

# **FINAL REPORT**

## **CASE STUDIES for the EQUITY PROJECT**

**December 1999**

**A project of the  
Eastern Cape Department of Health (ECDOH)  
National Department of Health (NDOH)  
supported by United States Agency for International Development (USAID)  
managed by  
Management Sciences for Health (MSH)**

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## Acknowledgments

The efforts and assistance of many people were needed in order to prepare 12 case studies for the EQUITY Project. The SO3 Team of USAID provided overall leadership and support while Anita Sampson provided regular oversight of the development and review of each case study. Dr. Jon Rohde, Technical Director of the EQUITY Project deserves a special note of gratitude and appreciation for his valuable direction, insight and rigorous reviews of each case study. In addition, critical information and assistance were provided by Dr. Tobile Mbengashe, Ileana Fajardo, David Collins, Dr. John Bennet, Alan Vos, Jean Pierre Sallet, Xoli Mahalela, Eta Banda, Wilfred Jewel, and Kathy Fourie of the EQUITY Project as well as Rubin Prichard of the ECDOH, Melanie Pleaner of PPASA, and Jean Underwood of the House of Resurrection. Finally, the assistance of Dot Imaging for graphic design and layout was instrumental in completing the case studies.

## Glossary

AIDS	Acquired Immune Deficiency Syndrome
DOH	Department of Health
ECDOH	Eastern Cape Department of Health
HIV	Human Immunodeficiency Virus
NGO	Non Governmental Organizations
PHC	Primary Health Care
PPASA	Planned Parenthood Association of South Africa
MSH	Management Sciences for Health
SO3	Strategic Objective Three
STD	Sexually Transmitted Disease
TB	Tuberculosis
USAID	United States Agency for International Development

## I. Summary

The major health care challenge for the new South Africa is to provide equity in basic health care to all South Africans and, in the process, to rectify the underlying inequities in health services provision brought about and supported by apartheid. Achieving Strategic Objective Three (SO3) will result in a more equitable, unified and sustainable system delivery integrated primary health care (PHC) services to all South Africans. SO3 will accomplish this both by increasing access to an integrated package of PHC services, and by improving the institutional sustainability of critical PHC management and service delivery systems. The EQUITY Project was signed between the Government of the Republic of South Africa and USAID on September 28, 1995. The project takes a capacity-building and systems development approach. The goals, commonly referred to as intermediate results, of the project are as follows:

- I Increased access to integrated package of quality PHC services
- II Effective health care referral system operational
- III Improved management of the integrated PHC (including HIV/AIDS/STD) delivery system at the provincial level
- IV PHC training program strengthened and institutionalized at provincial level
- V Increased capacity of the PHC system to deliver appropriate HIV/STD prevention and treatment

The objective of this activity was to document lessons learned from the EQUITY Project in a series of case studies which would be disseminated to a wider audience. These case studies are used for reporting purposes, to publicize the project and as a teaching tool directed to the public health arena. The reports enable USAID, the National and Eastern Cape Departments of Health and other partners to document the Project's progress and assist in publicizing experiences for a broader audience. USAID/South Africa will use the collection of case studies to complement ongoing evaluation and monitoring effort. The following case studies were completed for the EQUITY Project:

- 1 Successful Public/Private Health Partnerships: the Uitenhage Experience
- 2 The Use of Mapping for Primary Health Care: Clinic Catchment Area Maps
- 3 "Condo Cans" Increase Access to Condoms
- 4 Partnership in AIDS Prevention: ECDOH and PPASA Combine Efforts to Combat AIDS
- 5 Pharmacy Inventory Control
- 6 Caring for AIDS Patients
- 7 Achieving Integrated Primary Health Care Services in the Eastern Cape
- 8 Indicator Driven Health Information System
- 9 Referrals from Primary Health Care Clinics in the Eastern Cape Province
- 10 District Health Management and Leadership Training
- 11 Use of Radio in the Fight Against AIDS
- 12 Institutionalizing Primary Health Care Training in Region B of the Eastern Cape Province

