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# THE SA SURE PROJECT STORIES OF *CHANGE*

HEALTH SYSTEMS TRUST

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HEALTH SYSTEMS TRUST

# SOUTH AFRICA'S SUSTAINABLE RESPONSE TO HIV, AIDS AND TB – SA SURE PROJECT

Funded by PEPFAR through the Centers for Disease Control and Prevention (CDC), the SA SURE project supports 13 districts spread over five provinces (Northern Cape, Free State, Limpopo, KwaZulu-Natal and Eastern Cape) and over 900 health facilities in 64 sub-districts, by strengthening local capacity to provide sustainable HIV-related care and treatment services in South Africa.

SA SURE develops the capacity of managers and technical staff through mentoring and technical assistance, and builds local ownership to promote sustainability when the project ends. The project teams work with various stakeholders, including research partners, NGOs and municipalities, in supporting the Health Department in its quest to improve district health outcomes, especially those related to maternal, child and women's health, HIV, AIDS, sexually transmitted infections and TB.


## ACKNOWLEDGING ...

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## … South Africa's sustainable response to HIV, AIDS and TB: The SA SURE Project's stories of change

This is the third and closing edition in Volume 1 of *The SA SURE Project's Stories of Change*. This series was originated in 2015 by Health Systems Trust as a means of knowledge management through narrative form, drawn from the interventional work of the SA SURE project teams and their partners in and around public health facilities.

Shaping these accounts in the manner of 'story' as a presentational style allows for documenting the project's experiences of health systems strengthening within a humanising context that honours the vision of people-centred health care.

In this edition, the four case stories illustrate the germination and cultivation of evolving good practice by prizing what individuals in the fieldwork teams have done, and are doing, in collaboration with a range of stakeholders to – in the words of medical anthropologist and physician Dr Paul Farmer: "change the discourse about what is possible to achieve".

For example, when Waterberg District health structures reached a cul-de-sac in understanding and addressing poor treatment adherence and lack of retention in care among patients with chronic illnesses, the advent of a community dialogue programme targeting this issue raised a giant wave of community-held wisdom that empowered all participants with the insights and innovation needed for sustainable solutions (p. 4).

In Mangaung, improved TB screening was accomplished by equipping facility staff with enhanced leadership and management skills and tools, alignment with a collective commitment to quality improvement, and the motivational thrust of positive results stoking efforts to maintain and exceed heightened rates of service (p. 6).

Observations from the field and in the media abound with daunting descriptions of the many people whose circumstances place them at varying degrees of isolation from public health services. Recognising that those less prioritised are, in reality, very vulnerable, the Kloof Clinic team in eThekwini Municipality has developed a formidable outreach response to this need by bringing services to a large population of domestic workers and job seekers in a tightly localised area (p. 8).

Finally, a composite view of integrated service quality improvement is encapsulated in changes driven by the team at Empathe Clinic in uMzinyathi, KwaZulu-Natal. At this facility, passion for efficiency and a bedrock of accountability has turned every negative stereotype of South Africa's public sector primary health care on its head (p. 10).

The programmatic quest of the SA SURE Project has been to deliver measurable and replicable results for a lasting impact towards overcoming the country's co-epidemics of HIV/AIDS and TB.

It also seeks to contribute to the science of health outcomes: knowing what quality of care can be achieved and how to achieve it.

Beyond the academic, strategic and operational reporting of this quest, journalling such stories of change records a deeper search for know-how, using a less distant angle of regard for the real people, uplit by the ethical and ideological aims of entrenching health as a human right.

**Judith King**
Copy and Content Editor – Health Systems Trust

# WATERBERG DISTRICT COMMUNITY DIALOGUES:

## Sharing and learning to keep people treated and cared for

*Ega Janse van Rensburg-Bonthuyzen*

Over 60 people filled the Modimolle Municipality's Boardroom in Limpopo Province's Waterberg District on 17 March 2015. Along with an excellent turnout of community members, participants attended in their working capacities or represented governance structures in the district, such as the Local AIDS Council, and the presence of the Executive Mayor heightened the importance of the occasion.

All those present understood the seriousness of the topic to be explored: why patients on medication for chronic ailments do not adhere to their treatment regimens, and why the district struggles to keep patients in care, resulting in unacceptably high loss to follow-up, as reflected in monthly health service information reports.

