

HEALTH SYSTEMS TRUST



ANNUAL REPORT 1999





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



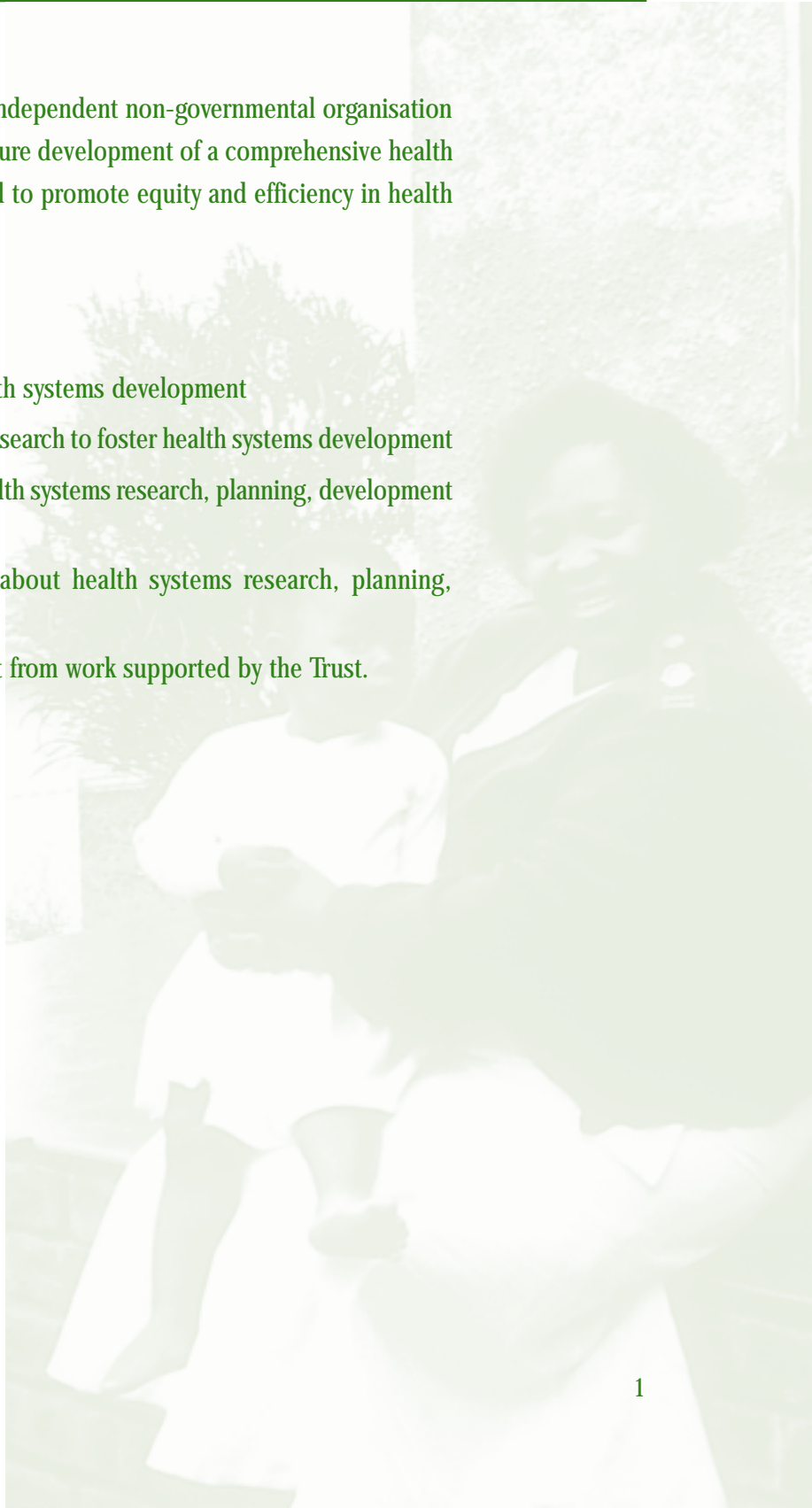
Mission



The Health Systems Trust is a dynamic independent non-governmental organisation that actively supports the current and future development of a comprehensive health care system, through strategies designed to promote equity and efficiency in health and health care delivery in South Africa.

Goals:

- ◆ Facilitate and evaluate district health systems development
- ◆ Define priorities and commission research to foster health systems development
- ◆ Build South African capacity for health systems research, planning, development and evaluation
- ◆ Actively disseminate information about health systems research, planning, development and evaluation
- ◆ Encourage the use of lessons learnt from work supported by the Trust.





Chairperson's Report

The Health Systems Trust continues to make a unique and important contribution to health development in our country. One of the main goals of the Trust is to support the implementation of health policies and strategies aimed at promoting equity, and in the past year, the staff have supported this goal through the development of innovative approaches to the promotion of health equity, and the competent maintenance of the established programmes of the Trust.

Support for decentralisation of health care remains an important component of a shift towards equity, and a current challenge for health planners is defining the relationship between, and relative roles of, the health district and local government. While the Initiative for Sub-district Support is the main channel through which district-focused activities are being supported, the research and information requirements are also a concern for the Trust.

The launch of the Equity Gauge as a means of monitoring the move towards equity generated much excitement in the past year. The partnership between parliament, NGOs, and government on which the Gauge is founded has served as a template for other countries with similar health development concerns, and the invitation to HST to lead this global initiative is a testimony to the relevance and appropriateness of the monitoring tool.

HST continues its important role as a broker of health systems research-based and health sector-generated information. The stable of HST publications – which include the weekly publication of the HealthLink Bulletin, the monthly Update, the annual South African Health Review, and the occasional working papers – remain very useful sources of current information for those involved in health sector planning and practice.

Although HST is a relatively small player in the field of health research in the country, it occupies a special niche in the field of health systems research. Furthermore, its role as a facilitator of important discussions – such as the debate about the role of the infant food industry in infant health research – makes an important contribution.

The Board is responsible for ensuring that the organisation continues to move in the direction stipulated by the Trust Deed and the strategic plan, and also for the budget and the financial security of the organisation. In line with these responsibilities, the Board members have worked as an effective and efficient team, serving on the different committees of the Trust, and representing the Trust in various fora. The Trustees have made a commitment to promotion of co-operative links with our partners in the health research field – like the Medical Research Council – and with partners and projects in the broader development sector, such as “Soul City” and “LoveLife”. This augurs well for cohesion of effort in support of national development.

The Trustees are an enthusiastic, highly motivated and committed team, and interaction with them has been a great pleasure. Of special note is the role played by the two deputy Chairs, Trevor Fowler and Francie Lund, in leadership of the Board. Our thanks are also extended to



Chairperson's Report

the Trustees who left the Board in the past year, and we look forward to welcoming new Trustees in the course of 2000.

But the real work of the Trust lies in the implementation of its goals and strategies, and in managing the finances. David Mametja has been an outstanding Director of a special team of staff, all of whom have a strong work ethic, coupled with experience and a political commitment to equity in health. In the past year, under the leadership of the Executive Director, the staff have weathered the challenges of meeting employment equity criteria, of implementing a new system of performance appraisal, and – in all the stress which such change generates – have continued to deliver work of a high quality. This has been achieved within a planned budget, which is underpinned by sound financial management.

The Board wishes to thank the Minister of Health, the governmental and non-governmental health service, and our funders – who include the Department of Health (South Africa), the Henry J. Kaiser Family Foundation (USA), the European Union, the Department for International Development (UK), and the Rockefeller Foundation (USA).

This year I end my term of office as a Trustee, and as the Chair of the Board. It has been a privilege to have been asked to serve the Health Systems Trust – for which I have a high regard and a great affection, and from which I have learnt much. The Health Systems Trust is a model of practice of integrity for health development, and I wish you long life.



MARIAN JACOBS
Chair of the Board of Trustees



Overview of Activities



Annual reports are often a tedious and yet constant activity within organisations, especially those organisations that have made it their business to work for the benefit of the general public. Just as the ink dries up after completion of one annual report, there is already a blank sheet thrust on one for another record of events of the previous year, and promises for the next. Of course these reports, although irritating to compile, play an important role as they provide an opportunity for a moment of reflection and contemplation of what really matters or what is essentially a waste of resources, especially time.

I will focus mainly on 2 issues this year: our continued efforts at integrating our programmatic activities around key organisational goals, and a reflection on the changes in the legislative environment within our organisation in seeking to fulfil its mandate.

Integration of our efforts

For the past 2 years, HST has been going through a process of realignment and refocusing of sorts. The biggest challenge that we faced, as reported in 1998, was the integration of our programmes around our (not so new) strategic niche and objectives. It is for this reason that I chose to focus on this aspect in this report, as it constitutes possibly the single biggest area of my responsibility with regard to our programmatic agenda.

Joint planning

We have consolidated our Executive Management Committee as an instrument for joint planning in order to enhance organisational cohesiveness and to also ensure general co-ordination and joint decision-making across programmes. In addition, there are inter-programme working groups that focus on specific organisational outputs/products.

Research priority setting

The 23 health districts in which our Initiative for Sub-District Support (ISDS) is operating provide fertile ground from which important questions facing health services policy makers and managers are being identified for further exploration by our Research Programme. Both programmes will work together as we move into a new phase of consolidating our experiences from the sites for much wider application and evaluation of national health policy.

Equity Gauge

The development of the Equity Gauge project benefits from collaboration among the 3 programmes, particularly in the selection of main focus areas of the Gauge. While the Research



Overview of Activities

Programme is being geared to undertake the necessary primary research to inform the Gauge, the ISDS sites help deepen the understanding of legislators on equity issues at district level.

