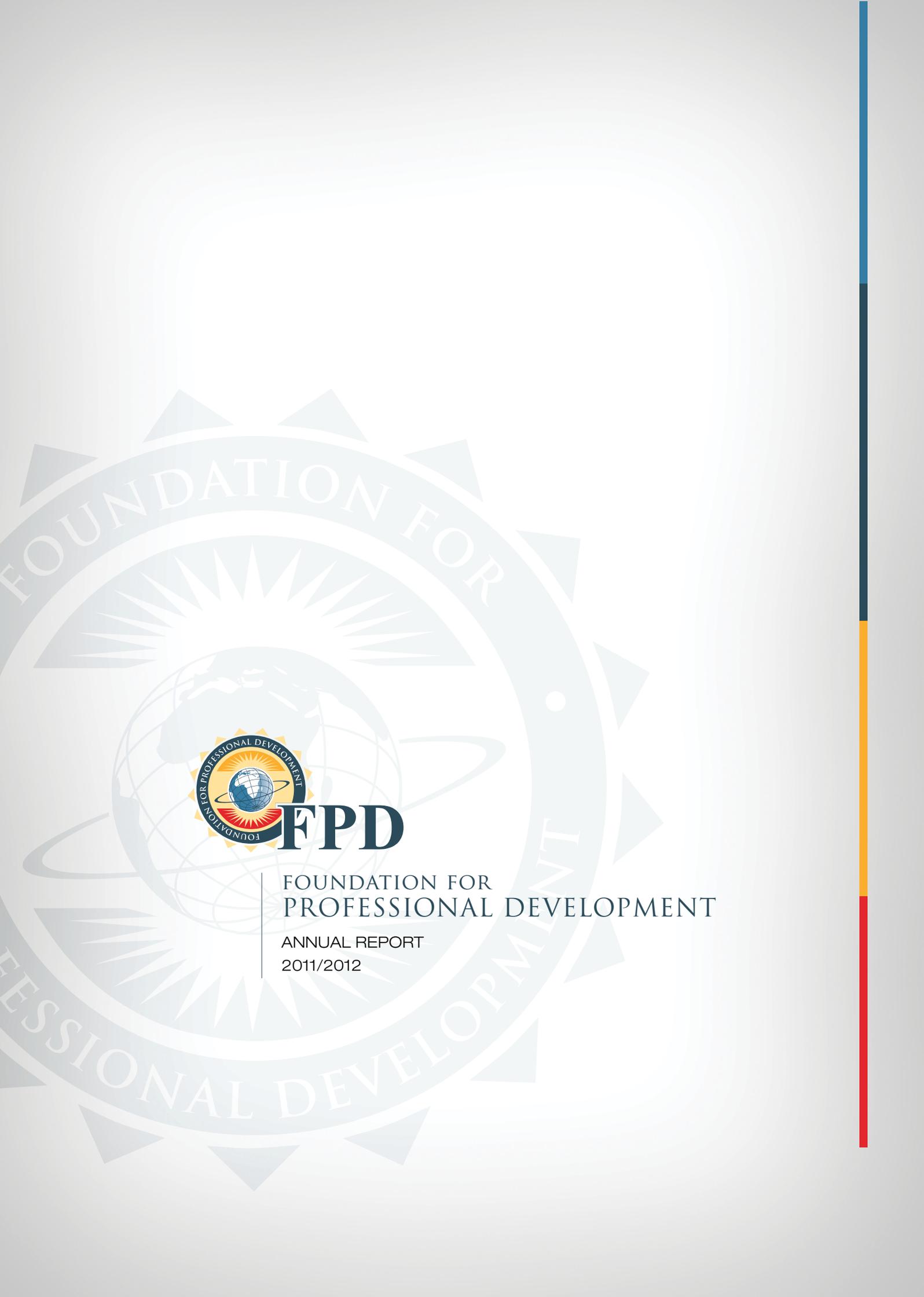


ANNUAL REPORT  
**2011-2012**

Building a better society through education and development







**FPD**

FOUNDATION FOR  
PROFESSIONAL DEVELOPMENT

ANNUAL REPORT  
2011/2012



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# OVERVIEW

- VISION, MISSION, VALUES AND STRATEGIC DIRECTION
  - MESSAGE FROM THE MANAGING DIRECTOR
    - BACKGROUND
      - GOVERNANCE AND QUALITY ASSURANCE
  - ORGANISATION AND MANAGEMENT STRUCTURE



