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EQUITY DROUGHT



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*“The Aloe ferox - a distinctive feature  
of the Eastern Cape Province”*

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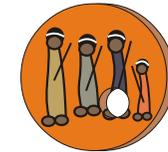
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“Partnership for Better Health”

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# Acronyms

AIDS Acquired Immune Deficiency Syndrome  
CD compact disc  
CHC Community Health Committee  
CHW Community Health Worker  
COHSASA Council for Health Service Accreditation in Southern Africa  
CORE Cost and Revenue Analysis Tool  
DHIS District Health Information System  
DHS District Health System  
DMT District Management Teams  
DOH Department of Health  
DOTS Directly Observed Treatment Short-course  
ECDOH Eastern Cape Department of Health  
EDL Essential Drug List  
FHU Fort Hare University  
HISP Health Information Systems Project  
HIV Human Immunodeficiency Virus  
HOPS Head of Pharmaceutical Services  
HR human resources  
HRM human resources management  
HTA High Transmission Areas  
IEC Information, Education and Communication  
IMCI Integrated Management of Childhood Illnesses

IT information technology  
INTRAH International Training in Health  
MDA Mineworkers Development Agency  
MSH Management Sciences for Health  
NAPWA National Association of People Living with HIV/AIDS  
NEHAWU National Health and Allied Workers' Union  
NGO non-governmental organisation  
PHC primary health care  
PPASA Planned Parenthood Association of South Africa  
PPP public-private partnerships  
PTC Pharmacy and Therapeutic Committee  
RU Rhodes University  
SANTA The South African National Tuberculosis Association  
SFH Society for Family Health  
STI sexually transmitted infections  
TB tuberculosis  
TEBA The Employment Bureau of Africa  
UNITRA University of Transkei  
UPE University of Port Elizabeth  
USAID United States Agency for International Development  
WHO World Health Organisation

# The EQUITY Project

*Assisting in the development of a more effective, efficient, equitable, affordable & sustainable health care delivery system for all South Africans*

Dear Friends and Colleagues:



History has presented us with many challenges. Injustice during years of apartheid left many black South Africans with little or no access to high-quality health services. With every challenge, however, comes an opportunity. In 1997, the United States Agency for International Development (USAID) formed a partnership with the Department of Health (DOH) and Management Sciences for Health (MSH) to establish the EQUITY Project, giving us the means to confront the challenge of correcting the inequities embedded in our health care system. This partnership, a seven-year endeavour, was originally designed to address the problems of historically-disadvantaged South Africans, particularly rural African women and children in the Eastern Cape Province. Since then, the EQUITY Project partners have succeeded not only in demonstrating lasting improvements in health access and quality in the Eastern Cape Province, but also as a model of successful collaboration as the Project expands nationally. By sharing best practices, tools, and approaches we have initiated together in the Eastern Cape Province, we can help to ensure that all South African families have access to affordable, high-quality health services.

The EQUITY Project's fourth year of operations was both challenging and successful. A new strategic framework helped not only to align Project goals with those of the National and Provincial Departments of Health, but also to focus Project activities while continuing national expansion. The Project's Annual Report 2000 is organised according to this new framework: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), Primary Health Care (PHC), Quality Assurance, Human Resource Management, Health Information Systems, Supplies and Logistics, Health Finance, and Management Systems.

The EQUITY Project partners are committed to developing comprehensive management systems to ensure that clients at every level-community, district, regional, and provincial-benefit from sustained improvements in health services. The Project evolved from an initial focus on developing partnerships and establishing a base for decision making during 1997, to

developing tools and strategies in 1998, and to expanding nationally and applying, publishing and distributing effective tools and approaches in 1999. During 2000, the partners focused Project interventions on increasing access to PHC services, with a new emphasis on HIV/AIDS.

### Communicating Management Information

Access to use of high-quality information is a crucial element of successful health service delivery. Since 1997, the EQUITY Project partners have used information in creative ways to enhance and supplement the Project's health and management interventions. Through radio, print and other media, the EQUITY Project partners have supported information/education/communication (IEC) activities that continue to inform thousands about HIV. The Project partners also produced and distributed numerous case studies, tools, and manuals covering a wide range of subjects. From a case study on management and leadership training to a report on improving PHC referral systems, and from a manual on supervision to a summary of recommendations on resource allocation--we gained practical knowledge about key issues affecting each community, district, and province in our country. This year, the Project's website was launched, <http://www.msh.co.za>, with valuable information on Project goals, strategies, tools, and partners, as well as links to a variety of resources.

### Confronting the Burgeoning Acquired Immune Deficiency Syndrome (AIDS) Epidemic

South Africa has one of the most serious HIV epidemics in the world. The XVII International AIDS Conference, held in Durban, South Africa during July 9-14, 2000 shed a harsh new light on the epidemic's impact. The EQUITY Project partners participated actively in the event, via presentations, dissemination of materials, and an informative booth with numerous staff in attendance helping an international audience learn more about the EQUITY Project and its innovative work in HIV/AIDS and primary health care. Throughout the year, the Project also developed several innovative partnerships to battle the AIDS epidemic. In the coming years, the EQUITY Project partnership will increase support for HIV prevention strategies and strengthen community involvement in the fight against AIDS.

### Forming Partnerships for Better Health

The EQUITY Project 2000 annual report will present major achievements in each of the strategic framework areas listed above. Throughout this report, you will read about the accomplishments achieved by the EQUITY Project partners and supported by Project resources, with financing made available by USAID. Together, the DOH and MSH have formed a strong

## The EQUITY Project Achievements

- Improved access to PHC services, including HIV/AIDS, sexually transmitted infections (STIs), and tuberculosis (TB).
- Increased empowerment and involvement of Eastern Cape Province communities in the health system.
- Increased management and leadership knowledge through development and use of tools and training.
- Disseminated case studies, manuals, and tools to thousands of health professionals throughout South Africa.
- Collaborated with dozens of NGOs, universities, communities, and other agencies to maximise the impact of health interventions.

### Specifically:

- Over 60% of health facilities in the Eastern Cape Province now provide all nine basic PHC services.
- 92% of Eastern Cape Province clinics now provide HIV counselling services at least one day a week and 98% provide STI services five days a week.
- Sites for antenatal HIV screening have increased from 14 in 1997 to 43 in 2000.
- 52.6% of children in the Eastern Cape Province are immunised.
- Over 80% of clinics now display their catchment area maps.

*Source: 2000 Annual Health Survey, SADHS 1998, ECDOH  
Epidemiology & Research Unit*

team capable of joining with international and national non-governmental organisations (NGOs), the private sector, public institutions, universities, and communities throughout South Africa.

In this annual report, you will also read personal stories of how simple improvements in health services have affected the lives of individuals and communities throughout the Eastern Cape Province, how AIDS is impacting on all of us and our work, and how relevant tools, materials and approaches created by the Project partners are helping to achieve our common vision of health for all South Africans. The challenges can only be surmounted through continued collaboration. Together, we will ensure that all South African families can look to a bright, prosperous, and healthy future.

Signed,

A handwritten signature in black ink, reading "T. D. Mbengashe". The signature is written in a cursive style with a long horizontal stroke at the end.

Thobile Douglas Mbengashe



# Challenges & Constraints

*“In a time of drastic change, it is learners who inherit the future.  
The learned find themselves equipped to live in a world that does not exist.”*  
--Eric Hoffer

**A**nticipating and adapting to change is essential to successfully implementing health and development programmes. During its fourth year of operations, the EQUITY Project partners continued to demonstrate flexibility in responding to changing circumstances. The following issues, however, have posed significant challenges to Project goals.

## Government Changes

Establishing sustained institutional capacity has, and will remain, a key Project strategy. High staff turnover rates, local government restructuring, and resource constraints have slowed the establishment of district health systems and hindered institutional capacity strengthening. The restructuring of municipalities and the transfer of control of PHC services both pose specific challenges to maintaining current levels of service delivery and fully integrating formerly fragmented health services. The EQUITY Project partners are addressing these challenges through technical assistance, participation in national, provincial and local government task forces, and management capacity development across the Eastern Cape Province.

## The AIDS Epidemic

South Africa has one of the worst HIV epidemics in the world. It is estimated that by 1999, approximately 4,2 million

of the South African population were infected with HIV. In the most resource-starved areas, health care systems are unable to cope with the added burden of HIV/AIDS. Further, South African society is losing crucial members needed to create a prosperous future: doctors, teachers, nurses, labourers, and business people. The EQUITY Project partners are placing a new emphasis on combating AIDS through a strategy of public and private collaboration. These extended partnerships implement comprehensive HIV initiatives that incorporate informational materials, use of media, home-based care, school-based programmes, and communities across the Province.

## Transportation

In many regions throughout the Eastern Cape Province, particularly Regions D and E, transport problems impede successful execution of priority health interventions. Failed transportation systems obstruct supply of essential drugs and materials, effective regular supervision, referral of patients, outreach services such as home-based HIV or TB care, and adequate response to emergencies. The EQUITY Project partners employ innovative strategies to address transportation problems in the



Eastern Cape Province, including the use of motorbikes. Project funding has also been used to purchase vehicles to enable appropriate district management and supervision.

### Resource Allocation

Though the Eastern Cape Province is the poorest province in South Africa, its health allocation provides less financing per capita for health, including supplies and services, than any other province. Uncertainty and insufficient funding to effectively implement programmes and management systems hinder the EQUITY Project partners from achieving Project goals. Further, devolution of PHC to local governments is also threatened by resource constraints. Since expenditure on personnel are protected, overall budget constraints affect allocation for supplies, maintenance and subsidies to local government and NGO providers. No new equipment has been purchased for three years and maintenance allocations have been nearly eliminated. Finally, all other allocations have been reduced as wage increases require a growing proportion of the global health allocation. The EQUITY Project partners will continue to address these concerns through research, technical assistance and the formulation of strategies and recommendations.



# Forging Alliances to Combat the Spread of AIDS



*Caring for terminally ill AIDS patients often becomes the responsibility of women with little access to support. The Bambisanani Project aims to establish support groups and train care supporters that are helping women care for loved ones at home.*

South Africa has the largest number of people living with HIV/AIDS in the world, as well as one of the world's fastest-growing epidemics. Already, an estimated 20% of adults are infected with HIV. Among pregnant women, 25% are infected<sup>1</sup>. AIDS is devastating the population and impinging on improvements to PHC services in South Africa. The epidemic has

already taken an enormous toll on all sectors in South African society and will leave a lasting legacy of orphans, overburdened health systems, and decimated communities. Coupled with TB, poverty, lack of information, illiteracy, unemployment, and low condom use, the HIV challenge requires partnerships involving all sectors of society, including private organisations, government agencies at all levels, and community leaders and members.

During 2000, the EQUITY Project partners used a variety of interventions to combat the spread of AIDS. From

informational materials and presentations (*see box*) to innovative collaboration with the public and private sectors, Project partners are helping to ensure that South Africans are educated about HIV and are better prepared to prevent and deal with infection.