*Waterberg District's Executive Mayor KE Lekalakala (left) is welcomed by the SA SURE Project's District Co-ordinator, Ria Molewa*

Research shows that retaining people in care improves their chances of survival, and in cases of communicable disease, limits its spread – yet many patients do not remain in care. Adhering to treatment regimens is important not only for HIV-positive patients and those with active tuberculosis (TB), but for all those on medication for conditions such as hypertension, diabetes and other chronic, non-communicable diseases.

The scale of the problem requires all stakeholders and role-players to seek and apply effective methods of retaining in care all patients suffering from chronic ailments. And what better way to identify the reasons for such public health issues than by gathering the views and insights of the very people particularly affected by this problem?

Health System Trust's SA SURE Project team uses community dialogue as a means of collecting and sharing information to support the strengthening of health systems. Dialoguing with the community was selected as the best strategy to assist Waterberg District in probing the causes of the problem and, in collaboration with the civil society stakeholders, seeking solutions.

*Excellent attendance at the Modimolle Community Dialogue on 17 March 2015*

Two further community dialogues were held in Thabazimbi and Lephalale Municipalities following the successful Modimolle event. The three fora resulted in a grand harvest of interesting perspectives explaining the situation, enriched by many valuable ideas for improving treatment adherence and retention in care.

The dialogues provided a sound basis from which all concerned stakeholders could build a response to the problem, which was described by community members as being caused by two broad categories of factors: those associated with the health system, and those related to the users themselves.

The health system-related factors arose firstly from how easy or difficult it was for the patients to use the services. Could the patients actually get to the health facilities, particularly in rural areas (*accessibility)*, were the services and medication available when they got there (*availability)*, and could community members rely on receiving the chronic care services that they needed when they did arrive (*reliability)*?

A second factor (*health services management)* played a big part in patients not adhering to their medication or dropping out of care completely. Participants recounted how, after struggling to reach the facility, they had been told that their chronic medication was "out of stock", and how they sometimes learnt only later in their course of treatment that the medication should be taken in a special way. Community members requested that health facilities optimise the appointment booking systems to accommodate working people who cannot afford to sit in a queue (sometimes for the entire day), as well as those who are informally employed and have responsibilities in the home.

Thirdly, the community confirmed that they are no longer willing to 'take whatever comes', and that the services provided must meet certain expectations and levels of acceptability (*service acceptability)*. Some health workers queried the effectiveness of how clinic staff's performance and productivity are monitored and evaluated – at times they felt discouraged, as it seemed that no matter how hard they worked, merit-driven benefits were not awarded. Also, the roles of treatment supporters and community caregivers needed clarification. A fourth health system-related factor was the quality of the interaction between the health service provider and the patient (*provider-patient interaction)*, particularly when imparting health information and education, and managing side-effects.

These personal perspectives and direct experiences are of immeasurable value for those striving to make a difference in improving the health status of community members. These understandings confirm that the responsibility for improvement lies not only with the users of chronic medication users, but also with the community-based, faith-based and non-governmental organisations to which they belong and which have the potential and capacity to support them.

*A heated group discussion at the Thabazimbi Community Dialogue on 18 March 2015*

The issues related to the users themselves included *affordability* (such as food security, transport costs and social grants); *mobility* (of the patients); *psychosocial dynamics* (stigma, social support and discrimination, and lay, religious and traditional beliefs and misconceptions); *psychological factors* (depression, denial, feeling better after some time on treatment, personal commitment to health and care, treatment fatigue, and alcohol and substance abuse); and lastly, *physiological challenges* (such as the side-effects of the medication).

The participants proposed numerous strategies to improve adherence and reduce loss to follow-up. Among these were: improvement of mobile services and outreach in rural areas; reduction of waiting times in fixed clinics; extended clinic hours; eliminating medication stock-outs; providing stable patients with medication for up to three months; better filing systems; improved training for nurses and community caregivers; caring for caregivers; expansion of community dialogues and community-based health and treatment education; ensuring confidentiality in facilities; more respectful and compassionate staff attitudes; thorough physical examination; routine health and treatment information, and linkages between facilities; addressing poverty; and strengthening social support for patients on chronic treatment.

These observations and suggestions from civil society and the ranks of the service providers serve to strengthen the knowledge base of chronic medication users, inform strategies for civil society group efforts, innovate ways to improve health delivery, and highlight issues for governance structures to address.

By providing a platform from which many diverse voices can be heard and counted, the three community dialogues represented successful interventions for securing community buy-in to listening, sharing and learning about issues relating to their health and wellbeing.

