# ANNUAL REPORT

## Building capacity in a changing health environment

# 2002

The EQUITY Project

# The EQUITY Project

*Strengthening equitable access to quality health services for all South Africans*

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Go to the people
Live among them
Love them
Start with what they have
Build on what they know
Of the best leaders
When their task is accomplished
When their work is done
The people will all remark
We have done it ourselves

–The Tao of Leadership

# Foreword

This annual report summarizes the EQUITY Project activities during 2002, the sixth year of a seven year project. The report will assist Project partners (the National and Provincial Departments of Health [DOH], the United States Agency for International Development [USAID] and Management Sciences for Health [MSH]) to collectively reflect on Project achievements and weaknesses. It is important to do so now so we can adopt strategies to ensure sustainability of the many excellent initiatives described here.

The EQUITY Project staff initially worked in the Eastern Cape Province, with a few also tasked with supporting national programmes. Gradually, the Project extended support to KwaZulu Natal, Mpumalanga and North West Provinces while maintaining a focus on the Eastern Cape; there has been increasing support for national sharing of tools and lessons learnt. Some of the most important relate to the District Health Information System (DHIS), supervision at clinic and district level, District Health Expenditure Reviews (DHERs) and district health planning guidelines.

This annual report lists an impressive array of activities. Project partners are to be congratulated on its achievements to date, though the real test of its successes will come when it has ended. The EQUITY Project has made important contributions to strengthening the health system, helping to train health workers and develop appropriate systems. How well have interventions been institutionalized already and what more can be done in 2003 to ensure that the people of South Africa benefit for many years to come?

The Project partners are encouraged to continue the high level and quality of effort during 2003 and at the same time to ensure that every effort is made to institutionalize interventions within the mainstream of national, provincial, and local government activities.

Dr. Tim Wilson

Cluster Manager: District & Development

National Department of Health

> Freedom is not only the opportunity to vote, but the gate to the awareness of many problems: hunger, poverty, illness, non-advancement.
>
> Nelson Mandela

# Letter from the Project Director

The AIDS epidemic is one of our country's biggest challenges. The issues associated with it – orphaned children, economic pressures, and depletion of human resources – mandate a comprehensive approach to battling the disease. This year, key figures recognised our work to address the scourge of AIDS. In October, former head of state Nelson Mandela met with communities implementing the Bambisanani Project, a public-private home-based care partnership in the rural Eastern Cape Province.

With support from USAID, the Project is providing assistance to the National DOH HIV/AIDS, sexually transmitted infection (STI) and tuberculosis (TB) Chief Directorate. To support national voluntary counselling and testing (VCT) strategies, 600 sites are now operational nationwide and VCT materials have been distributed to all nine provinces. The Departments of Health, Education and Social Development developed the **National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS**, providing a holistic response for children and families affected by the epidemic. Meanwhile, the **Treatment, Care and Support** sub-directorate developed and obtained approval of palliative care guidelines from the provincial health restructuring committee (PHRC) and added an HIV/AIDS medication to the Essential Drug List.

This year's annual report highlights not only the importance of developing skills of health personnel nationwide, but each feature demonstrates how the results of technical interventions in health are possible only through local ownership. Indeed, the health workers featured in this report have done it themselves – but we all own the responsibility of maintaining these improvements. Thanks to them, South African families are reaping the rewards of better health care through better trained health personnel, quality services, available medicines, and better management of health facilities.

Dr. Thobile Mbengashe

## 2002 Achievements

- Trained more than 7 000 health workers nationwide to implement clinical guidelines for opportunistic infection management in HIV/AIDS.
- VCT sites in the Eastern Cape Province (ECP) increased from 20 to 103 with technical support and training from the EQUITY Project.
- More than 600 hospital boards and clinic committees in the ECP are influencing community health decisions as a result of training.

# Overview of 2002

## Northwest Province

Trained 120 clinic supervisors to use the Supervision Manual and supported supervision policy development.

Four districts and 19 sub-districts conducted expenditure analyses following training in district health planning guidelines.

## Free State and Northern Cape

Facilitated a joint training course for pharmacists, doctors and nurses to help them develop district therapeutic committees and improve pharmaceutical management.

## Northern Cape

Facilitated a workshop to improve health managers' skills in mapping primary health care populations.

## National

To institutionalise quality of care and improve clinic supervision, 470 managers in six provinces received training in the Supervision Manual, developed by the EQUITY Project.

The Health Information Systems Project (HISP) conducted training in all nine provinces to improve use of the DHIS. More than 90% of districts are reporting data regularly.

Shared lessons in drug management at an international workshop attended by participants from ten Southern African countries.

Communicated experiences in VCT programmes through a national technical meeting attended by 60 participants from all nine provinces.

Hosted a national workshop on the DHIS for 150 health workers from district, provincial, national, local government offices, as well as various non-governmental organisations (NGOs).

## Limpopo Province

Supported supervision policy development at the provincial level to institutionalise quality clinic supervision.

## Gauteng

Implemented *RX Store* software in Tshwane metro, which is being used to improve management of drugs and supplies.

Trained 100 health managers to use the *Supervision Manual* and supported the development of a provincial supervision policy.

## Mpumalanga

DOH/EQUITY guidelines helped the Mkhundo sub-district to develop an HIV/AIDS plan; 7 out of 14 clinics are now offering VCT with 22 active VCT volunteer counsellors. The sub-district launched a school-based education programme and has 256 home-based carers.

In collaboration with the Quality Assurance Project (QAP), established quality assurance teams in 16 sub-districts to institutionalise quality care province-wide.

Trained 182 clinic supervisors to use the *Supervision Manual* and supported supervision policy development for improved health service quality.

The *Stock Card* Manual, which helps staff ensure adequate medicine stock, is being used to roll-out training across the province.

## KwaZulu Natal

Implemented the pharmacy management software RX Store in the Durban Metro, which is being used to track orders, prioritise items, and monitor budgets.

Institutionalised the use of the *Supervision Manual* for clinic supervision.

## Eastern Cape

Former head of state Nelson Mandela visited with Bambisanani community members to motivate traditional leaders' involvement in the fight against HIV/AIDS.

The Zanempilo Project, which uses motorbikes to transport TB sputa to laboratories, received the Impimilelo Award, a national award for innovation in service improvements.

Trained 150 community members in hospital board responsibilities; there are now 600 functioning clinic committees and hospital boards influencing health decisions in the province.

Completed 3 000 household and 200 facility PHC surveys to assess the status of PHC in the province.

The ECDOH institutionalised stock cards throughout the province, which are now produced and distributed through provincial depots.

Surveyed 53 family planning and 27 ante-natal clinic patients in two districts to improve understanding of reproductive health services.

Reached more than 200 000 people with sexually transmitted infection (STI) and HIV prevention messages and distributed more than 800 000 condoms in four months through high transmission area projects, which are being supported fully by districts.

Finalised arrangements for a public-private partnership at the Humansdorp Hospital. Managed by a private hospital group, this initiative will attach private facilities to the public hospital to improve quality, share running costs and create new jobs.

The ECDOH institutionalised the Budget Expenditure Analysis Review (BEAR) tool, used quarterly by 75 hospitals and 25 sub-districts, to strengthen financial capacity and systems.

Assessed VCT services in more than 100 clinics and helped to expand number of VCT sites from 20 to 103.

We must give hope to those infected with HIV, enabling them to plan for life instead of preparing for death. And we must give hope to humanity - hope that the spread of the disease can indeed be halted and reversed, and that future generations will not have to live under its shadow.

Kofi Annan

# District Development

# Province Meets District:

## A Twinning Project with Distinction

*"The people in health services have the attitude of never giving up."*

– Councillor, Nyandeni District

Chairs shuffle and sceptical meeting participants discuss in hushed tones as the provincial DOH representative enters the room. Introductions don't soften the atmosphere and the presentations only highlight the difficulties facing the Nyandeni District Municipality. People are despondent and with good reason. Life in this rural district is difficult, compounded by the challenges of violence, AIDS and poverty. The presence of the visitors from Bisho and the possibility of new links with the province, however, generate hope in a district labouring to improve health service management.

At the core of restructuring South Africa's health care system is the decentralisation of health service management from provinces to health districts. As with all transformations, this has created new challenges for districts, many of whom lacked the capacity needed to effectively manage services. To build district capacity to address these challenges head-on, the ECDOH introduced a "twinning" model, aiming to transfer such skills and result in a smooth management transition. In this model, provincial managers form teams that link with one of the six districts (and the metro) to improve provinces' understanding of on-the-ground issues and provide districts with provincial insight and experience. These relationships are already helping provincial and district-based staff to identify and address health concerns – from inadequate staffing and child health to TB.

As provincial staff visit the Nyadeni District's Buntingville Clinic, signs of improved communication and support is evident. Clinic walls are falling apart and wire hangs precariously above one of the windows, thankfully out of reach of young fingers. Children play just metres away. Next to the clinic, staff watch the final construction of their new clinic, commissioned by the province to address the clinic's dire infrastructure problems.