## In Partnership to Help Each Other: The Bambisanani Project

The Eastern Cape's Region E, part of the former Transkei homeland, has some of the worst health indicators in the world. Just one doctor is available for every 16,592 of the people, only 16% of clients complete their TB treatment, and unemployment exceeds 65% in most areas. Further, more than 70% of the region's hospital beds are occupied by HIV patients. Coupled with the highest infant mortality rate and lowest life expectancy in South Africa, Region E is in a critical and deteriorating situation. To make matters worse, each week the region receives repatriated mine workers, cane cutters, and other migrant labourers who are disabled as a result of HIV/AIDS. The care of these men often becomes the responsibility of women and children who have inadequate support and information.

## EQUITY Project Publications

- *Case Studies:*
  - ✓ Caring for AIDS Patients
  - ✓ Use of Radio in the Fight Against AIDS
- *UBOMI Living Newsletter*
- *Fact Sheet: HIV and AIDS Prevention*
- *Home-Based Care Conference Report*
- *Poster Presentation: Mapping High-Transmission Areas, XVIII International AIDS Conference*

<sup>1</sup> UNAIDS, June 2000

Langa, a mine worker from Region E, decided to test for HIV after participating in the National Union of Mineworkers programme. Langa was shocked to discover he was infected. He was encouraging his co-workers to use condoms when they visit local women for sex, and many of them were listening.

Langa was hesitant to tell his wife Nothembile about his HIV status, but realised that he must. When he returned home on leave, he accompanied Nothembile to the clinic for an HIV test; it came back positive, and the couple was advised to test their six-month old baby as well. The baby, Vuyani, tested positive. Langa decided to stay at home when Nothembile and Vuyani became ill and appreciated the help of Nothembile's Directly Observed Treatment Short-course (DOTS) supporter, a volunteer from the community who visits every day to give her TB medicine. With help from the EQUITY Project partners and the Bambisanani initiative, Langa was put in touch with a local official who gave Nothembile a Home-Care Kit containing linen savers, soap, rehydration solution, gauze, vaseline, betadine, gentian violet, calamine lotion, gloves and pain tablets. The kit helps make Nothembile comfortable as her condition worsens.

Langa knows he cannot return to work at the mine. He is comforted to know that he can be trained for new work, such as breadbaking, by the Mineworkers Development Agency. Langa often lies awake at night, worrying. However, he is thankful for local initiatives, made possible through the Bambisanani partnership, that are helping him to deal with the burden of AIDS.

Funded by Bristol-Myers Squibb, the EQUITY Project and Gold Fields Community Trust, the Bambisanani Project is responding to the emerging HIV/AIDS-related needs for home-based care and support. An innovative partnership among the EQUITY Project partners, the Employment Bureau of Africa (TEBA), Gold Fields Ltd, South Coast and Transkei Hospice, the Planned Parenthood Association of South Africa (PPASA), the National Health and Allied Workers Union (NEHAWU) and the Mineworkers Development Agency (MDA), the Bambisanani Project worked in three communities during 2000 to:

- Increase access to psychosocial support for families affected by HIV by building on local efforts to establish drop-in centres and support groups.
- Identify income-generating activities.
- Enhance home-based care by recruiting and training home-care supporters who conduct home visits with home-care kits (*see box*), supplied by the DOH.
- Develop community capacity to care for loved ones by educating community leaders, women's groups, youth groups, and traditional healers.
- Support and care for children in distress.

The key to success of the Bambisanani Project has been the innovative partnership between public, private and NGO organisations. Through its technical management and training experience, the EQUITY Project partners complement the in-depth, local knowledge of the Bambisanani organisations. In the coming year, the

Project will supplement this extended partnership as it expands its reach to other South African communities affected by AIDS.

### Fighting STIs and HIV in High-Transmission Areas (HTAs)

Migrancy and the trade and trucking industries create a high demand for commercial sex in many communities. Commercial sex workers, in turn, have high rates of STI and are, therefore, more susceptible to contracting HIV/AIDS. These HTAs have an urgent need for accessible and friendly STI services and for additional HIV prevention information and promotion. Walmer in Port Elizabeth, part of Region A of the Eastern Cape Province, is such a place. Walmer has high STI and HIV rates, as well as a large number of sex workers, mostly due to its proximity to the city centre, the beachfront, and key highways. In 1999, the EQUITY Project partners joined the University of Port Elizabeth (UPE), University of North Carolina MEASURE Project, University of Zimbabwe, and PPASA, to begin a pilot project to recruit and train local sex workers as peer



*Bars and shebeens are prime targets of EQUITY Project initiatives to increase HIV awareness and distribute condoms. In Walmer, sex workers trained as peer educators by the EQUITY Project partners distributed almost 20,000 condoms this year at local bars, shebeens, and truck stops.*

Lulama, a peer educator in Walmer, a township outside Port Elizabeth, told the moving story of one of her close friends. Tobeka was Lulama's fellow peer educator and also a sex worker doing community outreach to improve awareness about AIDS, condom use, and STIs. Tobeka was one of more than 16 peer educators trained by the EQUITY Project in the Walmer township and served as a strong example of what such a programme could provide. Tobeka was one of the most outspoken peer educators, she was funny and bright and had gained respect in the community. In August 2000, the community lost a powerful voice against HIV when Tobeka died of an AIDS-related illness. Her last wish to use her funeral as a learning opportunity came true when her family and fellow peer educators rallied the community to talk about the dangers of unprotected sex and share the message that AIDS kills. Lulama is sad to have lost a close friend, but is determined to use her work as a peer educator to ensure that Tobeka's legacy lives on.

educators. With guidance from the University of Zimbabwe, each partner brought particular expertise to the project: UPE conducted preliminary research, the MEASURE Project established baseline indicators, PPASA trained health workers to be friendlier when providing services, and the EQUITY Project partners contributed management, training, and technical support. The partners, including the DOH, also works with local NGOs, churches, traditional healers, and the National Association of People Living with AIDS (NAPWA).

The EQUITY Project partners' mapping and assessment identified lack of STI and HIV knowledge and inconsistent condom use in the community. A plan was developed to train peer educators to reach sex workers and other community members.

Using criteria such as good communication skills and commitment to self-development, the EQUITY Project partners recruited and trained sixteen sex workers to work as peer educators. This group uses training in general health and hygiene, family planning, STI, HIV/AIDS, facilitation, leadership, and quality assurance to conduct daily participatory outreach meetings and distribute condoms in women's

homes, communal meetings points, markets, shebeens, bars, truck stops and other sites associated with casual or commercial sex. Using singing, dancing, dramas, role-plays, graphic pictures, and condom demonstrations, the peer educators have increased HIV awareness in the community. To ensure appropriate monitoring, each peer educator reports outreach and condom distribution data to the local Municipality AIDS Committee. The EQUITY Project and its partners are also educating local health workers to ensure user-friendly STI, HIV, and other health services. During 2000, EQUITY Project partners:

- Increased HIV awareness and condom use in the Walmer community;
- Reached more than 3000 people with HIV information and education;
- Distributed almost 20,000 condoms;
- Motivated some sex workers to change behaviour and elevated their status in the community.

The EQUITY Project has collected baseline data for two additional HTA pilot sites. Using effective partnerships, best practices, and high-quality training, the Project partners will reach even more populations at high-risk for contracting HIV/AIDS.



*Poverty, high unemployment rates, and often inaccessible health services are also to blame for rising HIV/AIDS. The EQUITY Project partners target social marketing campaigns to informal settlements like this one, called Duncan Village located near East London, to help increase HIV prevention awareness.*

## Society for Family Health

*Improving the health and quality of life of lower-income South Africans*

The Society for Family Health (SFH), an affiliate of Population Services International, is an international non-profit organisation dedicated to using social marketing as a tool to improve the health of needy people. Since its inception in 1992, SFH has focused on AIDS prevention as a priority health need for South Africa and has become one of the leading organisations in the fight against HIV/AIDS. In addition to marketing Lovers Plus male condoms, SFH is involved with policy, advocacy, condom promotion, and behaviour change campaigns.



*“Radio is still the most accepted and accessible communication medium for South Africans”.*

## Educating Youth About AIDS Through Innovative Social Marketing

AIDS will claim the lives of around a third of today's 15-year-olds in Africa<sup>2</sup>. The gravity of the AIDS epidemic mandates the need for innovative, cost-effective methods capable of reaching the highest number of people possible. In 1997, the EQUITY Project formed a partnership with the social marketing firm, Society for Family Health (SFH) (see box) to increase HIV prevention strategies designed for hard-to-reach populations, particularly youth.

*Youth Health Radio Programme:* Radio is still the most accepted and accessible communication medium for South Africans. After an initial pilot project, the EQUITY Project partners under the leadership of SFH launched a radio programme targeting 15-25 year olds in the Eastern Cape Province with HIV and other health promotion messages. To better determine young people's knowledge and attitudes about HIV/AIDS and other health issues, the EQUITY Project partners conducted a baseline survey in four schools of the Eastern Cape Province. The schools were then given two wind-up *Freeplay*© radios, and listening groups of 20 students were formed each monitored by teachers and nurses. These students form a nationwide audience of more than three million listeners each Thursday to listen to the *Youth Health Radio Programme*, carried on the Umhlobo Wenene Radio Station in Port

Elizabeth. Local experts provide information and advice on HIV, condoms, domestic violence, teenage pregnancy and other issues. Preliminary research indicates that the word is getting out; listenership has increased considerably since the programme was launched. One woman told the radio hosts that even though she doesn't have children, she is now talking to her friends' children about HIV and telling them where they can get condoms.

*“There are very difficult problems,” says Roy Moatlhodi of SFH, who helps coordinate the radio programme, “but we can at least offer some help. We are reaching out to people who have no other support, and initial evaluations show we are making a difference.”*



*Together with SFH, the EQUITY Project supported a large HIV education project in the Mdantsane township as well as life-skills training of more than 14,000 students through the international NGO Youth for Christ, which has been educating young people for 54 years. Students are using their training to dispel myths around HIV/AIDS, discuss sexual rights, and to advocate for abstinence and condom use. These students proudly display their AIDS education certificates.*

<sup>2</sup> UNAIDS, 2000

## Talking Openly About Sex: National AIDS Roadshows

Poverty-stricken and isolated communities are particularly vulnerable to HIV/AIDS. The Black Road Squatter Camp, located near Mdantsane, the second largest township in South Africa, is home to almost 3000 people. With an unemployment rate greater than 90%, tin shacks spread out over the hillside, and a considerable distance to the health clinic, this is the type of community Group Africa visits every day. With support from the EQUITY Project partners through SFH, Group Africa conducts "road shows" around the Province often visiting 3 or 4 communities each day. Their goal is not only to increase awareness of HIV and educate people about using condoms, but also to do so in an interactive, energetic way.