The dialogues also showcased the functionality of Local AIDS Councils.

Most importantly, these facilitated gatherings provided the first opportunity for the members of these communities, civil society organisations, facility governance structures and Department of Health officials to sit together and reflect jointly and meaningfully on this particular aspect of strengthening the health system.

**IMPLEMENTING PARTNERS:**

- Management and staff of Waterberg District, Limpopo Department of Health
- District and Local AIDS Councils
- Waterberg District Municipality
- SA SURE Project's Waterberg team members; Health Systems Trust

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*Note: A full report on the intervention is available as a project output.*

# EARLY DIAGNOSIS BENEFITS EVERYONE:

## Reducing the incidence of tuberculosis through improved TB screening

*Puseletso Molahloe*

Lerato Tshabalala[1] was struggling with a persistent cough, which was not uncommon among her schoolmates, especially during the winter months. Her grandmother, with whom she had lived since her mother's death, encouraged regular school attendance towards getting a good job in the future.

One day, when the District School Health Team visited her school, the nurse gave Lerato a referral letter to the local clinic for TB screening. After her classes the following afternoon, Lerato and her grandmother made the trip to Freedom Square Clinic, a primary health care facility in Mangaung Metropolitan Municipality in Free State Province, serving about 36 850 people on a daytime-only, five-days-a-week basis.

After a short wait following their arrival at the clinic, Lerato was called to a consultation room, where the nurse collected a smear-sample of her sputum and made an appointment for her to return and receive the test result.


South Africa has one of the world's worst TB epidemics, fuelled by HIV co-infection and complicated by widespread multi-drug resistance. As with many communicable diseases, TB occurs and flourishes in conditions of poverty, malnutrition, crowded living, inadequate sanitation and poor air circulation. Finding and treating TB is crucial, as early diagnosis facilitates treatment and limits the spread of infection.

In December 2013, the Joint United Nations Programme on HIV/AIDS (UNAIDS) initiated a strategy towards ending the AIDS and TB pandemics. The 'Fast-Track' strategy was adopted in December 2014, and South Africa committed to achieving the new and bold targets aiming, by 2020, to have:

- 90% of people living with HIV and 90% of those with TB knowing their status;
- 90% of diagnosed HIV and TB cases admitted to treatment; and
- 90% of HIV-positive clients with suppressed viral loads and 90% of TB clients treated successfully.

Moreover, from 2016, the goal is to implement the End TB Strategy adopted by the World Health Assembly in May 2014. With its targets being linked to the Sustainable Development Goals, implementation of this strategy is intended to reduce, by 2035, the number of TB deaths by 95% (compared with 2015 levels) and the number of new cases by 90%.

Sister Mosele Sani, Freedom Square Clinic's Operational Manager, was concerned in December 2013 when she noted that the clinic's TB screening rate was only 47%. Through a concerted effort by the facility staff and supported by Health Systems Trust's SA SURE Project, this rate increased to 87% by December 2014, with a peak of 99% in September. The methods used at the clinic to improve its TB screening rate offer ideas for other facilities to introduce similar improvements towards achieving the first of the 90% targets for TB control.

As with any improvement in health service delivery, sustaining the advances and benefits is a challenge, but in this case, the clinic's health information records show that the improved TB screening rate was not a once-off success. The significant gains made between December 2013 and December 2014 have been maintained, and the monthly TB screening rates following the intervention through to March 2016 were seldom below 80%, with many being recorded in the upper 90s.

The notable change in the clinic's TB screening rate began early in 2014 with the facility staff being involved in the Leadership Development Programme (designed by Management Sciences for Health). A key element of the programme – the Challenge Model process – provided a framework for identifying gaps in the clinic's service delivery, including the low TB screening rate. This model prompts linkage of the facility's mission and vision to its actual outputs, while identifying desired and measurable outcomes. Other facets of the programme, such as the Fishbone and the Root Cause analysis techniques, were of great value in developing a Quality Improvement Plan (QIP), which formed the basis of this health system strengthening intervention.

1 Fictitious name and person

The clinic staff monitored the related health indicators on a monthly basis and the results were evaluated in the facility's review meetings. The SA SURE Facility Mentor conducted regular coaching sessions with individuals and groups linked to TB screening services, and mentored those responsible for reaching their monthly TB screening targets.

The intervention benefited from enthusiastic engagement by all key stakeholders, which triggered increased motivation among the team to excel in TB management. For example, when the problem analysis revealed that the standardised TB screening tool had not yet been provided to the facility, the staff took the initiative and designed an improvised tool to use in the interim. Thereafter, every member of the staff engaged in TB screening activities in the facility.