*"Somebody who comes on foot and sees for themselves is better than any report. Nothing will come right unless we stand on both feet."*

– Professional Nurse, Nyandeni District

The district's high infant mortality rate merits a presentation on the immunisation programme progress. When the maternal and child health coordinator presents her data to provincial officials, she proudly states how EQUITY training helped her use the DHIS to identify where problems occur and work with staff to address them. The discussion that follows between district and provincial personnel highlights many challenges, including lack of transport, community health worker attrition and staff shortages. Nurses explain their frustration at having to ask patients for sputum samples which may never reach the hospital laboratory. Meanwhile, community health workers cannot feed their families and as a result are dropping out of the TB programme, increasing the number of treatment defaulters. Finally, severe staff shortages mean overwhelmed nurses cannot attend to all the clinic patients. One by one, the provincial managers listen to these problems and begin to address them. First, they share the news of a provincial allocation of two motorbikes to transport TB specimens. Next, they express gratitude for the important work of community health care workers, critical to the success of health interventions, and make plans to advocate for additional resources. Later, representatives are prompted to negotiate with the Human Resource Directorate at provincial level to provide nursing colleges a list of the clinics' staffing needs. Although not an immediate solution, the district manager is optimistic that the problem of staff shortages will be alleviated as it is clear that the province is developing strategies to address their biggest concerns.

Despite the difficulties facing districts, health personnel understand the importance of their commitment to making the district health system work. Their motivation and the improved communication and support from the province will go a long way toward ensuring success.

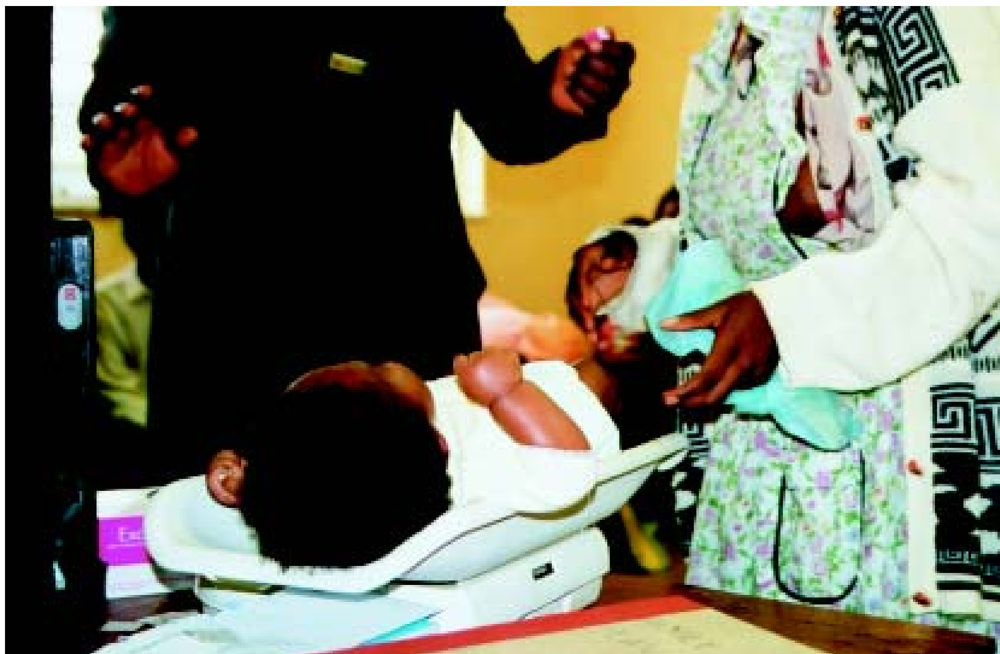
*"Attitudes are changing. In the beginning, people felt overloaded and were always thinking back to how things were before. Now that we are faced with the future, there is no turning back."*

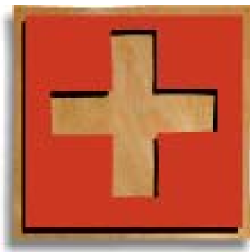
– Professional Nurse, Nyandeni District

AIDS is a threat to all of us. It has destroyed our most valuable asset–our people. Without people, we cannot steer the country to sustainable development.

Nelson Mandela

# Primary Health Care





# Comprehensive Supervision:
## The Key to Quality PHC

*"We never had a tool to help us. Now I use the Supervision Manual and show clinic staff that to get quality care – with STIs, growth monitoring, pre-natal care – we must set milestones and make improvements together. With any change there is resistance, so I told my staff: I am learning this too, let's do it together. Our goal is one of perfection – to work hand-in-hand and live quality care."*

– Silvy Pillay, Supervisor, Ugu District, KwaZulu Natal (KZN)

The effectiveness of any health facility is directly tied to the quality of its management. Strong management leads to better services, improved quality, more efficient staff, and satisfied clients. From information management to help staff track how well they are serving their clients to human resource systems that support staff performance through supervision and feedback, a comprehensive approach – one that aims to improve the full range of district health services – has greater impact than individual system interventions. The EQUITY Project *Supervision Manual* is a tool that not only helps define comprehensive quality management, but most importantly, empowers staff to make quality care an everyday reality.

Several years ago in districts around the country, supervisors were struggling to support clinic staff; unplanned visits, lack of organisation, and no tools to track progress all contributed to demoralised staff, lack of direction for health priorities and an unsupportive environment in which everyone felt frustrated – especially clients. Namile Sidaki, sister-in-charge of KZN's Gamalakhe Clinic, explains: *"We were so confused. Before, there was a spirit of inspection, we were not supporting each other. Now we are on the right track to note where we are coming short, and how we can make improvements. Our clients depend on us for this."* Recognising all the critical components of a functioning district health system, the *Supervision Manual*, first implemented in the Eastern Cape Province, is now used in six provinces nationwide. With its practical checklists and information on quality PHC, the tool presents an all-inclusive approach to quality care. Supervisors focus on priority concerns and track their progress. Using standardized checklists for priority programmes (TB, STIs, immunisation, maternal and child health, etc...) they compare clinics performance

*The Gamalakhe Clinic in KwaZulu Natal used the Supervision Manual to enhance its health programmes, including adolescent services.*

and identify problems requiring immediate action. As Nonhlahla Sokhulu, Deputy Director of Nursing in KZN explains: *"We used to leave all the critical aspects out. With the Red Flag list we summarise all these critical aspects. When we visit clinics under time constraints, the Red Flag list helps us identify these critical aspects – if the fridge is not working or there are no drugs – and act on them immediately."*

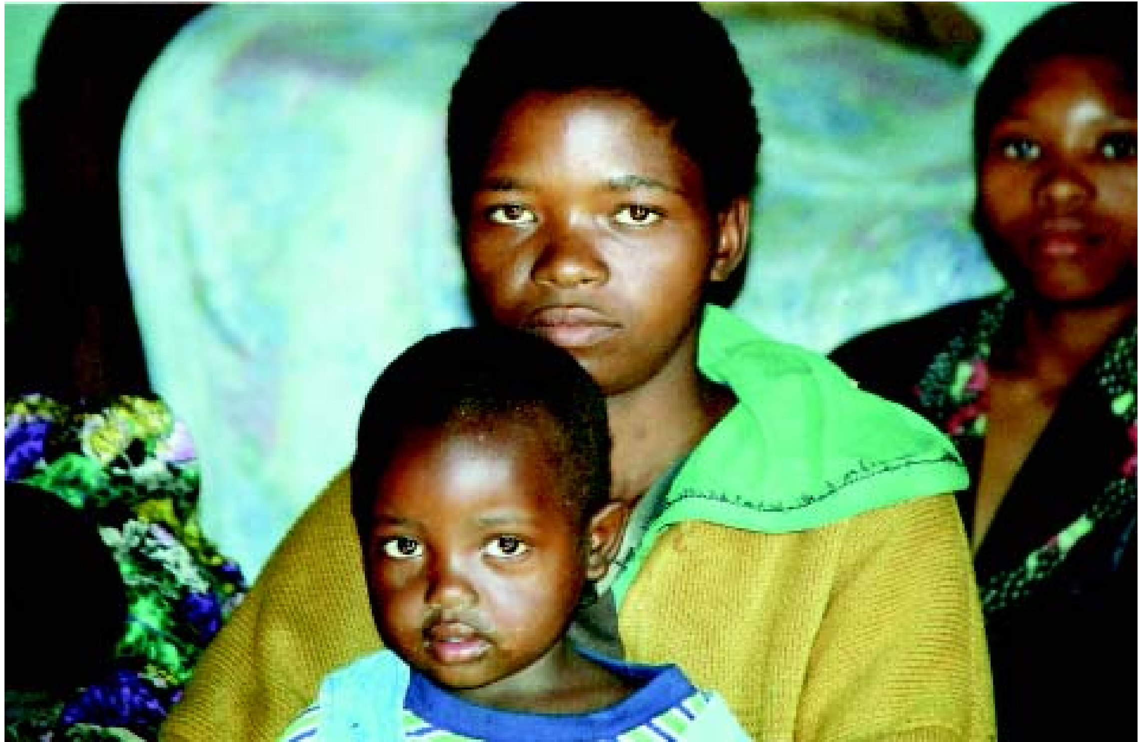
To implement the tool, the EQUITY Project, in collaboration with Health Systems Trust, conducted training for supervisors and clinic staff simultaneously, helping develop a spirit of team work from the onset. Since then, health managers have made the tool their own. They have adapted it to suit local needs and created new programme checklists to address local problems. Today, dog-eared copies of the manual sit on supervisors' and clinic managers' offices – from North West and Gauteng to KwaZulu Natal and Limpopo Provinces. Hundreds of managers are using the *Supervision Manual* to improve health services.