As the Group Africa truck pulls in to the Black Road Squatter Camp, there are a few people walking along the dirt road, but the mid-day sun and harsh wind is keeping most families in their homes. As the crew begins to set up, popular music starts thumping from the large speakers. Soon, young children begin to gather and dance. More and more families come out of their houses, and women on their way to fetch water stop out of curiosity. By the time the show begins, there are hundreds of people gathered around the stage, waiting to hear more. A large banner reads "CONDOMISE" and depicts the AIDS ribbon and Lovers Plus Condoms, SFH's socially marketed brand. The young hosts, Paul and Tandi, get on stage and begin by asking for volunteers to participate in a dance contest. Tandi begins waving a "Lovers Plus" T-shirt to indicate the prize the best dancer will receive. Everyone raises their hand and soon three young people are on the stage. They are between 13-18 years old, and studies indicate they are probably sexually active.

The music begins again, and once the crowd has chosen the winner, Tandi asks the young people if they know what AIDS is. "Yes," they tell her and one of them responds: "It destroys your organs." The hostess shouts, "AIDS KILLS!" and the crowd yells in agreement. The actors then begin to ask them about condoms. The youth have heard of them but are not using them, so Tandi performs several scenarios saying 'no' to a partner when he refuses to use a condom. Paul and Tandi are attractive and young, and it is clear that the crowd likes them. Youth are more likely to listen to these messages when they are communicated by someone they want to emulate, such as this "hip" young couple, wearing sunglasses and dressed fashionably. These road shows also use popular artists and actors that travel around the country talking about the danger of AIDS and the importance of using condoms. The three volunteers on stage are embarrassed to admit they do not know how to use condoms so Paul and Tandi do a condom demonstration and distribute samples to the crowd.

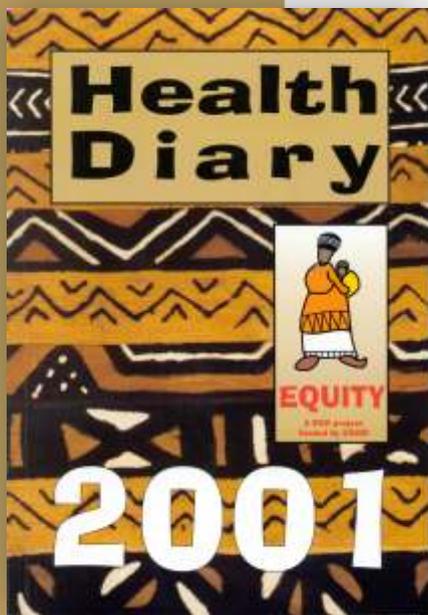
"SAVE YOUR LIFE!" they yell, and the crowd again shouts in agreement. The last part of the show is a test: two volunteers are brought on stage and asked to choose between a T-shirt and a canvas bag, then between a water bottle and cap, and finally between a condom and a compact disc (CD). When both of the volunteers choose the CD, all the prizes are taken away. The scenario is repeated until a young teenage girl, who tells the crowd she has



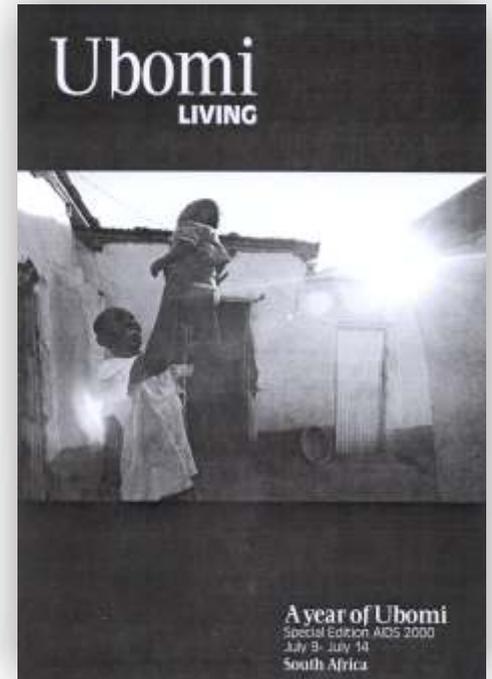
*The EQUITY Project partners support road shows that tour the country educating communities about HIV. The interactive and energetic shows involve role-plays, music, and condom demonstrations*



a boyfriend, chooses the condom over the CD. The road shows, which typically last one hour, energise and engage the crowds. As the music plays to end the show, the crowd begins to dance again. One young woman says that she refers the clients in her shebeen to places in the community where they can get condoms. Another woman says her boyfriend refuses to wear them, but she will try. They have learned some valuable lessons: AIDS kills, and though a CD may be expensive, it cannot save your life.



*A Health Diary and Calendar produced by EQUITY partners and SFH help inform health providers throughout the Eastern Cape Province about national health days. The materials help users plan community awareness activities to educate about priority health issues.*



*To combat the stigma attached to AIDS, the EQUITY Project supports dissemination of UBOMI Living, 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 living with HIV. In the coming year, the EQUITY Project partners will support distribution of UBOMI, with an accompanying teacher's guide, to the more than 6000 primary and secondary school teachers in the Eastern Cape Province.*

# Partnering to Improve Primary Health Care Through the District Health System

*“EQUITY has been the most significant factor in PHC development in this area.” Deputy Director for Health Services, Port Elizabeth*

The apartheid regime in South Africa established a fragmented health system whereby PHC lacked the strategic, consistent approach needed to ensure high-quality health services. Further, the divided system excluded communities from influencing or communicating their health needs.

Since its inception, the EQUITY Project partners have worked to develop a PHC package which defines activities, health care personnel, equipment and supplies at each level of the health system: community, clinic, health centre or district hospital. In addition the Project formed innovative partnerships that have improved clinical skills to deliver PHC, enhanced TB case management through community involvement, and increased use of referral systems.

## Addressing Providers' Training Needs

Lack of coordination, under-utilised resources, unsystematic implementation and inadequate supervision -

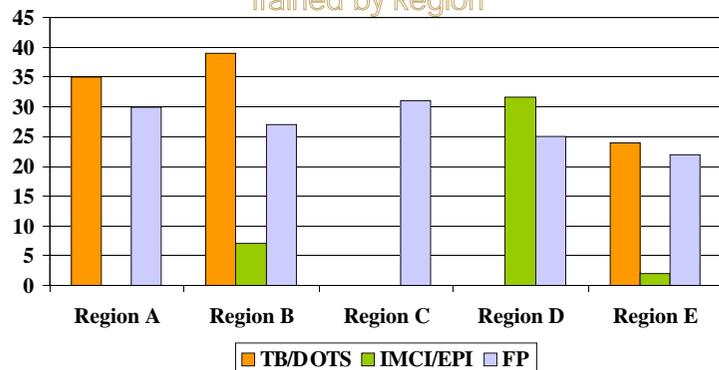
these were just a few of the problems facing clinical nurse training programmes in the Eastern Cape Province before 1997. Not only did each region have a separate clinical skills training course, but the modules also concentrated on curative medicine and lacked essential preventive, PHC instruction. Today, thanks in part to the EQUITY Project partners, and collaboration with International Training in Health (INTRAH) and with the ECDOH clinical training coordinators, not only are more clinic nurses receiving consistent, need-based, training focused on curative, preventive medicine and PHC, but their supervisors are also benefiting

## EQUITY Project Publications

- **Case Studies:**
  - ✓ Referrals from Primary Health Care Clinics in the Eastern Cape Province.
  - ✓ Achieving Integrated Primary Health Care Services in the Eastern Cape.
- **Fact Sheets:**
  - ✓ Counselling Skills.
  - ✓ Counselling Clients and Providing Contraceptive Methods.
  - ✓ Managing Diarrhoea in a Child.
  - ✓ HIV/AIDS Prevention.
- Functional Integration of Primary Health Care Within the District Health System.
- Priorities in Child Health: A Five-Volume Training Series.
- Inpatient Management of Children with Severe Malnutrition.

## PHC CLINICAL TRAINING SUMMARY JAN-DEC 2000

Number of Clinic Supervisors, Tutors & Trainers  
Trained by Region



from enhanced capacity and access to useful materials. Most importantly, nurses and supervisors are using the new skills to improve PHC for families across the Eastern Cape Province.

Clinic nurses need practical training based on the priority needs determined by the DOH and their communities. For this reason, the EQUITY Project under INTRAH's technical leadership has designed a standardised training curriculum aimed to empower

service providers to be better managers, supervisors, trainers, and most importantly, to ensure they have the needed skills to provide high-quality PHC specific to their environment. To help supervisors conduct on-the-job training, the EQUITY Project partners under INTRAH's technical leadership created "Fact Sheets" that reinforce skills such as counselling, HIV prevention, and management of childhood diarrhoea. Since

implementing the Fact Sheets, nurses are more motivated to do their work and clients also feel that their problems are being listened to. The Fact Sheets also provide technical information to supervisors, many of whom needed updated technical skills. The partnership has been two-way during training, EQUITY Project partners' tools and approaches are field-tested, and on-the-job realities are considered. Participants, on the other hand, take ownership of the materials



*Clinic supervisors, trainers, tutors and health care providers from clinics across the Eastern Cape Province have benefited from EQUITY Project partners training. These participants from Aliwal North have improved their ability to provide integrated PHC services.*

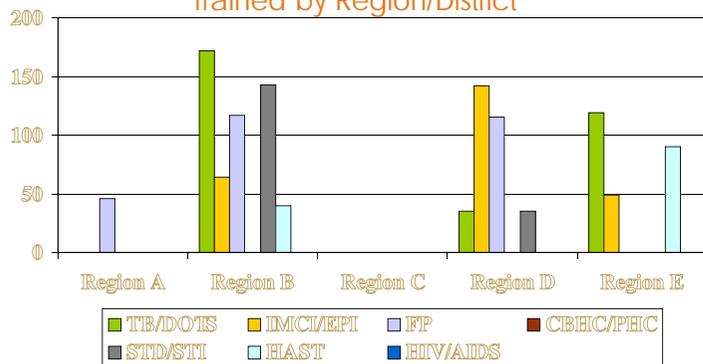
and enhance their technical and supervision skills. One supervisor talked about the impact of using the Fact Sheet and training with a nurse: *"[The fact sheet] seems to have changed her, she is more receptive to patients and seems to take more time...It seems to be building the relationship between us - the nurse and supervisor. I want to continue using this technique in my supervisory visits. I can see the result almost at once!"*

Other activities undertaken with INTRAH's technical leadership include:

- Clinical Guidelines for Contraceptive Services - being used by clinical nurses for guide and reference to provide effective contraceptive care.
- Improved technical knowledge of supervisors to better manage comprehensive PHC, particularly TB.
- Expansion of on-the-job training to cover a total of 20 districts in the Eastern Cape Province.

