

Utilisation survey on the District Health Barometer, the South African Health Review and the HST website

1. District Health Barometer



**HEALTH
SYSTEMS
TRUST**

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Acknowledgements

We thank the Department of Health and health managers at various levels as well as all health professionals for taking part in the survey and for providing valuable input on improving the publication. Special thanks go to the National District Health System Committee (NDHSC) members who facilitated in securing permission to conduct the survey in their respective provinces.

Abbreviations

CEO	Chief Executive Officer
DHB	District Health Barometer
DM	District Manager
DoH	Department of Health
HIS	Health Information Systems
HST	Health Systems Trust
M&E	Monitoring and Evaluation
NDHSC	National District Health System Committee
NDoH	National Department of Health
PM	Provincial Manager
SAHR	South African Health Review
SP	Strategic Planning

Summary

Health Systems Trust (HST) produces a number of publications and maintains a website to support and strengthen health service delivery in southern Africa. HST's funders wish to know whether these are proving useful to those responsible for delivering health services. To this end, a survey was conducted during October and November 2007 to assess the use of two of HST's annual publications and the HST website amongst the intended users.

This report and summary deals with the findings of the survey that deal with the District Health Barometer (DHB) publication. The DHB aims at improving the quality of and access to primary health care through monitoring important aspects of the health system at a district level by analysing and comparing a carefully selected range of health indicators.

The survey was approved and supported by the National District Health System Committee (NDHSC) and conducted by HST among District Health Managers, selected provincial sector managers, District (Level 1) Hospital Chief Executive Officers (CEOs), and managers linked to Health Information Systems (HIS), Strategic Planning (SP) and Monitoring and Evaluation (M&E), Local Government Health Managers. Also included were users in educational institutions, non-governmental organisations and other policy-influencing institutions.

The findings will be used to provide feedback to the respective advisory committees towards enhancing the usefulness of the publication, to provide feedback to the funder and to support future funding applications.

Results

Response rate and use:

Out of a total of 108 targeted interviewees covering 8 provinces 77% (83) responded. Of these, 67 (81%) confirmed that they were aware of the DHB and 59 (88%) claimed to actually use it. District Hospital CEOs made up half of the respondents who didn't use the DHB, which is understandable as the DHB previously did not report on much hospital-related data. This is scheduled to change in the 2006/7 edition. The majority of respondents who claimed not to use the DHB fell into the Western Cape, North West and Northern Cape Provinces.

Preferred format:

Thirty nine percent of respondents preferred the CD format and an equal amount preferred using the hard copy. Downloading the publication from the HST website was the least preferred format for accessing the DHB (20%).

Reasons for use:

The most popular reason for using the DHB was for obtaining assistance with work-related tasks which received 50% of responses, followed by 36% of responses for use as an information source for reporting and presentations and 14% for personal use.

Most frequently used sections of the publication:

The section referred to the most was Section A, Indicator comparisons by district with 41% of responses and Section B, District and/or province profiles came next with 34% of responses. The least referred to were the appendices with tables containing all the data.

Which were the most useful sections of the report?

The graphs were generally found to be the most useful receiving 37% of responses. Tables in the appendices were next, receiving 25% of responses followed by the colour coded rankings with 21% of responses. The maps (17%) were found to be the least useful for interpreting the information in the Barometer.

Rating the usefulness to health managers:

Sixty four percent of DHB users felt that the DHB is "**very useful**" for health managers; 14% indicated that they "**cannot do without it**" and a further 20% felt it is "**useful**". None of the respondents indicated that the DHB is "**not useful**".

Among District/Metro Health Managers seventy eight percent felt that the DHB is "**very useful**" and 17% felt that they "**cannot do without it**". Generally, Provincial Managers had a similar feeling with 70% indicating the DHB is "**very useful**".

Comments

Generally the comments received from respondents were positive and constructive, further confirming that they have an interest and need for this kind of information. Many of the respondents comments however refer to data quality, some implying that greater care should be taken to ensure correctness before publishing the figures. The DHB utilises the official figures from the District Health Information System which have, supposedly, been signed off by both the District Manager and then the Head of Department before submission upwards to the National Department of Health. The DHB is intended to make districts more aware of data quality issues and it would be a misunderstanding of process to hold the Health Systems Trust or the NDHSC responsible for questionable data.

Conclusion

The survey clearly indicates the general awareness and support of users for the DHB. It gives an overall impression that the publication is received in a positive manner, that it is found to be useful and is being used. It does however indicate that more awareness needs to be fostered in the Western Cape and with Hospital CEOs. A further survey on the next, 2006/07 publication would be useful to confirm that the DHB is still on the right track.