In KZN's Gamalakhe Clinic, located in a rural area serving more than 60 000 residents, adolescent faces appear in the doorway and the nurses quickly greet them. For teenagers in any country, accessing health care can be an embarrassing experience. Clinic staff struggling to cope with young people at risk for contracting HIV/AIDS need to attract youth to their clinics. These "adolescent-friendly" sites, modelled similarly to "baby-friendly" clinics, provide one-on-one counselling about contraception and other health issues in a nurturing environment. The Gamalakhe Clinic, the first "baby-friendly" clinic in the country, is aiming to win the "adolescent-friendly" accreditation. Using the *Supervision Manual,* this clinic has strengthened existing programmes and set goals to move beyond the norm. Namile Sidaki, sister-in-charge, explains how these improvements came about: *"The quality of services has improved because we are working as a team. We now evaluate services and are motivated by clear goals and objectives – we will not settle for a silver star, we are going for the gold."*

By providing a comprehensive tool and allowing managers to improve and amend it, the DOH has created a pool of knowledgeable and motivated health staff nationwide. As the owners of health services, they will continue to ensure that they are not only conducting regular and supportive supervision visits, but that the impact of those visits is felt for many years to come.

## A Comprehensive Approach to PHC: The Supervision Manual

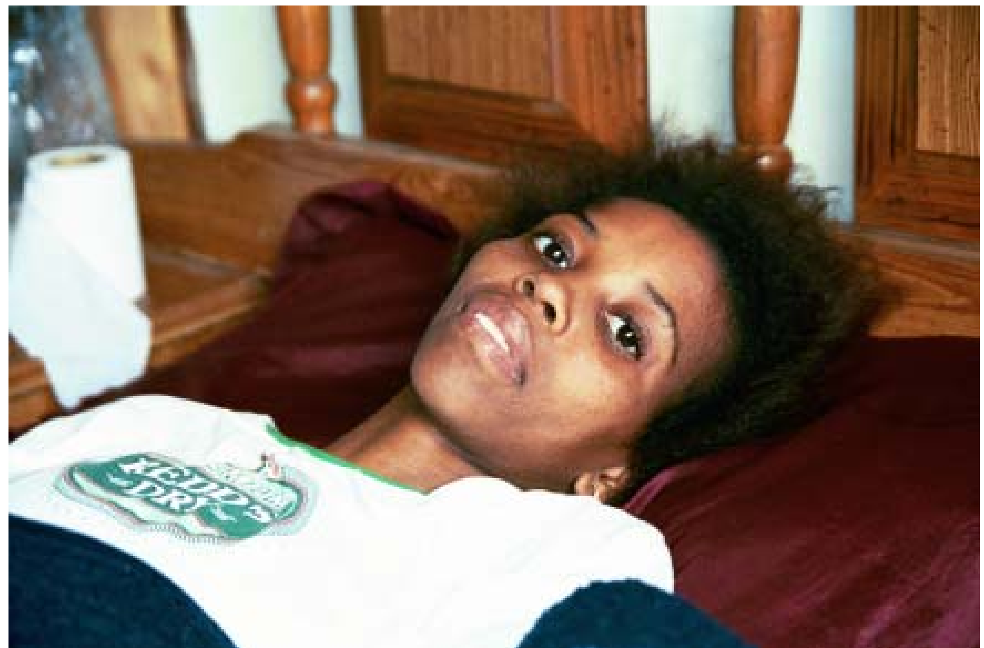
- Organising Your Work
- Support Lists
- Administration and Management
- Information System Guidelines
- Referral System Guidelines
- Guide to Use of Standard Treatment Guidelines
- Community Participation Guidelines
- National Norms and Standards
- In-Depth Programme Reviews



The children must, at last, play in the open veld, no longer tortured by the pangs of hunger or ravaged by disease or threatened with the scourge of ignorance, molestation and abuse, and no longer required to engage in deeds whose gravity exceeds the demands of their tender years.

Nelson Mandela

# TB/HIV/STI



# Beauty in the Unsightly Land of TB and HIV

The explosion of voices and commotion as we walked through the clinic doors was hard to ignore. The halls were bursting with patients: mothers and children waiting to see a nurse or doctor, families picking up medicines at the pharmacy, or – in the fullest wing – young adults waiting to find out if they have HIV, the virus that causes AIDS.

The Empilweni Clinic in Duncan Village, a township and informal settlement in East London, serves a population of more than 50 000 and is frequented by communities both near and far for its innovative approaches to addressing TB and HIV/AIDS. But this was not always the case. In 1999, while patients could visit the clinic for HIV testing, they needed a referral and then had to wait for up to five days to receive results. Few returned, meaning more and more people who didn't know their status continued to indulge in risky behaviours. When they did return, however, clients had to hear test results in rooms with no privacy. If they tested HIV+, nurses could give few options for follow-up. Everyone – providers and patients alike – felt frustrated by the system. Few patients were getting the care they needed while nurses were overburdened with work and not seeing results.

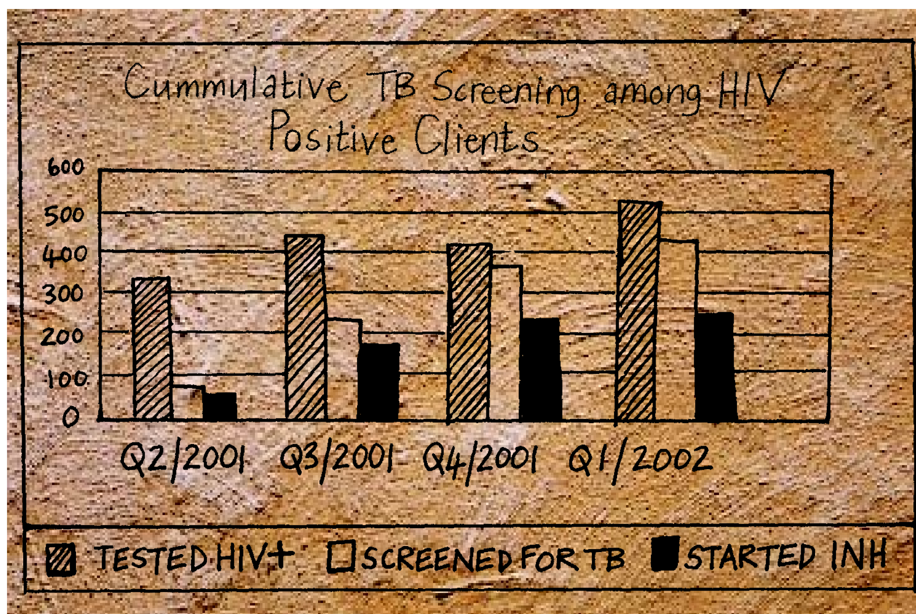
One of these nurses is Sister Beauty Kanta. Despite these challenges and a nursing career spanning 30 years, Beauty maintains optimism rare to witness amidst rising TB, HIV/AIDS, and rampant poverty of many South African communities. She was in charge of the TB/HIV programmes and was having a hard time effecting change: *"We had excessive loads of unclaimed HIV results. So I asked myself: how will I bear this burden?"* Beauty became an advocate for change: *"We requested a private room, because these patients needed special care. And then we realised that rapid testing could address many of our problems. Breaking the news is demanding and exhausting. But we needed this. The same day we started rapid testing, there was a big crowd at the clinic. People wanted to know the results."*

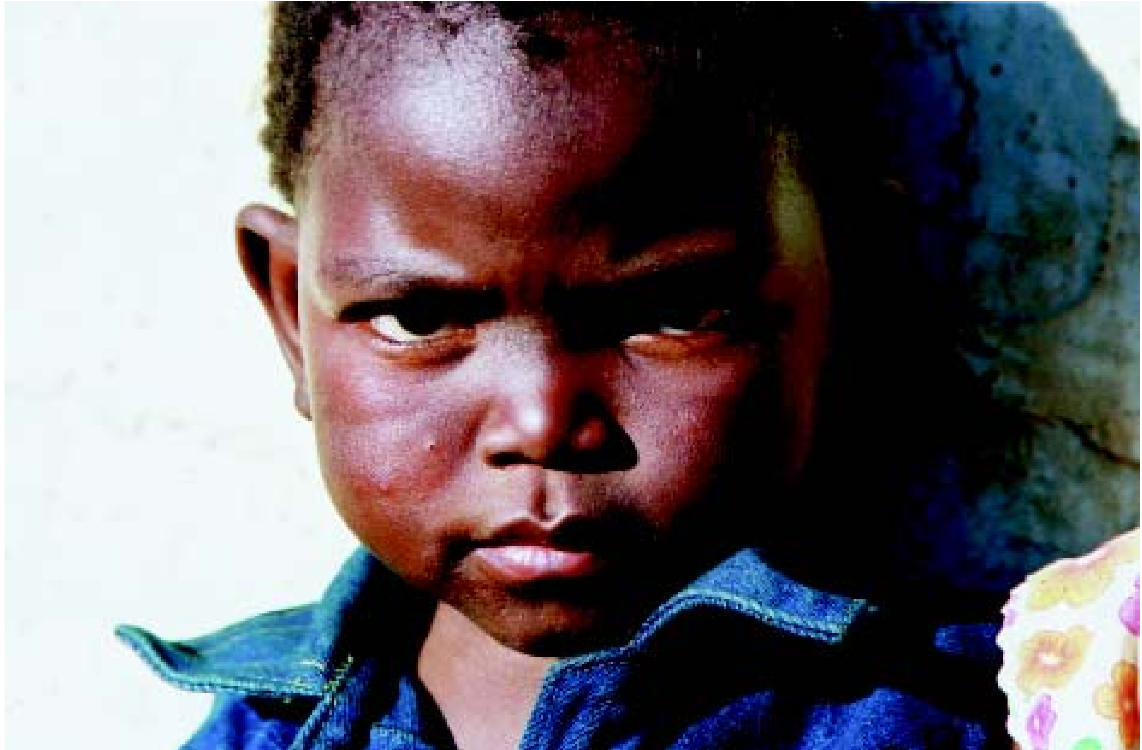
In South Africa, more than half of HIV/AIDS patients die of TB. The resurgence of TB because of HIV/AIDS, escalating poverty, and lack of effective prevention and treatment facilities places new burdens on an already