South African Health Review

The South African Health Review, our flagship annual publication, while under the stewardship of HealthLink, continues to strive from our collective organisational inputs and efforts. The Research Programme provides research material required to enhance the quality and objectivity of information used in the Review. The attempt to focus the Review at district issues has provided an opportunity for ISDS to give input and advice.

Hardcopy and electronic Update

Issues that both the hardcopy and electronic Update focus on are identified jointly by HealthLink, the Research Programme and ISDS. Findings from the Research Programme and the latest developments and announcements from ISDS sites are reported regularly through this medium.

Test sites

The ISDS provides sites through which the Research Programme tests some of the products and innovations from the research projects that we support. For example, an STD evaluation tool named DICSa was being piloted in a few ISDS sites to ensure its validity before being recommended for wider application.

Annual conference

The annual conference, which previously tended to focus almost exclusively on the work of the Research Programme, has evolved to provide a platform to all programmes of the HST. All programmes participate in the planning and organisation of the conference as well, although under direction from the Research Programme.

Electronic communication

HealthLink designs and publishes all websites for the HST and the rest of the programmes. It also hosts and moderates email lists, for example, the District Health Systems and Reproductive Health lists for the ISDS and Research Programme respectively.



Overview of Activities

Legislative context

Like all employing organisations, HST is working hard to meet the obligations of the new pieces of legislation that have been enacted over the past few years, especially the Employment Equity and Skills Development Acts. We accept these obligations, not as an unnecessary burden, but as instruments through which South Africa is trying to correct imbalances of the past. Our analysis of our staff complement shows that Blacks and women constitute the biggest groups (69% and 73% respectively) in the organisation.

We have spent over R300 000 in support of our staff to pursue various developmental and skill enhancing activities. This is 3 times more than the 1% of our payroll, as recommended by the Skills Development Act.

Thanks

I once more wish to express our thanks to all organisations and individuals who supported our work. Our Board of Trustees and staff deserve special mention. We note that our Chairperson, and her vice, Prof Marian Jacobs and Trevor Fowler, have completed their full terms as Board members. We remain inspired by their guidance and leadership, especially as they became the important link between our founding Trustees and the new members of the Board.

David Mametja
Executive Director



1999 at a Glance



January

The 1998 South African Health Review was launched, accompanied by the Facilities survey. Participants attending the launch were taken on a site visit focusing on challenges to promoting equity in service provision.

ISDS Facilitators' Forum held in Durban

HST Update focused on the Department of Health – the first 5 years

Lerato Lebeko joined HST as secretary for the Johannesburg office

Thatha Zungu joined ISDS as facilitator for Hlanganani district in the Free State

February

HST Update focused on the 1998 South African Health Review

Fatima Suleman joined HST as Junior Programme Manager for the Research Programme

March

ISDS Facilitators' Forum held in Cape Town

Health Information Systems course held for ISDS facilitators at University of the Western Cape

April

District Health Systems Conference with the National Department of Health was held. Well represented by the Department of Health as well as by other organisations and individuals, a wide range of issues affecting health systems development in the districts was discussed.

HST Update focused on Disability in South Africa

May

ISDS Facilitators' Forum held in Johannesburg

HST Update focused on Communication Strategies in a District

Alfred Mafuleka and Solani Khosa were appointed as Information Officers for the Equity Gauge Project

Mary Edginton joined ISDS as a facilitator for Brakpan



1999 at a Glance

June

Representatives of the Equity Gauge project gave a presentation to a meeting on “Current Actions and Future Directions in Health Equity” in Washington at the invitation of the Rockefeller Foundation

Global forum for Health Research - Geneva

The third annual meeting, Forum 3, entitled “Attacking the 10/90 Disequilibrium in Health Research” was attended by variety of decision-makers, policy makers and researchers from across the world. HST was represented by Gcinile Buthelezi

A workshop entitled “Management training for the public health sector in South Africa” was held in Pretoria. It was convened jointly by the Department of Health and the Health Systems Trust. The purposes of the workshop were:

- ◆ To review the current state of management training in South Africa
- ◆ To review the management development strategy for health systems in South Africa
- ◆ To explore the need for strategic leadership regarding management training
- ◆ To develop a forum for accreditation of existing management development training
- ◆ To encourage corporation networking and collaboration between the health service providers and management training institutions.

The workshop was sponsored by the Department for International Development (DFID), and was very well attended, drawing representation from all sectors, both nationally and internationally.

HST Update focused on Tobacco and Alcohol in South Africa

HeathLink started development on the Health-e Online Health News Project - www.health-e.org.za

July

A Research Proposal Writing Workshop was held in Mpumalanga. A total of 16 District Information and Research Officers attended this course. The participants were positive about this workshop, and had the framework of a research proposal finalised at the end of the workshop week. HSDU continued to provide support to the participants over the following three months whilst the participants were conducting the research study. A feedback workshop has been arranged for March 2000, in order for participants to analyse and present data from their mini research projects.

ISDS Faciliators' Forum held in Johannesburg



1999 at a Glance

August

A National Nursing Summit was held to review the current state of nursing education and training as well as service delivery within the country. Although considerable transformation has occurred since 1994, significant change is still needed within the nursing profession to achieve the national objective of equitable and high quality primary health care (PHC) services as set out in the ANC Health Plan and the White Paper on Health.

The Nursing Summit was a partnership between the National Department of Health (DoH), the South African Nursing Council (SANC) and the Health Systems Trust (HST) and endorsed by both the Minister of Health, Dr. M. Tshabalala-Msimang and the Director-General for Health, Dr. A. Ntsaluba. Wide stakeholder representation was achieved with 178 delegates in attendance.

The format for the Summit included presentations by a variety of speakers as well as time for plenary discussion and small group work (commissions). The final two days focused on the development of resolutions and mapping out a way forward.

Infant Food Industry workshop: HST co-hosted with the Child Health Unit and Soul City, a workshop on the interaction between researchers and the infant food industry. The workshop was an attempt to clarify the relationship between the infant food industry and researchers.

HST Update focused on Youth Health

David Coetzee joined the Research Programme as Programme Manager

September

Annual HST conference. The theme for the 1999 conference was “Translating Research into Action”.

Workshop: Reflecting on findings of research on the implementation of the termination of pregnancy (TOP) services.

The Women’s Health project was commissioned to document the key messages from research studies on the implementation of abortion services. The findings from this study were disseminated at this workshop that brought together policy makers, health managers and researchers.

ISDS Facilitators’ Forum held in Durban

HST Update focused on the Integration of Health Services

Ronel Visser joined ISDS as facilitator for the Northern Cape

Letty Nxumalo joined HST as secretary for the Johannesburg office



1999 at a Glance



Lesley Bamford (ISDS facilitator for the Northern Cape) left to study for her DRPH at the London School of Hygiene and Tropical Medicine

October

HST Update focused on the Changing Role of the Clinic Nurse

Gcina Radebe (ISDS facilitator for IPU) left to study for an MPH at the School of Public Health, Hebrew University, Jerusalem

November

The Health Expenditure Review Task Team conference was held in Cape Town. The aims of the 2-day work session were to:

- ◆ Consider and refine the Draft Guidelines for Conducting District Health Expenditure Reviews (DHERs) according to district and provincial needs
- ◆ Share experiences from DHERs and combine these in a common approach.

The conference was well represented by people from the National Department of Health, provincial and district offices, Local Government, NGOs, and tertiary institutions.

HST organised a two day Consultative Meeting for the Minister of Health bringing national and local legislators together with the executive arm of government and provincial heads of department.

The Equity Gauge gave a presentation to a meeting on “Measuring Inequities in Health” in Chile

HST Update focused on Nutrition

December

The Equity Gauge Project organised a site visit for representatives of key parliamentary committees and launched two publications written for the project: “The Equity Gauge” and “The Budget Process”

ISDS Facilitators’ Forum held in Durban

HST Update focused on the HST Conference 1999

Nandi Mothibe joined HST as facilitator for a community based nutrition programme in NMTTS district in the Northern Province.



Initiative for Sub-District Support (ISDS)



After the rapid expansion during the second half of 1998, the current year 1999 was a year of consolidation. The number of districts stabilised at around 20 with at least two in each province. The internal management of ISDS was bolstered during the year and there are now senior managers at the Durban, Cape Town and Johannesburg offices.

External confidence has been expressed in the ISDS in a number of ways. The most important of these was an extensive external review of the ISDS carried out by the Centre for Health Policy of the University of the Witwatersrand in conjunction with a team of international experts.

“Overall, the evaluation found that the ISDS has made a significant and positive contribution to district health systems (DHS) development within South Africa in a relatively short period of time. The experience of ISDS within and across sites also offers important lessons for further DHS development, and is of international relevance. Yet it is simply too soon to expect ISDS to have made its full contribution to DHS development and to make definitive judgements on whether the activities undertaken within ISDS sites would be sustained if it withdrew its support.”

External funders have also expressed confidence in ISDS and additional grants have been received from the Department for International Development (DfID) for work around tuberculosis and from the World Health Organisation for work around nutrition.

ISDS was prominent in its catalytic role at national level and played a big part in funding and helping to organise large national workshops related to:

- ◆ Training of nurses for primary care delivery
- ◆ Training related to district managers
- ◆ District expenditure reviews
- ◆ National district health systems.

