participation.

Anticipated problems include time for writing up, and the temptation to go into divergent but related areas in greater detail. These include distance learning, development of a health information network and the burgeoning initiatives in health management training in the country.

Management structure

The management structure under which the research is being conducted is the Department of Paediatrics and Child Health, the Child Health Unit and the advisory group of the maternal and child health programme. The staffing of the former two structures is determined by the employing authorities, viz the Cape Provincial Administration and the University of Cape Town. Members of the advisory group are selected for their specific expertise and experience in aspects of maternal and child health.

Furthermore, the direct supervisor (Professor Molteno) and the content advisor have been unchanged.

The only known change will be the retirement of the head of the Child Health Unit at the end of 1994.

Staff needs

In the planning and fundraising, no consideration was given to employment of a research assistant as the full time involvement of the researcher was anticipated. However, various constraints have changed this situation and some consideration is being given to employing an assistant on a part-time basis. If this happens, additional funding will have to be sought or application will be made for using the available funds for this purpose.

Dissemination

The research protocol and first phase results were presented to a seminar on Maternal and Child Health systems research in Namibia in early March. This facilitated the establishment of contacts with people with experience in Southern Africa, and will hopefully result in improvements in the design of later phases.

A review article is being prepared for the South African Medical Journal, and discussions are being held with key players in maternal and child health in the country.

There has been some contact with players in the national health reform process, especially those concerned with human resource development. The results of the first phase are informing discussions between service providers and institutions about the training of health managers in the Western Cape and also the planning of new health personnel education programmes for managers.

Other developments

A development being considered is linkage of this research project to others in maternal and child health as the first step in formulation of a research agenda for maternal and child health.

5.3 Improving the quality of antenatal care: a community, health service and research partnership.

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<td>Programme Director:</td>
<td>Dr Margaret Westaway</td>
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<tr>
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Project Purpose

The aim of this study is to assess the quality of antenatal care as a basis for development of effective interventions to improve antenatal care. The specific objectives are to:

- Ascertain the explicit (record of standard tasks) and implicit (case management) quality of antenatal care from a review of clinic records;
- Determine the quality of antenatal care from consumer, non-consumer, community and health care provider perspectives; and
- Explore possible solutions to the problems of no antenatal care, late presentation and irregular antenatal attendance.

Project Progress

Ivory Park, which includes the area known as 109 Hectares (Extensions 4 and 5, Rabie Ridge), in Midrand (Transvaal) was selected as the area of study, due to the rapidly expanding population (estimated at 200,000 persons), the informal site and service nature of the area, and the available health care infrastructure.

A free antenatal service is provided once a week by the four clinics in Ivory Park/Rabie Ridge, with a medical practitioner available on a fortnightly basis. The clinics are not equipped for deliveries. Antenatal attenders have to make their own arrangements for delivery, either at Tembisa hospital or another facility of their choice. There are three private medical practices at Ivory Park. Other private medical practices are situated in Halfway House, approximately 12 km from Ivory Park.

Permission for the study was obtained from the Ethics Committee (Medical Research Council); Midrand Community Services Department, who render health care services in Ivory Park; the Residents’ Committee of Ivory Park; the Civic Association of Rabie Ridge; and the Urbanisation Development and Management Con-
Staff at Hikhensile Clinic

Health Care Provider and ANC attender

ANC attender at Farmhouse Clinic
sultants (URCON), who have been contracted by the Transvaal Provincial Administration (TPA) to develop Ivory Park.

Interviews were conducted with a random proportional sample of 234 non-pregnant clinic attenders (every second attender), 50 pregnant non-clinic attenders and 17 health care providers (three medical practitioners, 8 nurses, and 6 health advisors/community health workers/family planning workers/clerks).

The predominant languages in Ivory Park are Pedi and Zulu. Clinic attenders and non-attenders were in the age group 20-29 years, with the community sample aged between 20 and 39 years. Few persons had completed high school, and the majority of women were unemployed.

Men were more likely than women to refuse to be interviewed as they considered that antenatal care was not their concern. In some cases, women needed the permission of their partners to be interviewed; one male partner insisted on signing the consent form. The title of the study (ANC) aroused suspicion in one male interviewee, as he declared he was a Zulu and supported Inkatha not the African National Congress.