# VISION, MISSION, VALUES AND STRATEGIC DIRECTION

## VISION

The vision of the Foundation for Professional Development (FPD) is to build a better society through education and capacity development.

## MISSION STATEMENT

FPD's mission is to ensure the availability of skilled professionals, managers and auxiliary workers who will be able to deliver a service to the public that is affordable, evidence based and congruent with international best practice.

## VALUES

All of FPD's activities are based on, and flow from, the following core values, which were developed by FPD staff through a consultative process.

**INNOVATION:** FPD strives to be an innovator in society by challenging the status quo and by actively identifying opportunities to affect positive change with a view of building a better society. This is achieved by aggressively embracing growth opportunities and committing ourselves to producing leadership.

**INTEGRITY:** FPD and its staff adhere to moral and ethical principles in all their activities. This is reflected in honest and professional conduct, personal accountability and a commitment to not abuse the resources of the organisation or its sponsors. Most of all, FPD will not compromise its institutional principles for the sake of political expedience.

**QUALITY:** FPD strives to guarantee the excellence of all its products and services. All such services are designed to meet the current needs of its clients. Underlying this commitment to quality is a continuous drive to achieve excellence and develop the systems to reward such achievements.

**FREEDOM TO CHALLENGE:** FPD encourages an environment where staff can voice their opinion without fear of victimisation. Constructive critique and creative debate between stakeholders and staff are encouraged.

**RESPECT:** Consideration for the rights of individuals and groups integral to FPD as an organisation. FPD honours the personal beliefs of its clients, its staff and its service beneficiaries.

**SERVICE TO SOCIETY:** All of FPD's activities are dedicated to serving the best interest of society. FPD's focus is underpinned by a strong sense of social responsibility.

## STRATEGIC DIRECTION

The strategic direction for 2012 is focused on developing FPD into an internationally recognised leading African higher educational institution that can compete with world class institutions.

This will be achieved by a continuous focus on social entrepreneurship, high quality teaching and learning, research and community engagement. Inherent in this strategy is a commitment to social responsibility and ensuring that all activities of the organisation will serve to improve society in the countries where FPD operates. The 2012 strategic direction will also focus on ensuring that FPD becomes a best place to work due to a commitment to living it's vision and value.

## PHILOSOPHY

*"Education is the most powerful weapon which you can use to change the world."*

- Nelson Mandela -

FPD fully subscribes to this view and has a strong commitment to being a force for positive change in the communities where we work.





## MESSAGE FROM THE MANAGING DIRECTOR

FPD's vision of "building a better society" is especially relevant in times of economic distress. In our work the effects of the previous year's economic down turn was still very evident. Thus, in 2010 we continued with our mission of pursuing ambitious growth irrespective of the economic situation – a mission we succeeded in thanks to the amazing manager and staff of FPD, most of whom accepted the challenge and exceeded expectations

It is with a great sense of pride that I write this message: Pride in the incredible team who make up the FPD family for what they achieved over the last year.

Reflecting on the achievements described in this annual report fills me with a sense of wonder for what can be achieved by a group of people who follow a common vision. Despite continuing global economic uncertainties and the decline in donor money, FPD again fulfilled its commitment to society by "building a better society through education and development".