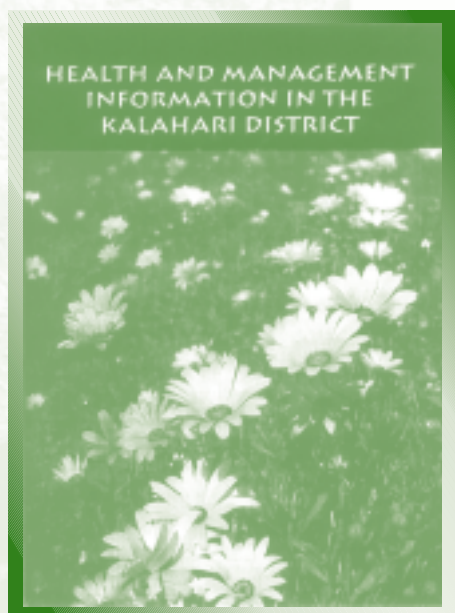
In all of these ISDS staff worked in partnership with relevant stakeholders from the national Department of Health.

In addition to concentrating our efforts on conducting and funding district expenditure reviews in all the provinces, ISDS has also been active in working on the improvement of district health information systems in virtually all of the districts in which we work.

The lack of a culture of information in the health sector in South Africa is perhaps a greater obstacle to the use of information in decision making than is the lack of technical expertise around the collection, collation, analysis and interpretation of data.



Initiative for Sub-District Support (ISDS)



ISDS is actively working on both these fronts to improve health information systems. This is illustrated by our publication produced in partnership with the Northern Cape.

One of the principle ways in which ISDS has tried to strengthen the development of the district health system and improve the quality of care at primary level has been to use the leverage available to the ISDS to develop partnerships. We have used our funding resources, reputation and access to important players in the formal health sector, to encourage other players to come to the party. Disadvantaged institutions are preferentially funded and ISDS is constantly looking for innovative ways in building capacity for district improvement.

Some examples of partnership are with:

- ◆ University of the Western Cape
 - nutrition in the Eastern Cape
 - health information systems around the country
 - drug management in the South Peninsula
- ◆ MEDUNSA
 - drug management in the Northern Province
- ◆ Pretoria Technikon
 - district expenditure reviews
- ◆ CHESS
 - health information systems in KwaZulu-Natal
- ◆ University of Cape Town
 - district expenditure reviews
- ◆ NPPHCN
 - community involvement in health
- ◆ University of Witwatersrand
 - drug management in Brakpan and Vaal
- ◆ Women's Health Project
 - quality of care in the Northern Cape

Initiative for Sub-District Support (ISDS)



To illustrate this further, in the area of improving drug management, ISDS has actively sought partnerships with the Schools of Pharmacy around the country. In getting these schools (staff and students) out of their normal academic terrain into the districts and primary level facilities, it is hoped that long-term relationships will result between these academic institutions and the health services to their mutual benefit.

In the NMTTS district of the Northern Province, the School of Pharmacy, MEDUNSA, was the principle agent in evaluating the supply and management of medicines.

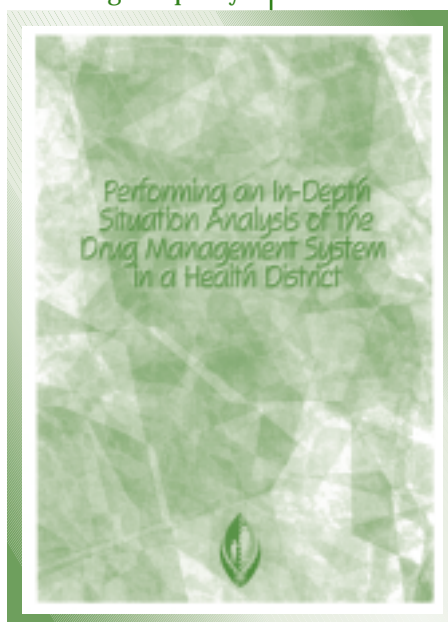
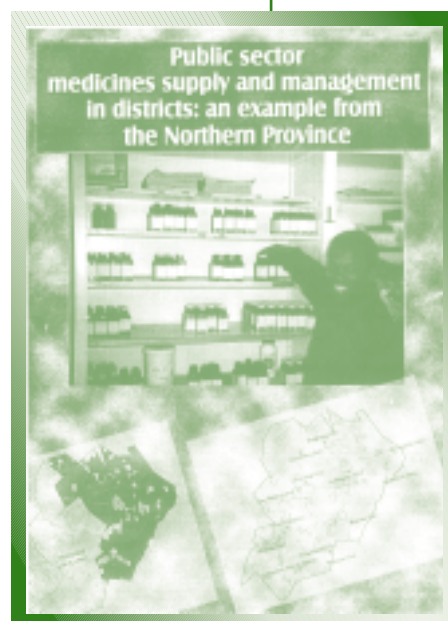
The results of this publication formed the basis for ISDS to influence and pass on to all other districts in the country the lessons generated by the detailed work done in the Northern Province. So an appropriate tool for the evaluation of the drug management system in any district was developed.

At the end of the day what the ISDS is all about is improving the quality of care between health service providers and patients. In this regard we have been active in a number of areas but two priority areas stand out. The twin epidemics of TB and STD/HIV have been a focus of activity in many of our sites. We have assisted districts in improving key health outcome indicators around TB such as increasing the proportion of people diagnosed with TB who are cured after 6 months of treatment. We have also assisted districts in assessing the quality of care around sexually transmitted diseases and by so doing have highlighted areas for improvement.

The two major challenges facing the development of the district health system in South Africa in 2000 and beyond are:

- ◆ How the local government involvement in rendering primary level services is amalgamated with the provincial services in a way that does not undermine the staff morale and maintains and improves quality.
- ◆ How the managers of the health services (at all levels) use the lessons that have been learnt and take the available information and ensure that these are used for rational informed decision making.

These two challenges become those of ISDS as well and we have put in place what we think are the appropriate strategies to play our part in overcoming them.





Research Programme

In line with the Trust's mission to actively support the development of a comprehensive health care system, the objectives of the Research Programme were to commission and support research projects which:

- ◆ Address unresolved issues around equity in health and health care
- ◆ Facilitate, monitor and evaluate implementation of specific programmes and support services within the district health system.

To illustrate the range of issues addressed through the research programme, an overview of selected projects is provided. A detailed list of all projects supported is presented in later sections of the report.

Priority Programmes

Implementation of the Choice on Termination of Pregnancy Act

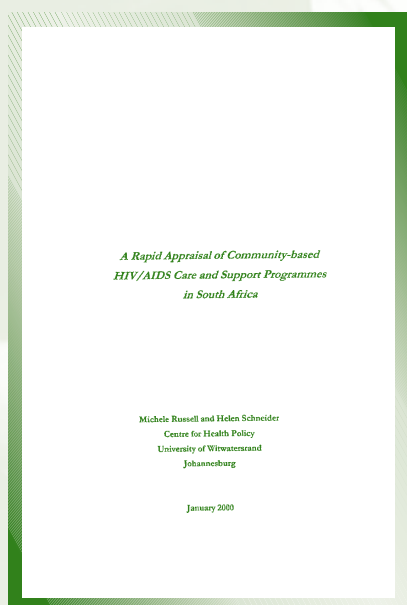
The Choice on Termination of Pregnancy (TOP) legislation has seen a steady increase in the number of terminations conducted at designated facilities around the country. However, a number of research projects completed in 1999 indicate that there are still barriers preventing women from accessing TOP. Negative attitudes of staff towards abortion were identified by a number of studies as central to overall inaccessibility of TOP services. Access for specific groups, particularly teenagers, remains a problem.

HIV/AIDS and STDs

A rapid appraisal of HIV/AIDS community-based care and support services in South Africa.

The impact of HIV/AIDS on health services, families and communities is emerging at a rapid pace. As the health sector begins to rationalise services, the burden of HIV care is increasingly falling onto households and communities.

A project to assess community-based care and support programmes for persons living with HIV/AIDS was commissioned. The aim of the project was to identify models or interventions which appear to be effective and sustainable.





Research Programme



An overview of the experience of people living with HIV/AIDS (PLWHAs) interviewed during the appraisal conducted by the Centre for Health Policy indicates that the overall experience appears to be one of deepening poverty, isolation, an inability to satisfy basic needs such as food and shelter, and rejection by communities and formal services. Because of a fear of rejection PLWHAs are reluctant to seek out or access services, instead opting to live without support or treatment. However persons who participated in programmes experienced clear benefits such as being able to disclose their status to others and overcoming isolation and despair.

Support for PLWHAs was found to be very “patchy” and most often lacking. However in a number of areas there are individual programmes emerging to fill the gap. The majority are new and function with little external support.

Strengthening the private sector provision of services with public health significance: the case of sexually transmitted diseases in South Africa

Control of sexually transmitted diseases is critical because of the association of STDs with HIV and AIDS. A major obstacle to reducing the burden of STDs has been identified as the inadequate quality of management of STDs in the private sector. Such poor management of STDs in the private sector has the potential to undermine control efforts in view of the large number of patients that regularly seek treatment for STDs from private providers.

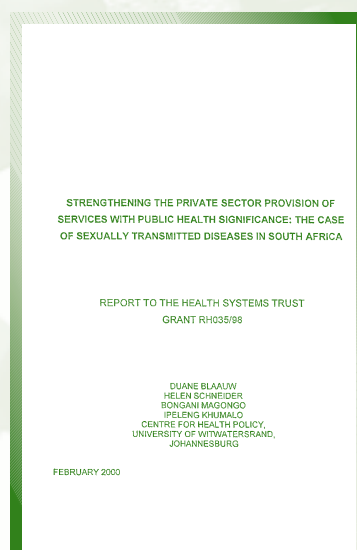
Organisation of Services

Integration of Services

The move towards an integrated primary health care system has raised concerns regarding the possibility of some previously vertical services being compromised over curative services. A few studies looking into these issues were supported.

