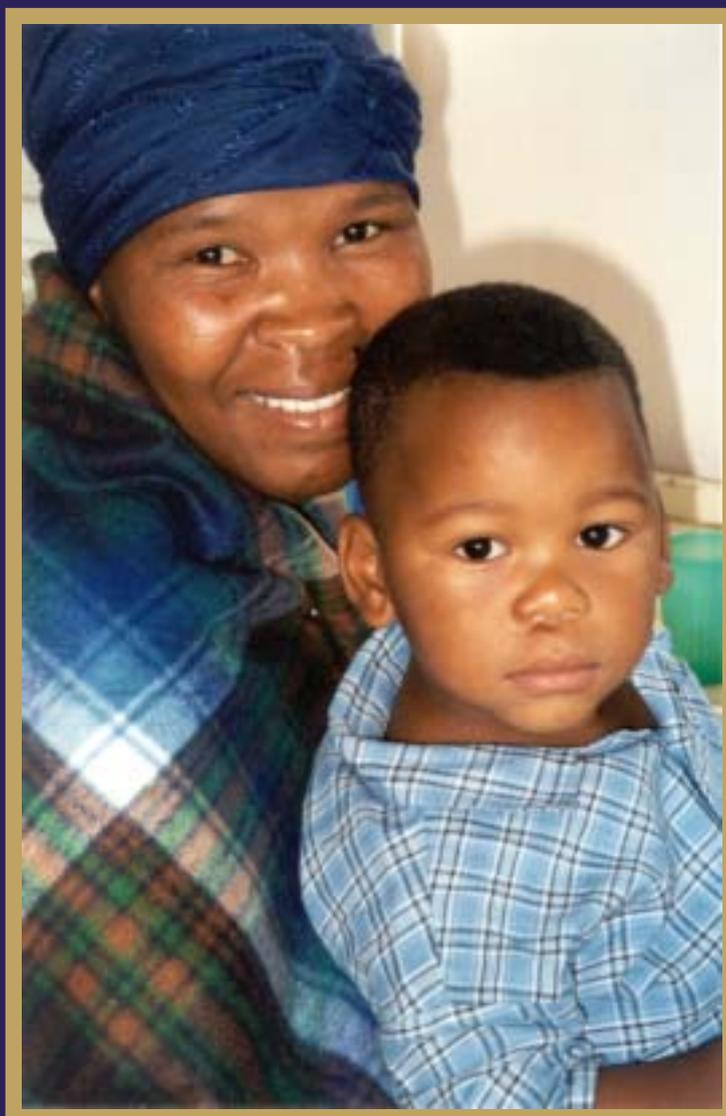




THE EQUITY PROJECT

Annual Report

2001



*Voices of change
and progress*

The EQUITY Project

... strengthening equitable access to quality health services for all South Africans ...

*A project of the Department of Health supported by the US Agency for International Development (USAID)/
South Africa through : Management Sciences for Health
www.equityproject.co.za*



FBC Fidelity Bank, Head Office Entrance, 1st Floor, Phalo Drive, Bisho
P.O. Box 214, BISHO, 5605, South Africa
South African Nursing Council Building, 3rd Floor,
602 Pretorius Street, Arcadia, Pretoria
P.O. Box 40394, ARCADIA, 0007, South Africa

Telephone : (040) 635-1310
Facsimile : (040) 635-1330
Telephone : (012) 344-6117
Facsimile : (012) 344 6115
E-mail : webmaster@equityproject.co.za

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ACRONYMS

| | |
|---------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| APGAR | Appearance, Pulse, Grimace, Activity, Respiration Score |
| ATTIC | AIDS Information, Counselling and Testing Centre |
| COHSASA | Council for Health Service Accreditation of Southern Africa |
| DMER | District Health Expenditure Review |
| DHIS | District Health Information System |
| DHM&L | District Health Management and Leadership |
| DHST | District Health Systems Management Team |
| DOH | Department of Health |
| DOTS | Directly Observed Treatment Short-Course |
| HIV | Human Immunodeficiency Virus |
| HST | Health Systems Trust |
| HTA | High Transmission Areas |
| HTP | High Transmission Project |
| ISDS | Initiative for Sub-district Support |
| MDOH | Mpumalanga Department of Health |
| MSH | Management Sciences for Health |
| NGO | non-governmental organisation |
| PharMIS | Pharmaceutical Management Information System |
| PHC | primary health care |
| PWA | People Living with AIDS |
| QA | quality assurance |
| RH | reproductive health |
| SFH | Society for Family Health |
| STD | Sexually Transmitted Diseases |
| STI | Sexually Transmitted Infections |
| TB | tuberculosis |
| USAID | United States Agency for International Development |
| VCT | Voluntary Counselling and Testing |
| WHO | World Health Organization |

LETTER FROM THE PROJECT DIRECTOR

“Change is one thing, progress is another.”

Bertrand Russell



Dr Mbengashe, Project Director, and Ms Sampson, EQUITY Project Contracting Officer Technical Representative/USAID, visiting an EQUITY-supported clinic.

Dear Colleagues and Friends,

Change: to alter; to transform; to revolutionise. For the EQUITY Project, we summarize this first year of a new millennium with two words: *change* and *progress*. A partnership established in 1997 between the United States Agency for International Development (USAID) and the South African Department of Health (DOH) and implemented by Management Sciences for Health (MSH), the EQUITY Project was originally created to assist in South Africa's post-apartheid transformation into a country where all citizens, regardless of race, colour, or creed, could access high-quality health services. Since then we have worked with you, our colleagues and friends, to do just that. The improvements we have made together are a result of partnership, hard work, donor support, and most importantly, an acceptance of both the challenges and opportunities presented by a new government, new policies, and new commitments to change and progress. As we travel through the townships and urban centres of Mpumalanga and the Eastern Cape Provinces to the rural lands of KwaZulu-Natal and North West, we invite you to embark on a journey through 2001 with us. Together, we will hear stories of change and progress in the health status of South Africans. Meanwhile, we look with new light on the years ahead, preparing to manage what the future may hold by ensuring we build capacity and enhance sustainability for high-quality health programmes.

Expanding Lessons and Tools Nationwide

While the first five years of the EQUITY Project concentrated on improving access to health services for residents of the Eastern Cape Province, among the poorest in the country, in 2001, we increased our scope to cover additional South African provinces. This year, the EQUITY Project opened a new office in Pretoria to commemorate this change and facilitate outreach and co-operation with new partners. Meanwhile, national technical seminars covering a variety of cutting-edge issues, from quality of care to capacity building and Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), are disseminating EQUITY Project lessons, approaches, and tools to new audiences. In this report, you will read of new quality initiatives in Mpumalanga, expansion of HIV/AIDS projects, district managers analysing their own budgets, as well as pharmaceutical management and district health information systems (DHIS) improvements. We look forward to creating new partnerships and tools together with the DOH, municipalities, and other South Africans.



EQUITY Project 2001 Achievements

- Almost 90% of clinics are using stock cards to improve ordering and management of supplies and medicines in the Eastern Cape Province.
- All health districts nation-wide are now collecting and reporting monthly indicator data through the DHIS.
- More than 90% of clinic nurses are using on the job training to support PHC improvements in the Eastern Cape Province.
- Significantly improved access to PHC services; in 96% of Eastern Cape Province clinics now offer family planning services 5 days/week, while 95% offer sexually transmitted disease (STD) treatment 5 days/week.
- Accelerated implementation of the district health management system through district management and leadership training.

Intensifying the Fight against Infectious Diseases

It is estimated that 40% of South Africans from the ages of 15-49 that died in 2000, died of AIDS. Half of those deaths were due to tuberculosis (TB)*. Infectious disease, particularly TB and HIV, are significant contributors to unemployment, poverty, and overburdened health systems nationwide. This year, the EQUITY Project embarked on management support for a cutting edge programme to address the inextricable link between TB and HIV. While recognising that effective transport is needed to ensure health care and thanks to the ongoing support of USAID, the EQUITY Project donated 20 all-terrain vehicles to improve clinic supervision and therefore enhance quality of health services for rural families. Meanwhile, HIV prevention and care programmes in high transmission areas (HTAs) and involving peer education, social marketing, and home-based care, expanded to new communities and established a solid basis for further expansion.