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1. Introduction

Health Systems Trust (HST) produces a number of publications and maintains a website to support and strengthen health service delivery in southern Africa. HST's funders wish to know whether these activities are proving useful to those responsible for delivering health services. To this end, a survey was conducted during October and November 2007 to assess the use of two HST annual publications and the HST website amongst the intended users.

The HST information sources evaluated for their usefulness to the health fraternity included:-

District Health Barometer (DHB)

The DHB aims at improving the quality of and access to primary health care through monitoring important aspects of the health system at a district level. The publication of an analysis and comparison between a carefully selected range of health indicators between districts (across provinces) is intended to assist in identifying successes, gaps and potential corrective measures. Two editions have been published to date.

South African Health Review (SAHR)

An important purpose of the SAHR is to serve as a knowledge source on the development of the national health system and to contribute to assessing the implementation of health policies. The Review seeks to reflect on achievements made and challenges and gaps that impact on the transformation and strengthening of the South African health system. This annual publication is approaching its 11th edition.

Health Systems Trust website

The HST website is intended as a portal into the aim and activities of the organisation, to offer access to HST-generated materials and to offer linkages to other important sources of health information, both locally and internationally. HST also hosts a number of e-mail discussion lists.

The survey was supported by the National District Health System Committee (NDHSC) and included District Health Managers, selected provincial sector managers and District (Level 1) Hospital Chief Executive Officers (CEOs). The findings will be used to provide feedback to the respective advisory committees towards enhancing the usefulness of the publications, to provide feedback to HST's funders and to support future funding applications.

2. Methodology

The survey was based on a pre-determined set of 22 questions in the form of a questionnaire. The targeted interviewees could complete and return these questionnaires themselves or the interviewers followed up and arranged for a telephone or face-to-face interview.

A list of interviewees, selected according to institutional positions, was compiled and included sector and programme managers from the national and provincial Departments of Health, particularly those managers linked to Health Information Systems (HIS), Strategic Planning (SP) and Monitoring and Evaluation (M&E). In the provinces all District and Metro Health Managers and a 10% sample of District (Level 1) Hospital Chief Executive Officers (CEOs) were targeted. A limited number of Local Government Health Managers were included. Another group of users were from educational institutions, non-governmental organisations and other policy-influencing institutions.

Permission to conduct the survey was sought through the members of the National District Health System Committee (NDHSC) who formally agreed to the survey in a meeting on 29/30 August. The nine NDHSC provincial representatives were approached by means of e-mailed messages.

Three interns in the employ of HST were assigned to the project as interviewers. A two day training session was held and practice interviews were conducted as part of the training. A draft version of the questionnaire was interrogated during the interviewer training session and was further refined following the piloting process which included interviewing three NDHSC

members and one educational institution representative The final version of the questionnaire is attached as Appendix A.

After distributing the e-mailed message to the NDHSC provincial representatives an intensive follow-up process ensued. Some were returned in days while the longest took almost six weeks. In one province the project leaders decided to withdraw the request for authority to conduct the survey as it was considered unlikely that permission would be granted before the end of the survey period.

The original number of targeted interviewees (124) dropped to 104 after the decision to drop one province. These totals were increased by four (i.e. increasing to 128 and 108 respectively) in response to three questionnaires being passed to others to complete and a researcher from Gauteng completing a questionnaire of his own accord.

In the three cases where interviewees passed their questionnaire to others for completion and where the interviewers were aware of this happening the respondent's occupational position was reclassified to "Other – completed on others' behalf" but the responses were nevertheless included in the survey results.

The actual survey started on 15th October and the survey period was extended twice by a week at a time, finally ending on 16th November 2007. As a token of appreciation participants who completed the questionnaire were given a CD containing electronic copies of all the HST publications since its founding 15 years ago.

The results in the returned questionnaires and from the telephonic or face-to-face interviews were entered in a pre-constructed Excel spreadsheet on receipt. A Pivot Table was drawn from this spreadsheet for analysis. Progress of the survey was monitored by means of a Survey Register completed individually by each of the three interviewers and submitted to the Project Coordinator on a daily basis.

3. Results and Discussion

This report deals with the District Health Barometer results of the Utilisation Survey. The results pertaining to the South African health Review and the HST website will be written up separately.

3.1 Response rate

A summary of the returned questionnaires and the interviews conducted is included as Appendix B. A total of 83 interviewees responded, either by returning their questionnaires or participating in an interview. This represents a 65% response rate on the total number (83/128) or 77% if the dropped province is omitted. The latter figure will be used in further analysis. The relatively high return rate (77%) for a distance survey of this nature is the result of the intensive follow-up process conducted by the interviewers.