## PHC CLINICAL TRAINING SUMMARY JAN-DEC 2000

Number of Health Care Providers  
Trained by Region/District



Milicente Magidela is the Deputy Chairperson of the CHC serving Mzamomhle, an informal settlement in the Eastern Cape Province. She is also a local community health worker (CHW). Milicent began visiting her local clinic when she had nothing else to do; she helped sew aprons and bedspreads as part of an income generation programme the clinic runs. From there she agreed to serve as a CHW. Milicent became involved with the CHC because she felt that her voice needed to be heard. Milicent is very proud that the committee supports each CHW and recognises the important role they play in health service delivery. One day, as Milicent was making door-to-door visits, she came across a man who had been injured in the head by an ax. He had little food and was living alone, but would not visit the clinic because he felt it was a sign of weakness. Milicent was initially unsuccessful in convincing him and therefore visited the man each day to dress his wounds, make him food, and try to convince him to visit the clinic. As the days progressed, she noticed the man was getting worse. Afraid that he would die, she tried again to convince him and finally he agreed. Today, he still thanks Milicent for her help. "This is what I am most proud of," she said, "being a part of the CHC has helped me in my job as a community health worker. I advocate for the clinic every day. I have also been able to influence the committee's work by informing them of local health needs. I have gained more respect and am seen as someone of authority. I am doing my part to help my community."

## Community Governance of Health Services

Effective service delivery depends not only on facility staff, but also on the participation of stakeholders. These two must form partnerships to establish and run hospital boards and community health committees (CHCs) that are representative of the clients they serve. For many years in the Eastern Cape Province, CHCs functioned irregularly and with no guidelines, little oversight, and no binding constitutions. Today, the EQUITY Project and its local partners are helping CHCs and hospital boards make a successful comeback.

In close collaboration with health facilities in the Eastern Cape Province, the EQUITY Project partners have helped to establish functioning CHCs and hospital boards that accurately reflect the people they are serving. From

traditional healers to teachers, and from young people to church leaders, each person's skills are taken into consideration as committees are formed. Tools developed by the EQUITY Project partners are used throughout the development process; mapping identifies the population served and guidelines and training maximise the skills each member brings. The Project has also helped their committees foster partnerships with health providers, DOH, and NGOs.

In the first few months of 2000 a series of workshops was held for CHCs in Regions A, B and E. This completed a larger series started in 1999 which also tested and validated three checklists which had been developed; one to help committees to define their role, another to enable them to do a situation analysis of their local clinic and its services, and the third to scan through, by life stages, all the possible community-based activities they might encourage and support.

The lessons learned in these workshops for committee members, district and regional health staff about establishing and the functioning of CHCs have now been consolidated into a document. This document which includes the 3 checklists and their validation has been prepared for publication in January 2001.

The recent facility survey conducted in mid-2000 has found that over 70% of clinics reported having functioning CHCs, and 91% of these functioning CHCs were meeting at least once every month, up from 77% in 1999.

*"Raymond, what makes you a caring treatment supporter?" He pauses a while and looks past me ... It is as if he is reflecting on something. Slowly he replies, "I have had TB twice. I have swallowed that handful of pills. I know the taste. I have also been scolded by the nurse for being a bit shu-shu (intoxicated). I had to find my own way to pension offices and hospitals. I have been hungry."*

Another pause. Raymond looks me in the eye and says, *"Ubuntu Mama. Umntu mguntu mgabantu"*. (You need a person to be a person)

- "A Taste of TB", by Ria Grant

This excerpt illustrates how Raymond's experiences motivated him to be a caring DOTS treatment supporter in his community. "A Taste of TB" is one of 28 stories captured in a booklet developed by the EQUITY Project partners to commemorate World TB Day. The booklet tells the powerful stories of TB-infected individuals, treatment supporters, and nurses and describes how TB has impacted many lives. Their hopes, fears, joys, and sorrows depict both the challenges and successes of TB treatment around South Africa. These stories serve as a powerful tool to educate communities around the country that TB is a killer, but most importantly, that they are not alone.

Though facing tremendous challenges, including lack of transport and support, the EQUITY Project partners will continue to work closely with communities throughout the Eastern Cape Province to ensure that their stories are used to educate others about TB.

The community health workers began by singing beautiful songs they use to inform the community about TB and HIV (“DOTS, Direct Observation and Treatment, is what we need to do...”). Amidst a neighbourhood of abject poverty, the CHWs greeted their neighbours as they walked to visit patients recovering from TB to give them their medication and check on their general health.

One woman was alone in her small, one-room tin house. The walls were covered with newspaper and there was one small bed. This woman lived alone in the small hut and told the CHWs that she had moved there from the countryside so that she could be near the local clinic and could receive her TB medication. She preferred to live there, alone in her sister's house, so that she could continue her regimen and be cured of TB. This is just one of many stories that illustrates the EQUITY Project's impact in destitute areas. It also illustrates the real need addressed by several hundred CHWs serving throughout the Eastern Cape Province. Each CHW receives training in basic health promotion and visits patients 5 days a week. In the coming years, the EQUITY Project will continue to work with CHWs in delivering PHC services. As their knowledge of health problems expands, so does that of their clients.

Hospital boards are another structure provided for in the Eastern Cape Provincial Health Act which brings together community members and their health services. The EQUITY Project partners have conducted workshops for 12 hospital boards in Regions B and C and have at the same time been developing material which has now been the basis for draft guidelines. These guidelines aim at strengthening community involvement in District Hospitals and at the same time to assist hospitals to become more involved in such district programmes as TB, HIV/AIDS and Maternal, Child and Women's Health. Working closely with district managers across the Eastern Cape Province to revive non-functioning hospital boards and clinic committees, and by instilling skills in fundraising, action planning, and human resources, CHCs and hospital boards across the Eastern Cape Province are demonstrating the power of a community to help itself.

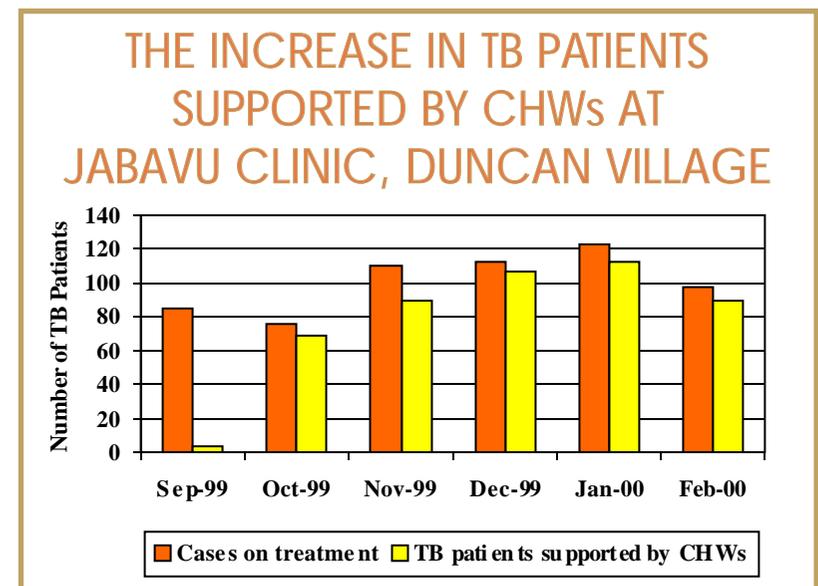
### Combatting Tuberculosis through DOTS

It is estimated that there are 160,000 new TB infections every year; at least 30% of new cases are attributable to HIV infection<sup>3</sup>. TB is a significant contributor to unemployment, poverty, and overburdened health systems across the country.

“Informal settlements”, housing that have sprung up around townships and in peri-urban areas, are places of misery and poverty in South Africa. As TB epidemics continued to rise in these settlements and across the Eastern Cape Province, the EQUITY Project partners recognised the need not only to involve communities in the health decision-making process, but also to increase local efforts to ensure higher TB cure rates, counselling, and care. The EQUITY Project partners work with several clinics throughout the province to bring a more community-oriented perspective to the clinics' work. By training local community

members to serve as CHWs, the Project partners have not only done this, but also improved TB cure rates in some communities. CHWs are sometimes paid a small incentive though most are volunteers. DOTS supporters are always volunteers and can be classed as CHW. Although some might start with training in TB and HIV many also receive some other training and take on more health-related activities in the community. Additional activities might be health education and health promotion in children and home care. (See box)

Having CHWs follow-up patients through the treatment support method known as DOTS ensures that a complicated medication regime is followed consistently. The EQUITY Project partners have also developed checklists for community-based DOTS volunteers, available both in Xhosa and English, to ensure proper treatment and protocols for TB patient care. DOTS supporters then report on their activities at monthly clinic meetings. Tracking systems show that CHWs in local pilot projects are reducing the number of patients defaulting and are also locating more TB patients within the community. During 2000, more than 130 clinics were doing DOTS and following close to 1000 patients. (See graph)



<sup>3</sup> The South African National Tuberculosis Association (SANTA), 2000



*The EQUITY Project partners have trained CHWs in areas of the Eastern Cape Province to administer DOTS in patient's homes to combat TB. Tracking systems show that CHWs are reducing defaulting and also locating more TB in some communities.*

The EQUITY Project partners are involved in numerous campaigns to increase TB awareness across the Eastern Cape Province: from training of programme managers to improve TB management to improving the quality of laboratory services, the Project will continue to foster its successful partnership with the ECDOH to combat TB. The EQUITY Project partners have also worked with communities, such as Port St Johns and Umzimkulu, to address issues contributing to low TB cure rates. By addressing transport, ineffective registers, and other problems, the EQUITY Project partners helped these communities take the initiative and make needed improvements in their

programmes. Results have been positive; one community formed a multi-sectoral team to deal with TB. Register rates in both communities have improved significantly.

The EQUITY Project partners' ability to help build strong partnerships within communities has played a crucial role in improving health services in the Eastern Cape Province. The Project's PHC initiatives, like all aspects of the EQUITY Project, involve everyone from government agencies and church leaders to teachers, health volunteers, and traditional healers. Whether providing health information to students or referring

community members to the clinic, each partner plays an essential role in demonstrating impact and, most importantly, ensuring long term sustainability and developing the capacity of each community, a key element of the Project.

### Increasing Utilisation of Referral Systems

South Africa's previous government established a health system whereby people often bypassed local health clinics and instead went to hospitals, placing an unjustified and expensive burden on these facilities and outpatient services. When high quality PHC services are available at the clinic level, however, communities can receive the basic care they require in most clinics. Further, local clinics that appropriately refer patients to hospitals also gain credibility by moving needed cases to more specialised facilities. An effective, smooth functioning referral system makes PHC not only more unified, but also more financially sustainable.