Improving Management Systems

Whether improving access to primary health care (PHC) services, ensuring that managers can interpret health data, or training clinicians to provide sexually transmitted infection (STI) treatment and HIV counselling, improving performance of management systems is crucial to high-quality, sustainable

health programmes. When successful, strong and flexible systems and the capacity to manage those systems prepare health programmes to continually adapt to change. In this report, you will read about systems improvements in a variety of settings and how they have transformed health service delivery. Through its comprehensive approach, the EQUITY Project continues to illustrate the key link between management development and health service improvements.

We realise that not only does our work to improve the lives of previously disadvantaged South Africans involve change, but most importantly, it is our commitment to instil the capacity to manage such change to achieve long-term health improvements. I invite you to read this annual report with a new eye, not only seeing the names and faces of the beneficiaries of the EQUITY Project interventions, but using their stories to ponder on what we can learn as we forge ahead. We thank our partners for continued support of health management improvements. As we move to creating sustainable, high-quality health programmes, we hold the promise to confront change head-on and to ensure that in its midst, we make progress in the health of all.

Signed,



Dr. Thobile Douglas Mbengashe



* *Medical Research Council, 2001*

CHALLENGES AND CONSTRAINTS

Addressing change in the health environment - whether infrastructure problems, new policies and appointments, or worsening epidemics - is a difficult but necessary component of the EQUITY Project approach to health improvements nationwide. The key to progress in such changing circumstances is flexibility. During 2001, the EQUITY Project partners continued to demonstrate flexibility in the face of shifting circumstances. The following issues, however, have posed significant challenges to achieving Project goals.

The AIDS Epidemic

South Africa has one of the worst HIV epidemics in the world. This devastating fact continues to strain already over-burdened health systems nationwide. The lethal combination of TB and HIV is further threatening South Africa's future and impacting all sectors - from health and education to business and industry. To address the HIV/AIDS challenge, the EQUITY Project continues to implement and expand innovative education, training, and home care programmes. From community-based home-based care and targeted interventions in HIV HTAs, to a motorbike initiative implemented to transport sputa in rural areas and management technical assistance to a World Health Organization (WHO) programme addressing the TB/HIV link, the EQUITY Project continues to work with partners to provide innovative ideas and programmes to combat the devastation of rising epidemics. Only through expansion and continued collaboration of such programmes will South Africa be able to deal with the devastating affects of the pandemic.

Transport

As in years past, transportation problems continue to hinder successful implementation of priority health programmes. In the Alfred Nzo and OR Thambo district councils of the Eastern Cape Province, failed transportation systems hamper medicine and equipment delivery, clinic supervision, patient referral, and outreach services for HIV and TB care. Through comprehensive management assistance to address drug, supervisory, and referral systems challenges, the South African health environment in rural areas continues to improve, though the challenge of transport continues to demand additional resources.



Government Restructuring

During the next two years, the EQUITY Project continues to strive to build sustained institutional capacity. High staff turnover, government restructuring, and decentralisation of PHC services to the district level present ongoing challenges to strengthening and instilling local capacity to manage integrated health services into the future. To address these issues, the EQUITY Project continues to participate in national, provincial and local government processes while further developing management capacity at local level.

COMBATING HIV/AIDS: HOPE AMIDST CRISIS

Mobilising Communities in the Fight Against AIDS

“*It is only through unity of our communities that progress can be made. We brought down apartheid through united action and we can build this country only through united action.*”

Nelson Mandela, 1995

Today, South Africa's biggest challenge is the AIDS epidemic. As 77% of clinics in the Eastern Cape Province reported knowing patients with AIDS, the need to develop community support systems to assist AIDS patients and their families has never been stronger. Since 1999, the innovative **Bambisanani Project** has worked to address the urgent need for home-based AIDS care in some of the most devastated areas of South Africa. This Project is serving as a community mobilisation model nationwide and proves that community support is crucial to successful health programmes.

Home care kits, supplied to families caring for AIDS patients with DOH, Gold Fields Ltd, and EQUITY Project support, contain essential supplies to provide home-based care. From aspirin, gloves, and disinfectant to thermometers, bed pans, and calamine lotion, a kit is given to families during home care training. The kits are used daily to ensure comprehensive health care for those who need it most.

A partnership between the EQUITY Project, Bristol-Myers Squibb, the Employment Bureau of Africa, Gold Fields Ltd, South Coast and Transkei Hospices, the National Union of Mineworkers, and the Mineworkers Development Agency, Bambisanani elicits hope in what seemed to be a hopeless situation.



South Africa's rural areas are hard hit by the AIDS epidemic. The EQUITY Project supports home-based care programmes to help families care for loved ones.

Half of South African migrant labourers come from an area along the boundary of KwaZulu-Natal and the Eastern Cape Provinces. Alarming HIV rates, coupled with dismal health indicators comparable to the poorest countries in the world, are the realities of life in this region. It is here that the Bambisanani Project focuses its efforts by helping communities demonstrate that together, they can prevail.

Bambisanani teaches groups of community members, all nominated by local chiefs (Ama khesi), to become home care supporters and trainers to care for the terminally-ill. Today, these home care supporters form a wide-reaching referral network working with local hospice, health centres, and hospitals to identify patients and families in need of support. Armed with home care kits (*see box*), supporters teach families how to address simple health problems and make their loved ones more comfortable as their health deteriorates. Acknowledging the multiple burdens of terminal disease, the Project also incorporates income-generation activities, including chicken farming and peanut butter making, while also referring children to community homes if orphaned or alone. Before home care, families had no one to turn to as loved ones died.

“*We cannot be given things, we must build them ourselves.*”

Tribal Chief (Ama khesi),
Kwampisi Community



Busi, a home care supporter, trains families in her community of 5000 to care for terminally-ill patients. For a small stipend, these home care supporters are helping thousands to deal with the burden of AIDS.

Reaching the community of Kwampisi means a three-hour drive, or day-long walks on mountainous dirt roads from the nearest town and the local hospital. Most of Kwampisi's men live and work far from home. As these men succumb to AIDS and other illnesses, they return to their communities. Their care becomes the responsibility of Kwampisi's wives, mothers, sisters and neighbours - all women who were ill-equipped to provide needed care. The Bambisanani-trained home care supporters fill this critical gap. One year ago in this poverty-stricken community, there were few resources for the terminally ill. This is no longer the case.

One of Kwampisi's AIDS patients is 30 year-old Zikhethile. He was a sugar cane worker and the only employed member of his family until one year ago, when he became ill. With active TB and full-blown AIDS, tears roll down his cheeks: *"I don't want to die."* Busi, the local home supporter, visits Zikhethile almost every day. She gives his mother relief from the 24-hour job of caring for her son. Though watching her son die is a tragedy, Zikhethile's mother appreciates the help she has been given: *"It is so helpful to have Busi's support."* Today, Busi offers advice about massaging Zikhethile to alleviate some of his pain. She uses items in the home care kits daily. The aspirin provides pain relief and the disinfectant helps keep her son's bed - on the floor of a mud hut - as clean as possible. In addition to helping patients spend their final days with family, Bambisanani is helping to overcome the stigma of AIDS in communities. Neighbours and friends enlist to help. Most importantly, people living with AIDS like Zikhethile feel support: *"It is so good to have warmth in the house."*

Empowering Urban Youth

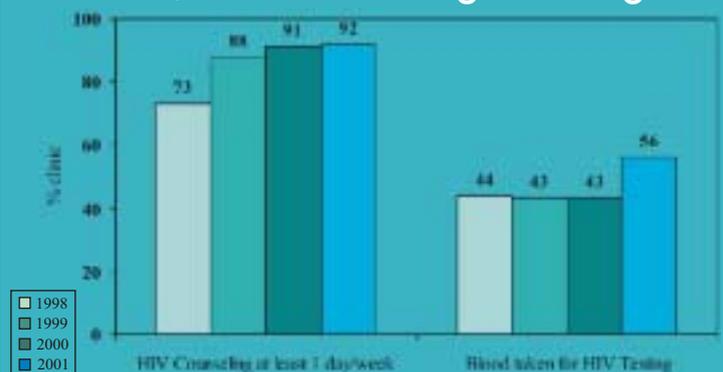
Since the advent of the AIDS pandemic, health educators have stood before teenage audiences, lecturing on the importance of abstaining, using condoms and being faithful to one partner. Yet, traditional health education talks have had little impact on changing youth behaviour. In South Africa, innovative social marketing strategies that excite and engage youth are being used to do more than espouse health information. Social marketing campaigns are convincing South African youth that talking about sex, HIV, drugs, and violence is cool - and youth are listening.