The results clearly show that we have embraced our core values of innovation, quality and service to society. All our projects exceeded their targets and we again experienced strong growth in key areas such as student numbers, conference attendees, health clients and also financially. The last year has been one of rapid innovation as FPD began shifting its largest programme, the AIDS treatment programme, away from supporting direct service delivery to one that focuses on technical assistance to the South African government. This successful realignment with new government and donor strategies has affected many FPD staff and will radically influence the shape and scope of work of FPD in the future.

The move into more formal qualifications over the last few years translated into the largest FPD graduation ceremony to date and our signature educational project for the year was the expansion of our management courses to eight countries in the southern African region. The development of health management was the first activity that FPD embarked on in 1998 and it is extremely rewarding to see us fully expanding this activity outside of South Africa.

As always FPD provided substantial assistance to our students through subsidised education with the majority of our students studying at low or no cost.

Another area of innovation we explored the past year was the role that FPD can play in supporting learnerships as a conduit to entering the job market for school leavers. Based on two successful pilot programmes this will now become a major focus for FPD as we move into the future.

In recent years, FPD has focused on developing in-house research capacity. As a higher education institution, we have an obligation to contribute to the development of new knowledge; a formidable challenge given that private higher education institutions do not have access to the academic

and research subsidies and grants available to our public sector colleagues.

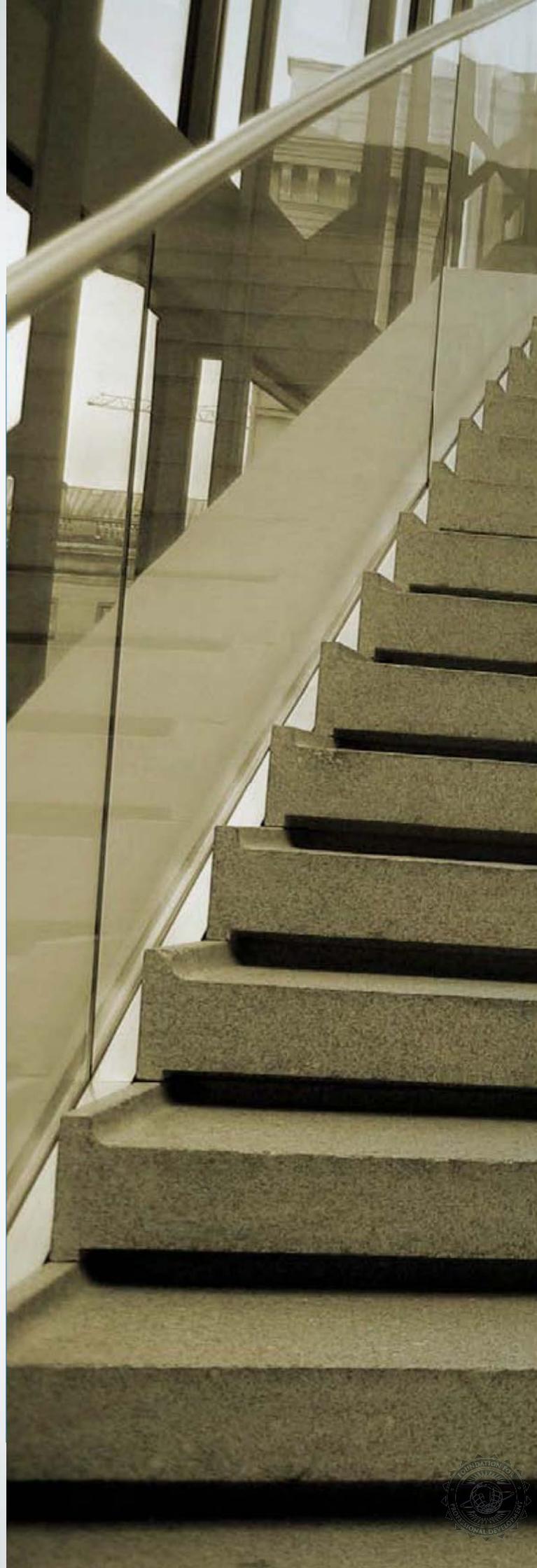
On the other hand the nature of our work revolves around finding innovative solutions to often intractable problems and the lessons learned deserve to be made available to the public. This year's research output exceeded all previous years and the maturity of this effort was symbolised by the establishing of an FPD Research Ethics Committee.