To assess the effectiveness and appropriateness of referrals in the Eastern Cape Province, the EQUITY Project partners conducted a study on referral patterns between clinics and district hospitals or health centres and from those hospitals to secondary and tertiary facilities and specialty clinics. The study highlighted numerous problems. For example, two thirds of the inter-provincial referrals should have been handled in the Eastern Cape Province, while use of back referral letters, which are essential to ensure continuing care, was unacceptably low. The study also highlighted numerous regional inequities with respect to communication (radio, telephone) and transport; Region E,



*High blood pressure is a significant risk factor for maternal mortality. The 1998 National Maternal Death report highlighted alarming maternal death rates in the Eastern Cape Province, many due to ineffective referral systems. The EQUITY Project partners are working with districts throughout the Eastern Cape Province to map referral routes and implement recommendations that will result in more effective referral.*

Tanda was six months pregnant when she spotted blood. She made the long trip to the local clinic, and waited uncomfortably to see the nurse. Tanda had become increasingly weak and was feeling contractions. When the nurse examined her, she told Tanda of her emergency condition and called an ambulance to transfer her to the district hospital. Hours later, the ambulance had not arrived and the nurse tried unsuccessfully to call on the telephone. They summoned a local taxi. Tanda finally arrived at the district hospital only to find the doctor was away and the nurse had difficulty understanding Tanda's condition without a referral letter. Deciding that the regional hospital would be best equipped to handle her case, the nurse called for an ambulance. This time, the ambulance arrived but by the time Tanda got to the hospital she had bled to death.

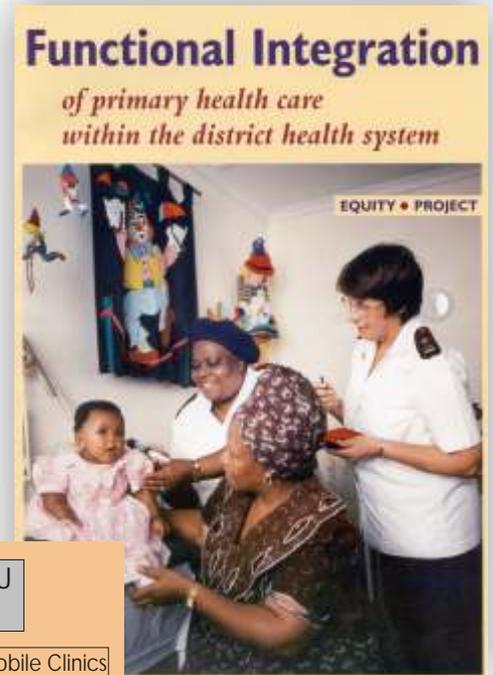
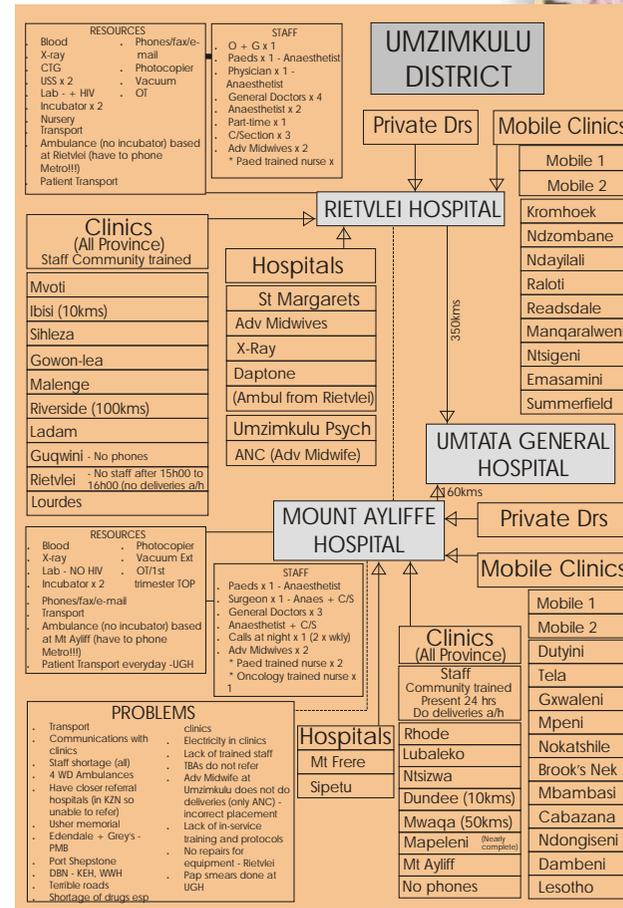
The 1998 National Maternal Death Report highlighted alarming numbers of maternal deaths in the Eastern Cape Province, many due to delays caused by inadequate transport, communication, ineffective referrals, and staff problems. During 2000, the EQUITY Project partners mapped each district in the Eastern Cape Province to determine how maternal cases were being referred. Based on these findings, the Project conducted workshops to:

- Review recommendations and guidelines of the Maternal Death Report;
- Prepare maps detailing all health facilities in each region and what cases each is equipped to handle;
- Implement referral criteria and map referral routes;
- Develop a referral tool to help providers assess what to do and when to refer to different levels of care.

resource-starved in the province, also has the least communication support and transport.

To address these issues, the EQUITY Project partners conducted numerous workshops throughout the Eastern province to increase awareness of the importance of PHC. At each workshop, the Project partners worked with communities to map their referral routes and facilities and dealt with publications and tools to help them not understand why effective referral systems were essential for delivery of quality PHC, but also to be able to make improvements that could result in fewer wasted resources, and most importantly, fewer deaths.

Workshops to review referral patterns for maternal care were held in all five regions. Special attention was placed on timely referral to prevent deaths from the five major causes. In addition, workshops, attended by regional and district health workers, and also by doctors and advanced health care workers, child and women's health programme managers, and also by doctors and advanced health care workers, participants were requested to draw the referral routes in each district: clinics to community health centres to district hospital to regional and provincial hospital. Also requested were summaries of staff, services, equipment and facilities. (See the 'referral routes' in the Umzimkulu District).



Functional integration is, at its core, all about bringing people together. This monograph not only 'tells the story', but also provides hands-on technical advice for others to use in their own districts.

Ensuring quality services is the basis of any equitable and sustainable health care programme. Quality improvement initiatives must involve a client-

# Enhancing Quality of Health Care for all

## COHSASA

*Enabling all South Africans to receive equitable and quality health care*

The Council for Health Service Accreditation in Southern Africa (COHSASA), is an independent not-for-profit organisation working to help health care facilities to provide quality health care to all South African citizens through empowerment team-building, and continuous quality improvement. Since 1995, COHSASA has worked to help South African health care facilities to delivery quality, cost-effective and compassionate care through an integrated quality improvement and accreditation approach.

delivery occurs in a larger context of national policies, resource allocation, and community participation, and thus depends on many players.

The EQUITY Project partners work collaboratively with COHSASA, a South African organisation which assist health facilities to deliver quality health care. (See box). The EQUITY Project partners helped COHSASA refine and adapt quality improvement methodologies to the resource conditions in the Eastern Cape Province. The unique history of the Eastern Cape Province was a challenge for COHSASA, an

focused approach, teamwork, and process improvement, thus enhancing client-friendly services, such as longer clinic hours, and greater service mix. In many areas of the Eastern Cape Province, health facilities lack standardised quality procedures and criteria. To ensure sustainability, enhance motivation, and certify ownership, health facilities must be part of a quality improvement process. Further, approaches must recognise that health

organisation accustomed to working with private hospitals, but together, COHSASA and the EQUITY Project follow a process that:

- Empowers health facilities by guiding them, to conduct self-assessments and make needed improvements. Using standardised quality criteria, COHSASA verifies assessment results, works with facilities to develop plans for improvement, and leads the staff through self-assessment every six weeks to motivate them and recognise improvements.
- Ensures sustainability and ownership by adapting tools to local needs and circumstances.

These efforts have yielded promising results. EQUITY Project partners and COHSASA worked with eleven hospitals during 2000. All have made significant quality improvements and enhanced their internal management capacity, also resulting in more motivated staff, happier clients, and most importantly, a successful model that will be expanded to demonstrate that quality health services are achievable and



*Enhancing quality of primary health care services can result in more motivated staff and client-friendly services. The EQUITY Project partners work collaboratively with health facilities to empower staff, ensure ownership, and ultimately improve quality of health care.*

In October 2000, the EQUITY Project partners joined the World Health Organisation (WHO) to conduct a National Supervision Workshop. Representatives from all the provinces, the DOH, and the EQUITY Project assembled to share and discuss the importance of supervision for primary health care. Working groups formed to identify the need for standards and norms for supervision and the meeting was an important first-step to implementing supervision standards and guidelines. The Supervision Manual tool, in print and CD, was distributed to all the participants. The CD allows users in any setting to tailor the checklists to best suit their needs. The group generated a list of principles, skills, and qualities of supervisors, shared ideas and tools. The EQUITY Project partners will ensure implementation of the Supervision Manual and will connect all the workshop participants so they may continue to share experiences, and more importantly, learn from those experiences to improve health.

essential to enhancing health care for all South Africans.

### Clinic Based Quality Improvement

*“Supervisors are not failing; It is the system which is failing them.”*  
Participant, National Supervision Workshop

Most provinces in the country face numerous challenges delaying improvements in health service quality. Under previous systems, supervisors lacked the standards and norms they needed to effectively supervise workers at all levels, to ensure the delivery of high quality primary health care services. One of the fundamental ways to improve

quality of health services is to ensure effective clinic supervision. To develop and implement a comprehensive strategy for quality improvement, the EQUITY Project partners first recognised the issues hindering effective supervision. Then, Project partners developed a checklist of quality that incorporated a full range of views and disciplines and included district feedback.

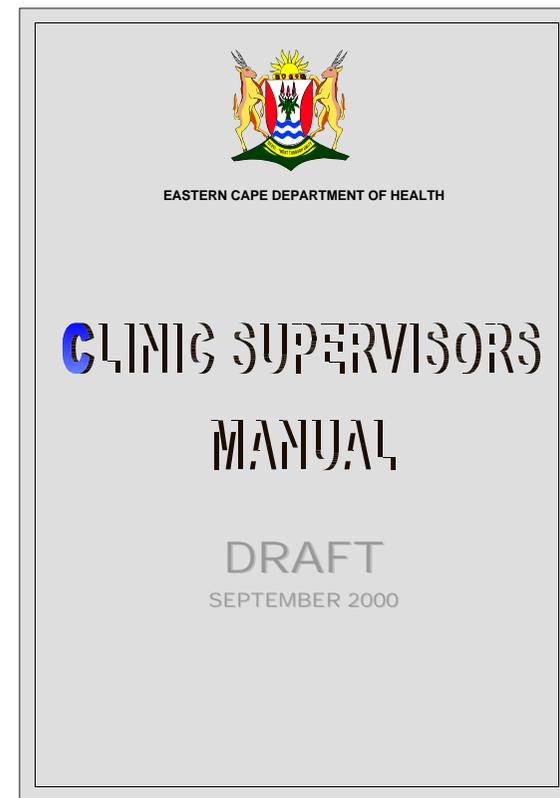
During 2000, the EQUITY Project partners developed and disseminated the Supervision Manual, a comprehensive step by step guide that allows users to implement needed changes in their health programmes. It provides a series of objective checklists enabling a monthly review of critical quality issues and quarterly in-depth review of priority public health programmes. With problem solving cycles, solutions to common problems, and national norms and

standards, supervisors now have the tools available to guide quality enhancement in their health facilities. Through the Supervision Manual, the EQUITY Project partners proposed a system that can be integrated into current supervisory practices. With checklists on improving maternal and child health, immunisation, STIs, TB, family planning and a full range of clinic management issues the manual can be tailored for the need of each clinic. Further, the Supervision Manual offers in-depth, applicable information that supervisors are able to use to train their staff without external assistance.