A frequent comment was the need for more clinics and a hospital in Ivory Park which provided 24 hour care. Men and women considered that Tembisa hospital was too far away, there were long queues at Tembisa hospital, there was no transport to get there and, if transport was available, they were unable to afford it.

Starting randomly, every second clinic record was reviewed for explicit assessment (the extent to which standard tasks are recorded) and implicit assessment (case management). There were 35 records from Bophelong, 28 from Farmhouse, 70 from Hikhensile and 64 from Rabie Ridge. Gravity data were similar for clinic records and clinic attenders. There was substantially higher neonatal death rate among non-clinic attenders than that found for the records of clinic attenders (Fig. 2).

During the fieldwork periods, the interviewers were not physically assaulted but were exceedingly frightened. They saw shacks being burned, with the occupants inside them, road barricades prevented access to certain areas, and gunshots were heard. Alcohol abuse at weekends compounded the problems. In the latter half of November 1993, the clinic staff were intimidated to such a degree that the four clinics were closed for two weeks; one of the clinic sisters had her car hijacked.

No interviewer can be expected to work under conditions of violence. If interviewers are unable to complete the fieldwork during the allotted timetable, work programmes and expenditure will have to be revised to take into account these difficulties.

**Collaboration/Networking**

Health care providers in Ivory Park are fully involved in the study. The results will be given to them and the community for their comments and suggestions for actions that can be taken to improve the quality of antenatal care. Intervention development will involve health care providers and the community.

**Developing Research Skills**

Gina Wessie, a MRC researcher, is receiving intensive training in analysing open-ended items. This training will assist her with her Master's research. The analysis of open-ended items will be based on consensus among Margaret Westaway, Esther Viljoen, the MRC statistician/researcher, and Gina Wessie.

**Dissemination of Results**

1. Feedback and possible actions to the community and health care providers - April/May 1994;
2. Presentation of the findings in a local paper;
3. Intervention development by the community, health care providers and researchers - June 1994;
4. Presentation of findings at the local ESSA Conference; and
5. Submission of a paper on the results to an indexed journal.

Authors: Margaret S. Westaway, Esther Viljoen, Gina M. Wessie, Matsie Ramatsaka (Medical Research Council, Pretoria)

James McIntyre, Peter A. Cooper (Baragwanath Hospital & University of the Witwatersrand)

Gina Wessie and Margaret Westaway
Background Information for the Community Sample, Pregnant Clinic Attenders and Pregnant Non-Clinic Attenders: Language Grouping

Clinic Record Review, Pregnant Clinic Attenders and Pregnant Non-Clinic Attenders: Abortion/Miscarry, Stillbirths and Neonatal Deaths
6. LEGISLATION

Intersectoral co-operation between health and legal professions has been neglected in South Africa, with the result that there is a dearth of public health lawyers in South Africa, and legal aspects of health sector reform have largely been ignored. Given the dire political, social and economic consequences of South Africa's record of fragmentation of laws related to national policy formulation, public health service organisation, health personnel and private health care, it is clear that changes have to be underpinned by effective legislation.

In recognition of this fact, Health Systems Trust has provided funding for eighteen months for the Medical Research Council (MRC) to employ a researcher with legal training, Stephen Harrison, to develop recommendations for the formulation of a comprehensive, development-oriented Health Act for South Africa.

7. OTHER RESEARCH PROJECTS
7.1 Prevention of circumcision sepsis.

Purpose
A strategic intervention to attempt to prevent sepsis and also make people aware of the importance of taking into account of health factors in the practice of circumcision.

Progress
The project was started by collecting data from the community health services, doctors, organisations etc. We subsequently conducted seminars that involved communities, traditional surgeons (iingsibi) and medical doctors to look at ways of preventing sepsis in this practice. As a follow up we visited various areas as the season of June and December approached. The purpose of the visits was to make communities aware of the problem and persuade villagers to use preventive methods. The statistics of the last season show that there is a reduced number of cases - when compared with the 1992 - 1993 figures.