Incorporating creativity and cutting-edge marketing, the EQUITY Project, in partnership with the Society for Family Health (SFH), supports road shows and school-based education in the poorest townships and squatter camps of the country. Educational road shows use well-known actors, music, role-plays, and small incentives - such as T-shirts or condoms - to inform and engage young people. In a country where the average age of sexual initiation is 14, these initiatives address youth pressure not only to condomise and be faithful, but also to deal with drugs, alcohol, and violence.

Young people often do not feel comfortable using health facilities to get condoms or seek health advice, so social marketing fills a critical gap. Having well-known actors promote health products also delivers a powerful message - youth are motivated to value and use SFH's socially-marketed "Trust" condoms when they are encouraged to do so by their idols. The EQUITY Project and SFH increased condom outlets in the Eastern Cape Province over 700%, from 84 in 1997 to 611 in 2001. Further, the EQUITY Project's support of hundreds of road shows province-wide helped prompt sales of more than 180,000 socially-marketed condoms in pharmacies, stores, market stalls, and street vendors.

At road shows, actors perform scenes illustrating disturbing realities too many youth can identify with--from a drug abuser strung out on cocaine to a young woman being pressured to have sex. These scenes set the stage for frank discussions that empower youth to make positive choices. Discussing violence, drugs, AIDS, and community resources, it is easy to see the young crowd is listening intently to what their idols tell them, nodding in agreement. With powerful messages and "cool" messengers at the forefront of AIDS education in South Africa, the EQUITY Project is helping youth get the information they need to make difficult choices.

HIV/AIDS Counselling & Testing



Eastern Cape Province clinics have made significant improvements in HIV counselling and testing services since 1998.

Fighting HIV in High Transmission Areas: One Sex Worker's Story

The young man sitting in the lobby of the Port Elizabeth AIDS Information, Counselling and Testing Centre (ATTIC) stood out. His smile was contagious and his look different. Wearing a "Lovers Plus" T-shirt and a blue bandana, he casually talked with staff and clients. Immediately, they responded with smiles and quick laughter. This animated young man, Ricardo, is not only an ATTIC client - he is a sex worker, peer educator, and is living with AIDS. With EQUITY Project support, Ricardo has become more than just another statistic. Today, he is a recognised leader in poor communities, a local resource and confidant for youth living on the streets, and an example of how to demonstrate hope in what is often a depressing situation. By developing one young man's skills to educate others and share his experiences, the EQUITY Project has enabled thousands more to join the fight against South Africa's most plaguing health crisis - HIV/AIDS.

Commercial sex workers are sources of high HIV transmission. To break this cycle, the EQUITY Project has focused on HTAs through a series of interventions, including treatment of STIs, encouraging condom use, and providing information on risky sexual behaviour. In just one year in Port Elizabeth, the EQUITY Project has improved STI diagnosis and treatment at local clinics, distributed over 80,000 condoms, and educated more than almost 20,000 vulnerable people about risky behaviours and the dangers of AIDS. The EQUITY Project trains peer educators like Ricardo to conduct outreach services in high-risk areas while also working with local clinic staff to improve patient treatment - regardless of occupation or health status.

Life in the Walmer township, home to 75,000 people - many living in abject poverty - is characterized by high unemployment rates, commercial sex work, high alcoholism, and limited access to comprehensive health services. One year ago, the local clinic was the only place to get condoms, and they limited the number given to clients. Today, there are 214 condom distribution sites in Walmer.

“I was ridiculous before I joined the project,” Ricardo explains.

“I always had more than one partner.

EQUITY has opened my eyes, and I have never looked back.”



Ricardo, an HIV+ sex worker, works as an EQUITY-trained peer educator: “Before this programme, I didn't know how to talk to people. Today, I can listen better and am recognized as a leader and as a good source of advice...I have never felt better.”

Born to a poor family, Ricardo faced hardship from the onset. Sexually abused, he left school early and ran away from home soon after. The only way for Ricardo to survive on the streets was to sell his body; since the age of ten, he has been a commercial sex worker servicing both male and female clients.

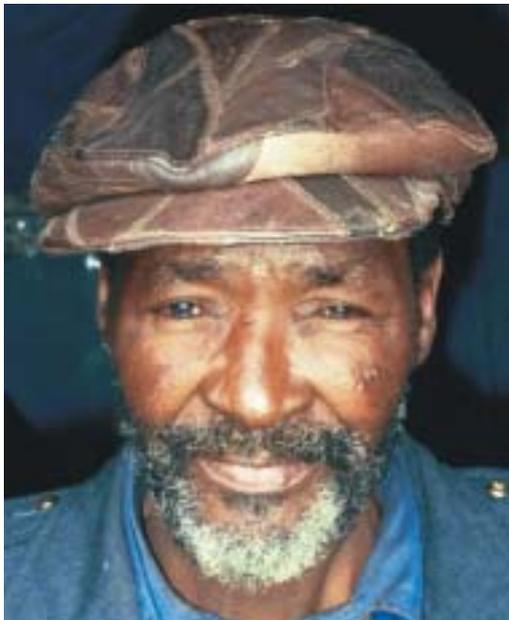
When he was diagnosed with HIV in 1993, Ricardo tried to go home but was rejected and returned to life as a sex worker. A local doctor told Ricardo that he had only a few months to live. Scared and alone, he secluded himself and waited to die. Still living three months later, he decided to make a change. Ricardo said this experience “made me know what it was like to be humble”. After he watched former partners die from the disease, he combated his fear by partaking in an AIDS training course and then joined the EQUITY Project's AIDS prevention programme.

Through this programme, the EQUITY Project identifies and recruits sex workers such as Ricardo from high-risk communities and trains them to conduct education campaigns covering

Innovations in TB and HIV Management

broad health issues - from family planning and STIs to HIV prevention and drug and alcohol abuse. For a small stipend, sex workers serve as peer educators in *shebeens* (informal bars), restaurants, and beer halls and also conduct role plays, where they combine condom demonstrations with interactive presentations on the dangers of AIDS. In a typical month, Ricardo and fellow educators reach communities living in desperate conditions by giving them an outlet to voice concerns about HIV/AIDS, while distributing thousands of condoms in Walmer and reaching thousands of residents with HIV prevention messages.

“I wanted to give something back, share my experience so [others] could learn not to make the same mistakes I made,” Ricardo explains. Most of the peer educators have changed their behaviours and practice safer sex - a real achievement considering they receive more money from clients if they don't use condoms. *“Before this programme, I didn't know how to talk to people. Today, I can listen better and am recognised as a leader and as a good source of advice...I have never felt better, and I never let a setback get me down. I hate to be a loser.”* With voices like this at the forefront of AIDS education in South Africa, the EQUITY Project continues to demonstrate its impact on one life - and in turn, its ability to impact thousands more to live a safer, healthier future.



This shebeen client is one of thousands educated about the dangers of AIDS by EQUITY-trained peer educators working in impoverished neighbourhoods .

Half of South Africans infected with HIV die of TB. Together, TB and HIV form a lethal combination too much for an overburdened health system to properly address. In 1999, WHO launched ProTest, an innovative initiative designed to improve TB management among HIV positive patients by providing TB medicines in prophylactic form. Despite innovative goals encouraging behaviour change, management problems were preventing ProTest from handling client load and ensuring achievement of project objectives. Thanks in part to EQUITY Project assistance, this is no longer the case.

Long waiting times, twelve forms per client, a cumbersome information system, and gaps in clinical training - these were just a few of the problems plaguing the ProTest clinics. Between collecting incorrect data for fifty indicators and filling out excessive forms for every client seen, nurses had little time to monitor the project - or the patients. The EQUITY Project first conducted an assessment that confirmed issues detracting from quality of care provided to HIV positive clients receiving TB treatment. Further, nurses needed more training in providing TB therapy and rapid HIV testing.