Few health managers would disagree that to ensure

The Manager of Elliot Health District commenting on the effect of the manual:

Rovaida has structured all her visits to her clinics around the manual. She is very enthusiastic and states that it has made a huge difference to the quality of her supervision as well as her relationships with the staff and Burgersdorp TLC management. She sets out her visits on a monthly schedule so the clinics now no longer continually complain that she neglects them as they can see what is occupying her time. The fact that the manual ensures a structured, quality visit also alleviates this problem.



# Developing Human Resource Management Systems

sustainability, organisations must invest in their most valuable resource: people. Human resource management (HRM) plays a critical role in creating and sustaining organisations that can successfully manage external change, provide quality services, and increase health access to underserved populations. Taking into consideration that personnel costs can consume between 70-80% of an organisation's budget, the EQUITY Project partners recognised the need to provide comprehensive, strategic technical assistance and training to the ECDOH at all levels in the Eastern Cape Province to strengthen human resources (HR) capacity and planning, and to establish personnel policies, guidelines, and standardised plans.

Previously, the DOH lacked standard and clear human resource systems for hiring and firing staff, as well as for paying benefits and settling compensation disputes. Today, thanks, in part, to Project-supported training and close collaboration with ECDOH managers, human resource systems have greatly improved. The Project partners helped managers draft grievance procedures and provided one-on-one technical assistance to supplement new workplans and job descriptions, and helped to reinforce new skills acquired at EQUITY-supported courses. New recruiting procedures have helped to fill vacant posts and job descriptions are now available for 70% of ECDOH staff. The impact of these

interventions has been remarkable; staff at all levels of the health system are not only more motivated and have the capacity to do their work, but further, supervisory relationships are now defined and standards for all HRM practices exist.

Prior to 1994, staff did not have the capacity to process workman's compensation payments. Today, these payments are not only processed in a timely fashion, but the backlog created from years of neglect has been addressed. Further, more than half of the districts' HR plans are now completed, each of which contains valuable information needed to conduct activities and plan for the future. These are just a few examples of how the EQUITY Project partners and the ECDOH have worked together to improve HRM. As staff are increasingly called upon to manage change and scarce resources and to enhance productivity and efficiency, HRM skills will be their greatest asset to ensuring their ultimate goal: *improving access and equity of health services.*

“Our systems were a disgrace,” said Job-Halle Mzingisi, Assistant Director of Conditions of Service Benefits at the ECDOH. “With EQUITY supported training, we have settled 75% of the benefits cases backlogged since 1994.” With one-on-one technical assistance by supporting HRM courses for DOH staff, the EQUITY Project has helped staff like Job become better managers. Mfundo Njikelana, Assistant Director for Labour Relations at the DOH, also noted improvements. “I’d like to thank EQUITY for their assistance. The labour relations course empowered me greatly. I am skilled and do not need to rely on the services of people outside the DOH. I am able to deal with labour relation issues and am now the chairperson of disciplinary hearings.” With EQUITY Project partners' support, HRM functions and roles are now more clearly demarcated in the DOH, and staff at all levels have improved communication, job performance, and standard systems to deal with HRM issues, from benefits to workman's compensation to dismissal - tremendous backlogs in all areas have been reduced significantly and, in Mfundo's words: “Things are now functioning as they should be.”

# Using Information Systems to Advance Health

Ordering needed drugs, expanding coverage of services, or organising TB treatment in the community are activities health workers coordinate every day. But what happens when they lack needed health information data from their facilities, or when they don't know how to use that data? Good health information systems provide reliable, relevant information upon which better decisions may be made at the appropriate level of the health care system. Informed decisions improve quality of care, completeness of coverage, and efficiency and equity of health care services.

For many years in the Eastern Cape Province, numerous health information systems co-existed: one for the former Republic of South Africa, one for each of the former homelands (the Transkei and the Ciskei), as well as for municipalities. These systems generated large quantities of non-uniform data, and each used different recording forms, surveys and questionnaires. Today, thanks to the EQUITY Project partners and strong collaboration with the Health Information System Project (HISP) (see box), and the DOH at all levels: community, district, regional, provincial, and national, the Eastern Cape Province has a successful and functioning District Health Information System (DHIS).

In collaboration with the EQUITY Project, HISP developed the health information system software to

ensure maximum care in capturing data and its display for use by managers. With EQUITY Project and DOH support at national and provincial levels, HISP trains officials in all provinces, including managers and information technology (IT) specialists. Project partners support a broad range of efforts to enhance data collection and use, including procedures for community level mapping by health workers; geographic information systems at the regional and provincial levels; and secondary analysis of demographic and health survey data. Together, EQUITY, HISP, and the DOH worked collaboratively to identify data requirements, review procedures for data collection, transmission and use; review staff job descriptions; define, configure and adapt the software, and recruit and train all staff in computer use and data for decision making. This collaborative approach has been one of the keys to success of the DHIS and annual clinic survey initiatives. Today in the Eastern Cape Province, not only does the DHIS collect

## Health Information Systems Project (HISP)

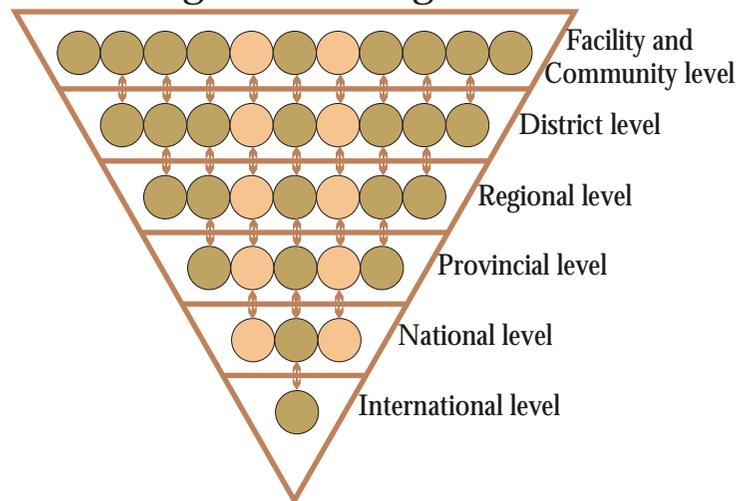
Founded in 1995, the HISP is a collaborative research and development effort between the University of Cape Town, the University of the Western Cape, the Norwegian Computing Centre, and the Provincial Administration of the Western Cape. In South Africa, the project has worked to:

- Design a district information system which integrates health and management;
- Ensure participation of all stakeholders;
- Develop and conduct training programmes that address local needs;
- Computerise the system based on standard software; and
- Ensure quality by regular assessment and feedback.

## EQUITY Project Publications

- *Case Studies:*
  - ✓ Implementation and Use of Health Facility Surveys - Lessons from the Eastern Cape Province
  - ✓ Indicator Driven Health Information Systems
- District Health Information System Manual
- District Health Information Systems Workshop Report
- Best Practices from the 1999 National District Health System Competition

## Information Pyramid Moving Data Through DOH



information from each of the 660 primary health care clinics at the community level, but that information then moves smoothly through the DOH: district, regional, provincial, and national levels, in a timely manner.

A true testament to its success, the DHIS has been adopted nationally and all nine provinces in the country are using it. Further:

- 95% of clinics in the Eastern Cape Province are reporting on the list of 25 PHC indicators on a monthly basis and 80% of health clinics are analysing their own data monthly;
- Municipal health authorities are using data to determine how to rationalise clinic staffing;
- Annual clinic surveys conducted in all facilities throughout the Province now feed into the DHIS;
- District health information officers are reporting data to their District Management Teams (DMTs) each month; and

- Provincial health department staff are using a variety of indicators to develop workplans and set performance targets for districts and municipalities.

### Implementing Clinic Health Surveys

Health facilities need health data to implement long term plans and monitor progress. The first survey of primary health care facilities conducted in the Eastern Cape Province during 1997 identified gross inequities among the Province's five regions and set a baseline against which progress towards meeting the objectives of the EQUITY Project partnership would be measured. Since then, the survey has become an annual event, fully institutionalised in the ECDOH and used not only to measure progress but also to support and promote information based annual health planning. Further, the clinic survey instituted in the Eastern Cape Province has served as a national model; in 1998 and 2000 a national sample of clinics from each province was surveyed using this instrument developed from the Eastern Cape Province baseline survey questionnaire. The EQUITY Project partners trained ECDOH personnel to work with clinic supervisors in data collection and held numerous workshops to develop internal capacity to conduct the survey. Access to condoms, drug availability, and graphical display and use of statistics, to name a few, improved considerably from 1997



*In partnership with HISP, the EQUITY Project partners worked collaboratively to implement a DHIS that has now been adopted nationally. Clinic staff use data from the DHIS to assess their TB case management efforts and to help determine where clinics and outreach services should be targeted*

Uta makes the long trip to the clinic accompanied by her daughter Mzouta who woke up crying and with diarrhoea. When Uta finally sees the nurse, she is anxious to tell her about her daughter's sickness. But the nurse does not ask for specifics. She looks at Mzouta and inquires only how long the diarrhoea has persisted. Uta is scared to tell the truth, but she does: "One month." The nurse finishes her appointment by taking the child's temperature and giving Uta a prescription.

This case illustrates incomplete care of a sick child. Through annual health surveys initiated in 1997, the EQUITY Project partners institutionalised annual health planning based on specific data. Data from these surveys highlighted the need to increase Integrated Management of Childhood Illness (IMCI) interventions in the Eastern Cape Province. For example, in 90% of child cases in the Eastern Cape Province, nurses do not ask and mothers do not report on ear problems, fever, rapid breathing or nutrition. The annual surveys provide valuable information needed to address equity and quality issues in health.



*The EQUITY Project partners train nurses throughout the province to use DHIS data to improve decision-making. Training addresses specific needs and are helping establish a "culture of data" in clinics across the province.*

to 1998, however, the EQUITY Project partners recognised other areas of concern and worked closely with health facilities to design a questionnaire that would highlight priority health needs in 1999. By the year 2000, the development of instruments and implementation of the annual facility survey was now fully transferred to the ECDOH. Provincial staff were able to conduct the survey without external support. The capacity building in survey implementation

approach was also adopted by Mpumalanga Province, who had their staff trained to collect data in the Province for the 2000 national survey.