State-aided hospitals

South African health reforms encourage partnership between public and non-public sectors in district health services delivery. Provincially aided health facilities are potential partners in this regard. A descriptive review of this sector was commissioned to, among other things, assess the size of the sector, financing mechanisms, range of services, role in district health systems and interaction with provincial health authorities.





Research Programme

Health services provided by religious communities

There are a number of health care services operated by faith based organisations providing services such as primary health care to more than 70 000 people per month. A growing number of faith based organisations are offering HIV/AIDS services ranging from awareness campaigns to material support and hospice care. There are numerous rehabilitation centres for alcohol and drug dependants as well as homes and schools for the disabled. Homes for senior citizens offer frail care or nursing services to their residents. These were some of the findings of a study commissioned to identify the range of services offered by these organisations and to investigate their interaction with formal health care service structures.

Information Systems

A key aspect of district development is efficient district information systems. Projects that were supported looked into the use of information in the decision making process, and evaluated the hospital information system. Research projects looking at development of information systems for specific needs – e.g. disability information; audit systems for acute maternal morbidity and perinatal mortality at district level were also supported. An in-depth look into district information systems was commissioned and is reported in the 1999 South African Review.

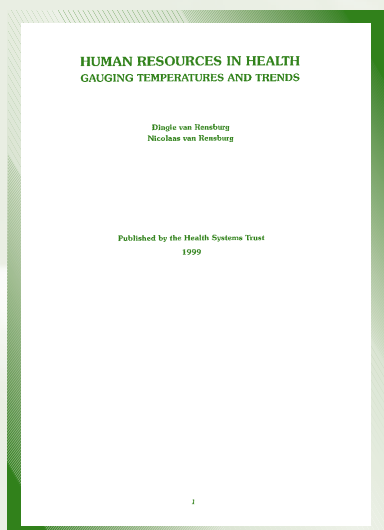
Human Resources

Implementation of community service for doctors

The introduction of community service for doctors was seen as a key strategy for distributing health personnel throughout the country in a more equitable manner. Assessment of the first year of community service indicates that this aim has somewhat been met. The challenge of getting doctors to the peripheral areas where they are most needed remains.

Distribution of human resources

Research looking into the current state of human resources in the health sector and trends and prevailing constraints affecting these, shows that implementation of affirmative policies and measures has resulted in better equity in racial and gender representation in the public sector management. Similarly, some progress has been made in lessening the urban/rural





Research Programme



disparities in the distribution of some professionals, especially doctors, in the public sector. The challenge of engaging private sector professionals in building and strengthening the public sector remains. Instead, public sector professionals continue to be attracted into the private sector.

The production of doctors

Over the past few years, medical schools in South Africa instituted a variety of corrective measures aimed at (a) facilitating access and support for students from historically disadvantaged educational backgrounds and (b) beginning to conceptualise and implement educational innovations which support a comprehensive, equitable and decentralised national health system.

To trace these developments and to gain insights into successes and challenges, a survey of student demographics, access and support initiatives was commissioned. The study also provides an in-depth discussion of curriculum initiatives that are underway in some institutions.

Promoting Health Systems Research

The organisation has also continued to actively engage with institutions and individuals in building health systems research capacity and in raising the profile of health systems research as a tool for health service restructuring.

Internship programme

The Research programme continues to provide opportunities for new researchers to develop skills in health systems research. During 1999, there were 11 active research trainees attached to various research institutions in the country.

Proposal Development workshops

Proposal Development workshop for youth health workers

This workshop was convened with the Young Lions Project – a collaboration between the Royal Melbourne Institute for Technology, University of Australia, South African Youth Workers' Association and Technikon South Africa. The purpose of the workshop was to introduce youth workers to research, with the aim of enabling participants to use health systems research as one of the tools for improving health services for young people.



Research Programme

Reproductive Health Research Methods course

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

Proposal Development for Health Workers – Mpumalanga Province

The purpose of training health workers and mid-level managers in health systems research is to enhance their capacity for critical thinking and to equip them with skills for conducting simple research to provide information that would aid them in problem solving.

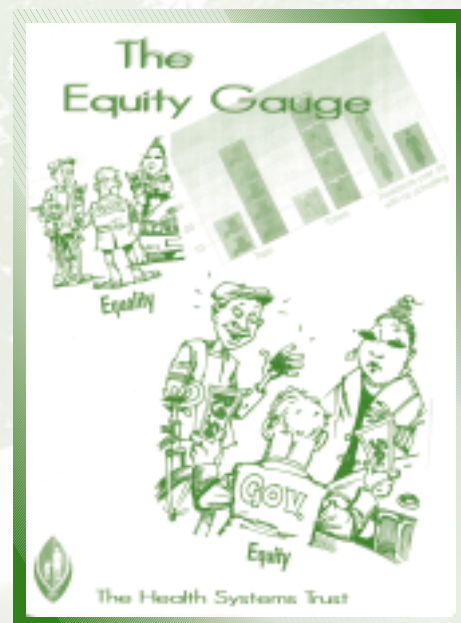


HealthLink is the programme of the Trust with a special responsibility for information dissemination, communication and advocacy. In line with the key strategic objectives of the Health Systems Trust, promoting equity and district development, many of HealthLink's activities focus around these two themes. 1999 saw increased integration of the HealthLink programme's hard copy and electronic information dissemination activities. The advocacy component of the programme concentrated primarily on activities promoting equity in health and health care.

Equity Gauge

The Equity Gauge Project is a new and exciting partnership between the Health Systems Trust and South African legislators. The aim of the "Equity Gauge" is to establish a set of benchmarks by which progress towards equity in health and health care provision can be monitored over time, and to facilitate their use and application. Specifically, the Gauge will seek to achieve the following objectives:

- ◆ To define, measure and monitor a core set of indicators for assessing progress towards equity in health and health care provision, year by year
- ◆ To facilitate the use of information provided in the "Equity Gauge" by national and provincial legislators and local government representatives to monitor equity
- ◆ To instill the notion of monitoring equity as a key strategy for the promotion of equity among the media and the general population of South Africa
- ◆ In addition, legislators are supported with information relating to how the health system functions and the processes followed within government for budgeting and resource allocation
- ◆ A subsidiary aim of the Gauge is to strengthen the accessibility and quality of health data.



The project steering committee has representation from the National Assembly Portfolio committees on Health and Finance, the National Council of Provinces (NCOP) standing committees of Health and Finance and provincial health committees alongside HST representation.

In order to achieve the project aims a number of strategies have been utilised. These include site visits to clinics and hospitals to demonstrate first hand issues of equity and service delivery; workshops on issues identified by legislators; facilitating communication between legislators and the department of health at national and provincial level; and ensuring that technical information on equity is made available in an accessible and easy to use format.



HealthLink

After launching the project early in the year activities were only able to resume during the latter part of the year because of the elections held in June. Two information officers, Solani Khosa and Alfred Mafuleka, were appointed in May. Their brief is to provide research and information support to legislators, especially at provincial level. From September onwards the information officers, in collaboration with the Public Health Initiative for Legislative Analysis (PHILA) visited almost all of the nine provincial health committees. These visits provided an opportunity for the project to introduce itself to legislators, to start building links, and to outline the support that the project can offer to committees. Many legislators identified the need to understand the Budget Process better, and workshops designed to meet this aim were run in a number of provinces.

Site visits are a key strategy adopted by the project to ensure that legislators glean a practical understanding of information provided in the Equity Gauge. At the end of November a site visit was arranged for members of the Portfolio Committees on Health and Finance, the NCOP Standing Committees on Health and Finance, and the nine Provincial Health Committees. The primary focus of the visit was to inform legislators about home-based care for HIV/AIDS patients and cross border flows. Two districts that lie on the borders of KwaZulu-Natal and the Eastern Cape were visited. The MECs for Health in both provinces made time to join the group briefly.

At the end of November two publications, the Equity Gauge and the Budget Process, written and published for the project, were launched.



South African Health Review

This year's South African Health Review maintains the focus on equity and redistribution of resources highlighted in last year's Review. The 1999 Review aims to be comprehensive in its coverage, and contains 27 chapters on a wide range of health systems issues. In recognition of the increasing importance of partnerships between the private and public sectors, several chapters deal with the private sector and with partnerships. In addition to issues of legislation, financing, distribution of personnel, and district health systems development, progress in key programme areas such as health promotion, environmental health, HIV/AIDS, tuberculosis, and mental health is explored.

Briefing summaries, highlighting the key findings of some of the most important chapters have been produced. These summaries, written in an accessible format, are intended for use by legislators and busy health service managers.



Update

The circulation of Update, the monthly hard copy publication of the Trust, has continued to increase. More than five thousand copies are now sent to a broad range of health service staff, managers, researchers, academics and NGOs as well as people residing abroad. Update is routinely published on our web site with links to sites that give more information about the topics covered. During 1999 the range of issues covered by Update included, a review of the Department of Health's first 5 years in office, a discussion on the new developments in mental health care in South Africa, and an analysis of how the role of the clinic nurse is changing within the new health system.





HealthLink



Health-e

Health-e is a news agency dedicated to producing news and analysis for the print and electronic media regarding health policy and practice in South Africa. The particular focus is to report on health issues affecting the poor and disadvantaged, and the implications of different health policies for our society as a whole. This project has a dedicated team of journalists and researchers, who have worked with the HealthLink programme to conceptualise, design and develop a complete online presence for this news service. All the news stories are stored in a database, for which a full entry and editing web interface has been designed to enable remote management of the system. The database also automatically generates the pages in the web site, so that users can easily find new stories and search through the archives. In addition an automatic weekly email summary service informs all subscribers of new stories.