Efforts at collaborating / networking - health services
We work with the following institutions - hospitals and clinics in the region. We also work with doctors and organisations. Networking with the above has been beneficial to the project and intervention with regards to critical cases.

Plans for disseminating results that emerge
• SANCO information channels and structure is recommended as crucial
• Media/Publicity - radio, rallies, church gatherings, etc.
• National and regional health workers - Progressive Primary Health Care Network, political organisations, youth organisations, trade unions, etc.
• Seminars and workshops involving communities, houses visits.

Limitations
• A weakness that we observed so far is the lack of information disseminating methods, so that information gathered can be quickly and adequately disseminated to reach all the people concerned.
• Insufficient funding to pursue our plans efficiently.

7.2 Resource package: Informal settlements in Natal/ KwaZulu

The informal settlements study as a whole had its origins in a multiparty workshop on informal settlements jointly convened in late 1992, by amongst others, ANC, SANCO, HSRC, NPA and IFP. It retains the support of a wide variety of development and political players with representation on its Steering Committee reflecting the broad spread of Natal political groupings, as well as support from development agencies such as
the IDT and Urban Foundation.

The project is being managed on a day-to-day basis through the Institute for Social and Economical Research at the University of Durban-Westville with Professors Jeff McCarthy and Doug Hindson as project coordinators. Participant researchers in the project include a broad spectrum of social scientists. Some 22 papers have been commissioned including papers on:

- Project management in settlement upgrades
- Affordability and end user financing
- Violence in informal settlements (x2)
- Sources of funding for upgrades
- Local government for informal settlements
- Water and electricity supply to informal settlements
- International and national experience as applied to Natal
- Environmental issues in informal settlements
- Recreational, health and related facilities provision to informal settlement
- Tenure issues
- Migration issues
- 3 case studies of local socio-political dynamics
- 3 studies of the broad demography of informal settlements in (a) the DFR (b) the Greater Pietermaritzburg area and (c) non-metropolitan Natal
- 2 papers on capacity enhancement in development (a) the financial dimension (b) the ‘capacity mismatch’ issue
- Economic development in informal settlements
- History of and policy issues for informal settlement in Natal
- The role of the churches in informal settlements

Professors Hindson and McCarthy will make a synthesis report based on these, and this will be followed by policy oriented workshops translating the documents into a more widely-owned policy oriented format. Popularly oriented “resource files” to be made available to interested informal settlement residents will also be produced after consultation with grassroots organisations. The objective would be to use the material both to assist local community organisations to enhance the development effort in their areas, and to assist future regional and central government in their reconstruction and development efforts as they affect informal settlement areas.

The specific relevance to health systems planning will be teased out both within individual paper contributions and policy workshops to which Health Systems Trust personnel will be invited. The project commences in March 1994 and concludes in August 1994.
SKILLS DEVELOPMENT

8. SKILLS DEVELOPMENT

Introduction
During 1993, 10% of the annual budget of the Health Systems Trust was allocated specifically to skills development. Given this limitation, the focus was on support for training of individuals working within health services at local level, and with community-based or non-governmental organisations. Substantial funding from the Henry J. Kaiser Family Foundation and Rockefeller Foundation will permit the expansion of this programme in 1994, allowing for skills development in the areas of health systems research, planning and management to occur in a more systematic manner.

In addition to this programme, the Health Systems Trust allocated funding for the employment of eleven research interns, attached to research projects being supported by the Trust. By the end of 1993, six research interns had been employed. We believe that this support will introduce a new cohort of new, black researchers into the South African public health arena.

Research Interns
The six research interns employed by the end of 1993 are:

- Nazeen Ahmed, involved in the project studying the possibilities for resource allocation in the delivery of mental health services in the Western Cape. He has an honours degree in Psychology.
- Thulani Duma, an honours graduate in geography, works in northern KwaZulu on the GIS-based health information project.
- Brenda Khunoane, attached to the Centre for Health Policy at Wits Medical School, has a Bachelor of Commerce, and is part of the team assessing financing options for South Africa.
- Rajendra Mahandra (MSc) is also part of the research team developing a GIS-based information system for malaria control in northern KwaZulu.
- Nomvula Marawu, a nurse with an honours degree in sociology, is attached to the district health project in Upington.
- Pamela Ntufa has an honours degree in economics, and is attached to the Rhodes Health Management Information project in the Eastern Cape.