The relatively low return from Gauteng Province (57%) can be ascribed to "permission" to conduct the survey being delayed. The relatively low Eastern Cape return (59%) was in spite of concerted effort by the interviewer and others.

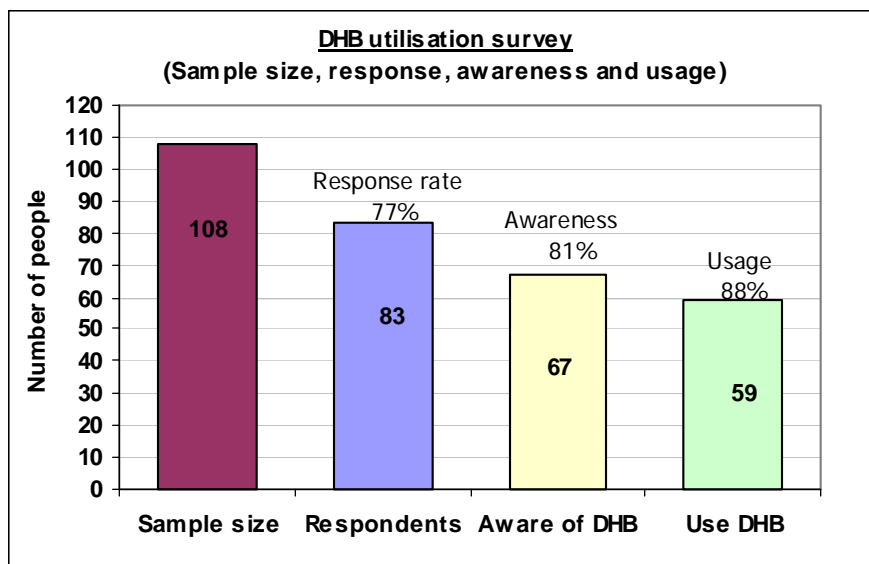
An analysis of the returns grouped by institution and by occupational position shows that provincial Programme Managers provided lower returns (68%) than other provincial groups, namely District Hospital CEOs (82%) and District/Metro managers (78%). Returns from NDoH and the category named 'Special Request Users' (i.e. individuals who had approached HST to obtain a copy of the District Health Barometer) were 75% and 80% respectively.

3.2 Awareness and usage

Nineteen percent (16/83) of the respondents were not aware of the existence of the DHB. Half of these were District Hospital CEOs, which is understandable, as the DHB previously did not report much on hospital-related data. This is scheduled to change in the next (2006/7 edition).

Analysis by geographic location shows that 50% (4/8) of all respondents in the Western Cape were unaware, 33% of the respondents in North West and Northern Cape; a quarter of the Gauteng respondents, 18% in Limpopo, 17% in the NDoH and 10% in the Eastern Cape. The above results suggest the need for greater effort at raising awareness of the value of the publication in the aforementioned three provinces.

Figure 1: Survey sample size as compared to respondents, awareness and usage



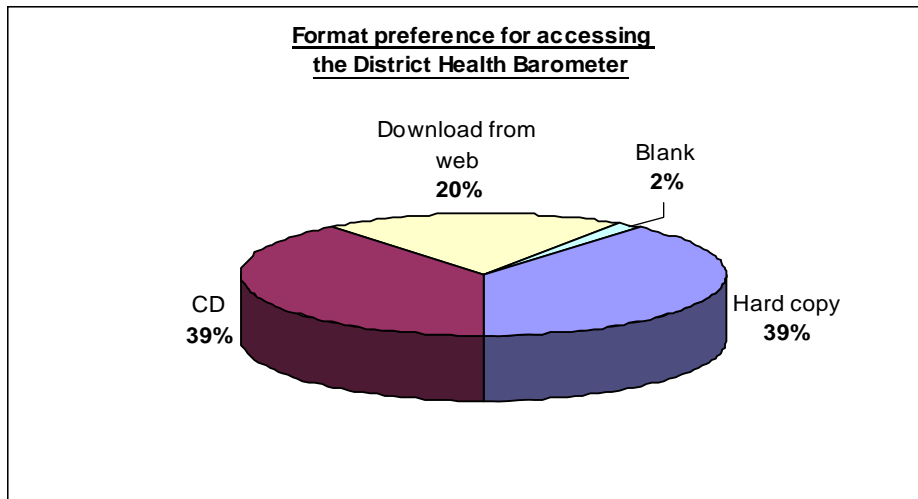
3.3 Analysis of DHB users

As can be seen in figure 1, of the original sample of 108 targeted interviewees, 83 (77%) responded. Of these, 67 (81%) confirmed that they were aware of the DHB. Of the 67 respondents aware of the existence of the DHB, 59 (88%) claimed to actually use it. District Hospital CEOs made up half of the respondents who claimed to be aware of the DHB but didn't use it.