This service has been modeled on the best features of mainline newspaper sites and some of the scientific journals.

View this project from www.health-e.org.za.

Electronic Information Services

HealthLink has continued to provide a range of innovative electronic health information services, including web sites, email discussion groups, the HealthLink Bulletin, information requests and support and training in the use of electronic tools. Highlights have included the distribution of the second edition of the Electronic Information Resources Catalogue, a training workshop for email users in August, and support to a number of health districts in the development of District Newsletters. Another exciting development in 1999 was the production of the South African Health Review on CD-ROM (including the whole HST web site and all HST publications).

HealthLink has also supported the implementation of the Essential Drugs Programme of the Department of Health by placing the three new Essential Drug Lists and Standard Treatment Guidelines on the web (see www.sadap.org.za).

A new web site was developed for the Epidemiological Society of South Africa (ESSA) to promote their public health conference (www.essa.za.org).

On an international level, HealthLink has collaborated with SHARED to promote the sharing of health research information, and with the New England Medical Centre – Tufts International Training Programme in Medical Informatics.

HST Publications



Assessing Costs of PHC Services in an Urban District

Audit of Perinatal Mortality and Acute Maternal Morbidity in KwaZulu-Natal

Getting Research into Action -
A report by the Research Team

Is Deinstitutionalisation Appropriate? -
Discharge potential and Service needs of psychiatric
inpatients in KwaZulu-Natal and the Eastern Cape

Performing an in-depth Situation Analysis of the Drug
Management System in a Health District

Public Sector Medicines Supply and Management in
Districts -
An example from the Northern Province

Reproductive Health Training Directory 1999

Restructuring of Nursing Education

Restructuring of Nursing Education in KwaZulu-Natal -
Financial Implications of rationalising Nursing
Education Campuses

Schools Based Reproductive Health Education

The Budget Process

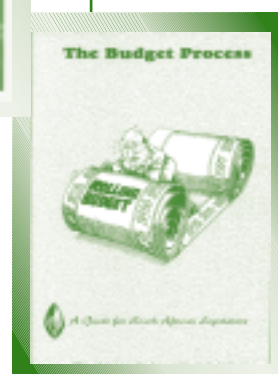
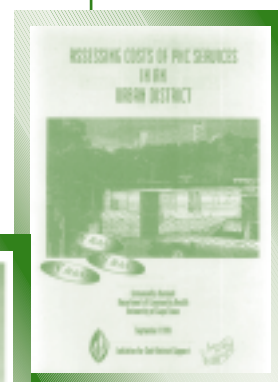
The Equity Gauge

The Impact of Rationalised Pharmaceutical Procurement
and Distribution and of the Essential Drugs
Programme Implementation: Northern Province,
Evaluation 2

The provision of Professional Nurses for South Africa: 1997

The 1999 South African Health Review

Using Health and Management Information for Evaluation
and Planning of Services in the Kalahari District





HST Publications



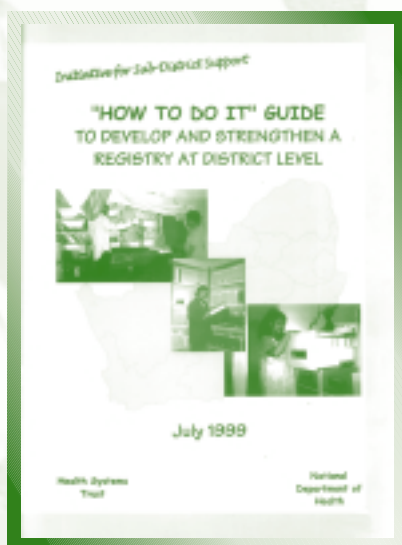
District Situational Analyses

A Situational Analysis of Gordonia Hospital, Northern Province

Existing Information, Education and Communication Strategies (IECS) regarding Adolescent Sexuality in the Piet Retief District, Mpumalanga: A Situation Analysis

Training Manual

“How-to-do-it” guide to develop and strengthen a registry at district level



HST Publications



Kwik Skwiz

- #16 The Who Ten Steps: The way forward for improved care of severe malnutrition
- #17 The Registry at District level: A vital part of administration in the health district
- #18 Local Government Transformation: A guide for health workers
- #19 Collecting and using drug use indicators in districts
- #20 Cross-Site Visits
- #21 Can Managing District Services be Separated from Managing its Finances?
- #22 Improving Growth Monitoring and Promotion in PHC Clinics: Lessons from the Mt Frere Health District
- #23 Oral Rehydration Therapy and the Management of Diarrhoeal Illness in Children
- #24 An Efficient Secretary for a Well-functioning District Office





Research Grants

A rapid appraisal of HIV/AIDS community-based care and support services in South Africa

Institution: WITS (Centre for Health Policy)
Project Director: Dr Helen Schneider
Value: R 102 810
Grant Period: August - December 1999

1. To identify how and why community care and support programs have emerged, who initiated the programmes, scope of activities, challenges encountered in delivering services, the training and resource needs of staff, program sustainability, projections of future need, successes and failures, needs met and unmet, why programmes have worked and lessons learnt which can contribute to the South African experience.
2. To explore the role of community based institutions such as the church in order to identify the potential for services through existing infrastructure in environments of scarce human and financial resources.
3. To identify which types of services are most appropriate for which environments e.g. interventions implemented in urban settings may not be as appropriate in rural settings, mining communities or farm communities.
4. To identify people, organisations and programs for more in-depth interview.

Audit of perinatal mortality & acute maternal morbidity in Northern KwaZulu-Natal

Institution: Bethesda Mission
Project Director: Dr Meena Gandhi
Value: R 23 272
Grant Period: April - June 1999

To analyse the perinatal mortality rate (PMR) and the acute maternal morbidity rate (AMMR) within the Jozini Health District.



Research Grants



Health sector response to Gender Violence : A model for the development, implementation & evaluation of training for health workers

Institution:	Border Institute of Primary Health	To develop, implement and evaluate a model
Project Director:	Ms Tanya Jacobs	for a health sector response to gender violence
Value:	R 308 048	involving screening, management and referral of
Grant Period:	March 1999 - July 2001	women, which would facilitate greater access to
		the criminal justice system and support
		organisations.

Making abortion services an accessible component of integrated comprehensive Reproductive Health care : A study in Kalahari and Diamondfield Regions - Northern Cape

Institution:	WITS (Women's Health Project)	To increase access of women, men and
Project Director:	Ms Sanjani Varkey	teenagers of both sexes to reproductive health
Value:	R 352 014	services including abortion services.
Grant Period:	January 1999 - August 2000	

Monitoring and evaluation : Mother-to-child HIV transmission intervention project - Western Cape

Institution:	University of Cape Town (Community Health)	To determine the feasibility and effectiveness of
Project Director:	Dr Nicol Coetzee	this intervention at a district level.
Value:	R 95 000	
Grant Period:	July 1999 - April 2000	

Organisation of reproductive health services. The role of vertical services in the delivery of integrated Reproductive Health Services at Distric level. How far to go?

Institution:	UCT (Women's Health Research Unit)	To assess and compare the integration process
Project Director:	Ms Spindile Magwaza	of the reproductive health services i.e. the
Value:	R 172 125	extent, obstacles and enabling factors in the
Grant Period:	June - May 1999	two Western Cape health districts with
		particular emphasis on the role of vertical
		services within these services.



Research Grants

Proposal to document and share research information

Institution: WITS (Women's Health Project)
 Project Director: Ms Barbara Klugman
 Value: R 60 000
 Grant Period: April - August 1999

1. Compile and review, all research conducted and currently underway, on the Choice of Termination of Pregnancy Act
2. Draw key findings from relevant international experiences
3. Identify future research needs; and
4. Facilitate the sharing of this information amongst key stakeholders.

The development of a model for nurses to improve their counselling skills when dealing with HIV/AIDS patients

Institution: University of Natal - Durban (Nursing)
 Project Director: Ms Thembisile Khanyile
 Value: R 16 360
 Grant Period: June - December 1999

To explore the views of all the stakeholders with regards to the present curriculum for nurses, as to whether it adequately addresses the issue of HIV/AIDS.

Voluntary counselling & testing as a beneficial tool in the health care delivery system

Institution: University of Natal - Durban
 Project Director: Ms Margaret Ross
 Value: R 139 566
 Grant Period: July 1999 - December 2000

1. To establish what personnel are employed in regard to VCT at different health care centres
2. To evaluate the whole process of VCT from a qualitative viewpoint against a pre-determined standard policy
3. To compare the quality and type of VCT at these service centres
4. To evaluate the response of clients to the VCT services provided, including women who refused to undergo the process of VCT
5. To determine the attitudes of service providers with regard to policy and implementation of VCT for HIV seropositive and seronegative women.



Research Grants

A baseline study into the use of information in decision making for District Health Management and Health Facility Management in the Usuthu District, Ulundi Region, KwaZulu-Natal

Institution: CHES
Project Director: Anna Voce
Value: R 48 327
Grant Period: April 1999 - August 1999

To conduct a baseline study into the extent to which information is currently being used in the process of making management decisions in the district and health facilities, in order to provide information to assist the District Health Management Team (DHMT) to develop an effective District Health Management Information System; and to plan a programme of support for the DHMT and Health Facility Management Teams so that they can effectively utilise information in the management of the local District Health Systems.

A review of provincial-aided health facilities in South Africa

Institution: University of Natal - Durban
(Community Health)
Project Director: Dr Kawonga
Value: R 89 012
Grant Period: February - August 1999

To review the role and contribution of provincial-aided health facilities in the South African health service, and particularly in the District Health System.