Participation in training programmes
Through this programme, institutions offering training courses are supported to enable selected candidates to attend. The emphasis has been on redressing race, gender and geographical imbalances in the selection of course participants. Up until the end of 1993, the Health Systems Trust had supported the participation of twenty individuals in short courses run by the Public Health Programme of the University of the Western Cape. A further 34 people attended training seminars elsewhere in South Africa.
OTHER ACTIVITIES

PLANNING SEMINARS AND WORKSHOPS

The Health Systems Trust supported a number of seminars or workshops during 1993, aimed at facilitating health systems planning at both local and regional level.

The following grants were made to organisations:

1. Towards district systems development in the Durban Functional Region

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This workshop involved key stakeholders in a two-day workshop aimed at planning district-based mother and child health services for the Durban Functional Region.

2. Developing district-based health care in the New Hanover area of Natal

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This grant supported a series of three successful workshops aimed at achieving community involvement from the outset of planning for a district system in New Hanover.

3. Training for change: Meeting the non-professional skills shortage in primary health care

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This seminar sought to develop a common understanding of interim and transitional needs regarding the number and categories of non-professional health workers require. Focusing particularly on community-based workers, the seminar addressed issues such as training requirements, future accreditation, career paths and remuneration.

The following seminars were organised by the secretariat of the Health Systems Trust:

4. Planning for the Health Expenditure Review

This seminar was organised by the Health Systems Trust at the request of the Finance Committee of the African National Congress and the Health Economics Unit at the University of Cape Town. It sought to bring together the main groups which would participate in the Health Expenditure Review.

5. Towards a district-based health system for South Africa

This seminar sought to bring together people interested in, or already implementing district-based health care across South Africa. The intention of the seminar was to foster a common understanding of the key components of a district system; to allow for networking; and to explore a mechanism for developing a national demonstration project for district-based health care.

6. The role of the media in health reform

The Henry J. Kaiser Family Foundation, the Open Society Foundation and the Health Systems Trust jointly organised a seminar for editors and senior journalists of the electronic and written media in South Africa. Held in the rural Eastern Transvaal, it was an attempt to elevate media awareness of health as an important political issue, and to cultivate a better understanding of the fundamentals of health systems reform. The substantive nature of discussions was greatly enhanced by the presence of Alfredo Bengzon, ex-Minister of Health of the Philippines; June Osborne, Dean of the School of Public Health, University of Michigan; and George Strait, Medical Correspondent for ABC Television network. Exceptionally positive feedback was received from many of the media participants.

HEALTH EXPENDITURE REVIEW

The National Health Expenditure Review is an attempt to document all public, quasi-public and private sources of finance, and expenditure on public and private health care activities. The process is being directed, in conjunction with the World Bank and the technical support of the Overseas Development Administration, by a Reference Group consisting of representatives of the African National Congress; Department of National Health; Health Systems Trust; European Union and academic institutions. The Health Systems Trust is responsible for overall co-ordination of the project.

The HER project informs, as is endorsed by the Finance Committee of the National Health Forum.

Sources of data include:

i) ReHMIS, a South African information system designed to collect data on facilities, equipment, personnel and expenditure. This system is being implemented nationally, and data from all regions should be available by the end of June 1994.

ii) Additional studies to evaluate:
   - validation of ReHMIS data in "homelands"
   - public health expenditure through central departments other than health
- public sector research expenditure
- public expenditure on health personnel training
- proposed new capital expenditure
- distribution of resources between levels of care
- historical trends in hospital expenditure
- sources of private sector financing
- private sector sector health expenditure
- donor funding and expenditure by NGO's

These studies should also be completed by the end of June 1994.

Completed studies are being made public as technical papers as they become available. Following this, it is envisaged that one or two individuals would use these technical papers as the basis for a single report on the South African health expenditure review.

PROJECT FOR HEALTH INFORMATION DISSEMINATION

The Health Systems Trust, together with the Henry J. Kaiser Family Foundation USA, has established a new project, called the Project for Health Information Dissemination.