3.4 Preferred format

Downloading the publication from the HST website was the least preferred format for accessing the DHB (20%). Respondents equally preferred the hardcopy and the CD formats. One respondent (2%) did not indicate a preferred format.

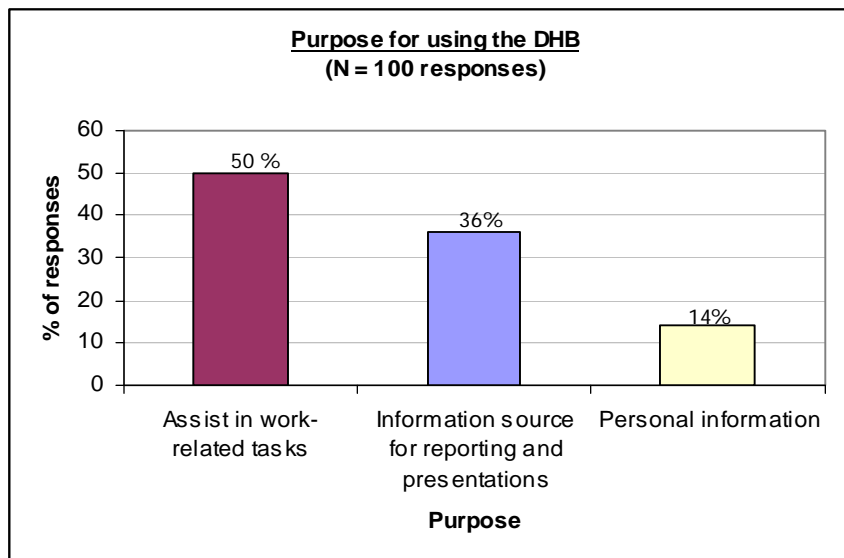
Figure2: User format preference



3.5 Reasons for use

Respondents were asked to select one or more reasons for using the DHB. These were a) assistance with work related tasks, b) reporting and presentations c) personal information. As might be expected, the most popular purpose for using the DHB was for obtaining assistance with work-related tasks with close on 50% of responses.

Figure 3: Use of the DHB report



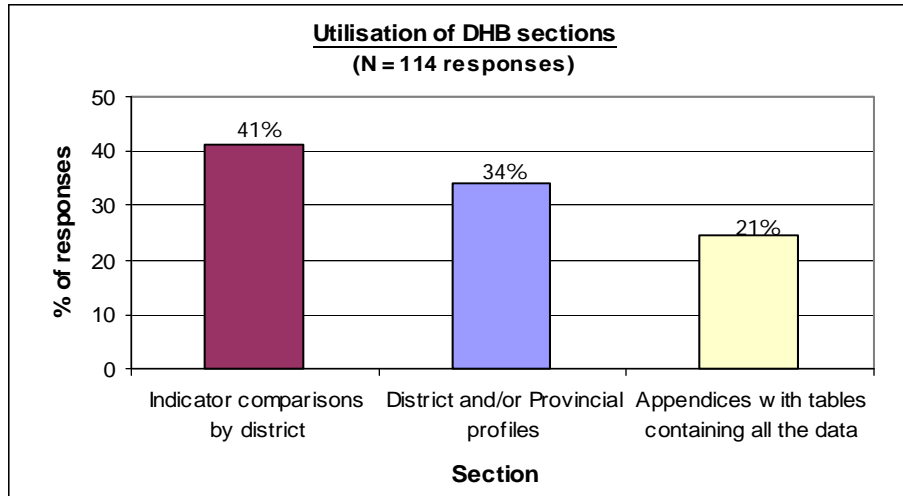
Using the DHB for personal information turned out to be the least popular use of the DHB at 14%. Provincial Managers and users in academic institutions indicated not using the DHB as source for personal information at all.

3.6. Most frequently used sections

Respondents were allowed to select one or more of the sections that they refer to most frequently in the publication. The section referred to the most was Indicator comparisons by

district (section A) with 41% of responses and the district and/or province profiles (section B) came next with 34% of responses. The least referred to was the appendices with tables containing all the data.