In collaboration with clinic nurses and managers, the EQUITY Project first adapted a patient management chart to suit local needs, thus replacing the 5-7 page chart with one-page that captured the needed data for efficient patient screening. The Project continued to refine and replace long, complex forms for Voluntary Counselling and Testing (VCT) and treatment registers and successfully reduced the number of forms from 12 to 3 - improving efficiency and enabling nurses to not only see more clients, but also to become advocates for this progressive pilot programme. As one nurse said: *“With the new forms it makes it much easier to manage our clients.”*

To sharpen skills in TB and HIV, the EQUITY Project conducted extensive training to use the information system and also sharpened clinical skills in rapid HIV testing and TB care protocols. Further, the Project is helping the National DOH use the improved information system to expand to other provinces while developing a five-year strategic plan to ensure national impact. Today, the programme is running more efficiently at all sites. Further, there has been a dramatic increase in the number of clients seen while nurses, now true advocates for the programme, are spending less time filling out complex forms or collecting non essential data. Most importantly, clinic staff have improved community links and formed more partnerships with People Living with AIDS (PWAs). Thanks in part to the EQUITY Project assistance, the ProTest initiative is set to serve as a model for revolutionising HIV and TB care nationwide.

“The information system is much easier to use. We like it very much. We are able to see more clients.”

Clinic Nurse, Eastern Cape Province

ADDRESSING CHANGE TO IMPROVE PRIMARY HEALTH CARE

Tackling TB on All Fronts

Botshabelo is a place built with bricks and shacks with a shopping centre in the middle and 600,000 people. This is where Mr. More lived. He was tall, fit, handsome and was described as “Chief Whip” in politics. He used his powers of politics to discourage the community to volunteer as TB treatment supporters.

A problem arose. In secret, Mr. More came to see me, the Tuberculosis Co-ordinator.

“I am losing weight, sweating at night and coughing. I have been to three different doctors but the problem is persisting. What could be the problem? Me?”

“It might be Tuberculosis, Mr. More. We can confirm by taking two sputum specimens for investigation.” After two days he came back for the results. His eyes were wide open. He was shivering and very anxious.

“Mr. More, your results are positive. You have TB. You need to get treatment for six months.” Mr. More sighed.

“We have volunteer supporters who can give your treatment to you close to home. You can choose somebody you are comfortable with.”

“I humbly wish to take treatment from you if possible.” He took his treatment well for two months and his sputum became negative when tested. He continued faithfully for four more months until cured.

From *Tuberculosis and Politics*, by Tebogo Mothibeli
The EQUITY Project-supported “TB Stories”

Despite his original beliefs, Mr. More realised that TB was a problem and that community support could help. Through his experience, he encouraged many more people to do the same. This year, almost 80% of Eastern Cape Province clinics reported having a Directly Observed Treatment Short-course (DOTS) programme. These are examples of change and progress.

Every year, more than 180,000 new cases of TB are detected in South Africa. For each of these, many more go undiagnosed because lack of transport hinders community-based TB care, movement of TB specimens between clinics and laboratories, and clinic supervision. TB continues to be a major contributor to unemployment, poverty, and the overburdened health system.

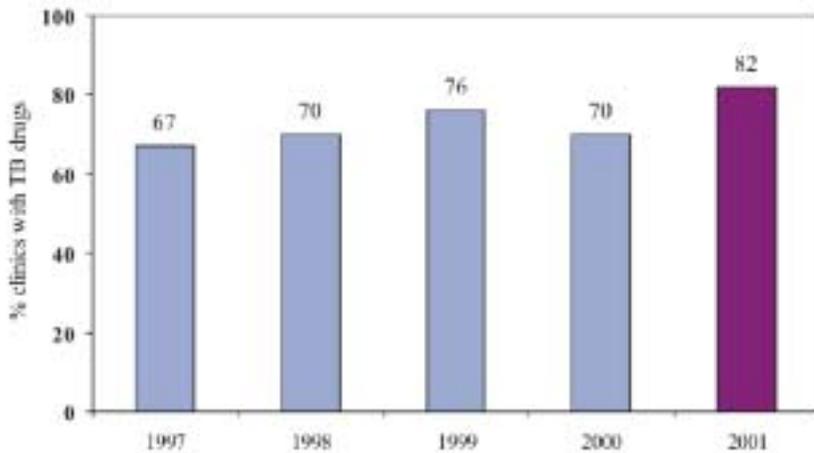
In the past, collecting TB specimens from rural areas was virtually impossible. Through the EQUITY-supported motorbike initiative, specimens are now being collected in some of these areas. Further, the Project is helping trace defaulters and taking drugs and specimen jars to clinics experiencing shortages. A tribute to community impact of this initiative, the motorbike driver has been nick-named “MKHONZI”: *he who serves the people*.

In only a short time, the motorbike initiative has had tremendous impact. Sputum collection has more than doubled - a clear sign that the Project is helping diagnose and treat more TB cases.



Walking along long, mountainous, dirt roads to access health services is reality for many. In the former Transkei, nurses and patients face the same difficulties when trying to visit clinics to be tested for TB, support clinic staff, or access needed TB drugs. With TB cure rates falling below 50%, the EQUITY Project implemented a multi-pronged strategy to address transport problems.

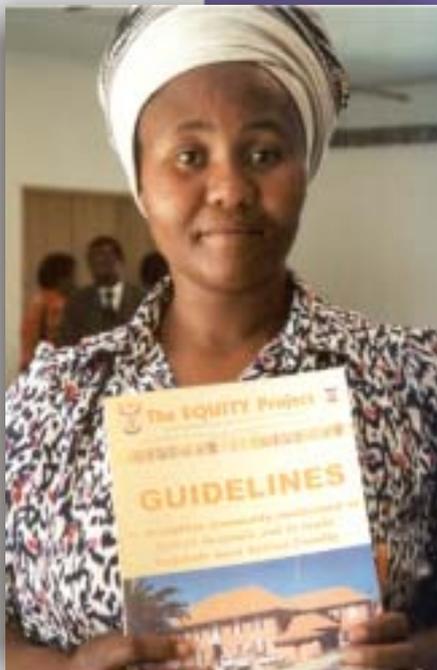
TB Drugs Availability in Clinics - Annual Facility surveys



Since 1997, TB drugs are increasingly available in Eastern Cape Province clinics. This year, 79% of these clinics were supporting TB patients through DOTS.

During 2001, in collaboration with the newly created National Health Laboratory Services, the Project initiated the **Zanempilo TB Project** in Port St Johns in the Eastern Cape Province. By utilising a motorbike to collect TB specimens from clinics and the laboratory, results are received at clinics within 48 hours via communicators or cell phones.

TB sufferers and health staff are already seeing improvements. Supervisors are visiting clinics more regularly to provide needed support concerning TB and other endemic health problems. Sputa are moving more quickly to laboratories, resulting in more diagnosed TB cases. Further, laboratory staff are working overtime to finish smears on the day they are received; TB registers are completed much better than in the past. Finally, families at highest risk for TB are ensured the tests, drugs, and treatment they need to battle the disease. Indeed, this year, the availability of four essential TB drugs continued to rise (*see graph*). By executing comprehensive approaches to address transport problems, the EQUITY Project is making a difference in combating one of South Africa's most perilous killers.



The EQUITY Project uses a variety of tools to reinforce information provided at hospital board workshops. Here, one participant proudly displays the EQUITY Project "Guidelines to strengthen community involvement in district hospitals".

Heeding Community Voices to Effect Change

"I never knew where or how I could participate. Today, I'm proud to say I'm going to work freely. I have a vision..."

Rosalia Mpahnwa, board member
Cofimvaba Hospital

For many years under the apartheid system, the majority of South Africans had no voice in politics, in education, nor in health care. Decisions concerning management of health services were made unilaterally and often resulted in poor quality, lack of accountability, and haphazard management. As government policies were arbitrarily enforced, there was no community voice to influence key health care decisions. Clients sat on the sidelines - in this case in hospital waiting rooms - waiting to be heard. Hospital boards and clinic committees were obsolete or made up of members that had little, if anything, in common with the communities they served.