The aim of the project is to create and utilise an independent, credible source of comprehensive information, which can be routinely synthesised, interpreted systematically and disseminated. It is not intended to be a data bank, but rather to serve as a basis for an objective critique of policy trends and developments over the preceding years.

Part of this project will be the publication of an annual directory of Health Systems Research being conducted in South Africa. This is a component aimed at enhancing networking and exchange of information between health researchers and research institutions, and indirectly promote the utilisation of research findings in the decision making process at various levels.

The cornerstone of the project will be the publication of a substantial annual report, that will collate available data on Demography, Health Services, Health Systems Research and Health Policy in a systematic manner. In doing so it is hoped to demonstrate whether articulated and legislated policy has translated into tangible benefits to the health of South African people.

INTERNATIONAL CONTACTS

There have been three main sources of international contact during 1993. The first has been an effort to inform people working in organisations and institutions in Africa who are also involved in health systems research of the existence and activities of the Health Systems Trust. This has been in the form of written correspondence. During 1994, we will be exploring possibilities for greater interaction and collaboration, particularly in view of the expansion of the Trust's Skills Development Programme, and its opportunities for exchange programmes or other forms of training attachments.

The second, facilitated by the Rockefeller Foundation, was a process of interaction between the Health Systems Trust and the National Epidemiology Boards of the Cameroon and Thailand. Reciprocal visits from and to both countries permitted greater insight into the health systems of Cameroon and Thailand, as well as the work of the National Epidemiology Boards - which are analogous to the Health System Trust in many respects. The experiences of the representatives of the Health Systems Trust were documented in two reports, and distributed widely within South Africa. Representatives from the National Epidemiology Boards also had an opportunity to meet with South Africans from a range of institutions and organisations.

The third source of international contact has been the occasional visitors from other countries. A list of visitors to the Health Systems Trust during 1993 is presented below:

Dr Robert Lawrence
Dr Sommek Chunchuras
Dr Hatai Chitanondh
Dr Rosa Befidi-Mengue
Prof Wally Muna
Prof Peter Hilsenrath
Dr Brian Haddon
Dr Julian Lambert
Reiko Niimi
Julia Watson
Ann McKinstry Micou
Dr Bonnie Stanton

Rockefeller Foundation, USA
National Epidemiology Board, Thailand
National Epidemiology Board, Thailand
National Epidemiology Board, Cameroon
National Epidemiology Board, Cameroon
Graduate Program in Hospital and Health Administration, University of Iowa, USA
Consultant to the Commission of the European Union, United Kingdom
Overseas Development Administration, United Kingdom
Southern African Consultant to the World Bank, Washington, USA
Overseas Development Administration, United Kingdom
Institute of International Education, New York
Consultant to the World Bank
PUBLICATIONS, PAPERS AND REPORTS

Due to the fact that research project funding only commenced in April 1993, few final reports or papers have yet emerged. The following had been published or distributed as a result of support from the Health Systems Trust by the end of 1993.

Health Expenditure Review; Technical paper #1; Report on preparations for a National Health Expenditure Review in South Africa; November 1993.

Price M, Masobe P; The future of medical schemes: Issues and options for reform; Centre for Health Policy, University of the Witwatersrand; December 1993

Jinabhai C C, Solarsh G C, Coovadia H M, Loening W E K; Developing a District Health System for the Durban Functional Region: Report of a Workshop; Centre for Health and Social Studies, University of Natal; 1993


Southall H; First International Working Conference on Health Informatics in Africa; South African Medical Journal 1993; 83(8): 622
INCOME AND EXPENDITURE STATEMENT

FOR THE PERIOD 23 APRIL 1992
(Date of Establishment)
TO 30 JUNE 1993

<table>
<thead>
<tr>
<th>Note</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23 April 1992 to 30 June 1993</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Grants</td>
<td>4 742 789</td>
</tr>
<tr>
<td></td>
<td>SURPLUS FOR THE PERIOD</td>
<td>4 621 965</td>
</tr>
</tbody>
</table>