Figure 4: Sections in the DHB publication referred to



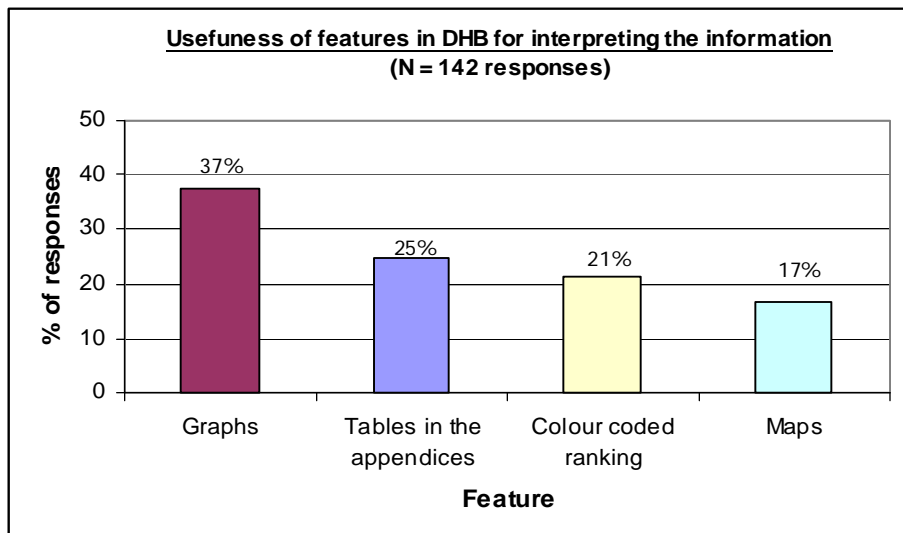
Both District Managers and Provincial managers seemed to prefer the section on Indicator comparisons by district over the other sections.

3.7. What was most useful in the publication?

Users were asked to indicate which of the following: maps, graphs, tables and colour coded rankings of districts, were found most useful when interpreting information.

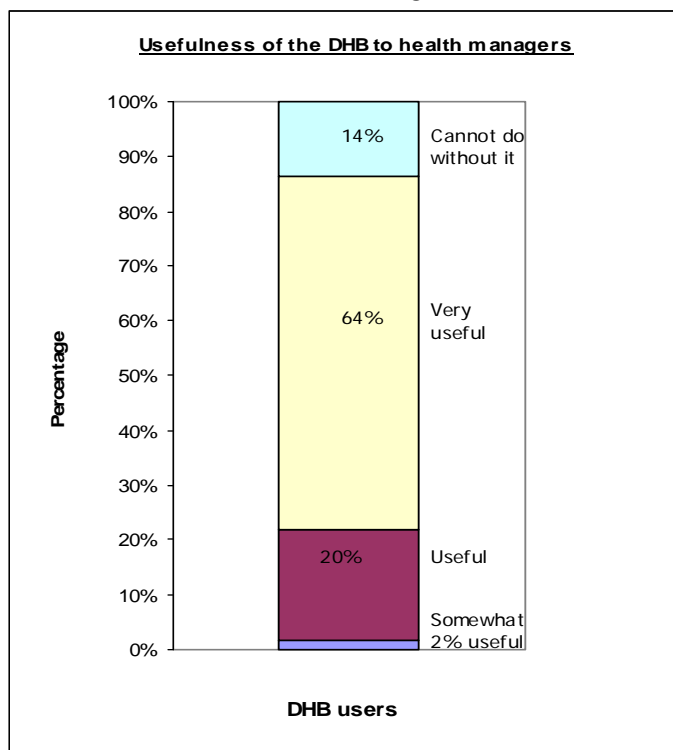
The graphs were generally found to be the most useful with 37% of responses. Tables in the appendices were second most useful receiving 25% of responses followed by colour coded rankings (21%). The maps (17%) were found to be the least useful for interpreting the information in the Barometer.

Figure 5: Features of the publication which were found useful for interpretation of the data



3.8 Overall rating

Figure 6: Usefulness of the DHB for health managers



The respondents were asked how useful they found the DHB was for health managers. Sixty four percent, (38/59) of DHB users felt that the DHB is “very useful” to health managers; 14% indicated that health managers “cannot do without it” and a further 20% felt it is “useful”. One respondent felt it’s “somewhat useful” and none of the respondents indicated that it is “not useful” to the health managers.

Seventy eight percent (18/23) of District/Metro Health Manager felt that the DHB is “very useful” and 17% (4/23) felt that they “cannot do without it”. Generally, Provincial Managers had a similar feeling with 70% (7/10) indicating the DHB is “very useful”.