Freedom has transformed this picture. To advance community advocacy, the EQUITY Project involves communities in health care decisions by training and developing clinic committees and boards. Incorporating hospital management and community members in training and site visits, all reinforced with guidelines and tools, the EQUITY Project conducts workshops in hospital board structure, systems, and operation. Not only have these established a dialogue where one never existed, but most importantly, participants have used the training to form functioning and effective boards transforming health care.

During 2001, the EQUITY Project armed dozens of communities with the knowledge and skills to form hospital boards and to voice their opinions about community needs and ensure those needs are being met. Today's hospital boards serve as active decision-makers and leaders in the health of their communities. With EQUITY support, they have joined the ranks to become empowered advocates for change and progress in South Africa.

"Hospital boards were a thorn in the flesh of hospitals...the person that organised this workshop is a healer...a doctor. We never had functioning hospital boards, and today we are grateful...A partnership has been started and we will be active."

Participant, Hospital Board Workshop,
October 2001

ADVANCING HEALTH SERVICE QUALITY NATIONWIDE

“We were all talking about performance appraisal, but never had any means to measure. [EQUITY's] Supervision Manual is serving as a benchmark to measure supervisor's and clinic performance.”

Sarah Davids, Site facilitator,
Initiative for Sub-district Support (ISDS),
Gauteng Province

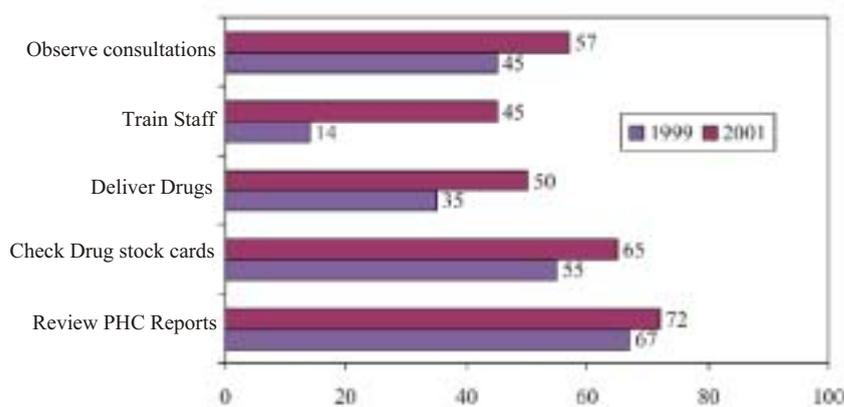
New staff appointments, supporting clinic staff in challenging settings, or implementing changes in government policies - these are just a few of the obstacles South Africa's health managers faced during the process of transforming the health system. Despite recognition that health managers need user-friendly tools and training to effectively supervise staff and ensure client needs are being met, lack of resources meant that few were getting needed support.

The EQUITY Project worked with its partners to develop the *Supervision Manual* to fill this critical gap. This year, 93% of clinic staff said their supervisor was helpful during the last visit and more than half of Eastern Cape Province clinics were using the supervision manual checklists to improve quality of care (see graph). In 2001, this flexible and user-friendly tool travelled beyond the Eastern Cape Province to help managers in Gauteng, KwaZulu-Natal, Limpopo (formerly known as the Northern Province), and North-West Provinces address obstacles to effectively supervise and support health services.

Through a consultative process, the EQUITY Project partners trained counterparts to use the *Supervision Manual* and today, these managers have refined and implemented the *Manual* to address local needs. Managers hailed the tool's usefulness and cited numerous features that helped them make lasting improvements in services, including:

- **Key programme area checklists** help managers address issues such as clinic management, TB, immunisation, maternal care, and drug management, among others.

Supervisor activities during last visit - 1999/2001



Effective supervision contributes to quality health care. Since 1999, Eastern Cape Province clinics continued to improve supervisory visits while assessing key quality indicators.

From national media exposure to

recounting personal experiences, the deteriorating quality of Eastern Cape Province hospitals has not gone unnoticed. However, until recently, few resources were provided to make needed change.

Thanks in part to EQUITY project support and collaboration with the Council for Health Service Accreditation of Southern Africa (COHSASA), 2001 was a landmark year for improving hospital quality. As part of continuous assistance to assess, review, and address quality concerns, the COHSASA and EQUITY Project hospital quality reports illustrated a problem: several hospitals in the programme worsened in quality. When a government report confirmed many of these same findings, the EQUITY Project and COHSASA helped eight troubled hospitals develop proposals to address staff issues, security, equipment and supplies, and infrastructure problems. A remarkable achievement, all of the proposals were accepted and funded. Together, these quality improvement players are taking grand strides to address urgent concerns in the country's health care.

Addressing Quality Assurance In Mpumalanga

Through the use of the Red Flag List, a tool developed to identify key operational problems, supervisors discovered that some clinic staff were under the impression that they were receiving empty vials of a vaccine. Through training, they were then able to demonstrate to clinic staff on-site how the vial should be manipulated to ensure presence of vaccine. Subsequently, staff are now immunising more children, many who had previously been turned away. This and similar checklists help uncover missing supplies or equipment, identify gaps in knowledge or procedures, and assure adherence to accepted quality standards.

- **Support materials** allow clinic supervisors to implement a variety of initiatives, from making use of the DHIS to conducting in-service training in HIV counselling, management of childhood diarrhoea, or family planning services.



The EQUITY Project Supervision Manual is being used by managers nationwide to improve quality of health services.

“The usefulness of the tool in addressing system problems...has resulted in big changes. Using the Red Flag List, a lot of these issues have been addressed...equipment is fixed faster and [we are] changing things. For example, now we are able to follow-up to reduce drug stock-outs.”

Sarah Davids,
Gauteng Province

From deficiencies in patient care and lack of compliance with HIV and TB guidelines to insufficient infection prevention and lack of drug supplies - when the Mpumalanga DOH (MDOH) conducted a quality assessment in several local hospitals, the call to make drastic improvements in these areas could not have been more clear. Together, the MDOH, Quality Assurance Project, and the EQUITY Project developed Quality Assurance Pilots to institutionalise quality assurance within the district health system. During 2001, the newly-formed quality assurance (QA) committees and co-ordinators identified TB, HIV/AIDS, VCT, antenatal/postnatal care, neonatal health, and infection control in need of improvement at both primary and hospital levels. To address priorities, QA committees conducted in-service training, developed job-aids, implemented process improvements, and enhanced supervision and monitoring.

For example, in Piet Retief hospital a QA team used newly-acquired skills to assess neonatal health issues. After realising key problems, the team introduced clinical management guidelines to improve management of asphyxia, hypothermia, and hypoglycemia and conducted in-service training for health workers. Today, the team is proud to claim dramatic results. As a result of new guidelines and training in their use, APGAR scoring compliance in the labour ward increased from 20 percent before the intervention to almost 90 percent. Further, neonatal mortality rates have plummeted.

Thanks to their quick interventions, over 300 health professionals in Mpumalanga are now knowledgeable in QA methods and tools and are using this information to reduce hospital infections, assess and prioritise problems, and inform expansion in QA pilots to other areas of the province.



Adequate staffing and clean, efficient wards are key to quality health care. The EQUITY Project quality initiatives are helping ensure pictures like this become the norm in health care nationwide.

INFORMATION DECISION-MAKING

Using Information to Improve Health Services

“Before, I used to sit with nurses and complain: 'There are no medicines'. Today, if there are no medicines, I ask why. And now I can do something about it.”

Nomfundo Rulashe, PHC Supervisor
SS Gida Hospital

Mrs. Ziki Nteyi, Coordinator for Maternal and Child Health in King William's Town, frowns as she discusses the problems that were plaguing her health districts. *“We were working very hard, but had no indicators to show us whether we were doing well or not. Women's health services were not seen as important. Quality [of services] suffered.”*

Low immunisation coverage rates, undiagnosed life-threatening illness - particularly among children - and lack of needed medications, these were just a few of the problems health clinics in Ziki's district faced. Unable to determine priority health problems, analyse health data, and make plans to address health needs, these districts struggled to respond to both provincial and national government demands. Managers realised a change was needed to improve staff performance in health services.