### Improving Use of Data for Decision Making

A health information system is only as good as its usefulness to managers. Throughout the year, the EQUITY Project worked in partnership with district management teams to train health providers on the use of DHIS data to make management decisions that would ultimately improve their health programmes. This training, originally designed as one day sessions, was repeated several times during the year as the Project and its community partners found that providers needed more time to adopt a "culture of data" in their health facilities. Each training session now provides an overview, in-depth work with participants' data, and perhaps the most exciting session, visits to local clinics and health centres to observe the DHIS at work. These visits are a mutual learning experience: not only do participants feel encouraged when they observe problems similar to their own, but suggesting improvements also demonstrates the importance of working collectively to advance health. Numerous training sessions conducted during 2000 have already pointed to the

emerging "culture of data".

To enforce the practice of using indicators in measuring and monitoring health programmes, as well as to document and share lessons learned, the National DOH launched a district competition in 1999 to capture best practices. Two districts from the Eastern Cape Province, Maluti in Region E and Uitenhage in Region A, received national recognition in 1999 for enlisting team support and improving the use of health information systems. The District Manager of the Maluti District summed it up best: *"Since winning the national competition everyone wants to work in Maluti...I have never been happier in my job."* In 2000 Eastern Cape Districts again took top honour: Cradock in the rural category and Uitenhage again in the urban. Analysis of data to identify and solve problems was cited in both districts as key to success.

In the coming year, the EQUITY Project partners will continue to work with HISP to ensure full implementation of the DHIS. Only through such collaborative training will the DHIS result in better decision-making and programme improvements, and ultimately, a better health care for all South Africans.

Nonqaba Mzana is a clinical nurse in the Fort Beaufort District of Region C. This past year, Nonqaba participated in DHIS training conducted by the EQUITY Project and its community partners. Because Nonqaba is also an information officer, she has been a model of the impact that training in DHIS can have on improving decision-making and health services. Nonqaba also ensured that the DHIS was on the agenda of every DMT meeting. One day, the team found a stock out of essential medicine in one clinic. Together, the team identified the problem and made adjustments to reduce stock out at the clinic. By taking the initiative to train others and use the training she received, Nonqaba serves as a shining example of how training in health information can benefit health services in many communities.

# Ensuring Availability of Essential Medicines & Equipment

The Pharmacy & Therapeutics Committee (PTC) of the ECDOH was the key partner in the development of the Eastern Cape Formularies. The PTC aims to ensure the rational, efficient, and cost-effective supply and use of drugs. In the Eastern Cape Province, a PTC was established when the revised primary health care level and hospital Essential Drug Lists (EDL) became available in 1998. Since then, the PTC has helped to:

- Review and tailor the national EDL to the prevalent health problems of the Eastern Cape Province;
- Promote cost-effectiveness in drug selection;
- Establish appropriate prescribing levels;
- Review drug expenditures and trends at the provincial level; and
- Serve as a link between the national EDL committee and the provincial service providers to provide feedback and exchange information.

Ensuring an adequate supply of essential drugs is crucial to offering high quality health services. Clients must be confident that needed drugs, vaccines, and contraceptives will be available each time they visit a clinic or hospital. Like most of South Africa, the Eastern Cape Province faces challenges from a lack of trained personnel at public health centres. Further, many rural health centres lack pharmacists. Nurses and assistants therefore often dispense drugs, a responsibility most are not prepared to handle due to government restrictions. Health providers across the country needed a comprehensive, easy to use tool that could guide them to make informed decisions to accurately purchase, order, and prescribe appropriate medicines and supplies in their health facilities.

Essential drugs are those that satisfy the needs of the majority of the population. The appropriate drugs for each level of care should therefore be available at all times, in adequate amounts, and in the appropriate dosage forms. This year, in partnership with the PTC of the ECDOH (see box), the EQUITY Project published the Eastern Cape Formulary for All Levels and the Eastern Cape Formulary for Primary Health Care. The formularies should be used in conjunction with the DOH Essential Drugs Programme Standard Treatment Guidelines, which provide the necessary information on how to treat common health problems. The Eastern Cape Formulary, in turn, provides a comprehensive list of items that can be used by various types of health care providers at different levels and serves as a reference for ordering commodities and managing inventory. The formularies supplement and clarify information contained in the EDL and:

- Facilitate search and identification of pharmaceuticals allowed by listing all products by Anatomical Therapeutic Classification.
- Assign unique codes specific to the Eastern Cape Province. These codes identify form, generic name, and strength of pharmaceutical.



*Health care providers around the Eastern Cape Province needed a user-friendly tool to make informed decisions to improve drug allocation. In close collaboration with the PTC at ECDOH, the EQUITY Project partners developed the Eastern Cape Formularies, comprehensive guides to purchasing, ordering and prescribing medicines and supplies.*

Limited monitoring, insufficient supplies, and no records or stock cards were a few of the problems health facilities in the Eastern Cape Province faced before 1997. During 2000, the EQUITY Project, in partnership with the ECDOH, published the Inventory Control Manual, a step-by-step guide that is helping health professionals to improve ordering and stock management at their facilities. Each manual contains stock card checklists and clear monitoring procedures. The number of clinics using stock cards has steadily increased---while only 24% were using them in 1998, over 80% were using them in 2000. Through EQUITY Project training, district and clinic supervisors are better prepared to maintain adequate supplies of drugs. Most importantly, availability of sufficient supplies and drugs means clients are receiving the higher quality health care they need and deserve.

- Facilitate ordering and purchasing for providers by using the two main pharmaceutical depots in the Province; each product is assigned a National Stock Number and Item Code Number to manage inventory.
- Enhance cost savings by allowing comparison of various pack sizes with price per comparison unit information.

More than 2000 copies of the Eastern Cape Formularies have been sent to health facilities in the Province. So far, feedback has commended the ECDOH and the EQUITY Project partners for giving providers more choices and helping them understand what drugs are available. Health providers are using the publication to help facilitate procurement and distribution management, thus ensuring clients visiting health facilities around the Province have the appropriate medicine available when they need it.

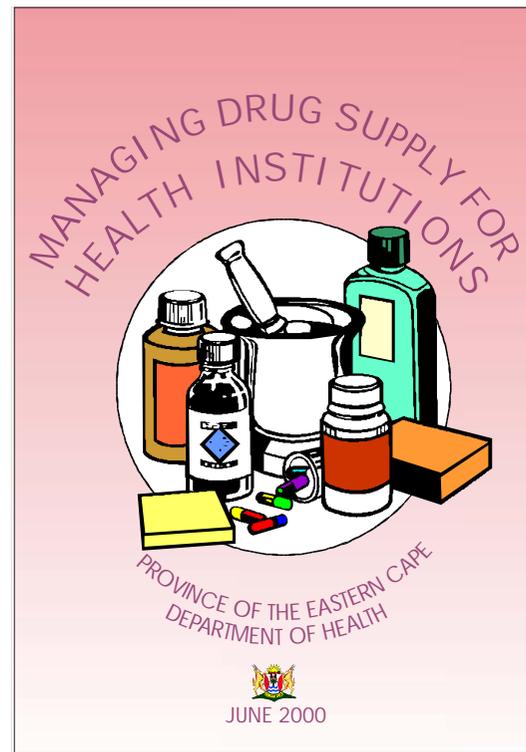
### Institutionalising Drug Management Information Systems

All provinces use the same national system to procure essential drugs. However, all procurement, storage and distribution activities are conducted at the provincial level. Currently, three different systems, each managed by different contractors, are used among the nine provinces. Therefore, health providers cannot generate their own management reports and have difficulty accessing data they need to effectively manage drug supplies.

In July 2000, the EQUITY Project gathered depot managers, the Heads of Pharmaceutical Services (HOPS), national pharmaceutical services, and the three contractors to discuss implementation of an efficient countrywide drug management information system. The EQUITY Project and DOH helped to install new software that connects to pharmaceutical depot databases. Not only has the Eastern Cape Province adopted the new system, but eight out of nine Provinces have as well. The new reporting system is expected to improve budget management and allow easy analysis of vital drug and supply information.

As it becomes operational, the EQUITY Project partners will continue to work closely with the DOH and partners around the country to assist in generating management reports to support the implementation of the Essential Drug Programme.

The partnership will also further educate and train health providers around South Africa to ensure the availability and appropriate use of essential drugs and allow maximum access to pharmaceutical depot information.



*This manual provides step-by-step guidelines to set up an inventory control system and calculate optimised reorder quantity.*

# Increasing Awareness of Health Financing Issues

## EQUITY Project Publications

- *Report: Why Do Some Provinces Spend More on Health Service Than Others?*
- *Presentation: American Public Health Association, "Resource Inequity: What Can and Should Be Done About It?"*
- *Budgeting and Finance Module: District Management and Leadership Course*

Supply shortages, late payments for service, and insufficient funds for equipment and building maintenance are a few of the problems the ECDOH, health facilities and providers, and clients visiting health centres currently face in the Eastern Cape Province because of severe financial constraints in the provincial budget. These constraints, coupled

with devolution of PHC to local government, pose specific challenges to the EQUITY Partnership's goals. (See *Challenges & Constraints*) As devolution of PHC cannot be accomplished without resolving most of the financial problems, the EQUITY Project partners are working collaboratively to address them.

Since the EQUITY Project's inception in 1997, annual allocations for health services have remained below actual spending. Although ECDOH staff has declined considerably since 1997, nationally determined increases in personnel compensation exceeded the saving from staff attrition.

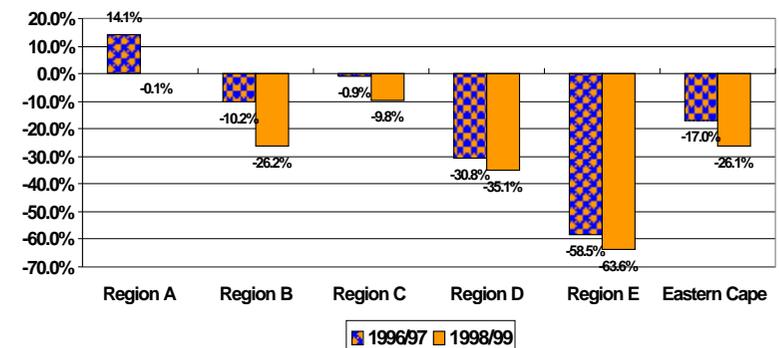
Personnel costs now account for more than 80% of the budgets of most health facilities in the Province.