## II. ABSTRACTS OF EACH CASE STUDY

### **1 Successful Public/Private Health Partnerships the Uitenhage Experience**

The public health sector in the new South Africa faces a number of challenges in the struggle to provide more equitable access to health care. Disadvantaged communities need greater access to quality health care, but given budget constraints, this can only happen if additional resources are generated or if resources are used more efficiently. Many public hospitals have deteriorated while private hospitals have proliferated and thrived. Greater integration of public and private health sector services can help make better use of health care resources and increase equity. This case study reviews the innovative public-private partnership in Uitenhage in the Eastern Cape. The Uitenhage Provincial Hospital was short of doctors and services were beginning to deteriorate while the Uitenhage and Despatch Independent Practitioners Association proposed to develop a health plan and to utilize a vacant ward in the public hospital to serve private patients. Both the public and private sector have benefitted from this arrangement, and most importantly patients are treated better and more efficiently.

### **2 The Use of Mapping for Primary Health Care Clinic Catchment Area Maps**

Primary Health Care services are fundamentally population based and thus oriented to an entire community or group of communities. Understanding the needs of the population is essential to provide appropriate services. Simple geographical maps can serve as a useful information tool for understanding communities surrounding a clinic and in establishing and providing appropriate health care. Clinic Catchment Area Maps can change clinic staff perception on their roles and responsibilities. Traditionally, a nurse's responsibility has been to those patients who are found in the waiting area, once all the patients were served the nurse's responsibilities were over. In contrast, the clinic catchment area map can effectively illustrate the needs and resources of a community and thus allow clinic staff to provide the most appropriate health care services. The process of developing a map is a team building experience, bringing together a diverse group of people from the community, the end result is improved health care services for the community.

### **3 "Condo Cans" Increase Access to Condoms**

Access to and use of condoms are an essential part of the fight against AIDS. The EQUITY Project commissioned the purchase of "Condo Cans" which are metal boxes with colorful AIDS prevention messages. The Condo Can are placed in easily accessible areas in primary care clinics and other venues and are an effective way of promoting the use of condoms. The condoms are resupplied 200 at a time and users can take as many as needed. People now have readily access to condoms rather than having to request them from clinic staff. The use of "Condo Cans" has increased access to condoms without consultation in the Eastern Cape from 27% to 74%.

#### **4 Partnership in AIDS Prevention ECDOH and PPASA Combine Efforts to Combat AIDS**

A model for this government and non-governmental organization(NGO) partnership has been piloted by the Eastern Cape Department of Health (ECDOH) and the Planned Parenthood Association of South Africa (PPASA) The synergies of the partnership demonstrate the effective relationship of government and NGOs in the struggle to combat the AIDS epidemic The project targets the most rural, under-served communities in the districts and provides training, education and outreach activities with an aim to reduce TB/HIV/AIDS/STDs and unwanted pregnancies The partnership between ECDOH and PPASA is proving to be both rewarding and challenging Project staff motivation is strengthened as more people demonstrate a keen interest in reproductive health issues However, the challenges confronting staff are complex and require careful attention The issues which are challenging include gender issues around sexual and reproductive health rights in communities steeped with traditional attitudes, the integration of TB into sexual and reproductive health, the identification of priorities in caring for people with AIDs in rural communities, and the promotion of explicit safer sexual practices

#### **5 Pharmacy Inventory Control**

The National Drug Policy within the framework of the National Health Policy, aims to improve access to health services by ensuring the availability of appropriate drugs whenever and wherever they are needed in the most cost-effective manner The main objective of the Essential Drugs Programme is to achieve access and equity through effective management of the selection, procurement, distribution and use of drugs Drug supply management is a critical part of the health system and requires a reliable record system to provide critical data The EQUITY Project has designed a stock card system which can greatly improve inventory management The stock cards record all transactions including quantity of drugs ordered, quantity received and quantity issued In addition, the stock cards summarize monthly consumption patterns The data collected on the stock cards provide valuable information regarding stock on hand, as well as, useful information for reordering The stock card system has been institutionalized through a training program which reached over 600 health workers in the Eastern Cape As a result of using the stock card system, the availability of essential drugs in clinics in the Eastern Cape has increased from 64% to 86%