With assistance from the EQUITY Project, Ziki joined fellow managers and supervisors to assess and document key issues. The findings were not a surprise and included lack of data analysis, no indicators to assess progress, and a management culture that did not value information. Together, the EQUITY Project and programme managers like Ziki began a journey to improve information use for management - a crucial step



This clinic nurse smiles proudly in front of her clinic graphs, which she now uses to monitor the health problems in her community.

Health Information Training Achievements

- Empowered managers to use information for problem solving and planning.
- Supervisors and managers are conducting information training for clinic staff without external assistance; 91% of clinic managers in the Eastern Cape Province now discuss PHC indicators at monthly meetings.
- Helped managers to analyze and produce data and increased their confidence to interpret that data.
- Assisted managers to link priority management problems with service provision; 94% of clinics now use and maintain a file for PHC forms.
- Health personnel are addressing key health problems, such as immunisation coverage, TB management, and RH care.

to help districts plan and budget appropriately while addressing clients' most dire health needs.

The EQUITY Project workshops in information system management are designed not only to address training needed to manage new district health programmes, but also to enable programme managers and supervisors to sustain transference of skills to staff at all levels. From data collection and analysis to operational planning, the comprehensive curriculum has succeeded not only in improving health staff's understanding of the importance of using information for decision-making, but most importantly, programme managers are teaching valuable skills to clinic nurses

Virginia is the Community Health Coordinator

for the Southern Peninsula Municipal Office. She is faced with a dilemma about how to allocate reduced funding for TB services among 18 clinics. In the past, funds were allocated strictly on the basis of the number of cases treated but today there are more cases than sufficient resources. During a meeting of all TB programme nurses, the group decides to see if the data from the DHIS can help them. They ask the data entry clerk to prepare a graph of the TB cure rates. To their surprise they discover that these rates differ sharply between facilities. Most are quite high - around 80 or 90% - but there are 4 or 5 health centres with low cure rates. Because of the risk of developing more resistant strains of TB when cure rates are low, everyone agrees that proportionally more funds should be directed to those facilities. Interestingly, data gathered the following year supports the effectiveness of their approach. Nearly all the facilities lagging behind have closed the gap and most of the other facilities have maintained their cure rates.

without external assistance. As they progress on the road to sustainability, programme managers like Ziki are improving supervision: *"We have made it a point that at each and every clinic visit we must have a session on indicators"*. And it has paid off. This year, 77% of clinics in the Eastern Cape Province had data displayed - up from 29% in 1997 (see graph).

Ziki is just one example of this success. Working with clinic personnel, Ziki helped her district prioritise immunisation coverage. When one rural clinic nurse notes a drastic drop in immunisations, she knows something is wrong. Perhaps some parents are ill or have no transport, or perhaps they do not realise their children need additional immunisations. She then takes appropriate steps to remedy the problem by allocating additional time during her busy week to conduct community outreach while ensuring proper immunisation information is given to all families visiting the clinic.

In an environment of increasing TB and HIV infection, as well as the persistence of child health problems, these skills will go far. By having visible indicators to reflect on their work - and with the knowledge to interpret those indicators - health managers are well on their way to achieving goals that ensure high-quality health care for communities around South Africa.

As Ziki proudly shows off graphs on child malnutrition in one rural clinic, a large smile appears on her face: *"We value information now...this is the type of information we need to know so we can be good providers."*

National Profile of DHIS Use

"I think that the important feature of the DHIS is its flexibility. Supervisors use it on a regular basis and when they ask questions, they can also help answer them".

Ronelle Niit, Information Officer, Port Elizabeth

Without reliable, relevant health information, managers cannot make informed decisions to improve quality of health services, integrate those services, or address worsening epidemics such as HIV/AIDS or TB. In collaboration with the Health Information System Project (HISP) of the University of the Western Cape, the University of Oslo, and the National DOH, the EQUITY Project helped develop the DHIS to improve data flow to all levels and to train managers to use that data in planning. Today, this system is used nationwide to collect and report key health indicators covering essential PHC services. Not only is the innovative process of development, training, and implementation improving decision-making at all levels of the health system, but most importantly, health staff are witnessing a transformation in their own attitudes.

During 2001, the EQUITY Project continued to make lasting differences in health service provision of post-apartheid South Africa. The DHIS implementation changed the way health information

is collected, now all 53 districts nationwide are capturing key health data from their 3500 facilities and are submitting and reporting this information to provincial and national levels. But what has been the key to such success? We know some of these answers. By helping to develop a non-proprietary, searchable, flexible, and adaptable system, partners have ensured that report generation - from condom dissemination to STD rates - is not only possible, but encouraged for whatever problems

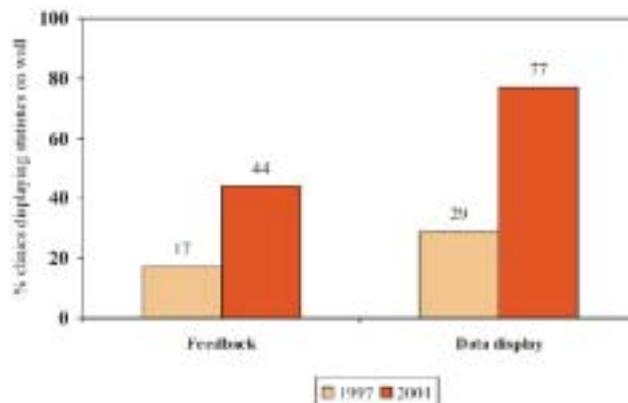
exist. As one manager so eloquently summarised the national use of DHIS:

"The DHIS forced us to re-look at what is important and what is not. We have geared information for action...clinics are able to use information to manage patients better. The EQUITY Project has played a major role in the training, support, and helping to change staff attitudes of using information."

Ronelle Niit,

Information Officer, Port Elizabeth

Health Information System



Since 1997, the percentage of Eastern Cape Province clinics displaying key health data on clinic walls has more than doubled.

ENSURING ESSENTIAL MEDICINES FOR SOUTH AFRICANS

Purchasing Power: Hospitals Improve Drug Management

“We used to have more staff doing long hours. Now we need less staff....and efficiency has improved. We are very happy about this [RX Store]...it helps ensure enough medicine stock for the hospital.”

Johan Van Wyk,
Senior Store Manager, Frere Hospital

Wasted resources, expired medicines, lack of budget control, and insufficient drug stock - these were a few of the problems the Eastern Cape's largest hospitals were facing one year ago as providers and pharmacy staff struggled to meet patient medicine needs. Today, thanks in part to EQUITY Project support, Frere Hospital in East London and Cecilia Makiwane Hospital in Mdantsane, South Africa's second largest township, have an up-to-date and practical software system they use daily to improve pharmaceutical management.

In 2001, the EQUITY Project partners launched *RX Store*, a custom-made software package developed to support the management of hospital drug warehouses and replace out-of-date or non-existent pharmacy management systems. Beginning with two hospitals, Project partners installed and trained key staff to use the

Drug Logistics Results

- Provincial health offices can now access stock levels directly.
- Dramatically improved drug availability in Eastern Cape Province clinics.
- Implemented innovative drug information systems being used nationwide to plan and allocate resources.
- Improved stock outs of key indicator drugs by 30%.

new system, which is proving to be an inexpensive and easy-to-use tool already improving medical supply management. As one staffer commented: “*The programme is not difficult, I wasn't computer literate and since we have gone to the computer system, we've picked it up easily with EQUITY training.*” Before implementation of *RX Store*, hospitals had difficulty tracking orders and monitoring budgets or supplier costs. Today, both Frere and Cecilia Makiwane are using *RX Store*, which generates and tracks orders and prioritizes and monitors budgets, to address problems. For the first time, hospitals are falling within their budgets while planning ahead and prioritising purchase and shipment of essential medicines.

The success of the *RX Store* lies not only in its low cost and ease with which staff can use the tool, but also in the staff empowerment experienced at all levels of hospital care. Through an incremental approach, hospital staff have assisted in



Able Bekezulu, Store Assistant, is grateful for the new *RX Store* system, which is helping him ensure adequate drug supply for Frere Hospital in East London.

refining and adapting the software to address particular needs of each health institution. As more hospitals and health centres around the country request the software, the EQUITY Project continues to ensure health managers at all levels are using the system to improve pharmaceutical control - and ultimately ensuring that patients have access to the medicines they need when they need them.