*TB screening being carried out by an admin clerk in the reception area at Freedom Square Clinic*

Along with their regular review of the TB screening data and discussion of the QIP activities, the clinic staff members routinely share additional ideas for strengthening the intervention and devise steps for implementation. An important development generated by this practice was the assignment of a dedicated community health worker to conduct TB screening at the clients' entry point into the facility; this is in keeping with the requirements of the Ideal Clinic strategy, and a tangible response to the World Health Organization's recommendation that people living with HIV be systematically screened for symptoms of TB at each contact with the health service.

*A community health worker conducts TB screening in the waiting area at Freedom Square Clinic.*

How did these interventions support young Lerato? On her return to the clinic for her sputum test results, she and her grandmother were delighted to learn that her TB test was negative. The nurse prescribed some cough mixture, although her cough was already much better. Lerato's grandmother was given advice on healthy nutrition, and she was referred to the local social worker for help in applying for a child support grant. The extra funds would ease the financial burden on their household and enable them to make the suggested changes in their diet.

And into the future, they both visit Freedom Square Clinic regularly to receive health checks and follow-up services, knowing that prompt diagnosis and effective care benefits themselves and those around them.

**IMPLEMENTING PARTNERS:**

- Sr Mosele Sani, Sr Mammy Moshane and clinic staff, Freedom Square Clinic, Mangaung District, Free State Department of Health
- SA SURE Project's Mangaung team members; Health Systems Trust

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# TAKING HEALTH SERVICES TO THOSE LESS PRIORITISED:

## Preventative and promotive healthcare outreach for domestic workers and job seekers

*Charlotte Zuma*

Betty Sithole[2] hurried to board the taxi so that she could reach the clinic before it closed. To finish earlier than usual, she had rushed through her day's chores as a domestic worker in the suburb of Kloof in KwaZulu-Natal Province.

Betty and her friends had often discussed the "Know your status" billboards, and with her husband's agreement, she had decided, just as a precaution, to visit the clinic for HIV testing and counselling (HTC). She wondered if her friends would succeed in getting time off to avoid this last-minute rush for the same purpose.

Elsewhere in Kloof, the "Better Off Knowing" adverts had been worrying Mandla Buthelezi[2] recently. Had he been careful enough all the time? Why was his cough so persistent? Could his endless job-hunting be so demoralising that it was making him sick? He felt that he was forever standing in queues for application forms, attending occasional interviews, checking on the outcomes, or waiting hopefully at the casual workers' pick-up points. With life being so tough that even earning enough for food was a challenge, it was not surprising that he was thin.

"The taxis usually fill up and leave so promptly when I travel," Betty thought to herself. "I hope this one leaves in time. I wish the clinic would change its hours to accommodate us working people!"

The Nursing Services Manager at the Kloof Primary Health Care Clinic, Sister Bridglall, had long been concerned about having to turn away disappointed clients at closing time. In fact, with the support of Health Systems Trust's SA SURE project staff, Sr Bridglall and her team had already explored the issue of adequately servicing the increasing numbers of clients responding to the "Know your status" campaign. So many of these clients worked full days and could not afford to take time off work to be tested for HIV – and there were many of them, as the clinic served some 6 800 people.

Early diagnosis of diseases, combined with increased understanding of the importance of preventative measures, made a valuable contribution to health systems strengthening in the area. Failure to diagnose and treat disease is likely to result in further transmission when infectious, or progression to advanced stages when not infectious.

Using the Challenge Model – a technique designed to highlight obstacles to service delivery and their root causes – the Kloof Clinic personnel selected and prioritised remedial actions. The staff members were coached and mentored by the SA SURE Nurse Mentor in conducting a bottleneck analysis, through which they evaluated potential methods for increasing access to the clinic's HTC services.

The clinic team decided to launch a community outreach intervention, focusing initially on two groups: domestic workers, who struggle to visit the clinic during opening hours, and the numerous job seekers in the area, who have to choose between job-hunting or seeing to their health issues. A quality improvement plan (QIP) was developed, designed around taking health services to a site that would be convenient for these clients without disturbing their schedules or having them wait in long queues in the clinic.

This intervention would thus also increase the clinic's performance towards achieving the UNAIDS and the National Department of Health's new 90-90-90 strategy targets, and so contribute to an overall improvement in the facility's and the district's efforts to improve their client population's health.