#### **6 Caring for AIDS Patients**

As the AIDS pandemic ravishes through an ever increasing number of lives, viable means of caring for AIDS patients and their families are in great demand Traditional health care facilities, such as hospitals and nursing homes, are already overburdened and are the most expensive source of care Cost-effective alternatives include orphanages and hospices which accommodate a small number of patients The House of Resurrection, fondly known as "The Haven," in Port Elizabeth is a shining example of a warm comforting environment which provides food, shelter, health care and psychological support to an average of 15 AIDS patients at a time The majority of the staff have been hired directly from the community which reinforces local support and is a cost-effective method of providing services Residents subscribe to a "Wellness Management" philosophy which empowers them to take control of their health The Haven has had numerous successes with patients appearing deathly frail and eventually recovering some of their health with a low-fat diet and other means of care Residents and their families are grateful for the facility and for many children it is the only home they have known

### **7 Achieving Integrated Primary Health Care Services in the Eastern Cape**

A Primary Health Care package checklist was developed in the Eastern Cape which provides a unique view of the delivery of services at different health care points based on the needs of people during the different stages of their lives. Health services needed by different human development stages are classified by complexity and prevalence, and then designed for each level of the health system starting at the community level and progressing onward to mobile services, clinics, health centers and finally district hospitals. The PHC package enables participants at each level of the health system to discern what services should be available and then matches them with appropriate staffing, supplies and drugs. The PHC package is presented as a checklist and is extremely user-friendly. This tool has been provided to all the Eastern Cape health facilities and has greatly facilitated the development of a District Health Service.

### **8 Indicator Driven Health Information System**

The Eastern Cape Department of Health (ECDOH) has successfully developed and implemented an indicator driven HIS which collects information from each of the 660 primary health care clinics on a monthly basis and then moves relevant pieces of information up through the different levels of the Department of Health. The majority of the data is collected at the lowest level which is the clinic and this information is used to monitor itself and to report progress to the district level, which in turn reports to the regional level. Regional data are aggregated at the provincial level and finally the national level amasses data from all nine Provinces. As information is moved up the hierarchy, the volume of information is systematically reduced. Developing the current HIS required careful and detailed thought with regards to informational needs of the different levels within the health care delivery system and appropriate data collection methods. A paper based system is used for data collection and a user friendly computer program is used for data entry and generating customized reports. This case study reviews the process of developing the current HIS in the Eastern Cape Province and highlights the advantages of an indicator driven HIS.

### **9 Referrals from Primary Health Care Clinics in the Eastern Cape Province**

Appropriate referrals are an essential component of a PHC system. Without an effective referral plan, higher level health facilities are overburdened with patients seeking health care needs which could easily be provided at lower and more accessible levels. The PHC checklist enumerates the package of services for delivery at each level and provides a guide for referral patterns. A study on referrals was conducted in the Eastern Cape and found that the majority of patients were appropriately referred as they suffered from trauma, or needed obstetric care or a diagnosis for a chronic condition. However, the use of back referral letters were found to be unacceptably low. The promotion of back referral letters is essential for providing continuing care for the referred patient. Finally, the study found that the availability resources for referrals differed markedly. The regions which had the most access to transportation also had access to means of communication for this transportation. Whereas the regions without reliable transportation and in greatest need of communication facilities did not have access to means of communicating. The inequity of resources highlights the urgent need to redress these disparities.

### **10 District Health Management and Leadership Training**

The district based PHC system instituted by the DOH is intended to provide more equitable and accessible health care to the population. The demarcation of districts and the creation and appointment of District Management Teams has meant that a whole new cadre of managers has emerged. In the Eastern Cape, there are 21 districts and the new District Management Teams have been staffed with people from clinical backgrounds with minimal managerial experience. To enhance the performance of the new District Management Teams, a task force was convened to assess needs and formulate an action plan. As a result the District Health Management and Leadership Course was developed to equip managers to build District services and systems by combining an applied workplace approach with academic disciplines. The applied workplace approach is the pillar of the program and enables participants to gain academic credit for completing projects in their work place under academic supervision. This four-semester public-health course is offered by the University of Transkei (UNITRA), Fort Hare University, University of Port Elizabeth (UPE), Rhodes University and the Eastern Cape Department of Health (ECDOH). The synergies provide a unique and effective blend of talents collaborating to improve PHC management.