fragile health care system, especially in areas like Duncan Village. To improve TB management and help delay the onset of TB among HIV+ patients, the EQUITY Project is helping develop clinic capacity to screen HIV+ clients for TB and provide those who test negative with TB prophylaxis. This project improves TB case finding and allows for early referral for TB treatment and follow-up. Despite innovative goals, 14 pilot sites serving a population of 235 000 people were facing problems hindering proper handling of a large client load and preventing the initiative's success.

Working with clinic nurses, the EQUITY Project first assisted staff to design a new patient management chart to suit their needs – improving efficiency, capturing only needed data, and giving nurses more time to spend with patients. Clinical training in rapid testing and TB/HIV protocols, coupled with training on using the information system, sharpened nurses' skills in patient management. This allowed them not only to see more patients (after rapid testing was introduced, the number of people testing more than doubled) but most importantly, the estimated 1200 clients testing quarterly now receive results the same day, dramatically reducing unclaimed results. Further, nurses started seeing the outcomes of their hard work, realising that that their role was to alleviate fears of the unknown and to do so with empathy. In Beauty's words: *"We have highly improved record-keeping. Before, using the consent form and patient chart was cumbersome and time-consuming. Now, there are fewer forms and records, but more detail. The information captured is very valuable because we know we are going to use it. We need to know what population group is escalating and how the disease progresses."*

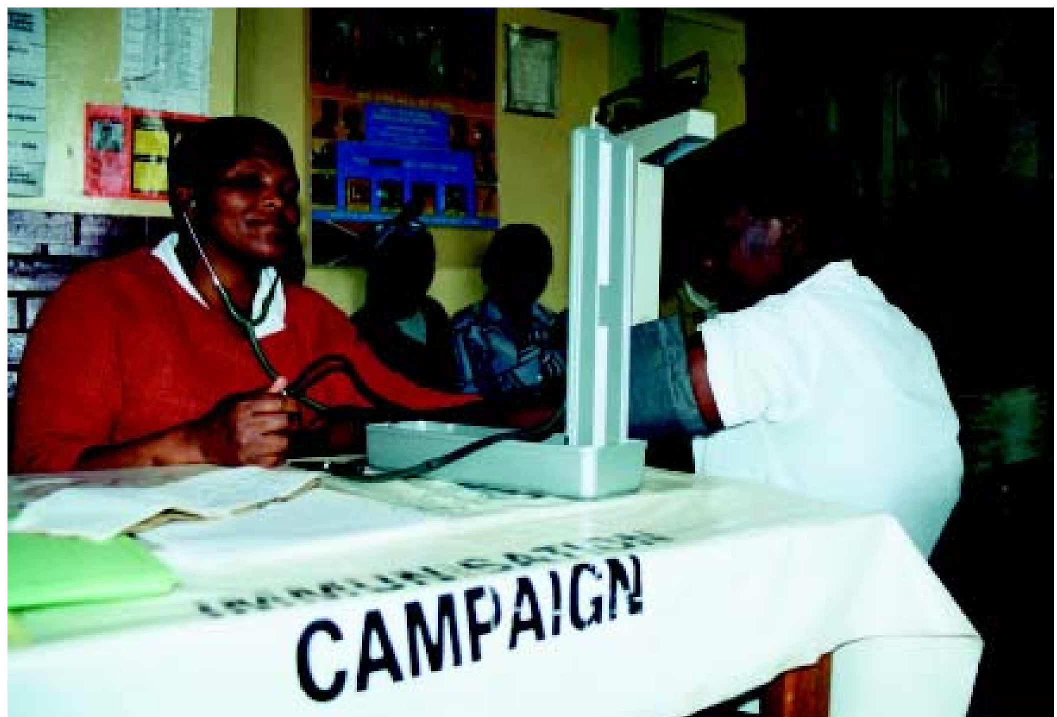
Compliance among HIV+ people taking TB treatment is high: patients feel stronger and are gaining weight. Further, the follow-up counselling provided at the clinic is helping maintain a sense of hope for an uncertain future of living with HIV. Nurses also work with local hospice and support groups, NGOs, and schools, and have become crusaders for HIV prevention. Working together, Empilweni staff and community members' efforts culminate in a broad approach to tackle HIV/AIDS. Most importantly, nurses have made the changes themselves: *"You must be dedicated to do this work. You must be willing to talk about AIDS and to give information about how to prevent it. We are helping our own people, who are suffering. The [EQUITY] Project has made our life easier, we can now concentrate on our job to teach our community to fight HIV and TB. "*





> Millions of children, because they have lost one or both parents to AIDS, are growing up malnourished, under-educated, marginalized, and at risk of being infected themselves. We must break this cycle of death. And we must not wait for parents to die before we intervene. We must help them secure their children's future while they are still fit enough to do so.
>
> Kofi Annan

# Quality Improvement



# St. Lucy's Pulls Together

Eighteen months ago, piles of trash lined the access road to St Lucy's hospital near Umtata … trash bins impossible to find. Walking from one wing of the expansive hospital to another was as if wandering in a maze; there were no directions and only some of the buildings and wards were labelled.

Today, there is not a piece of trash to be seen, except inside the many trash bins surrounding the hospital's various buildings. Patients find their way using the countless arrows – colour-coded to direct them to the right ward. Each building has an easy-to-read sign depicting the laundry, kitchen, workshop, and all of the various wards. Once patients arrive at their destination, they are greeted by motivated health staff wearing clean uniforms and name tags. Are these changes a symbol of quality care for the 100 000 people St Lucy's serves?

Using critical evaluations of basic quality standards for health facilities, the answer is yes. These standards are based on universally accepted principles agreed to by 50 countries and applied to management, clinical support systems and processes in rural, district and regional hospitals. In 1999, the EQUITY Project partnered with the Council for Health Service Accreditation of Southern Africa (COHSASA) to improve the quality of health services in 18 hospitals located in the former Transkei. Through a collaborative process between the ECDOH/EQUITY and COHSASA in the Quality Assurance Accreditation Programme for the Eastern Cape, partners empower employees to solve their own problems and achieve accreditation, demonstrating best practices such as a clear mission and objectives, responsive interaction with patients to ensure their well-being, and policies and procedures that secure high standards of service delivery and improved management. An in-depth assessment first identified gaps and established a solid database from which to monitor progress. Regularly scheduled visits helped all the hospitals to address plaguing quality concerns, while training empowered staff to assess their facilities against standards, identify priority areas, apply problem-solving methods, and bring about improvements. Ranging from hygiene issues and unmotivated personnel to infrastructure problems and unhappy patients, the problems were many. After just 18 months of intervention, the successes of the hospitals include:

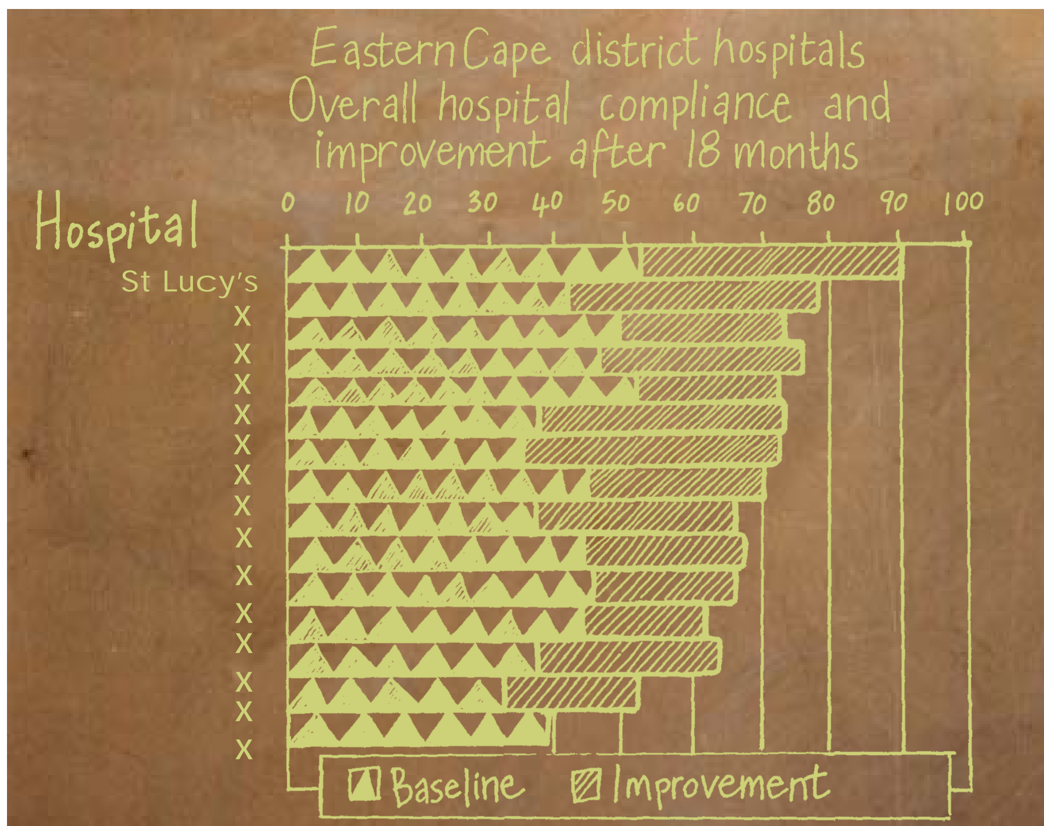
- Increased awareness of the potential for improvement, despite limited resources
- Improved multidisciplinary communication and teamwork
- Improved compliance with clinical standards
- Improved information on services provided to patients
- Improved data gathering and information management

St. Lucy's is one demonstration of this innovative programme's possibilities. This hospital has surpassed initial targets that indicate compliance with

standard systems and processes required for quality service provision. When hospital management realised that lack of knowledge of key protocols, insufficient hygiene and safety measures, and negative patient feedback were deteriorating quality services in their facility, they restored previously inactive committees to begin to address such gaps in service delivery. Today, staff from all wards meet daily to discuss problems that need to be tackled immediately. Policies and procedures are actively followed and enforced. Job descriptions have been revised, leaving staff more confident in their positions, and in-service education is sharpening clinical skills. Suggestion boxes have sprung up in all the wards; the complimentary notes inside are a testament to the quality improvements. From the Pharmacy where expired medicines no longer stock the shelves to the Maternity Ward where mothers are now kept with their children, promoting 'baby-friendly care', staff are saying: *"We have great improvements. Why? Because we work hand in hand with every department, inside and outside the hospital. There is co-operation with policies and our patients are happier. We communicate better, before we did not know how because we were not integrated. I used to be negative, but now I participate."*

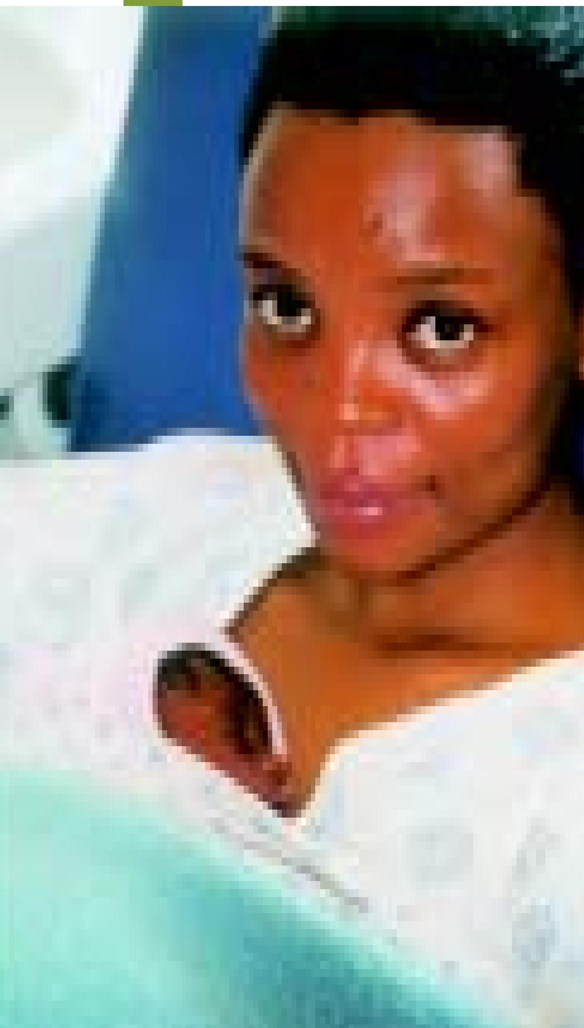
None of these initiatives would have been possible without the enhanced teamwork and communication that now exists, nor without the ECDOH, which has fully integrated the programme and plans to roll it out using provincial resources. As a true testament to the hospital's renewed spirit, cleaning staff organised their own event, called a 'mop inspection', to verify the cleanliness of wards. Staff from all departments came together to enjoy a clean working environment: *"Every morning we share our progress. [COHSASA] brought light to many different areas, but the system of improving things is ours. We have become groomed to maturity…the team is pulling [St. Lucy's] up together. So, at the end of the day, our people are served and people are happy."*

– Mrs. Victoria Tembeka Jafta, Matron



## Shaping Women's Lives in Mpumalanga

As sunlight poured through the windows, babies sucked at their mother's breasts while the maternal smiles were serene in the warmth of the room. This was not always possible in the maternity ward of Piet Retief Hospital in Mpumalanga Province. Such a "Kangaroo Care" room did not exist; one year ago, mothers and infants were not routinely kept together. Meanwhile, other problems prevented many women from wanting to re-visit the hospital to deliver their children. High peri-natal mortality rates, shortage of nurses, low APGAR scoring, and inaccurate taking of patient histories— the facility was having difficulty managing maternity care.



In January 2001, the 227-bed Piet Retief hospital, which serves a largely rural population of more than 100 000, decided to participate in a pilot initiative established by the Mpumalanga DOH, with assistance from the Quality Assurance Project (QAP) and the EQUITY Project. The quality assurance (QA) approach aims not only to institutionalise quality at health facilities, but most importantly, to build the capacity of health staff to monitor and continue progress themselves. Through a series of workshops, the QA team first trained core groups in each of 16 sub-districts in basic QA methodologies. Baseline assessments identified the most pressing needs at each facility, while quality teams were formed in all the districts. At Piet Retief, a QA team decided to focus on the maternity ward; Tembi Mtluli, matron-in-charge, explains the problems the assessment highlighted: *"We found many management problems. We were lacking in history taking, APGAR scoring, and had limited midwives. We didn't have time to do hourly observation of preemies [premature babies] and when patients were not progressing, we didn't report it right away. The protocols were there, but not utilised."* The most startling problem, however, was the 27.6 per 1000 peri-natal mortality rate.

Through a series of workshops covering basic quality assurance methodologies that highlight content of care (standards, protocols and guidelines) and process of care (systems, attitudes and motivation); the facilitators provide much-needed training that results in measured outcomes and increased efficiency. Through in-service skills development workshops, the multidisciplinary staff at Piet Retief learned how to take accurate histories, and sharpened their clinic skills in monitoring obstetric patients, observing premature babies, and ensuring APGAR scoring is accurate. As Tembi Mtluli, matron-in-charge, explains: *"No one knew APGAR scoring was important. After we*

*were workshopped on quality assurance, we could set indicators, identify priority areas and things changed quite a lot: now there is constant supervision and identification of problems."* Even more impressive, all the facilities participating in the programme have demonstrated quality improvements—from better TB management at Rob Ferriera hospital and Philadelphia community health centre to PMCTC activities at Evander and Shongwe, health staff across the province are forging ahead.