Ensuring sufficient drug stock is crucial to improving health services. The EQUITY Project has helped support development of an innovative software being used to ensure adequate drug supply.

“ [Our staff] is more involved and learning more. Stock levels used to be incorrect, and with [RX Store] we are continually updating stock levels that are correct. Also, doctors are phoning us and asking questions about medicines and we can answer [them]. ”

Johan Van Wyk,
Senior Store Manager, Frere Hospital

Pharmacy Snapshot

Check out the PharMIS article featured in [Computer Week \(21/5/01\)](#) titled “When the drugs don't help.”

Pharmis: National Data Warehouse Project

“Pharmis is a milestone project for the national DOH...MSH/EQUITY technical assistance has helped us a lot and put NDOH [in a position] to talk intelligently about drug issues at hand and answer key questions in our planning.”

Humphrey Zokufa, Chief Director,
Pharmaceutical Policy and Planning, DOH

South Africa's DOH, which spends in excess of R2 billion a year on pharmaceuticals, needed a way to garner information from nine provincial systems to better plan medicine distribution to clinics and hospitals nationwide. The national health system was struggling to share information and answer questions using diverse systems and covering large areas. How much have we spent on essential drugs this quarter? Are these drugs being used correctly? These are just a few important questions they can now answer. The Pharmaceutical Management Information System (PharMIS), launched by the National DOH in August 2001, is a ground-breaking pharmacy management information system software developed in collaboration with the EQUITY Project. This data warehouse is already proving to be a powerful and useful tool assisting health managers around the country to determine where drug expenditure is taking place and whether drugs are being used optimally.

The EQUITY Project partners first worked closely with key stakeholders to agree to share information, a big achievement considering the large number of departments involved. Project partners then worked with end users to ensure not only acceptance of a comprehensive management information system, but also to develop a system that would address their most significant concerns.

Today, PharMIS serves as a central store for all the information relating to pharmaceutical distribution nationwide. It is allowing National DOH and Provincial health departments to plan resources, distribute medicines, and cost significant drug expenditures to improve planning, resource allocation and save needed funds. Most importantly, DOH staff have the information they need to address problems - such as realising one depot was only filling 14% of its orders - resulting in hundreds of health centres not having the drugs they needed to save lives. As one manager summarised:

“[Pharmis] has given us the ability to identify where problems are, to clarify our long-term planning...it has given us the tools to estimate drug usage accurately, and to ensure suppliers provide an adequate supply of stock.”

Tony Odendaal, Systems Manager
Pharmaceutical Policy and Planning, DOH

ENHANCING HEALTH MANAGEMENT AND FINANCING SKILLS

Building Finance Capacity from the Ground-Up

“Suddenly people started seeing knowledge that was embedded in their context which was crucial to their action, but which had never been addressed before... which they had never seen before. They started to think strategically...”

Participant,
District Leadership and Management Training Course

Throughout South Africa, districts face challenges brought about by change. New public finance policies, recent appointments at all levels of the health system, the HIV/AIDS crisis, and decentralisation of health services to the district level have all placed new burdens on health staff struggling to manage increasingly scarce resources while addressing issues of equity. Financial management systems and skills are key to health improvements. A new district health system and the merging of administrative systems has meant that managers must forge new territory without role models or the full complement of skills needed to respond effectively to policy changes and critical health problems.



In collaboration with the Eastern Cape DOH, the University of Port Elizabeth, the University of Transkei, Fort Hare University, and Rhodes University, the EQUITY Project helped to create the District Health Management and Leadership (DHM&L) Programme in 1998. From modules on HIV/AIDS and maternal health to supervision and finance, participants acquire the skills they need to respond to new policies while building key health services and addressing organisational changes, such as decentralisation. The DHM&L Programme philosophy is to provide support for real workplace challenges. For example, as part of decentralisation and improved financial management, a national initiative to conduct district health expenditure reviews (DHER) was undertaken. The DHM&L Budget and Finance Course supported participants to implement DHER tools as experiential learning about financial analysis. The EQUITY Project assisted in the design and implementation of this course, which has empowered front-line managers to make key decisions on staff allocation, drug expenditures, and expansion or integration of PHC services.

“Before, there was no planning, budgets were not realistic. There has been a big shift...I'm doing my own budget now and know how to conduct operational planning.”

Calvin Claasens is one of those managers. As head of the Craddock Municipality, Eastern Cape Province, Calvin needed experience in budgeting and finance. Together, Calvin worked with colleagues to implement

An in-depth evaluation illustrated how the **DHM&L Programme** :

- Contributed significantly to impact and development of leadership vision in the district health system.
- Promoted innovative approaches to solving old problems in health management and assisted in developing benchmarked practice in a number of areas.
- Assisted in fast-tracking the implementation of the district health management system.

Geographic inequities in budget allocations for health were preventing districts from not only erasing disparities resulting from apartheid, but also meant adequate resources were not available to address key health problems in the most disadvantaged South African communities. This year, an exciting change in Eastern Cape DOH budget allocation resulted in the district health service budget achieving **geographic equity** for the first time, erasing former disparities that reached as high as 200%. By incorporating data from the Hospital Transformation Project (HTP) recommending appropriate staff levels, as well as through information from the DHIS, the DOH now distributes funds according to what is needed to ensure high-quality health services - not what was budgeted in the past. With EQUITY Project support, health districts now have the resources to address staffing issues and serve clients.

immediate changes. For one project, the team looked at the operating theatre utilisation rate in one local hospital and realised that the room was only being used one day a week for 1-2 hours, though it was open 5 days a week and staff stayed on, despite no surgeries. By shifting staff and opening the theatre one day per week, the district saved not only valuable resources needed for other problems such as TB and HIV/AIDS, but also moved under-utilised staff to wards in dire need of support.

To evaluate whether another clinic was needed, the team looked at workload and clinic utilisation rates and made a money-saving discovery that additional staff was needed - rather than a new clinic. This helped not only save valuable resources, but also by determining the real needs of the community, districts are now using scarce resources for plaguing health problems. The Cradock team sums it up best:

“This is sustainable...we now have the capacity. It gives meaning to what you do...I go back to staff and show why and analyse. The whole staff is benefiting...they also know how the budget works, and how things should be done. One doesn't 'me' anymore, it is now a consultative process, how 'we' do - it is everyone's process.”

Addressing Child Health in Challenging Settings

Every hour in South Africa, three children die of a preventable illness. Whether malnutrition, HIV/AIDS, or pneumonia, chances are the cause was preventable. In some parts of South Africa, infant mortality rates and childhood illness rival the poorest countries of the world. To effectively prevent and manage childhood illness, health clinics must work with families to ensure proper monitoring. Without adequate training, skills, and knowledge, this can be a daunting task. Recognising that youth are tomorrow's voices of change and progress, the EQUITY Project partners developed the **Child Health Module**.

As participants in the Child Health Module, three nurses from the Pelamba community decided to conduct a situation analysis on local child health services. Despite the deep rural area they worked in, the team did not perceive any significant health problems. The analysis, however, revealed something very different. Poor growth monitoring and ineffective child health promotion indicated severe problems were not being addressed. Lack of transport and village isolation were preventing many community members from actively participating in the health of their families. Through the Child Health Module, these three health managers learned to think differently; rather than merely recognising problems, they also devised a way to address them. Through assessment of local conditions - including long walks to clinics and rural isolation - the nurses realised that children were at high-risk of suffering from undiagnosed disease, such as malnutrition. To garner community support, the team met with clinic staff, clinic committees, and involved community members - particularly mothers. After presenting the findings, they worked hand in hand with Pelamba residents to devise a project in community weighing and growth monitoring that is already showing tremendous impact. Besides showing improvements in diagnosing and treating child health problems, the Pelamba community is now empowered to make decisions about its own health.



Every hour in South Africa, three children die of preventable disease. The EQUITY Project supports continuing education of health managers to ensure they can respond to child health needs, including HIV/AIDS, malnutrition, and respiratory illness.