After charging/(crediting) the following items:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ remuneration - fees</td>
<td>4 000</td>
</tr>
<tr>
<td>Depreciation</td>
<td>5 397</td>
</tr>
<tr>
<td>Lease charges : operating - rent</td>
<td>32 080</td>
</tr>
</tbody>
</table>

RETAINED SURPLUS FOR THE YEAR              | 4 621 965 |
## BALANCE SHEET

**AT 30 JUNE 1993**

23 April 1992

to

30 June 1993

<table>
<thead>
<tr>
<th>Note</th>
<th>R</th>
</tr>
</thead>
</table>

---

### CAPITAL EMPLOYED

**RETAINED INCOME**

| 4 621 965 |

---

### EMPLOYMENT OF CAPITAL

**FIXED ASSETS**

| 30 582 |

---

### CURRENT ASSETS

- Accounts receivable: 23 828
- Cash on deposit and at bank: 4 591 410
- Cash on hand: 102

**Total Current Assets:** 4 615 340

---

### CURRENT LIABILITIES

- Accounts payable: 23 957

**NET CURRENT ASSETS:** 4 621 965
CASH FLOW STATEMENT

FOR THE PERIOD 23 APRIL 1992
(Date of Establishment)
TO 30 JUNE 1993

Note | R
--- | ---
23 April 1992 to 30 June 1993

CASH RETAINED FROM OPERATING ACTIVITIES

Cash generated for operations 4 4 378 385
Investment income 248 977
Generated by increase in working capital 5 129
Cash generated by operating activities 4 627 491

CASH UTILISED IN INVESTING ACTIVITIES

Investment to expand operations
- additions to fixed assets (35 979)
4 591 512

CASH EFFECTS OF FINANCING ACTIVITIES

Increase in cash balances (4 591 512)
NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD 23 APRIL 1992
(Date of Establishment)
TO 30 JUNE 1993

1 ACCOUNTING POLICIES
The financial statements have been prepared on the historical cost basis and incorporate the following principal accounting policy:

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 rate used is 15%.

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

2 GRANTS RECEIVED
Kaiser Family Foundation 2 371 526
Kagiso Trust 1 080 000
Rockefeller Foundation 315 263
Department of National Health and Population Development 976 000

4 742 789

3 FIXED ASSETS
<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated depreciation</th>
<th>Net book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer equipment</td>
<td>16 357</td>
<td>2 453</td>
<td>13 904</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td>19 622</td>
<td>2 944</td>
<td>16 678</td>
</tr>
<tr>
<td></td>
<td>35 979</td>
<td>5 397</td>
<td>30 582</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD 23 APRIL 1992
(Date of Establishment)
TO 30 JUNE 1993

4  CASH GENERATED BY OPERATIONS
   Operating income before interest and taxation  4 621 965
   Adjustment for:
      - depreciation                           5 397
      - investment income                      (248 977)
   4 378 385

5  GENERATED BY INCREASE IN WORKING CAPITAL
   Increase in accounts receivable             (23 828)
   Increase in accounts payable                23 957
                                               129

6  TAXATION
   No provision for taxation has been made as the Trust has
   applied for exemption from income tax in terms of Section

7  COMPARATIVE FIGURES
   The Trust was established on 23 April 1992 and as these
   financial statements are the first financial statements, no
   comparative figures are presented.
INCOME AND EXPENDITURE STATEMENT

FOR THE PERIOD 1 JULY 1993 TO 31 DECEMBER 1993

1 July 1993

31 December 1993

Note

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants received - balance brought down</td>
<td>4 621 965</td>
</tr>
<tr>
<td>Grants received</td>
<td>1 515 353</td>
</tr>
<tr>
<td>Less: Funds disbursed for projects</td>
<td>1 358 638</td>
</tr>
<tr>
<td>Contributions after disbursements</td>
<td>4 778 680</td>
</tr>
<tr>
<td>Interest received - Investment account</td>
<td>211 149</td>
</tr>
<tr>
<td>Interest received - other</td>
<td>541</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td><strong>4 990 370</strong></td>
</tr>
</tbody>
</table>