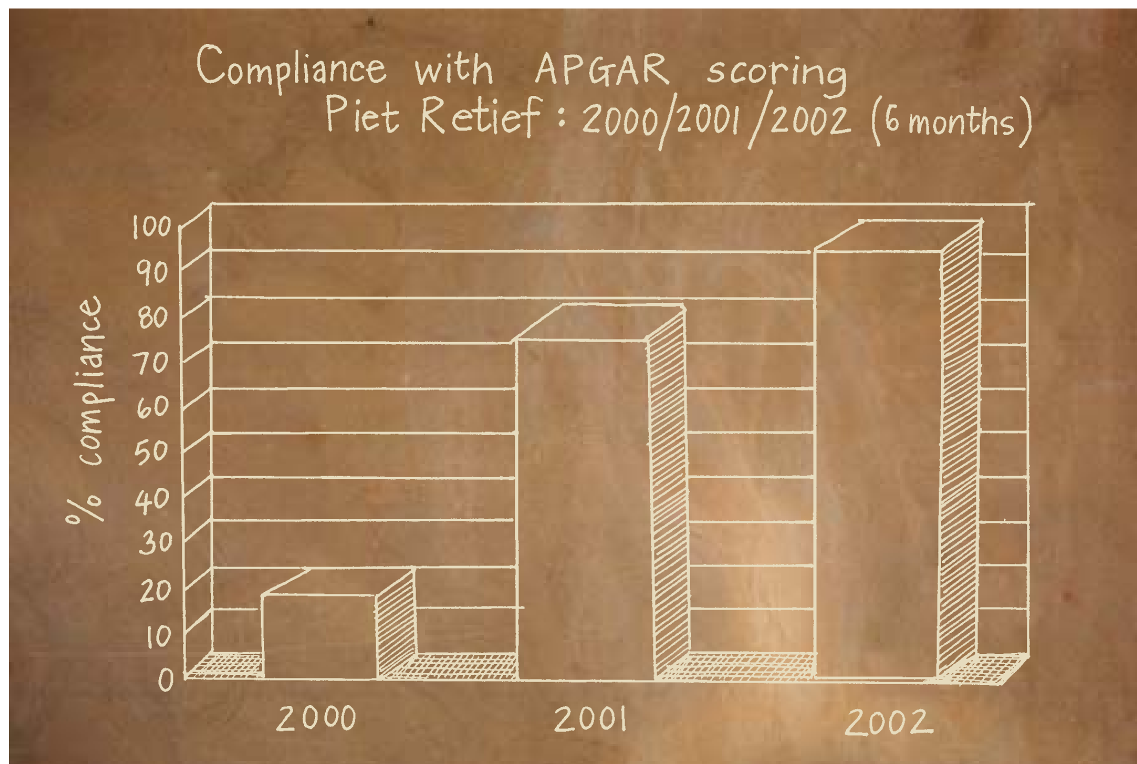
At Piet Retief, the QA team went beyond expectations. Hospital staff ensured communication across hospital departments and developed a questionnaire in Zulu and English to get crucial feedback from patients. They set aside a new room for Kangaroo Care, where mothers could nurse their babies in a nurturing, warm environment, using their bodies incubators for tiny infants. Staff now systematically review files to discover problems after which they design in-service education to address those problems. Peri-natal mortality rates, measured as the number of deaths from birth (after 28 weeks) up to seven days post-partum, plummeted to 13 / 1000 in 2001, and APGAR scoring and accurate history taking have steadily increased. Most importantly, the multidisciplinary team recognises that by working and learning together, they are helping shape their patient's lives. More and more women are telling expectant mothers about their positive experiences in the Piet Retief maternity ward, and as mothers and babies get off to a healthier start to their lives, the best is yet to come.

*"We were so happy and encouraged through quality assurance. We are seeing the fruits of our labour. More and more people want to come here to find out what we are doing..."*

—Grace Sidu, Matron

## Piet Retief Hospital Quality Achievements

- Peri-natal mortality rates dropped from 27/1000 in 2000 to 13/1000 in 2001.
- Compliance with APGAR scoring increased from 20% in 2000 to 98% today.
- Compliance of monitoring vital signs increased from 30% to 90% from 2001 to 2002.
- Accurate history-taking increased from 18% in 2001 to 95% in 2002.



In the attitude of silence the soul finds the path in a clearer light, and what is elusive and deceptive resolves itself into crystal clearness. Our life is a long and arduous quest after Truth.

Mahatma Gandhi

# Monitoring & Evaluation

# Building Local Capacity to Assess Health Status

In a rural village of the Eastern Cape Province of South Africa, Solomzi is already the head of his household at the tender age of 16. For the past year, he has had the sole responsibility for looking after his younger brother. When the boys' mother fell ill two years ago, their father never returned from the mines in Johannesburg where he worked as a migrant labourer. A year later, their mother died of AIDS. Every morning, the two brothers go to the village's main road to fill pot-holes on a gravel road that is otherwise impassable. Passing motorists throw a few coins through car windows in appreciation. By early afternoon, the brothers count their collection and head for the local shop to buy their only meal for the day.

Solomzi's situation is not unique. Throughout the Eastern Cape Province, six teams of interviewers trained by the ECDOH/EQUITY Project listened to these stories of desperation every day. Walking long distances amidst safety concerns, facing discrimination, rampant poverty, and territorial disputes, interviewers were confronted with the grim realities of poverty and AIDS as well as the dedication of myriads of nurses working in trying conditions across the province.

In 2001, the EQUITY Project contracted Kula Development Facilitators, an Eastern Cape-based, black-owned company, to conduct the largest health facility and household survey ever completed in the Province. While Kula had prior research and project management experience, they had never conducted a survey of this magnitude. Yet, the experience proved beneficial for both the ECDOH and Kula, who emerged with valuable insights, sharpened research skills and renewed capacity to conduct future studies to support ongoing monitoring and evaluation efforts of the ECDOH. Since 1997, the EQUITY Project and the ECDOH have conducted annual facility surveys to monitor the status of PHC services. In 1998, the first-ever demographic and health surveys in the country over sampled the Eastern Cape to allow for intra-provincial comparisons. The success of the 2001 surveys, aimed at linking facility and household data to measure the impact of programme inputs on health outcomes, can be attributed to more than just the completion of over 200 facility and 3 000 household questionnaires; the Kula team joined a growing list of champions for health and development in what remains the country's most under-resourced province. The data gathered will provide planners critical information about the status of PHC services and health, knowledge and health-seeking behaviours.

Kula recruited fieldworkers to conduct the surveys; the EQUITY Project, the ECDOH, and the Measure Evaluation Project then provided the fieldworkers with training and field practice to prepare them to serve as interviewers. The facility survey included interviews with the nurse-in-charge and five patients, observations of nurses treating sick children, and record reviews of immunisation, diarrhoea, STI treatment, and TB. Household questionnaires gathered information on age, education, household conditions (sanitation, water source), recent deaths and illnesses (such as TB), use of health services, and lifestyle issues including sexual history, STIs, HIV/AIDS knowledge and attitudes, VCT, and for women, reproductive and child health and contraceptive knowledge and use.

Little could have prepared interviewers for the challenges they faced in conducting the survey or for what they saw when they arrived at homes or clinics. From personnel and drug shortages to lack of privacy, rampant poverty and widespread HIV/AIDS, interviewers were forced to overcome their own frustrations of walking long distances to realise they were experiencing daily life in rural communities. Training helped staff to overcome some of those issues, as Mr. Pakade, Kula Survey Manager explains: *"The recruits were properly trained by EQUITY. By reviewing lessons learned and problems picked up during the 1998 Demographic and Health Survey, they knew what to expect and some found it difficult to resist playing the role of counsellors. The difficulties were resolved through such training."* Documenting the findings, often told through stories, became a motivating factor for the Kula team. Recalling the woman who had been bed ridden for nine years and the number of people who disclosed their HIV status, interviewers vowed to help address such hardships.

Despite improvements in health over the last five years, the facility and household surveys highlight the extensive challenges that remain. However, by building the capacity of a local organization such as Kula, gathering information and addressing key health problems can be sustained beyond the life of the EQUITY Project: *"EQUITY identified us as a local NGO, and provided training for our fieldworkers who were all from the province. We issued them certificates to show that they had been involved in the survey. This was good for Kula and good for the fieldworkers, as recruits who came with little practical experience now have experience and training. Some have already found jobs with other NGOs. Using local people with local knowledge was effective. They have become useful advocates that can support our community health services."*

## Challenges in the Field

- Long walking distances
- Inaccessibility due to bad roads in rural areas
- Rampant poverty in the Transkei
- HIV/AIDS
- Safety and security concerns

> People everywhere share the same dream of a caring international community that prevents war and oppression. During the past two decades...my concept of human rights has grown to include not only the right to live in peace, but also to adequate health care, shelter, food, and to economic opportunity.
>
> Jimmy Carter

# Health Financing

# The Latest Advocates for Health:

## Planning and Financing for Change

*"I want this to be a hospital that patients want to come to because it's clean. My vision is that we can improve our care so that patients will talk about how good the hospital is."*

– Sanet Cilliers, Information Officer, Mpumalanga

The above quote is one we can all identify with. Health workers the world over share a common passion to make health services the best they can possibly be. The ability to implement such quality services, however, has been difficult for many managers across South Africa. Lacking planning tools, information and budgeting skills, many managers were powerless as budgets were given to them each year with little input from them and little relationship to the health priorities on the ground. The lack of communication or common understanding between provinces and districts contributed to a feeling of powerlessness, making it hard for health staff to focus on addressing health priorities of thousands of patients. Today, that is no longer the case. In Mpumalanga, the Eastern Cape and North West, clinic staff, provincial managers, and district teams are working together to direct scarce resources to health priorities and to make sure that they are used equitably and efficiently.

*"Now we can zero in on areas that should be high on our agenda, such as addressing when we have inadequate staff for services or identify non-compliance with referral patterns. Our target is strengthening primary health care services and now we can link national and provincial priorities through planning."*

– Nela Mojanaga, District Manager, North West Province

Despite the fact that districts were developing annual operational plans, there was little linkage between these plans and annual budgets. Further, new legislation now required linking budgets with health outcomes and much greater responsibility for the effective and efficient use of funds. How could district managers meet these challenges?