The EQUITY Partnership worked throughout 2000 to quantify and describe the impact of the national allocation process. This extensive study is captured in the report *Why Do Some Provinces Spend More on Health Services than Others?*. The analysis included the welfare, education, health and other spending of all provinces. The EQUITY Partnership concluded that the historically disadvantaged provinces apparently continue to be disadvantaged. Specifically, because the Eastern Cape Province has more welfare beneficiaries and students than the actual numbers used in allocation calculations, the Province's global allocation provides approximately R1,2 billion less than the needed amounts for these services. The Eastern Cape Government, therefore, has had no choice but to cut non-personnel allocations. The EQUITY partners have presented some of these findings and analyses to the

At the American Public Health Association annual conference in November 2000, the EQUITY Project Partners presented a preliminary analysis of the contribution several ECDOH initiatives would make towards equity in resource utilisation within the health sector of the Province. This graph shows the distribution of recurrent expenditure.

## HEALTH & RESOURCE DISPARITIES

### Deviation of Health Expenditure Per Capita from SA Average



Department of Finance and Provincial Expenditure, to officials of the National Departments of Health and Finance, to the Budget Committee of the Eastern Cape Executive Council and to members of the Provincial Legislature's Standing Committees for Health and Finance. Today, there is an increasing awareness and understanding of the financial constraints that confront the Eastern Cape Government.

Health services have not suffered the predicted collapse in the Eastern Cape Province primarily because the ECDOH has overspent its initial allocation every year. As controls become stricter, however, the financial constraints are increasingly impacting service delivery and hindering development of decentralised financial capacity.

The resolution to the ECDOH's financial constraints is likely to require not only the increased allocations foreseen in the 3-year budget forecasts, but also some form of service reduction or restructuring. For example, the feasibility of using less highly qualified service providers for routine, non-critical services may have to be further re-examined. Although the

per capita health expenditure does not exceed the national average in any of the Eastern Cape Province's health regions, some regions are much further below the national norm than others (see graph). The ECDOH is working hard to increase equity within the Province.

The reorganisation of local government structures in South Africa

also has many implications for PHC. The assets and liabilities of the old structures have to be transferred to the new structures along with the responsibility for service delivery. Since many of the transitional local councils provided PHC services in clinics, which were partially subsidised by the ECDOH, those subsidies will now have a new destination. The EQUITY Partnership has helped to plan and implement the preparations for this transformation, as well as for the transfer of those PHC services which are currently provided directly by the provincial government. This support has been extended to the Nelson Mandela Metropole and Regions A and B.

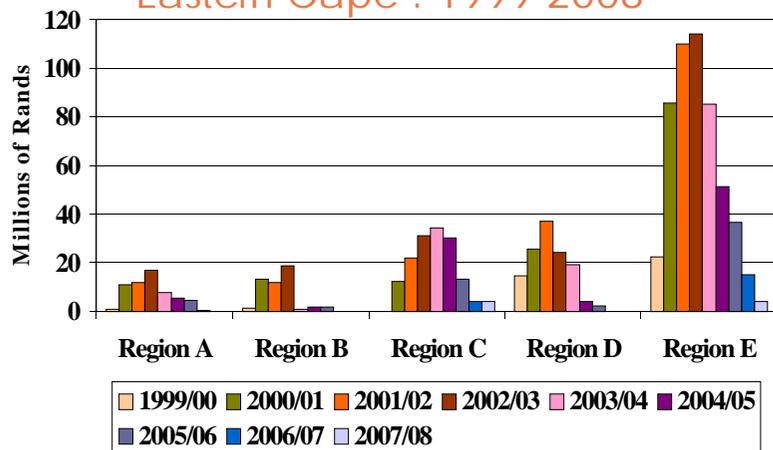
### Involving Health Facilities in Budget Analysis and Development

Across the Eastern Cape Province health managers were unaware of the cost of the equipment, drugs, and personnel which they were using. Recognising the need to involve health facilities in the budgeting process, the EQUITY Project partners developed and are implementing a bottom-up budgeting process, based on the requirements of priority services at the clinic and district hospital levels. A spreadsheet model was first tested in one district and is now being applied throughout Regions A, B and C. In addition to providing information on the current gap between minimum financial requirements and available funds, the bottom-up analysis will provide information on the allocations required by local governments when they assume responsibility for PHC. District, hospital and clinic managers have greeted this initiative enthusiastically. The process is developing their financial understanding and skills and addressing some of their frustrations.

*"One of the things we did with the EQUITY Project was start thinking about how hospitals were managing their budgets. We have been struggling for years to separate clinic budgets from hospital budgets. This costing model has*

*Health facilities are required before recurrent expenditures can be productively increased. The ECDOH is investing most of the hospital renovation and reconstruction grant in regions which currently have low per capita recurrent expenditure. As this investment is made, the upgraded facilities will absorb increased recurrent expenditure.*

## HEALTH CAPITAL EXPENDITURE Eastern Cape : 1999-2008



*allowed us to successfully separate the two. Before, we were overwhelmed. The EQUITY Project gave us the support we required to make needed changes."*

*Sally Koen, Regional Director, Region B*

In addition to the on site training provided through the process of "bottom up" budgeting, a "Budgeting and Finance Module" was developed and taught in the District Management and Leadership course. The participants in the Budgeting and Finance Module have conducted "District Health Expenditure Reviews" for PHC cost centres using the methodology developed jointly and collaboratively by members of the EQUITY Partnership, universities and Health Systems Trust. Participants collected, analysed and presented data on the patterns of health expenditure in each of the health districts in the Eastern Cape Province. One initial finding was a substantial variation in the expenditure on drugs per patient visit. Managers are now visiting clinics whose expenditure exceeds the local norm to assess the feasibility of achieving savings.

We continued to develop the CORE (Cost and Revenue Analysis Tool) financial tool for predicting and benchmarking the cost of the National DOH's PHC package. The tool is being used to model a local government community health centre and its three satellite clinics in a township in Johannesburg, and a normative version will be developed to help determine the PHC funding requirements of local government services in some of the new Metros (the six largest cities in the country). The DOH is also interested in using the tool to predict quantities and costs of drugs and laboratory tests.

## Increasing Revenue

Based on analyses conducted during 1999, the ECDOH's revenue targets were reduced to a more realistic

level for 2000/01. A tool was developed and applied to rationally divide the global target among the Eastern Cape Province's hospitals. Starting in financial year 2001/02, hospitals will be allowed to retain any revenue they collect in excess of their assigned targets. This revenue will be used to help resolve some of the financial constraints which were discussed earlier in this section.

The Project's partners have continued to promote and assist the development of public-private partnerships (PPP). Several hospitals in Eastern Cape Province towns have requested assistance with the development of partnerships in which private doctors would share facilities and services. These would provide the public sector with funds for renovation, generate much-needed revenue for recurrent costs, and reduce running costs for some services. They would also benefit private patients, who currently travel long distances to private hospitals in the cities. The Project is also working closely with a newly-created PPP unit in the National Treasury to facilitate the development of PPPs, and it is anticipated that several new partnerships will be started in the coming year.

# Improving Management & Leadership Skills at the District Level

EQUITY Project  
Publication

Case Study: Health  
Management and Leadership  
Training

The new South Africa introduced to the world in 1994 was a country of change. The politics, freedoms and partnerships that emerged, however, were also greeted with challenges: increasingly scarce resources, the emerging AIDS epidemic, and new appointments at all levels of the health care system. Effective health managers need practical skills to adapt to change and enhance the impact of health programmes. From improving resource management to employing new HIV prevention strategies, training health managers must combine practical education with academic teaching. Recognising that learning occurs in many settings, from formal academic programmes to informal discussions with colleagues, the Eastern Cape Province needed to design a course that would cater for the particular needs of newly appointed DMTs. Further, coupled with district demarcation, ensuring new managers have the tools and knowledge they need to improve health systems and adapt to change has become even more crucial to effective health service delivery in the Eastern Cape Province.

Through a novel effort, the EQUITY Project partners helped to develop a partnership between the ECDOH and four universities: UPE, University of Transkei (UNITRA), Fort Hare University (FHU), and Rhodes University (RU) to create the District Health Management and Leadership Course. This course, which revolutionises teaching methodologies, also promotes practical problem solving capabilities and techniques in an experiential manner. The District Health Management and Leadership Course equips managers to build district services and systems by combining an applied workplace approach with academic disciplines. This problem solving approach, the pillar of the programme, enables participants to gain academic credit for completing projects in their work place under academic supervision. Participants are required to complete two management courses (from: leadership, governance, human resource management and supervision, budgeting and finance, and resource management) and two programme courses (from: HIV/AIDS, drug management, maternal health, child health, and mental health). Two



During the HIV/AIDS Module of the District Management and Leadership Course, participants from Flagstaff, in Region E, formed a team in their community to increase awareness of HIV/AIDS, particularly among youth, as well as to encourage more “adolescent-friendly” health services. In partnership with the traditional community structures, schools, the health clinic, and the NAPWA, the team invited two guests to talk about the disease. The two seemingly healthy, young, HIV positive men spoke to a crowd of both youth and adults including clinic nurses to tell their stories. They also used drama, graphic photographs, and condom demonstrations to get the community to talk openly about AIDS. Many of the young audience had not met HIV positive people before, and the demonstration made a big impact. Most importantly, the team then introduced a new service in a local school for adolescents to access condoms, health services, and confidential advice. This initiative demonstrates the practical nature of the District Management & Leadership Course - not only did the team implement practical interventions to increase awareness of AIDS in their region, but other participants can also learn from their experience.

participants from each district are allowed to attend each course and teamwork is promoted throughout the programme.

As technical advisor, the EQUITY Project assisted the partners in identifying both the challenges and strengths needed by DMTs. The partners then determined that though formal management training was needed, incorporating the full range of public health approaches was crucial.

The partnership between the ECDOH and the universities is complementary. While

the DOH provides a practical work-based framework, university faculties contribute staff with expertise in various areas such as biomedicine, management, governance, nursing and medical education.

During 2000, the District Management & Leadership Course launched four new modules: *governance, human resource management and supervision, mental health and disability, and budgeting and finance* - directly addressing needs expressed by course participants. Further, the South African Council for Higher Education has approved the

course as a higher diploma course. As the first 13 participants received diplomas this year, other accomplishments emerged:

- Districts are communicating their experiences and sharing lessons learned without external assistance.
- Course participants are highly motivated and gaining a true sense of accomplishment with each improvement they make.
- Strong partnerships have emerged at all levels. Not only are the ECDOH and each of the universities collaborating closely, but participants are also forging alliances to improve health services across districts.

The EQUITY Project partners will continue to advise and support this initiative and guide the universities as they lead the design of more course modules, with strong input from the ECDOH. These efforts will not only result in a balanced and sustainable initiative, but will also ensure that each participant of the District Health Management and Leadership Course can fully benefit from the team work, practical knowledge, skill building, and empowerment offered. Only with each of these steps in place will course participants return to their communities and make lasting improvements in their health programmes.



*During the drug management module of the EQUITY Project partners' District Management and Leadership Course, participants helped their colleagues learn about their experiences in improving drug management and supply.*



# The EQUITY Project

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

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