### **11 Use of Radio in the Fight Against AIDS**

Efforts to confront the escalating AIDS epidemic require innovative and cost-effective methods to educate the masses on prevention methods. Although the majority of South Africans have indeed heard about AIDS, only a minority of the population fully understands the routes of transmission and can name accurate methods of prevention. It is critical, at this juncture in the epidemic, to target the youth and provide them with accurate information in a nonjudgmental manner. Radio, as a mass media tool, is an effective way of reaching large diverse audiences. The multilingual nature of radio stations and the relatively low cost of radio programmes makes radio an attractive medium for promotional and educational campaigns. The EQUITY Project launched a short pilot radio program for adolescents which focused on teenage sexuality and AIDS prevention. The following year, the radio programme was expanded into a larger series with a much wider listenership. This case study reviews the process of developing a radio program for HIV/AIDS prevention and methods to monitor the results.

### **12 Institutionalizing Primary Health Care Training in Region B of the Eastern Cape Province**

The Primary Health Care Clinical Skills Training in Region B of the Eastern Cape has upgraded the population's access to integrated comprehensive PHC services by enhancing the clinical competence of health care workers. The success of the training program is based on the motivation of the trainers to use available resources and to implement an on-going sequence of courses which allows participants to both participate in class work as well as study back home. Both skills and knowledge have improved as a result of this training.

### **III. Process of Developing Case Studies**

The case studies were introduced at the October 1998 Strategic Management team (SMT) meeting. A discussion of potential topics followed by the directive to generate a formal proposal of topics. Interviews were held with all the technical staff of the EQUITY Project and a list was compiled and presented at the December 1998 SMT meeting. Twelve case studies were selected and approved and the work commenced.

Each case study was developed with a technical counterpart from the Eastern Cape Region. Extensive interviews were held with the counterpart to learn about the different activities and resources such as technical reports, studies, technical tools and in-house memos were identified. The consultant completed draft case studies for review by the counterpart and the Technical Director, Dr Jon Rohde. Comments were incorporated and then resubmitted for review to the same people. Once the counterpart and the Technical Director were satisfied with the contents of the case studies they were circulated to broader audience for review which included SO 3 Team Members, the Strategic Management Team (SMT) and appropriate ECDOH staff members. Initially, the comments focused on the presentation of the format such as the common sections of the case studies, the cover title page, and borders and fonts. See attachment 1 for the only written comments received. Once the formatting and common sections were agreed upon, comments focused on minor corrections and all comments were incorporated. The preliminary interviewing and reviewing with relevant technical staff greatly reduced the amount of changes later in the review process.

Once the case studies were completed they were sent to Dot Imaging in East London for graphic layout and design and then to the printers. The consultant worked closely with the graphic designers, however, the EQUITY Project was directly responsible for payment of the graphic layout and printing costs. To date, only three case studies have been printed. It is anticipated that the remainder of the case studies will be printed in early 2000.

#### **IV. People Contacted**

Ken Yamashita	USAID
Amita Sampson	USAID
Elaine Bosman	USAID
Tobi Mbengashe	EQUITY
Jon Rohde	EQUITY
Ileana Fajardo	EQUITY
Alan Vos	EQUITY
Cathy Fourie	EQUITY
David Collins	EQUITY
Dubs Msauli	EQUITY
Eta Banda	EQUITY
Jean Pierre Sallet	EQUITY
Joan Littlefield	EQUITY
Wilfred Jewel	EQUITY
Xoli Mahalela	EQUITY
Jon Bennet	EQUITY
Ruben Prichard	ECDOH
Melanie Poolman	ECDOH
Melanie Pleaner	PPASA
Jean Underwood	House of Resurrection
Lorraine Armstrong	Dot Imaging

# Attachments

Proposed Case Studies for EQUITY  
Correspondence from DOH

12

# PROPOSED CASE STUDIES for EQUITY

December 3, 1998

## Proposed Case Studies for EQUITY

### Background

The scope of work for this assignment involves writing 12 case studies which highlight success stories of the EQUITY Project under the following four categories individuals, communities, organizations and discrete activities. At the SMT meeting of October 29 numerous suggestions were made. As a follow-up, interviews were held with technical staff to discuss potential topics in more detail. Over 20 topics were suggested and hence selection of the topics is based on the present status of the activity. Ten of the proposed case studies fall under discrete activities, one under organization and one under communities. Individuals who have contributed to the success of an activity will be highlighted in various case studies. The topics for the proposed case studies are as follows:

- 1 District Health Managers Training
- 2 Cascade of Training in Region B
- 3 Public Private Partnership
- 4 Radio Program for AIDS Prevention
- 5 Condom Cans in Clinics
- 6 Partnership in AIDS Prevention PPASA/ECDOH Resource Center
- 7 Health Information Systems
- 8 Computer Performance Indicator Report for Drugs
- 9 Mapping
- 10 Primary Health Care Package
- 11 Referrals
- 12 Grahamstown Health Development Forum

### Other topics suggested include

- 1 District Manager Ms Tate
- 2 District Manager in Grahamstown
- 3 Participant training PPASA delegate to CEDPA training
- 4 Youth group in AIDS prevention
- 5 Red Cross
- 6 BIPHC
- 7 Bin cards for stock management
- 8 High Transmission Area study
- 9 Interdepartmental Management Committee
- 10 Counselor Training
- 11 Use of Public Transportation to move lab specimens

## **1 District Health Managers Training**

### **Summary**

Two-year Public Health curriculum for District Managers in collaboration with University of Transkei, University of Fort Hare, University of Port Elizabeth, Rhodes University and the ECDOH. The strength of the certificate lies in the linkages between the four universities and the DOH. The course consists of a "Foundation Week" and four modules: Building the District Health Team, Health Services and Programme Development, AIDS/HIV/STDs, TB, District Health Governance, Drug Management.

### **Highlights**

- Assessment of required District Manager's skills and attitudes
- Design of experiential learning
- Participant feedback
- Report on impact of Transformational Leadership Module by Jenny Onyx

### **Sources of Information**

- Certificate proposal
- Curriculum
- Joan's notes
- Develop questionnaire for participants

### **Contact People**

Joan Littlefield, Jenny Onyx

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## **2 Cascade of Training in Region B**

### **Summary**

Initial training was provided by INTRAH and BASICS through "Bridging Funds". A Training Manual for Trainers was developed and 15 trainers were trained. Presently 350 people have been trained in three different groups. An impact evaluation of the training will soon be conducted and the findings will be included in the case study.

### **Highlights**

- Ms Tembe (Region B Trainer)
- Curriculum Development
- Quotes from Trainers

### **Sources of Information**

- Modules
- Impact of Training Assessment

### **Contact people**

Joan Littlefield, Eta Banda

### 3 Public Private Partnership

**Summary** Innovative public/private partnership in Uitenhage between ECDOHW and Uitenhage and Despatch Independent Practitioners Association (UPIPA) Under this agreement the doctors are allowed to admit their private patients to Uitenhage Provincial Hospital (UPH) at the standard private patient fee rates and see their patients at nearby government clinics UPH benefits by having fees paid and wards upgraded In addition, UPH receives a trust fund for financing additional equipment and services and receives free sessional work from UPIPA doctors

#### **Highlights**

- Formation of UPIPA
- Financial impact
- Improvement in quality of care
- Role of private industry (VW)

#### **Sources of Information**

- Report "The Impact of a Public/Private Partnership Initiative on Uitenhage Provincial Hospital and Clinics"
- Interviews with UPIPA doctors and Hospital Manager

**Contact People** David Collins

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### 4 Radio Program for AIDS Prevention

**Summary** Seven one-hour programs on adolescent reproductive health have been aired which are co-hosted by a representative from SFH/EQUITY and an adolescent "peer educator" The shows discuss reproductive health facts and allows for questions from the viewers

#### **Highlights**

- Topics covered
- Questions from viewers
- Quotes from listeners

#### **Sources of Information**

- Focus Group Report
- Transcripts from shows

**Contact People** Wilfred Jewell

## 5 Condom Cans in Clinics

**Summary** "Condom Cans" have been placed in every PHC clinic in the Eastern Cape allowing for free and easy access to condoms. The cans were produced by SFH and purchased by the ECDOH. Nurses stock the cans with 200 condoms at a time and no longer record who is taking how many condoms.