This year, the EQUITY Project rolled out district health expenditure reviews (DHERs) to all districts in three provinces and improved managers' skills to use these reviews as a basis for health service planning. For the first time, districts analysed local socio-economic and health conditions and expenditures, and managers could now see how resources were being

allocated and used. It was an eye-opening experience for all involved, including Hermia Maishoba, Hospital General Manager in the North West Province: *"This review helped identify our biggest gaps. Before, we wouldn't consider where the money should go…there was a general lack of knowledge and our priorities were misplaced."* As part of this process, the EQUITY Project has assisted the NDOH to develop national district health planning guidelines for use in all nine provinces. These guidelines, already adopted by the National District Health Systems Committee, will help districts produce annual reports and 3-year plans and ensure that the plans address health priorities and match the available budgets.

Teams comprised of provincial, district and clinic staff from different disciplines worked together to conduct the analyses, strengthening healthy dialogue and questioning of distribution of funds. When teams found serious problems of which they were previously unaware, such as high peri-natal mortality rates, low TB cure rates, or stock-outs of key drugs, they worked together to find solutions. Everyone emerged better equipped with local data and sharpened budgeting and planning skills to become champions for planning improvements. No longer will district teams stand on the side lines as budgets are given to them; they are now developing those budgets and plans on their own:

*"We identified problems when comparing clinics. For example, we realised a problem in prescription patterns. One town clinic had lower client numbers but was spending too much on medications. We found the most prescribed items and asked management to review medications ordered by that clinic."*

*– Madipao Ngogoch, Mpumalanga*

## Health Financing Achievements

- Trained more than 300 district and sub-district managers in EC, NW and MP provinces to conduct situation analyses and develop health plans.
- All districts reported situation analysis results to provincial managers.
- Supported needs documentation resulting in increased financial allocations for the ECDOH from R3 billion in 1997/98 to more than R4 billion in 2002/2003.

> Consciously or unconsciously, every one of us does render some service or other. If we cultivate the habit of doing this service deliberately, our desire for service will steadily grow stronger, and will make, not only our own happiness, but that of the world at large.
>
> Mahatma Gandhi

# Drugs & Logistics

# Where There Are No Pharmacists

From immunisations and TB treatment to STI care and vitamin A supplements, drug supply management forms an integral part of a high quality PHC system. Pharmacists, traditionally responsible for managing drug supplies, are an essential component of a successful drug management system. What happens when there are no pharmacists? As scarce resources and lack of trained personnel has resulted in more and more staff shortages, health facilities throughout South Africa were forced to answer that question. Rietvlei Hospital in the ECP is one of those places.

Medicines fill the expanse of the small room, neatly aligned on the wooden shelves. In the corner, water drips periodically from the ceiling while the shelves below have been sectioned off to ensure no medicines are placed near the dampness. Pharmacist assistant Bridget Ndzala is unpacking boxes slowly with a frown on her face. Rietvlei is one of many facilities with no pharmacist: "We need to unpack the boxes or get them off the floor," she says, well aware there is insufficient air circulation for the medication and that the temperatures inside the boxes will damage the medicines. Damaged medicines will do little to address the many health problems of Rietvlei patients, who need drugs for contraception, STI treatment or to control diabetes, to name a few.

Nozodwa Jonginamba, pharmacist assistant and supervisor of the pharmacy store room, recalls how difficult circumstances were prior to interventions from the ECDOH and the EQUITY Project: *"Staff used to order everything. No stock taking took place and there was little, if any, stock control. We had many expired drugs on the shelves."* When a staff member from the dispensary tried to implement an order book, other staff members refused to use it, contributing to more inefficiency in the dispensary. Patients had to wait as staff searched for medicines; drugs were ordered and packed onto shelves with no categorization. Many drugs – often essential – were overlooked and not ordered at all. Nozodwa explains how serious this could be if patients with diabetes, for example, could not get their drugs in time. Lack of systems and training was placing patients' lives at risk.

This year, the EQUITY-ECDOH partnership continued to build on past training to apply a comprehensive approach to improving drug supply management. This approach encompasses various aspects, including pharmacist assistant training (which is now accredited by the South African Pharmacy Council), helping recruit district and community pharmacists, automating inventory management, helping establish and train drug

coordinators to manage and supervise drug supply, and reinforcing inventory management and prescribing patterns at clinics. As a result, staff routinely order from the Essential Drug List and improved use of resources using the Eastern Cape Formulary, which includes prescription levels and prices.

## Drug Management Successes in the Eastern Cape Province

- More than 150 pharmacist assistants are being trained.
- Reduced drug costs in clinics through improved use of EDL.
- Improved ordering practices, resulting in fewer expired medicines on shelves.
- Stock outs of key indicator drugs reduced by 30% in 2001.

Rietvlei pharmacy personnel have already noticed a difference: expired drugs no longer stock the shelves and regular stock counts are helping ensure that medicines and supplies are not over-ordered. Nozodwa grins as she switches on her computer to demonstrate the recently installed Rx Store programme. This inventory management programme is a welcome addition to management of the pharmacy store room. Nozodwa swiftly shows how the programme works as she generates requisition sheets for ordering in a short space of time, followed by lists of stock specific to the facility; additional drugs can be added or deleted as requirements change. This careful tracking of drugs is important for Nozodwa: *"The sister-in-charge will know how to control medicines because she can see the expenses using the [Rx Store] programme."* Bridget agrees: *"The ward can see if items are out of stock using the computer."* Wards can also receive printouts pertaining to their individual expenditure, which allows them to ascertain how much they are spending. The new inventory system, coupled with training and reinforcement of key practices, is going a long way to improving drug management in Rietvlei hospital and around the country.

We can not do great things - only small things with great love.

Mother Theresa

# Clinical Training

# Clinical Training: Tools with a Twist

**On-Site Training Results from Five ECP Clinics***

- Increased TB case finding from 1 to 160 over 4 months.
- Correct management of STIs improved from 54% to 70%.
- STI contact slips issued increased from 50% to 82%.
- Increased average FP clients from monthly average of 47 in 2001 to 78 in 2002. (Meje Clinic)

** Qaukeni District*

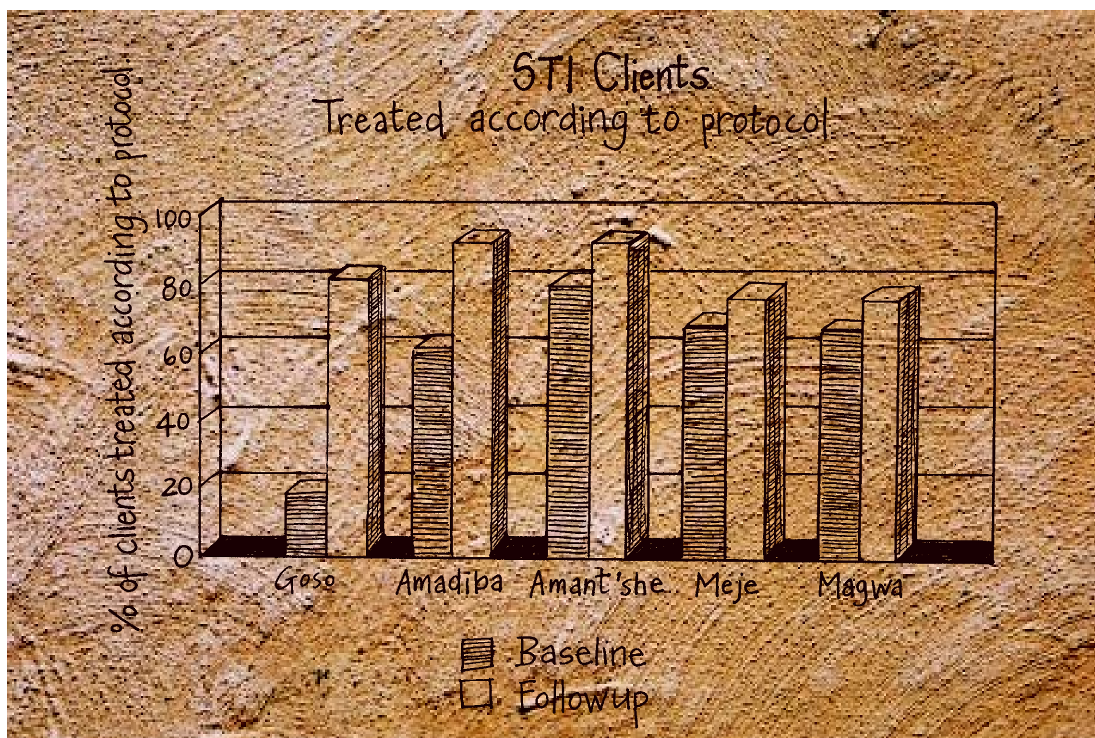
The TB register was full of blanks, depicting that little or no information was available on the clinic's TB patients. The supervisors and clinic staff maintained a worried look on their faces as they explained that before, few patients visiting their rural clinic completed TB treatment. Active case finding was non-existent and TB suspects were referred to the hospital, located several hours away on a rough, dirt road. Few could afford transport, meaning they remained untreated and infected others. As the nurses moved their eyes to the current register, looks of relief spread on their faces. The up-to-date register showed that three patients had completed treatment for TB—the first time the nurses had experienced this at the Meje Clinic, located in the former Transkei. As one nurse explained: *"Before, we didn't know how to distinguish between contacts and suspects. We never knew that so many people were positive. Now we use DOTS supporters."* Historically, rural clinics such as Meje had limited resources to improve care. Clinical training was an event that happened in an institution far away, leaving the clinic and nurses' families alone for several days. Today, supervisors arrive monthly to support nurses' work, equipping them with the tools they need to improve clinic services.