3.9 Personal views

Respondents were asked their personal views on whether or not the DHB has achieved its purpose regarding the following intentions:

1. Giving a picture of the performance of the health districts across South Africa,
2. Raising awareness of data quality issues in South Africa,
3. Providing information that has assisted in their work, and
4. Whether they would recommend the DHB as a source of information on district health performance.

An overwhelming majority of respondents agreed with each of the four statements, with 95% or more responses for each of the four statements

3.10 Opinions, suggestions and comments

There were suggestions and comments from the various health managers and professionals on what could be changed to make the District Health Barometer more useful for their needs. Their personal views grouped by position occupied are listed as follows:

a. NDoH Managers

- “The challenge is on my colleagues who can't interpret it.”
- “To focus on priority programmes in line with Millennium Development Goals (MDGs) and provide feedback on progress towards these.”
- “Include hospital data & financial data.”
- “Include all 52 districts and all sub-districts”

b. Provincial Representatives of the NDHSC

- “Participative nature of development.”
- “Also include community health workers/beneficiaries.”
- “Use DHIS data that has been signed off by provinces to give accurate picture.”

c. Provincial Managers (HIS, SP, M&E)

- “Size to be reduced- e.g. pocket size. (It can be a bit daunting).”
- “Add M&E packages in DHB. Annual plans tools can be added as well to make the DHB more useful for managers.”
- “Nothing (could be changed).”
- “It should be used to champion and agitate for not only funds but for greater investments.”

d. District / Metro Health Managers

- “No need to change it.”
- “It is good as it is but it should be presented at meetings and workshops.”
- “It is currently meeting my needs.”
- “It is adequately addressing most of the indicators; however we can build capacity to do the same for sub-districts.”
- “It's OK.”
- “Send e-mail copies to all district managers.”
- “Include targets and norms for most indicators.”
- “It would be great if DHB gets discussed with all district managers before its publication, and also before data can be put in DHB. This way District Health Managers (DMs) can re-confirm that data used is indeed data they are aware of.”
- “We need more orientation and more information on the DHB.”
- “It is useful as it is. Graphs indicate to us where we are as compared to others and the map indicates the affected or covered area.”
- “All program managers should be able to compare themselves with other provinces and institutions. To motivate themselves to work better.”
- “Used DHB to date but not sure if all district managers know about it. Information in DHB is very important and presented appropriately.”
- “To be aligned to other information/indicator data sets at national level.”
- “The DHB is a very useful source of information to be used by Health Service Managers provincially and at districts. To me nothing should be changed.”
- “Be more specific.”

e. District Hospital CEOs

- “Improve on distribution of hard copies.”
- “Nothing to be changed.”
- “I have only seen the DHB today on my desk; so I cannot comment.”
- “Publish it more frequently. Send to hospitals.”
- “Rationale should be given where data is of questionable quality, e.g. Nkangala District, TB cure rate looks very bad,-reasons not given or speculated.”

f. Other - Educational Institutions

- "More disease per province statistics."
- "Smaller format to forward to colleagues and others.'
- "Find some way to make the information in DHB available per sub-district as well. Do more to sort out data quality issues so that users of the DHB can be re-assured that the information in the DHB is reliable and accurate."

g. Other - Special Request Users

- "Improve data quality."
- "Put footnotes on each page of every publication that tells name of publication and year. Indicate time lines on immunisation data used in DHB. Engage the Health District Managers and actively market the DHB to them. Change colour coded rankings to percent"
- "Send regular reminders to DHB users, information about what is the latest on the DHB, e.g. by emailing and also about what is the latest on indicators or issues tackled by the DHB. Include help lines in DHB for enquiries on the information it contains."

h. Other - "NO FIT" Category

- "It is okay, but districts can adapt it to fit specific district needs as identified- i.e. districts can add priority programmes."
- "Market the DHB more aggressively to target audience and donors, as it contains very useful information. Work on a strategy to make more and more people aware of the existence of the DHB."
- "Make managers aware of the DHB".
- "Add more social& population figures in DHB, and more socio-indicators. For economic conditions, rural and Metro comparisons are not enough, but if all data is there, one can just compare their local area with any other."

5. Conclusion

The section of the survey that deals with the DHB clearly indicates the general awareness and support of users. It gives an overall impression that the publication is received in a positive manner, that it is found to be useful and is being used. It does however indicate that more awareness needs to be fostered in the Western Cape and with Hospital CEOs. A further survey on the next, 2006/07 publication would be useful to confirm that the DHB is still on the right track.