SHARING EQUITY LESSONS

During 2001, the EQUITY Project partners continued to produce tools, materials, and publications reaching health managers, NGOs, universities, and public health leaders around the world. By refining mailing lists and improving promotion of publications at workshops, conferences, and other events, the EQUITY Project continues to demonstrate its commitment to sharing resources to help clients improve health service management in diverse settings. This year, the EQUITY Project launched a series of national technical seminars covering a wide range of topics, including quality of care, TB and capacity building. Hundreds of participants from around the country, including local NGOs, donors, universities and partners are beginning new dialogues about key issues in health.



Case Studies

The ongoing EQUITY Project *Case Studies* series explore crucial technical issues. From using radio to combat HIV/AIDS and collecting health information to district management training and caring for AIDS patients, *Case Studies* communicate often complicated information in simple language, concentrating on Project interventions and the successes of those interventions.

This year, the EQUITY Project produced two new Case Studies. **Case Study 13, “Using on the Job Training to Improve Clinic Skills”**, discusses the importance of training to enhance health providers skills. **Case Study 14, “Developing Community-Based DOTS”**, outlines an innovative solution to combating TB in hard-hit areas by using community health workers.

National Newsletters

Disseminated to hundreds of both provincial and national health officials, the EQUITY Project and DOH collaborate closely to produce the quarterly National Newsletter. In 2001, the newsletters informed readers of key technical issues including quality of care, HIV/AIDS, and supervision.

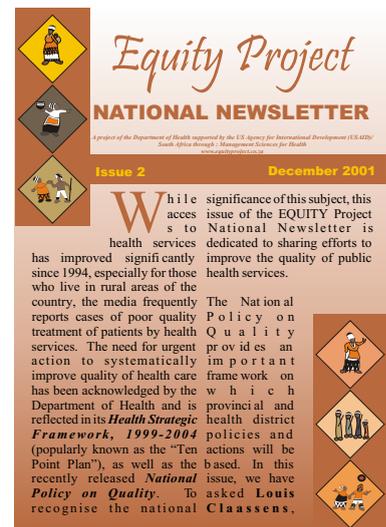
Primary Health Care in the Eastern Cape Province

Hailed by the Eastern Cape DOH as: “...an unbiased and epidemiologically sound reflection of the state of health in the communities and clinics of our Province, giving a clear picture of progress as well as remaining challenges”, the EQUITY Project and DOH launched the **Primary Health Care in the Eastern Cape Province 1997 to 2000** report in August 2001. The report is based on data from the annual facility surveys in the Eastern Cape, the district health information systems monthly data from all 650 Eastern Cape Province clinics, and the Demographic and Health Survey.

Ubomi

To combat the stigma of AIDS, the EQUITY Project supports dissemination of UBOMI, a stirring newsletter that makes AIDS a living reality. The newsletter, which features award-winning photojournalism and stories of HIV-infected individuals, also contains practical information about preventing and living with HIV.

This year, the EQUITY Project supported the distribution of special UBOMI editions to the more than 6000 primary and secondary schools in the Eastern Cape Province. Available in Xhosa and English, these



Innovative Programmes Reaching Urban Youth

were accompanied by a teacher's guide to engage youth through interactive games, activities, and exercises - all aimed at increasing both teachers and students' knowledge about HIV/AIDS. Ubomi is helping break down the prejudice and fear felt towards many HIV/AIDS sufferers. As one teacher so eloquently stated: *"Ubomi empowers educators to be confident enough to talk about HIV/AIDS...keep up the good work."*

Clinical Tips Series

Health providers need practical information to address supervisory challenges and satisfy client needs. The EQUITY Project **Clinical Tips Series**, developed in collaboration with INTRAH, provide these needed tools. Containing one page *Fact Sheets* on supervision guidelines, counselling skills, HIV/AIDS, diarrhoea management, and how to counsel clients, the series give PHC service providers key technical information and procedures, enhance decision-making and promote self-learning and self-evaluation. In one supervisor's words: *"The Fact Sheet made the learning session go faster. It gave me a purpose for engaging in a technical discussion with the nurse...[she] has changed."*

Developing and Implementing an HIV/AIDS Plan at District Level

To address the need expressed by district managers and other district level personnel for additional HIV/AIDS intervention information, the EQUITY Project partners worked collaboratively to develop this latest report. Offering health district managers and others working at the district level easy-to-implement HIV/AIDS interventions, the report is a useful tool to address the epidemic while managing increasingly scarce resources.



Life in Mdantsane, the second largest township in South Africa, is characterized by thousands of youth struggling to find their voices amidst poverty, unemployment, and HIV/AIDS. In November 2001, the EQUITY Project implemented Photovoice, a participatory community assessment methodology that puts cameras in the hands of communities, to give youth a new voice to address township problems. The Photovoice initiative enabled township youth to not only photograph and write essays about local issues, but also helped them use these tools to inform local policy makers, including community groups, community volunteers, social workers, teachers, and government agencies, to begin to address such problems.

The 16 participants, brought together through a local organisation called the Youth Academy, produced 80 photographs and narratives covering health and welfare, security, township life, education and training, economic opportunity, and community vision. The largest category of photos were in health and welfare, mostly addressing HIV/AIDS and demonstrating the devastating affects of the epidemic on South African youth.

"These pictures are proof of our membership in our communities," said Khanyiso Sangotsha. "By looking at them you can see clearly today that Mdantsane needs change."

The participants said the project opened their eyes to previously ignored aspects of Mdantsane, while policymakers responded positively to the project's exhibits. One councilor from the Amatola District Council has already called the Youth Academy to offer his help in solving some of the problems. Participants felt new motivation to take action to address issues such as HIV/AIDS, security, schools, sports, and economic opportunity. With the EQUITY Project support, young people are joining the ranks of advocates for change in their communities. Mdantsane is only the beginning.

"I didn't attend community meetings in the past because I always felt that I didn't have anything to say...but since I came here and worked in this project, I feel that there is a lot I can contribute in those meetings."

Gcinumzi Gobozi, aged 30

Nomso, a photovoice participant, took this picture and wrote: *'This young man has a sister, his own blood, who has tested positive for HIV. She decided to tell her family about her status. Her brother thought that she was already dead when she was HIV positive, so he decided not to eat the food she cooked, not even to use the spoon or the coffee mug she used, because he thought he could be infected with AIDS.'* We need to inform people about the normal life they can live with an HIV positive person.

Strengthening Community Participation in Health

Community involvement in health care is an essential component of PHC. In this publication, the EQUITY Project partners explore successful community initiatives addressing a variety of health problems. From community participation to combat TB to resources for improved clinic supervision, this comprehensive document brings together various tools, checklists, and real-life examples of the vital role of South African communities in improving health care.

Guidelines to Strengthen Community Involvement in District Hospitals

In this report, EQUITY Project partners compile existing published material on hospital boards to guide managers, district health training officers, and NGOs to improve community involvement in hospital management and encourage partnerships. These guidelines also reinforce EQUITY Project training in hospital board and clinic committee operations.



The EQUITY-supported Bambisanani booklets are important resources for health staff working in HIV/AIDS in other settings.

Forging New Partnerships: TB Stories

Developed to celebrate National TB Awareness Day 2000 and based on a collaborative effort between the National Tuberculosis Programme and the EQUITY Project this stirring compilation tells the stories of how TB has affected real people throughout South Africa. From a deep sea fisherman and a general practitioner to a politician and a nun, these stories serve as a useful tool to combat the stigma and prejudice of TB.

Bambisanani Booklets

The Bambisanani Project of home-based HIV/AIDS care is already serving as a community mobilization model nationwide. These three **Bambisanani booklets** present a summary of income-generation activities, methods for identifying children in distress, and a summary of baseline survey findings of community attitudes about HIV/AIDS. Compiling progress to date and documenting community attitudes and knowledge about the epidemic, the booklets provide important lessons and resources for personnel working in HIV/AIDS in other settings.

Contact Us

To order EQUITY Project 2001 publications and materials, or to see a list of all available publications, please contact:

- Mrs Melinda Meyer
c/o The EQUITY Project
Fax no : 040-635 1330
Mmeyer@equityproject.co.za

PHOTO CREDITS

*John Bennett
Carmen Urdaneta
Alan Vos*

DESIGN AND LAYOUT

Cathleen Fourie