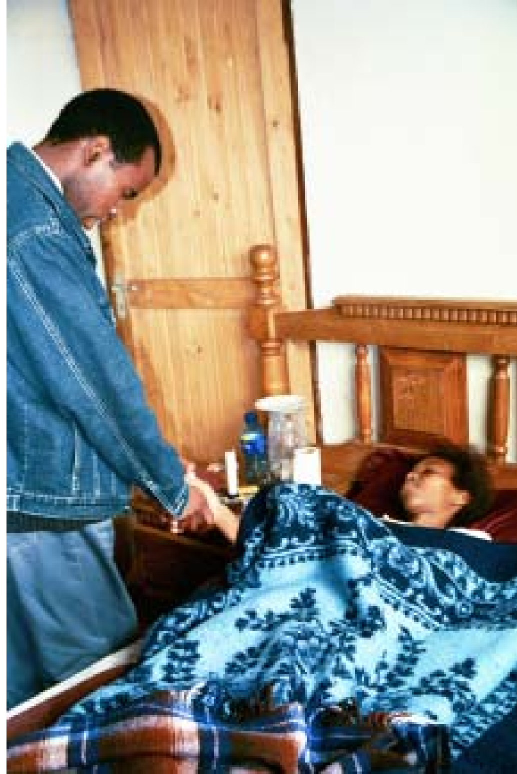
In 2000, the EQUITY Project, in collaboration with Intrah, implemented a novel in-service and on-the-job training programme to improve the performance of clinic nurses and supervisors, and, most importantly, the quality of health services in one of the most under-resourced areas of the country. Through a comprehensive approach to PHC involving clinical tools and implementation of a performance improvement (PI) approach, supervisors and nurses have worked hand-in-hand to identify and remedy gaps in their performance with minimal technical assistance. First, training in PI helped staff focus on priority problems by measuring and determining the percentage gap in the actual performance compared to the expected standard. Staff learned to focus on the root causes of problems and implement cost-effective interventions that were specific to the performance gaps. The five rural clinics participating in the Eastern Cape's Qaukeni District have all shown significant improvements and other clinics are now replicating this approach. As one supervisor explains: *"Before, we concentrated on the wrong things and had no tools to support us. Now, everyone has a positive attitude. Performance Improvement has many advantages. It boosts staff morale, makes communication easy, and makes the interventions targeted and easy."*

The EQUITY Project "Clinical Tips" series, which covers topics ranging from family planning counselling and STI partner notification to TB case finding, are at the core of the on-site performance improvement strategy. In Meje Clinic, which serves a community of 20 000, this process has resulted in new links with DOTS supporters, initiation of sputum collection at the clinic, a renewed emphasis on data documentation, accurate recording of TB data, and realistic goals for the TB programme. Nurses use the tools on a daily basis, contributing to the long term sustainability of interventions. When clinic nurses examined their STI register closely, they realised that the nurses weren't issuing contact slips, an important means of notifying partners at risk for STIs and to promote treatment. Further, nurses were not explaining how to prevent or treat STIs and were referring clients who wanted condoms to the box located in the waiting area, spurring potential embarrassment. Using *Clinical Tips* on counselling clients and HIV/AIDS prevention, the nurses received on-site training from their supervisors to address these concerns. Proper management of STIs improved in just two months from 64% to 73%. Exit interviews reveal that nurses now counsel correctly and provide condoms directly.

Through this comprehensive approach to training, five previously struggling clinics are illustrating what is possible with the proper tools: supervision has improved, on-site training has been institutionalised, clinical knowledge has improved, and relationships and communications have improved. But most importantly, patients are seeing the results: *"We counsel every client so she is aware of side effects. We never knew that if a patient isn't clear that can be dangerous... clients are very happy because they now know how the FP methods work. The fact sheets remind us of what we must do with patients. We put it next to the desk and use it every day."*

– Ketty Jebo, Sister-in-Charge, Meje Clinic





We must acknowledge home based care because this is where communities are treated with dignity and respect..AIDS is like any other disease. Let us give them support and love.

Nelson Mandela

# Publications

*"Your publications have enabled us to shape our courses so that they address primary health care issues, as well as issues of national priority. We are proud to inform you that our students are now being invited to deliver presentations on PHC themes. They do so with confidence, basing their discussions on the materials at hand."*

– Department of Nursing Sciences, University of Fort Hare

## Sharing EQUITY's Experience and Knowledge

A key strategy of the EQUITY Project is to develop tools, publications and other materials and to share lessons with health managers around the country. In addition, training programmes using these locally-developed materials build front line health workers' capacity to implement interventions on their own. Coupled with new tools and materials, in 2002, the Project communicated its experience through presentations at Global Health Council and the XIV International AIDS Conference, participation in the International Rural Health Conference in Australia, a technical seminar in Washington DC, as well as through a national events on the DHIS and VCT.

## Launch of the New EQUITY Website

The new EQUITY website has something for everyone: the latest EQUITY events, new publications, and overviews and impact of technical assistance, to name a few. Launched this year with a new look and all new content, **www.equityproject.co.za**, takes a comprehensive look at what the Project is all about and provides key results, and lessons, and publications useful to health managers working in various settings. With new navigation features and a simpler design, visitors can download the latest tools while reading about upcoming technical seminars and other newsworthy events.

## Using Information for Action: A Manual for Health Workers at Facility Level

Good quality data is critical for health managers to make informed decisions. The *Using Information for Action* manual, a joint effort of the University of the Western Cape's School of Public Health and the EQUITY Project, provides health workers at facility level with a practical approach to data management. From planning, collecting and processing data to analysing and presenting it, the manual focuses on interpreting information and most importantly, using the information – for action.

## Contraceptive Services Manual

This comprehensive guide, written for clinic nurses working in various settings, provides practical, easy-to-follow information to help manage the full-range of family planning and reproductive health services for both men and women. This manual is a useful tool to ensure clients benefit from high-quality contraceptive information and care.

## Case Studies

The 2002 EQUITY Project *Case Studies* cover innovative initiatives in community advocacy and pharmacy training. Issue 15 presents Photovoice, a project conducted with 16 young people, many who are HIV+, that helped them use cameras to communicate local problems with decision-makers. Issue 16 illustrates how innovative training of pharmacist assistants is helping to address staff shortages in clinics and hospitals.

## National Newsletters

Two issues of the NDOH/EQUITY Project *National Newsletters* were distributed this year. The January issue presents quality improvement projects across the country while the October issue discusses how to move from planning to implementation, using case examples of TB and district health planning projects.

## Technical Updates

To communicate successes of key initiatives, the EQUITY Project technical updates in 2002 covered the BEAR tool and how it is being used to link budgets with service planning, the launch of the Project website, and the impact of in-service training initiatives.

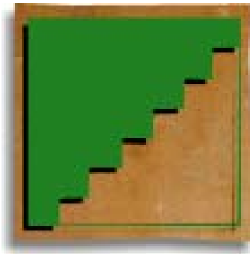
## Story Series

Using the voices of beneficiaries of health interventions, the EQUITY Project *Story Series* feature a variety of South Africans working to improve health services—from a health educator and a motorbike driver to a hospital nurse and a sex worker. This year's stories featured innovative TB projects using taxis, a motorbike and cell phones to battle TB and also shared districts' experiences using district health planning guidelines.

## EQUITY Brochure

A new look for the EQUITY Project brochure provides highlights of project results to-date, and gives a brief overview of objectives and technical areas.

# Challenges and Constraints



This annual report presented the successes of *Building Capacity in a Changing Health Environment.* The following challenges and constraints impede additional improvements in health services nationwide.

## Health System Transformation

The EQUITY Project was initiated at a time of tremendous change in the health system; no part was left untouched by the transformation process. Understandably, and health workers at all levels have experienced significant uncertainty as a result. While such a context can be fertile ground for accelerated change, technical assistance can also take longer to root.

## Transport

Despite TB projects using motorbikes and taxis and donated vehicles for clinic supervision, transport remains a serious impediment to effective service delivery in many rural areas of South Africa. Vast distances, rough roads, and few vehicles deter delivery of critical medicines or equipment, patient transfers and referrals, as well as outreach services.

## The AIDS Epidemic

For years to come, the AIDS epidemic will remain a mitigating factor to social development in South Africa.  Virtually all persons and government programmes are touched by its devastating impact—clinic staff who strive to meet demands for VCT, human resource departments struggling to replace workers, hospitals with 70% of beds occupied by HIV patients, as well as the many families and community members having to watch their loved ones pass away. Only through a comprehensive approach involving all sectors can we continue to battle this disease: by training health personnel, expanding prevention, care and support, and mobilising communities.

## Resource Management

While donor assistance must target the most disadvantaged areas, it is precisely these areas that have the most difficulty absorbing new resources. Health personnel in acting positions, a common occurrence in many departments, are without the necessary authority to make decisions and to effect change. In addition, personnel in these contexts often have large capacity gaps that need time and nurturing to develop to their full potential.

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