Many of the respondents' comments refer to data quality, some implying that greater care should be taken to ensure correctness before publishing the figures. The DHB utilises the official figures from the District Health Information System which have, supposedly, been signed off by both the District Manager and then the Head of Department before submission upwards to the National Department of Health. The DHB is intended to make districts more aware of data quality issues and it would be a misunderstanding of process to hold the Health Systems Trust or the NDHSC responsible for questionable data.

District Health Barometer (and other HST information sources) Utilisation Survey

SURVEY QUESTIONNAIRE*

Introduction

Health Systems Trust produces publications and maintains a website to support and strengthen health service delivery in southern Africa. Our funders wish to know whether these are proving useful to those responsible for delivering health services. We are thus conducting a survey amongst the intended users of the publications.

The questionnaire is intended to take less than 30 minutes. There are 22 questions in three sections: –

- the main section dealing with the District Health Barometer (of which two editions have been published),
- the second section looking at the South African Health Review (soon publishing its 11th edition) and
- the third being the HST website.

The individual responses to the survey remain confidential. Although your name is recorded at the beginning of the questionnaire for logistical purposes, no names will be used in the report and individual positions or designations will not be identifiable to you as an individual. The results will be collated to give a country-wide picture.

Although the questionnaire is designed for a telephonic interview, you might like to complete the questionnaire while reading through it and return the completed version to your Interviewer – either by e-mailing the electronic copy or faxing a hardcopy to your Interviewer's fax number provided below. If your completed questionnaire is not received within four to five days your Interviewer will contact you to make an appointment for a telephonic interview. Face-to-face interviews will be arranged for national Department of Health interviewees.

In anticipation of your willing cooperation, we express sincere appreciation. These few minutes of your time will be of great value to HST in improving our service to you and the rest of the health community. As a token of our appreciation we would like to give you a CD containing copies of all the HST publications since its founding 15 years ago. Your postal address is requested at the end of the questionnaire.

Interviewers

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* Final piloted version – version 11

QUESTIONNAIRE

DEMOGRAPHICS OF INTERVIEWEE

Interviewee's name:

Occupational Position (please select your occupational position from the list below):

- Provincial DoH - District (or Metro) Health Manager
Hospital CEO (Level 1 or the old 'district' hospital)
Provincial Section Manager (HIS, Strategic Planning, M&E)
Provincial Representative at the NDHSC (or other NDHSC member)
- National DoH - Health Programme Manager
Sector Manager
Cluster Manager
- Other - Educational Institution
"Special Request" user
- Not fitting any of the above categories: (specify)

SECTION A – District Health Barometer (DHB)

1. Are you aware of the existence of the District Health Barometer (DHB)?

Yes	No
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[If NO, go straight to Q.10]

2. Do you use the DHB as an aid in your health service related work or interests?

Yes	No
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[If NO, go straight to Q.10]

3. The DHB is available in different formats. Which ONE of the following is your preferred way of accessing the publication? *(Single selection only)*
 - Hard copy (book form)
 - Compact Disc (CD)
 - Download from the web

4. For what purposes are you are using the DHB? *(More than one selection possible)*
 - For your personal information
 - To assist you in work-related tasks
 - As an information source for reporting and presentationsOther:
.....

5. Which of the following sections in the DHB do you refer to frequently? *(More than one selection possible)*
 - Indicator comparisons by district
 - District and/or provincial profiles
 - Appendices with tables containing all the data

6. Which of the following in the DHB do you find useful for interpreting the information?
(More than one selection possible)
- The maps
 - The graphs
 - The tables in the appendices
 - The colour coded ranking in the district profiles

7. What is your overall rating of the usefulness of the DHB to health managers in the country?
(Single selection only)
- Not useful
 - Somewhat useful
 - Useful
 - Very useful
 - Cannot do without it

8. Regarding your own experience of the DHB: -

- | | | |
|-----|----|--|
| Yes | No | Has the DHB assisted you to get a picture of the performance of the Health District across South Africa? |
| Yes | No | Has the DHB raised your awareness of data quality issues in South Africa? |
| Yes | No | Has the DHB provided you with information that has assisted you in your work? |
| Yes | No | Would you recommend the DHB as a source of information on District Health performance? |

9. What, in your opinion, could be changed to make the DHB more useful for your needs?

.....

.....

.....

SECTION B – South African Health Review (SAHR)
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10. Are you aware of the existence of the South African Health Review (SAHR)?