A local church was secured as the clinic's community outreach site, providing space for domestic workers and job seekers to access HTC services more easily, and allocating a room for confidential consultations. Once launched in August 2015, the community outreach programme grew in popularity, with increasing attendance noted by the third week. An improvement in the related health indicators was seen in the second month of the initiative, and grew on a monthly basis thereafter. A comparison of the pre- and post-intervention monthly averages

*Job seekers on site*

2 Fictitious names and persons

(July/August against September to December) of the 15–49-year age group provided with HTC services rose by 44% from 225 to 404 clients, with a high of 499 in November.

The outreach programme proved so successful that it was later expanded beyond the HTC services to include cervical screening and condom distribution. Condom distribution more than doubled from a monthly average of 5 360 to 11 160, while the averages for cervical cancer screening rose from six to 16 clients per month during the intervention's first three months. Close linkages with the community resulted in all of these screened clients receiving their results. Twenty-eight women were transported to the hospital for further treatment, as were other clients needing procedures that could not be conducted at the outreach site.

The facility staff took the initiative to make the project work: even when absenteeism led to a shortage of capacity, the clinic would still release staff for the outreach programme to ensure that there was no break in service delivery. The health workers were prepared to walk to the outreach site when transport was a problem, and the Health Systems Trust vehicle often delivered medication and resources and transported staff.

*Delivery of outreach services through the community outreach site*

The close involvement with the stakeholders, including the clients and community caregivers, and the clinic staff's commitment to the programme, led to strong local ownership, laying the foundations for a sustainable intervention. Recent figures show that visits to the outreach facility have risen to around 650 per month. In addition to the planned services, other health issues have been identified, including hypertension, diabetes, new pregnancies and clients needing further management after cervical screening.

This initiative also illustrates how building an effective relationship of mutual understanding and establishing a trusting dynamic between the mentor and staff mentees is a critical component in health system strengthening interventions.

Both Betty and Mandla were relieved when they learnt about the community outreach programme as a new format for healthcare delivery that brought services to them. Enrolling in the programme confirmed their health status, and the treatment and care they received supported their improved wellbeing.

**IMPLEMENTING PARTNERS:**

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- SA SURE project's eThekwini team members; Health Systems Trust


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*Note: A poster version depicting the original intervention was presented at the 2016 International AIDS Conference held in Durban from 17 to 22 July.*

# A WEALTH OF NEW HEALTH STRATEGIES:

## Meeting the integration challenge

*Maria Sithole (and her co-mentors)*

An old man sitting outside Empathe Clinic in Dundee was remarking to casual listeners that far fewer community members were waiting for services, both within and outside the facility. Was this not proof, he asked, that the nurses were chasing patients away? The health services were declining at the clinic, he claimed, and the community no longer wished to use the services.


*Empathe Clinic in Dundee, uMzinyathi District, KwaZulu-Natal with the Operational Manager, Sr Myaka, at the entrance*

It so happened that one of the passers-by that morning was the District Co-ordinator for Health Systems Trust's SA SURE project in uMzinyathi District. She knew that the old man's observation – that fewer people were waiting for services – was actually the successful outcome of years of hard work by the clinic staff, supported by her project's team members, in changing the way the services are delivered. The improvements included halving the patients' maximum waiting time from five to two-and-a-half hours – and this through delivering more efficient rather than sub-standard services.

The District Co-ordinator explained to the man that fewer people were waiting at the clinic because the Clinic Manager and her staff are successfully implementing new strategies. He reflected on this and acknowledged that, rather than arriving long before the clinic opened to get a better place in the queue, being given an appointment at his previous visit actually suited him better. It allowed him time to take his cattle out to graze in the morning before he came to the clinic.

Many community members appreciate the improvements they have experienced at Empathe Clinic and in March 2016, a client survey scored a 92% satisfaction level. The facility's extended opening hours – particularly its operation on Saturday mornings since 2012 – enable community members to use the health services around their work schedules. In fact, this change resulted in an increase in client numbers by almost 2 000 per month.

Over the past five years or more, numerous health service strategies aimed at improving the quality of service delivery have been introduced in South Africa. The changes place considerable demands on the existing services, and especially on the facility staff – but the new strategies also bring advantages. Empathe Clinic exemplifies a facility that has successfully integrated the new strategies into its existing services, suggesting that Sister Myaka and her team are worthy recipients of their numerous awards and certificates.