**ADMINISTRATION EXPENSES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>1 786</td>
</tr>
<tr>
<td>Advertising</td>
<td>1 853</td>
</tr>
<tr>
<td>Audit fee</td>
<td>4 424</td>
</tr>
<tr>
<td>Bank charges</td>
<td>574</td>
</tr>
<tr>
<td>Beverages</td>
<td>200</td>
</tr>
<tr>
<td>Catering</td>
<td>861</td>
</tr>
<tr>
<td>Lease charges: rent / electricity</td>
<td>18 980</td>
</tr>
<tr>
<td>Legal fees</td>
<td>399</td>
</tr>
<tr>
<td>Parking</td>
<td>1 643</td>
</tr>
<tr>
<td>Pension</td>
<td>17 062</td>
</tr>
<tr>
<td>Postage</td>
<td>1 354</td>
</tr>
<tr>
<td>Receiver of Revenue</td>
<td>29 047</td>
</tr>
<tr>
<td>Salaries</td>
<td>86 786</td>
</tr>
<tr>
<td>Sundries</td>
<td>252</td>
</tr>
<tr>
<td>Stationery / printing</td>
<td>6 498</td>
</tr>
<tr>
<td>Telephone / fax</td>
<td>10 107</td>
</tr>
<tr>
<td>Unemployment Insurance Fund</td>
<td>346</td>
</tr>
<tr>
<td>Travelling</td>
<td>30 148</td>
</tr>
<tr>
<td><strong>TOTAL ADMINISTRATION EXPENSES</strong></td>
<td><strong>212 320</strong></td>
</tr>
</tbody>
</table>

**RETAINED SURPLUS FOR THE PERIOD**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4 778 050</strong></td>
</tr>
</tbody>
</table>
NOTES TO THE INTERIM FINANCIAL STATEMENTS

FOR THE PERIOD 1 JULY 1993
TO 31 DECEMBER 1993

1  GRANTS RECEIVED

Kagiso Trust 1 117 975
Kaiser Foundation 397 378

1 515 353

These funds do not include additional funds for the Project for Health Information Dissemination (PHID) and Skills Development Project (SDP).

2  FUNDS DISBURSED FOR PROJECTS

Research Projects 1 149 454
Skills development 46 702
Seminars / workshops 162 482

1 358 638

ADDITIONAL INFORMATION

Total funds disbursed by 31 December 1993 1 387 363
Kagiso Trust 462 454
Kaiser Foundation 462 454
Medical Research Council 462 455

Funds allocated 4 842 883
Kagiso Trust 1 614 294
Kaiser Foundation 1 614 294
Medical Research Council 1 614 295
Malaria cases associated with the Makhatini Irrigation Scheme
Activities of the Agincourt Field Practice Project, Bushbuckridge
Community meeting at Agincourt, Bushbuckridge
Discussions at the Health Centre, Agincourt
Looking for a healthy policy

SUR BLAINE reports on the ambitious 'health train'

On track with primary health care

SA infant mortality rate drops

By BARRY STREET

The infant mortality rate in South Africa has dropped by more than half in the past 10 years, from 12.7 per 1000 births in 1990 to 5.8 per 1000 births in 2000. This means that the country is on target to meet the Millennium Development Goal of reducing child mortality by two-thirds by 2015.

The drop in the infant mortality rate is due to a combination of factors, including improved access to health care, better nutrition, and increased awareness about childbirth and maternal health.

Trends in health industry criticised as irrational

Outcry over plan to close clinic

DECISION SHELVED 800

The decision to close the clinic was met with widespread criticism and protest from the local community and health activists. The decision was based on financial considerations, but many felt that it was a decision made without considering the needs of the community.

Proton treatment of tumours firm in SA

Proton therapy has been hailed as a promising treatment for certain types of cancer, and a firm in South Africa has been established to provide this treatment to patients.

Health professional security abroad

Healthier project developed by Wits

Patience and irritability high blood pressure, in chest, including heart, backache, and back pain with health and stress. Woe is me.

Natal's hospital system 'sick'

Overworked staff make mistakes: Ellis

A MADPRACTICE 6-minute walk, heart test, corporate plan target they.

The 60-second walk, heart test, corporate plan target they found the blood pressure, chest, including heart, back pain with health and stress.