Yes	No
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 [If NO, go straight to Q.15]

11. Have you used the SAHR for accessing health-related information?

Yes	No
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 [If NO, go straight to Q.15]

12. The SAHR is available in different formats. Which ONE of the following is your preferred way of accessing the publication?
(Single selection only)

- Hard copy (book form)
- Compact Disc (CD)
- Download from the web

13. For what purposes do you use the SAHR? *(More than one selection possible)*
- For your personal information
 - To assist you in work-related tasks
 - As an information source for reporting and presentations

Other:

.....

14. What, in your opinion, could be changed to make the SAHR more useful for your needs?

.....

.....

.....

SECTION C - HST website

15. Are you aware of the HST website?

Yes	No
-----	----

16. Do you have access to the Internet? *(More than one selection possible, unless 'No')*
- Yes, at work
 - Yes, at home
 - Yes, using other locations
 - No [If NO, move to Closure]

17. Have you visited the HST website?

Yes	No
-----	----

 [If NO, move to Question 20]

18. How often do you use the HST website? *(Single selection only)*
- Frequently (e.g. weekly)
 - Occasionally (e.g. once or twice a month)
 - Seldom (e.g. once or twice a year)

19. How user-friendly do you find the HST website? *(Single selection only)*
- Very user-friendly
 - Average
 - Not user-friendly

20. Do you belong to any HST discussion/ mailing lists?

Yes	No
-----	----

 [If NO, move to Q.22]

21. Which of the following HST discussion/ mailing lists are you subscribed to? *(More than one selection possible)*
- Druginfo
 - Disability
 - HealthLink Bulletin
 - Any other HST-run discussion/ mailing list (list name/s not required)
 - DHS-LG
 - Repro-I

22. What, in your opinion, could be changed to make the HST website more useful for your needs?

.....
.....
.....

(If you would like to submit further thoughts on the website or any of the HST publications, please feel free to e-mail them to webmaster@hst.org.za)

CLOSURE

Thank you for your time and the information you have contributed. We appreciate this very much.

If you would like an electronic copy of the survey results, please provide an e-mail address to which we can forward it.

E-mail address:

Finally, as indicated in the introduction, as a token of our appreciation we would like to give you a CD containing copies of all the HST publications since its founding 15 years ago. Please provide us with your postal address to enable us to dispatch this gift.

Postal address:

.....

Your CD will be posted in the near future. We plan to have the Survey Report completed by mid-December 2007.

HST DHB SURVEY**Summary of returned questionnaires and interviews conducted**

		Targeted Interviewees	Questionnaires returned/ Interviews conducted	
		Total	Total	%
<i>Province/Group</i>	<i>Position</i>			
NDoH	Health Managers	7	5	71%
	Other categories	1	1	100%
	NDoH TOTAL	8	6	75%
Eastern Cape	District/Metro Managers	7	4	57%
	Prov Managers	4	2	50%
	Hospital CEOs	6	4	67%
	Prov TOTAL	17	10	59%
Free State	District/Metro Managers	5	4	80%
	Prov Managers	3	2	67%
	Hospital CEOs	2	2	100%
	Prov TOTAL	10	8	80%
Gauteng	District/Metro Managers	7	3	43%
	Prov Managers	4	2	50%
	Hospital CEOs	1	1	100%
	Other categories	2	2	100%
	Prov TOTAL	14	8	57%
KZN	dropped	20	0	0%
Limpopo	District/Metro Managers	5	5	100%
	Prov Managers	4	2	50%
	Hospital CEOs	4	4	100%
	Prov TOTAL	13	11	85%
Mpumalanga	District/Metro Managers	3	2	67%
	Prov Managers	2	2	100%
	Hospital CEOs	2	1	50%
	Other categories	1	1	100%
	Prov TOTAL	8	6	75%
Northern Cape	District/Metro Managers	5	5	100%
	Prov Managers	3	2	67%
	Hospital CEOs	2	2	100%
	Prov TOTAL	10	9	90%
North West	District/Metro Managers	4	4	100%
	Prov Managers	3	3	100%
	Hospital CEOs	2	2	100%
	Prov TOTAL	9	9	100%
Western Cape	District/Metro Managers	4	4	100%
	Prov Managers	2	2	100%
	Hospital CEOs	3	2	67%
	Prov TOTAL	9	8	89%
Others		10	8	80%
GRAND TOTAL		128	83	65%
Excluding KZN		108	83	77%
GROUPED DISTRIBUTION OF COMPLETED QUESTIONNAIRES				
Provinces	District Managers	40	31	78%
	Prov Managers	25	17	68%
	Hospital CEOs	22	18	82%
	Other categories	3	3	100%
NDoH & Others		18	14	78%
TOTALS		108	83	77%