An analysis of the profiles of Community Health Workers in a peri-urban area of South Africa

Institution: University of Natal - Durban
(Nursing)
Project Director: Ms Jabu Hlazo
Value: R 6 200
Grant Period: January 1999 - January 2000

To establish the base-line profile of the existing pool of CHW's in the Inanda peri-urban area, so as to determine what they consider as their functional successes and problems in order to facilitate future planning of CHW interventions.



Research Grants

An Evaluation Programme for the Hospital Information System, Northern Province, South Africa

Institution: Welfare & Health Education Consortium (WHEC)
 Project Director: Dr A.J. Herbst
 Value: R 214 500
 Grant Period: January 1999 - December 2000

1. To increase the likelihood of success of the HIS through formative evaluations.
2. To assess its overall impact (benefits and cost-effectiveness) through a summative evaluation.
3. To disseminate lessons learnt widely, nationally to other provinces embarking on similar ventures and internationally.

Assessing and improving the quality of TB smear microscopy through the introduction of proficiency testing in provincial laboratories in the Northern Province

Institution: Northern Province Department of Health
 Project Director: Dr Karin Weyer
 Value: R 39 400
 Grant Period: January 1999 - October 2000

To assess and improve the quality of TB smear microscopy in provincial laboratories in the Northern Province.

Child Abandonment in South African Hospitals

Institution: Community Outreach and Service Learning
 Project Director: Dr Petro Brink
 Value: R 19 980
 Grant Period: September 1999 - February 2000

1. To develop a protocol for hospitals and health policy makers aimed at:
 - preventing child abandonment in hospitals
 - limiting the amount of time abandoned children spend in hospitals
 - improving the quality of care received by hospitalised abandoned children
2. To establish the incidence of child abandonment in South African hospitals
3. To improve collaboration between health and welfare sectors regarding the management of child abandonment.



Research Grants

Community based mental health service needs:

Institution: WITS (Centre for Health Policy)
Project Director: Ms Precious Modiba
Value: R 115 805
Grant Period: July 1999 - January 2000

To assess community based mental health service needs as perceived by ambulatory patients, their families, health workers and community leaders, and to gather some baseline data on current patients attending out-patient mental health services. The study is designed to inform district health services planning with reference to mental health needs, as well as to inform the 'deinstitutionalisation' policy process currently being considered by the National Directorate of Mental Health and Substance Abuse.

Community health workers & professional nurses : A descriptive study of their relationship in four Western Cape communities

Institution: University of Cape Town
Project Director: Ms Tanya Doherty
Value: R 25 900
Grant Period: July 1999 - March 2000

To explore the relationship between the CHW's and professional nurses in the following communities: Brown's Farm; Philippi; Masiphumelele; Noordhoek; SACLA; Khayelitsha and Mamre, Atlantis; in order to clarify the present patterns of interaction between nurses and CHWs.

Development of an information system for disability within the Bergville District Health System

Institution: DART
Project Director: Dr Pam McLaren
Value: R 65 049
Grant Period: January 2000 - June 2000

1. Development of a tool for district-based situation analyses on disability, in order to collect baseline data on disability
2. Collection of information pertaining to rehabilitation service provision norms in relation to policy (such as numbers of rehabilitation personnel and the physical resources required for the population in the district)
3. Increased awareness of the value of information on disability to improve service provision.



Research Grants

Distribution of human resources within the public health sector in South Africa:

A critical review

Institution:	University of the Orange Free State (Centre for Health Systems Research & Development)	1. To gain an understanding of challenges facing human resource managers in various provinces
Project Director:	Professor HCJ Van Rensburg	2. To establish strategies developed by various provinces for meeting the challenges identified
Value:	R 59 875	3. To quantify progress made thus far in addressing such challenges.
Grant Period:	June - August 1999	

Chapter on District Health Information Systems in South African Health Review

Institution:	Self	To provide a critical overview on district health information services.
Project Director:	Mr Jeff Muschell	
Value:	R 26 116	
Grant Period:	June 1999 - August 1999	

Evaluation of the nutrition education programme implemented in primary schools in Upington and in the Diamondfield Region, Kimberly, Northern Cape

Institution:	University of Western Cape	To evaluate the implementation process of the primary school nutrition education programme in Upington and Diamondfield, Northern Cape Province.
Project Director:	Ms Rina Swart	
Value:	R 46 850	
Grant Period:	May 1999 - November 1999	



Research Grants



Chapter on Health research expenditure in South Africa - South African Health Review

Institution: Medical Research Council
Project Director: Dr Tony Mbewu
Value: R 24 700
Grant Period: June 1999 - August 1999

1. Compile data on the contributions from private and public sources to health research in South Africa. This will include contributions by internal (domestic) as well as external (foreign) sources.
2. Provide data for the Essential National Health Research Committee in South Africa, and for the National Advisory Committee on Innovation (NACI).
3. Provide data on the application of these resources to determine if they follow identified priorities.
4. Provide data for the health research chapter of the South African Review (SAHR)
5. Provide data for NDOH Research Co-ordination and Epidemiology Directorate.

Maternal & child health services at five ISDS sites

Institution: WITS (Women's Health Project)
Project Director: Dr Sharon Fonn
Value: R 182 508
Grant Period: November 1999 - April 2000

To describe the past and present practices for provision of services at primary level care and identify changes in clinic organisation. To measure trends in utilisation and availability of maternal and child health (MCH) services as well as other basic primary health care services and to describe the impact of the 'super-market approach' as the provision of primary level care. To assess the understanding, perceptions, and attitude of the front line health workers, clinic managers and provincial/regional/district managers towards 'super-market approach' as well as the effect of the super-market approach from the point of view of users. To provide recommendations for the organisation of primary level services so that preventive services retain appropriate priority.



Research Grants

Monitoring the implementation of compulsory community service for medical doctors in South Africa

Institution: University of Natal (CHESS)
Project Director: Dr Steve Reid
Value: R 94 300
Grant Period: June 1999 - August 1999

To describe the process of implementation of the national system of compulsory community service for medical doctors in its first year.

Rapid appraisal of the Clinic Tick Register developed & implemented in the Okhahlamba-Emtshezi Health district - KwaZulu-Natal

Institution: University of Natal
(Community Health)
Project Director: Dr Stephen Knight
Value: R21 780
Grant Period: March 1999 - May 1999

To perform a rapid appraisal of the clinic-based information system used in the Okhahlamba-Emtshezi sub-district of KwaZulu-Natal, comparing it as one Kwazulu-Natal daily tick Register implemented in two other districts in one province.

Rehabilitation and occupational therapy at district level

Institution: University of Cape Town
Project Director: Prof. Ruth Watson
Value: R 120 900
Grant Period: January 1999 - September 2000

The integration of a community-based occupational therapy rehabilitation service into the district health system in the Cape Town Metropolitan area.



Research Grants

Chapter on Religious Health Services - South African Health Review

Institution: University of Cape Town
Project Director: Prof. James Cochrane
Value: R 22 000
Grant Period: May 1999 - August 1999

1. To review the range of religious groups in South Africa which provide health services in one form or another, including their interaction with district health services (if any).
2. Offer a critical review of existing information, including a database of information, at a national level.
3. Collect primary qualitative data on a national basis where possible, with a minor focus on the greater Cape Town metropolitan region and the wider Western Cape.
4. Include any work being done by Christian, Muslim, Hindu, Baha'I and other formally organised religions.
5. Include information on African Initiated Churches and African Traditional Religion.

Strategies to address the "DOP" systems on farms in the Western Cape (Phase I and II)

Institution: Dopstop Association
Project Director: Dr Leslie London
Value: R 356 884
Grant Period: July 1999 - December 2000

To develop, implement and evaluate an intervention aimed at eradicating the dop system and reducing alcohol abuse on farms in the Stellenbosch region, and disseminate this methodology to other districts and regions.

The situation of and support for African students at medical schools and nursing college - A chapter in the South African Health Review

Institution: University of the Western Cape (Public Health Programme)
Project Director: Prof. David Sanders
Value: R 47 400
Grant Period: May 1999 - July 1999

To assess intake and attrition rates and to investigate support for African students at medical schools and nursing colleges.



Skills Development Grants

Health sector reform & sustainable financing : Challenges for Managers in African countries

Institution: UCT (Health Economics Unit)
 Project Director: Luvuyo Msimango
 Value: R 10 850
 Grant Period: September 1999

To provide an integrated and coherent learning programme covering various aspects of health sector reform and financing.

Health Workers for Change : Training of Trainers

Institution: Leadership Achievement Management Project
 Project Director: Mr Motang
 Value: R 37 350
 Grant Period: February 1999

To develop facilitation and organisational skills needed to conduct Health Workers for change Workshops.

Intern – Andiswa Priscilla Hani

Institution: UCT (Community Health)
 Project Director: Prof. Margaret Hoffman
 Value: R 59 659
 Grant Period: August 1999 - July 2000

To gain practical experience in Public Health research and in-depth knowledge concerning women's health by participating in a number of ongoing research projects within the unit.

Junior researcher - Nonhlanhla Khuzwayo

Institution: WITS (Women's Health Project)
 Project Director: Dr KS Tint
 Value: R 162 674
 Grant Period: August 1999 - July 2001

To provide the junior researcher with an opportunity to develop research skills particularly in the evolving field of health policy and health systems research, and to become an important player in the health arena.

Junior Researcher : Drug Supply Management in the Context of District Health Systems

Institution: MEDUNSA (Pharmacy)
 Project Director: Prof. Rob Summers
 Value: R 65 489
 Grant Period: March 1999 - February 2000

To develop research skills in the area of Drug Supply Management within the District Health Systems.