*Sr TG Myaka (right), Operational Manager of Empathe Clinic with Sr CJ Smith, Deputy, at her side.*

Rather than having the people coming to the health facilities for services, some of the new strategies take the health services to the people. In 2009, the National Department of Health introduced Primary Health Care (PHC) re-engineering, featuring service-orientated initiatives such as the District Clinical Specialist Team, the Ward-based Outreach Team and the School Health Team. This strategy,

together with the more recent Central Chronic Medicines Dispensing and Distribution (CCMDD) programme, led to annual client numbers dropping from 16 000 to 11 000. The CCMDD is estimated to have contributed more than half of this improvement. Through the CCMDD programme, almost 1 800 clients now collect their chronic medication from one of seven convenient pick-up points in the community. The pre-packaged chronic medication is issued for a two-month period, and clients only return to the clinic every six months for a check-up, collection of blood samples and a new prescription. A domestic worker confirmed how pleased she was about the two-monthly issue of medication, as she had been finding it difficult to ask for a day off every month to attend the clinic. Chronic medication clients who do not yet qualify for inclusion in the CCMDD programme can collect their medication via a 'fast-queue' at the clinic, and thus avoid waiting in the general patient queue.

The relocation of eligible patients to the CCMDD programme is happening at a very opportune time as the Minister of Health's new 'test and treat' policy, whereby HIV-positive clients' CD4 count will no longer determine their eligibility for treatment, starts on 1 September this year. The clinic is bracing itself for an influx of new patients being enrolled for treatment.

While some new strategies relieve the pressure on the healthcare facilities, others look at improving the quality of the services.

The National Health Insurance (NHI) strategy, carrying the vision of universal health care for all citizens, led to the setting of National Core Standards for healthcare quality. From this initiative grew the Ideal Clinic Realisation and Maintenance (ICRM) strategy with multiple demands for changes in the way that clinical services are managed, such as improved patient administration systems, including computerised, electronic medical records for managing patient information in the facility. For Empathe Clinic, an important outcome of this process has been the introduction of an appointment system to streamline the flow of patients and enable successful follow-up of treatment defaulters.

Empathe Clinic's baseline assessment at the start of the Ideal Clinic initiative scored only 57%. Eighteen months later, in March 2016, the clinic scored an encouraging 82% and work continues to reach the elusive 100%. A major advance has been contracting a sessional doctor at the clinic for three mornings a week. Each consulting room is now a fully 'single-stop' service, ensuring that clients do not have to queue and re-queue for different health issues.

Close on the heels of the ICRM initiative was the UNAIDS 90-90-90 strategy's bold targets to strengthen the diagnosis and treatment of HIV and TB. True to form – and despite an initial reaction of "Oh no, not another new idea" – Empathe Clinic has successfully integrated the new strategy into its daily operations.

A tribute to the health system strengthening efforts at Empathe Clinic is reflected in a community member's message to the clinic's Operational Manager. She expressed relief that she no longer spends a whole day every month collecting her chronic medication at the clinic, and shared how empowered she felt through having been well informed about the CCMDD programme, and that she is now responsible for managing her medications herself. "I was so accustomed to being checked at the clinic each time that I did not believe that I could receive my medications from another source, and then just collect it and still be able to do my other chores in town."

A professional nurse shared that, because routine patients do not have to be seen by a nurse each time, she feels she is able to provide a better service to her remaining clients. The clinic staff report that the community is displaying a growing sense of ownership of the services and a much more collaborative approach.

**IMPLEMENTING PARTNERS:**

- Management and staff, uMzinyathi District, KwaZulu-Natal Department of Health
- Sr TG Myaka and her team, Empathe Clinic, uMzinyathi District
- SA SURE project's uMzinyathi District team. Health Systems Trust

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# USEFUL URLs

**Stories of Change - Volume 1, Issue 1, January 2015**
http://www.hst.org.za/publications/sa-sure-project-stories-change-january-2015

**Stories of Change - Volume 1, Issue 2, September 2015**
URL: http://www.hst.org.za/publications/sa-sure-project-stories-change-september-2015

**Better Off Knowing campaign**
URL: http://www.betteroffknowing.org.za

**South African Health Review, 2016**
http://www.hst.org.za/publications/south-african-health-review-2016

**District Health Barometer, 2014/15**
http://www.hst.org.za/publications/district-health-barometer-201415-1

**Health Systems Trust 2014/15 Annual Report**
http://www.hst.org.za/hst-annual-reports

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