### **Highlights**

- Baseline and 2<sup>nd</sup> survey results on access to condoms
- Change in inventory system
- Photo of can
- Comments from clinic attendees

### **Sources of Information**

- Baseline and 2<sup>nd</sup> survey
- Quotes from clinic attendants

**Contact People** Xoli Mahalela, Wilfred Jewell, Alan Vos

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## 6 Partnership in AIDS Prevention PPASA/ECDOH Resource Center

**Summary** EQUITY assisted in the development of resources centers in two under served areas. A partnership was formed between PPASA and ECDOH to launch the resource center. Since the Department was unable to hire staff, PPASA provided staff and the Department provided the resources.

### **Highlights**

- Formation of partnership
- Establishment of center
- Programs "Men as Partners" and "Stepping Stones"
- Picture of resource center

### **Sources of Information**

- Proposal

**Contact People** Alan Vos, Melanie Plenaer

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## 7 Health Information Systems

**Summary** PHC monthly reports have been institutionalized in clinics. The reports capture information on 20 indicators and provide readily available information for managers.

### **Highlights**

- Training process
- Report Format
- Drug availability as an example baseline 64% now 84%

### **Sources of Information**

- PHC monthly report format
- Interview with Clinic Manager for comments on use of report

**Contact people** Jon Rohde, Xoli Mahalela, Jean-Pierre Sallet

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## **8 Computer Performance Indicator Report**

**Summary** The current MEDSAS system is operated by a contractor and provides only the broadest pieces of information about medical supplies EQUITY has designed computerized report templates which allow access for more specific and pertinent information The templates will be sent out shortly and managers will now be able to access information directly

### **Highlights**

- Differences in reports
- Interviews with users

### **Sources of Information**

- Templates
- Report

**Contact People** Jean-Pierre Sallet

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## **9 Mapping**

**Summary** Simple geographical maps can serve as useful information tools for health workers to understand their community Many Districts have been trained in mapping and have completed the exercise

### **Highlights**

- Training
- Pictures of maps
- Use of maps
- Queenstown as demonstration site

### **Sources of Information**

- Report on mapping
- Quotes from map makers

**Contact People** John Bennet

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## **10 Primary Health Care Package**

**Summary** The Eastern Cape's "primary health care package" has expanded on the national guidelines to include mental health and nutrition. A checklist of services has been developed and are now being used by district managers to assess the degree to which comprehensive PHC services are being provided at HCP and to identify specific deficiencies.

### **Highlights**

- Checklist
- Use of checklist
- Greater integrated PHC in Transkei

### **Sources of Information**

- Baseline and 2<sup>nd</sup> survey
- Checklist

**Contact People** John Bennet

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## **11 Referrals**

**Summary** One measure of strength of primary health care is the extent to which people use clinics as their point of entry to the health care system. The outpatient departments at many hospitals provide routine care which should be provided at the clinics.

### **Highlights**

- Guide to referrals
- Back referrals
- Changes in referral rate

### **Sources of Information**

- Baseline and 2<sup>nd</sup> survey
- Referral study

**Contact People** Xoli Mahalela, Jon Rohde, John Bennet

## **12 Grahamstown Health Development Forum**

(Detailed information still to be obtained)

Summary

Highlight

Sources of Information

Contact People

**From** Ray Mabope <mabopr@HLTRSA2 PWV GOV ZA>  
**To** cathbrok@intekom co za <cathbrok@intekom co za>  
**Date** Thursday, June 10, 1999 04 33  
**Subject** Case Studies

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Dear Cathy

Congratulations for the work on the case studies My comments are (1) you should publish tehse as a joint project between the Eastern Cape Department of Health and the Equity Project, (2) you should acknowledge the people who participated in the studies or contributed towards the publication, (3) at the end of each paper you should spell out the conclusions in a crisp way and make concrete recommendations on how these could be replicate, (4) finally, in the coming case studies you should identify someone within the Eastern Cape Department of Health whom you will work with to develop their skills in documenting cases and preparing them for publication

This is a good start Do not be dimayed You will not get everything right the very first time Thank you for your patience with me

Regards  
Ray