Skills Development Grants

Junior Researcher : Mpefe Esther Ketlapile

Institution: WITS (Women's Health Project)
Project Director: Dr Sharon Fonn
Value: R 75 312
Grant Period: February 1999 - January 2000

To provide the junior researcher with an opportunity to develop research skills particularly in the evolving field of health policy and health systems research, and to become an important player in the health arena.

Reproductive Health Research Methods Course

Institution: Reproductive Health Research Unit
Project Director: Dr Helen Rees
Value: R 82 200
Grant Period: July 1999 - August 1999

The purpose of this course is to support and improve health policy, planning and programmes by building capacity in reproductive health research, and developing a network of regional expertise in reproductive health research.

Research Internships

Institution: WITS (Centre for Health Policy)
Project Director: Dr Lucy Gilson
Value: R 238 855
Grant Period: January 1999 - December 1999

To develop a pool of qualified individuals available to work in the evolving field of health policy and health systems research, and to become important players in the health arena.

Research Proposal Writing Workshop - Mpumalanga

Institution: Health Services Development Unit
Project Director: Ms Thalitha Madonsela
Value: R 42 400
Grant Period: June 1999 - November 1999

To enable the district information and research officers of Mpumalanga to become actively involved in Health Systems Research.

Skills Development - Zacheus Matebesi

Institution: UOFS (Centre for Health Systems Research & Development)
Project Director: Professor HCJ Van Rensburg
Value: R 65 973
Grant Period: January 1999 - December 1999

The general aim of this study is to assess the effectiveness of the labour relations processes and practices in the public hospitals. Therefore the study is directed towards the assessment of structural factors and procedural factors that direct and influence the labour relations process at public hospitals.



Acknowledgements

Research Proposal Reviewers for 1999

Miriam Adhikari	Reg Broekmann	Mickey Chopra	Mark Colvin
Sinead Delany	Beth Engelbrecht	John Gear	Linda Granger
Andy Gray	Arthur Heywood	James Irlam	Robin Joubert
Stephen Knight	Jacqueline Mahon	Colin McKay	Shirley Ngwenya
Graham Nielson	Yogan Pillay	Helen Schneider	Alan Smith
Arie Verburgh	Hester Vorster		

ISDS Reference Group

Nomonde Bam	Louis Claassens	Elise Levendal	Nelly Manzini
Thembi Mazibuko	Toby Mjekevu	Yogan Pillay	David Power
Thabo Sibeko	William Vivian	Masingitha Zwane	

Equity Gauge Steering Committee

Dr Abe Nkomo (Chairperson - National Assembly Portfolio Committee on Health)

Dr Siyabonga Cwele (National Assembly Portfolio Committee on Health)

Ms Sally Nqodi (National Assembly Portfolio Committee on Health)

Ms Beatrice Marshoff (National Assembly Portfolio Committee on Health and Finance)

Mr Serake Leeuw (National Assembly Portfolio Committee on Finance)

Ms Loretta Jacobus (Chairperson, National Council of Provinces Select Committee on Health)

Ms Dorothy Mahlangu (Chairperson, National Council of Provinces Select Committee on Finance)

Professor Francie Lund (Associate Professor in the Centre for Social and Development Studies, University of Natal, Durban)

Ms MA Khunwana (Chairperson, North West Provincial Standing Committee on Health)

Ms Zanele Dlungwana (Chairperson, Free State Provincial Standing Committee on Pensions, Health and Social Services)

Ms Phumzile Ngwenya (Chairperson, Mpumalanga Provincial Standing Committee on Health, Social Services, Population and Development)



Report of the Independent Auditors



REPORT OF THE INDEPENDENT AUDITORS

To the trustees of

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

We have audited the annual financial statements set out on pages 2 to 9. These financial statements are the responsibility of the trustees whilst our responsibility is to report thereon.

SCOPE

We conducted our audit in accordance with statements of South African Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement. An audit includes:

- ◆ examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements
- ◆ assessing the accounting principles used and significant estimates made by management, and
- ◆ evaluating the overall financial statement presentation.

We believe that our audit provides a reasonable basis for our opinion.

In common with similar organisations, it is not feasible for the Trust to institute accounting controls over cash collections from grants prior to the initial entry of the collections in the accounting records. Accordingly, it was impracticable for us to extend our examination beyond the receipts actually recorded.

AUDIT OPINION

Except for the effects of any adjustments which might have been necessary had it been possible for us to extend our examination of cash collections from grants, in our opinion these financial statements fairly present the financial position of the Trust at 30 June 1999, and the results of its operations and cash flow information for the year then ended in accordance with South African Statements of Generally Accepted Accounting Practice and in the manner required by the Trust Deed.

Chartered Accountants (SA)
Registered Accountants & Auditors
29 May 2000



Report of the Independent Auditors

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 1999

	Note	1999	1998
		R	R
INCOME			
Grants	2	<u>28 110 218</u>	<u>18 764 013</u>
SURPLUS FOR THE YEAR		<u>9 592 064</u>	<u>6 015 042</u>
After charging/(crediting) the following items:			
Auditors remuneration:			
- current year provision		41 454	43 276
- prior year (over)/underprovision		(22 319)	915
- other services			2 760
Depreciation		267 545	159 968
Interest received		3 875 990	(2 614 017)
Operating lease charges:			
- premises		206 474	166 743
- equipment		<u>6 335</u>	<u>4 167</u>
SURPLUS FOR THE YEAR TRANSFERRED TO ACCUMULATED FUNDS	3	<u>9 592 064</u>	<u>6 015 042</u>

Report of the Independent Auditors



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

BALANCE SHEET

AT 30 JUNE 1999

	Note	1999 R	1998 R
CAPITAL EMPLOYED			
ACCUMULATED FUNDS	3	<u>28 370 233</u>	<u>18 778 169</u>
EMPLOYMENT OF CAPITAL			
FIXED ASSETS	4	<u>939 507</u>	<u>515 072</u>
CURRENT ASSETS			
Accounts receivable		254 139	425 461
Cash on deposit and at bank	5	31 347 300	21 184 536
Cash on hand		2 607	1 848
		<u>31 604 046</u>	<u>21 611 845</u>
CURRENT LIABILITIES			
Accounts payable	6	<u>4 173 320</u>	<u>3 348 748</u>
NET CURRENT ASSETS		<u>27 430 726</u>	<u>18 263 097</u>
		<u>28 370 233</u>	<u>18 778 169</u>



Report of the Independent Auditors

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 1999

	1999 R	1998 R
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus for the year	9 592 064	6 015 042
Adjustments for:		
- depreciation	267 545	159 729
- investment income	(3 875 990)	(2 445 521)
Operating surplus before working capital changes	5 983 619	3 560 664
Working capital changes:		
Decrease/(increase) in accounts receivable	171 322	(216 222)
Increase/(decrease) in accounts payable	824 572	(565 203)
Cash generated from operations	6 979 513	2 779 239
Interest received	3 875 990	2 614 107
Net cash inflow from operating activities	10 855 503	5 393 346
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of equipment	(691 980)	(290 158)
Proceeds from insurance claim	-	13 059
Net cash outflow from investing activities	(691 980)	(277 099)
Net movement in cash and cash equivalents	10 163 523	5 116 247
Cash and cash equivalents at beginning of year	21 186 384	16 070 137
Cash and cash equivalents at end of year	31 349 907	21 186 384



Report of the Independent Auditors



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 1999

ACCOUNTING POLICIES

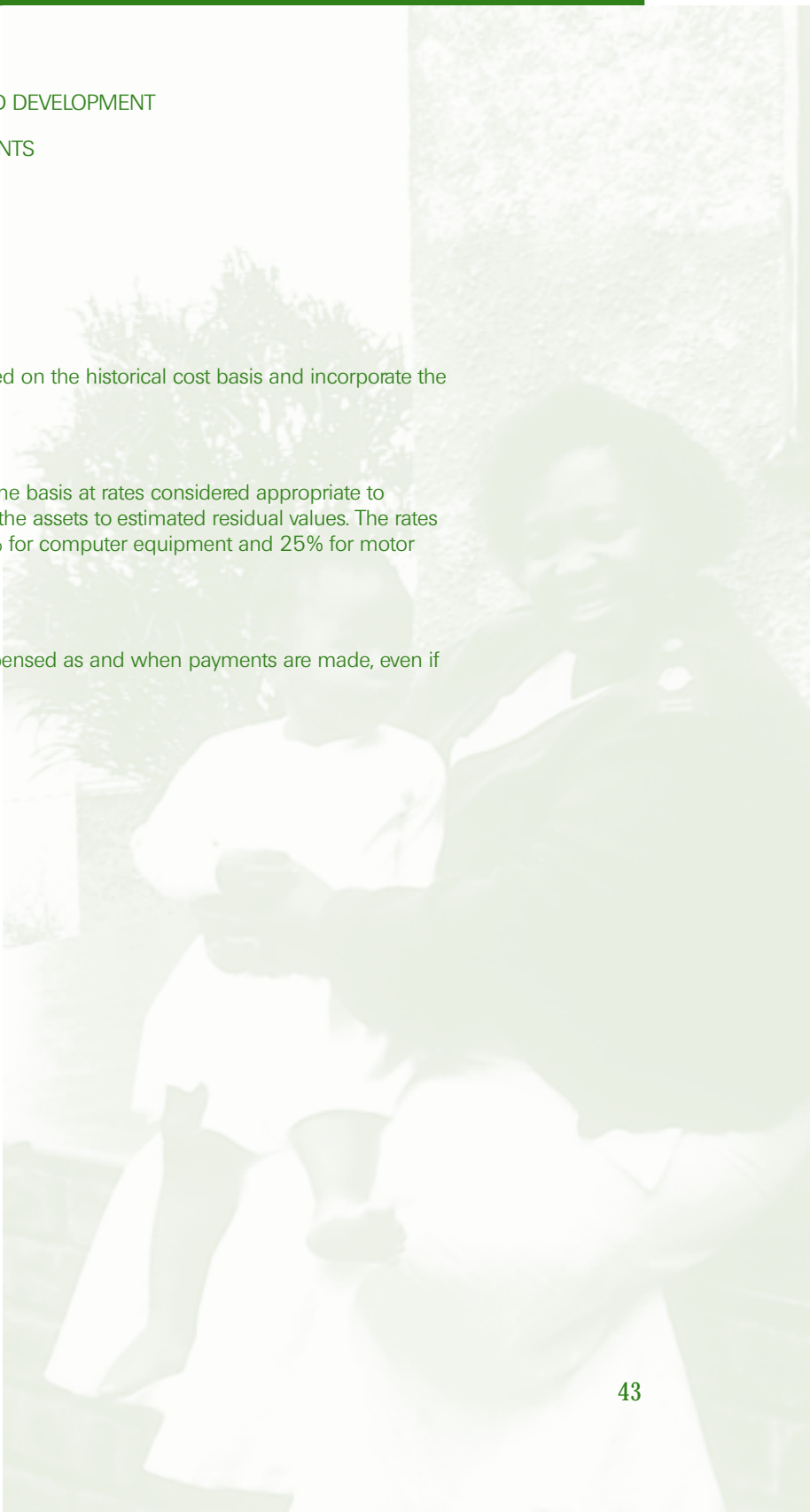
The financial statements have been prepared on the historical cost basis and incorporate the following principal accounting policies:

Fixed assets

Fixed assets are depreciated on a straight line basis at rates considered appropriate to reduce book values over the useful lives of the assets to estimated residual values. The rates used are 15% for furniture and fittings, 25% for computer equipment and 25% for motor vehicles.

Funded projects

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





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2 GRANTS RECEIVED

	Research Programme R	LoveLife R	Reproductive Health and Research Fund R	International Liaison R	Project Management Unit R	PHID R	Healthlink R	Initiative for Sub-District Support R	Equity R	1999 R	1998 R
Kaiser Family Foundation	3 889 996	6 195 400	-	-	-	-	435 330	8 844 443	1 935 110	21 300 279	9 147 532
USAID	-	-	-	-	-	-	-	-	-	-	32 250
Independent Development Trust	-	-	-	-	-	-	-	-	-	-	636 500
COHRED	-	-	-	12 202	-	-	-	-	-	12 202	84 331
Department of Health	1 562 576	-	-	-	-	-	-	2 300 000	-	3 862 576	5 883 718
HST Internal	-	-	-	-	-	-	-	-	-	-	-
European Union - DoH	-	-	-	-	1 536 503	-	-	-	-	1 536 503	-
Micronutrient Initiative	-	-	-	-	-	-	-	-	-	-	-
Roche	-	-	-	-	-	-	-	-	-	-	-
Rockefeller Foundation	-	-	-	-	-	-	-	-	-	-	234 295
DFID	18 150	-	816 884	-	-	363 624	-	-	-	1 198 658	2 745 386
Durban Metro Group	-	-	-	-	200 000	-	-	-	-	200 000	-
	5 470 722	6 195 400	816 884	12 202	1 736 503	363 624	435 330	11 144 443	1 935 110	28 110 218	18 764 012

Report of the Independent Auditors



3. ACCUMULATED FUNDS

	1999	1998
	R	R
Balance at beginning of year	<u>18 778 169</u>	<u>12 763 127</u>
Surplus/(deficit) for the year		
Health Systems Trust research	3 428 904	3 383 803
Project for Health Information Dissemination	(304 744)	387 015
Skills Development Programme	(366 789)	405 281
Strategic Management Training	9 852	(17 633)
Human Resources Utilisation	-	11 167
HealthLink	(588 690)	(702 559)
Parliamentary Standing Committee on Health	(272 222)	1 026 425
Reproduction Health Fund	(394 249)	(210 955)
USAID	47 470	43 820
Initiative for sub district support	968 137	1 690 370
Central Administration	88 854	(49 516)
International Liaison	(105 443)	4 560
INCA	1 125 698)	43 264
Equity	1 622 715	-
Lovelife	5 583 965	-
Surplus for the year	<u>9 592 064</u>	<u>6 015 042</u>
Balance at end of year	<u><u>28 370 233</u></u>	<u><u>18 778 169</u></u>



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4 FIXED ASSETS

	Motor vehicles	Computer equipment	Furniture and fittings	Total
	R	R	R	R
Year ended 30 June 1999				
Opening net book value	38 750	448 659	27 672	515 081
Additions	-	592 370	99 610	691 980
Disposals	-	-	-	-
Depreciation charge	(15 000)	(238 516)	(14 038)	(267 554)
Closing net book value	<u>23 750</u>	<u>802 513</u>	<u>113 244</u>	<u>939 507</u>

At 30 June 1999

Cost	60 000	1 297 829	162 542	1 520 371
Accumulated depreciation	(36 250)	(495 316)	(49 298)	(580 864)
Net book value	<u>23 750</u>	<u>802 513</u>	<u>113 244</u>	<u>939 507</u>

Year ended 30 June 1998

Opening net book value	53 750	309 707	4 244	397 701
Additions	-	286 924	3 685	290 609
Disposals	-	(13 270)	-	(13 270)
Depreciation charge	(15 000)	(134 711)	(10 257)	(159 868)
Closing net book value	<u>38 750</u>	<u>448 650</u>	<u>27 672</u>	<u>515 072</u>

At 30 June 1998

Cost	60 000	700 926	62 932	823 858
Accumulated depreciation	(21 250)	(252 276)	(35 260)	(308 786)
Net book value	<u>38 750</u>	<u>448 650</u>	<u>27 672</u>	<u>515 072</u>

5 CASH ON DEPOSIT AND AT BANK

	1999	1998
	R	R
Current accounts	1 497 309	219 365
Call accounts	28 920 304	20 507 858
Notice deposit accounts	929 687	457 313
	<u>31 347 300</u>	<u>21 184 536</u>

6 ADMINISTRATED FUNDS

Included in cash on deposit and at bank, is an amount of R2 741 898 (1998: R2 278 221) held on behalf of the National Progressive Primary Health Care Network. The Health Systems Trust is acting as administrator of these funds.

7 TAXATION

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

HST Staff



David Mametja : Executive Director

Administration and Finance

Feroz Khan	Financial Manager
Hlengiwe Shazi	Project Management Unit Co-ordinator
Blessing Zama	Accounts Assistant
Fazila Khan	Accounts Assistant
Nunu Gumede	Accounts Assistant
Dawn McDonald	Senior Administrator
Racheal James	Secretary
Jurie Thaver	Grants Administrator
Farana Khan	Administrative Officer
Delene Tissong	Receptionist
Khuphukile Nyawose	Finance Support Assistant
Hendrick Lushaba	General Assistant

Information Technology

Ruth Grobler	Manager
Rakshika Bhana	Support Officer
Bongiwe Shongwe	Support Officer
Sean Preston	Technical Support Officer

HealthLink

Antoinette Ntuli	Programme Director
Candy Day	Deputy Director
Halima Rooplall	Web Designer
Elizabeth Clarke	Editor
Khululiwe Mfayela	Resource Centre Officer
Solani Khosa	Information Officer (Equity Gauge)
Alfred Mafuleka	Information Officer (Equity Gauge)

Research

Gcinile Buthelezi	Programme Director
Nonhlanhla Makhanya	Programme Manager
Andrew Boule	Programme Manager
David Coetzee	Programme Manager
Fatima Suleman	Junior Programme Manager



HST Staff

ISDS

Peter Barron	Programme Director
David McCoy	Deputy Director
Nomonde Bam	Deputy Director
Mosula Njikelana-Ntshona	National Manager

Cross Site Facilitators

Beth Engelbrecht	Operational Efficiency
Leslie Bamford	Child Health

Site Facilitators

Carmen Baez	Tsepo/Kopane
Lesley Bamford	Northern Cape
Sarah Davids	Vaal
Abdul Elgoni	Hlanganani
Bernhard Gaede	Okhahlamba/ Mtshezi
John Gear	Mossel Bay
Wendy Hall	Mt Frere
Ross Haynes	Mt Currie
Minah Maredi	Schoornhoord
Thulani Masilela	Halegratz
Nomsa Mmope	Odi
Puleng Molefakgotla	Taung
Nandi Mothibe	Hlatlolanang
Grace Mufamadi	Nurse Training
Lauren Muller	Cape Peninsula
Zamandwandwe Nxumalo	Tonga/Shongwe
Ronel Pienaar	Humansdorp
Gcina Radebe	Impendle/Pholela/Underberg
Nonkwazi Sogaula	Nutrition Project, Mt Frere
Ronel Visser	Northern Cape

Administration

Thembisile Mbatha
Julia Elliott
Rosheen Adams
Pam De Breton



Trustees



Marian Jacobs



Trevor Fowler



Selva Govindsamy



Leslie London



Francie Lund



Oliver Ransome
(Resigned June 1999)



Zola Njongwe



Thembeke Gwagwa



Peta Qubeka



Thabo Sibeko

Chairperson – Marian Jacobs

Trevor Fowler

Selva Govindsamy

Thembeke Gwagwa

Leslie London

Francie Lund

Zola Njongwe

Peta Qubeka

Oliver Ransome

Thabo Sibeko



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