This annual report also creates an opportunity for me to express my appreciation to the more than 40 strategic partners of FPD, the sponsors and donors who have provided such generous support to FPD students and projects and a board of directors who inspire and support FPD through their strategic vision. But most of all I wish to extend my appreciation to my fellow employees - they are the people who make the organisation what it is.

2012 will be an exciting year lets go out there and make a difference but let's also have some fun.

DR GUSTAAF WOLVAARDT

MBChB (Pret), M.Med (Int) (Pret), FCP (SA), AMP (MBS),  
PGCHE (Pret)



# BACKGROUND

The Foundation for Professional Development (FPD) was established in 1997 by the South African Medical Association (SAMA). In 2000, FPD was registered as a separate legal entity (registration number 2000/002641/07). The South African Medical Association, a Section 21 not-for-profit company, has a 90% shareholding while the remainder of the shares are employee owned.

## FOCUS AREAS

FPD prides itself on being one of the few private higher educational institutions that fully engages in the three scholarships of higher educational namely – teaching and learning, research, and community engagement. These areas of scholarship provide the three focus areas of our work:

### TEACHING AND LEARNING

FPD provides a comprehensive curriculum of courses in management and professional skills development that are customised to the needs of students in sectors such as management, health and education. Educational products are presented through formal postgraduate qualifications, short courses, in-house courses and conferences.

### RESEARCH

FPD's research priorities focus on promoting operational research and research on educational practice. FPD encourages and uses action research as a methodology for professional development and transformational practice.

### COMMUNITY ENGAGEMENT

FPD does not follow the narrower definition of community engagement that is solely focussed on the role of students in the community. We believe that as an institution that attracts highly skilled social entrepreneurs we are in a position to effect positive transformation in society. The work we do in; supporting NGOs; improving access to AIDS and TB treatment and care; recruiting and retaining of skilled professionals in the public health sector and strengthening public sector institutions and structures, speaks to this commitment.

FPD is based on a virtual business model that places a high premium on strategic alliances with national and international partners to increase the scope and reach of our programmes. Such partnerships have been established with a wide range of academic institutions, development agencies, government, technology partners, professional associations and special interest groups.

## ACCREDITATION AND REGISTRATION

FPD is registered as a private higher education institution in terms of Section 54(1)(c) of the Higher Education Act, 1997 (Act No. 101 of 1997), and Regulation 16(4)(a) of the Regulations for the Registration of Private Higher Education Institutions, 2002 registration certificate number 2002/HE07/013), to offer the following programmes:

- Advanced Certificate in Management (ACM)
- Certificate in Practice Management (CPM)
- Certificate in Advanced Health Management (CAHM)
- Certificate in Risk Assessment & Management (CRAM)
- Diploma in Risk Assessment & Management (DRAM)
- Diploma in Advanced Health Management (DAHM)
- Higher Certificate in Management (HCM)
- Postgraduate Diploma in General Practice (PDGP)

FPD also offer a variety of interactive, distance-based, and e-learning short courses through our Business School, School of Health Sciences and School of Education. The majority of these programmes are targeted towards enabling continuing professional development and improving management competencies of our alumni. The courses offered, slot into existing mechanisms of continuing professional development accreditation, such as Health Professions Council of South Africa (HPCSA).

## BBBEE STATUS

FPD 's commitment to transformation is reflected in its rating as a Level 1 Broad Based Black Economic Empowerment organisation.

## AFFILIATIONS

FPD is also an institutional member of the South African Institute of Health Care Managers (SAIHCM) and a member of the Association of Private Providers of Education, Training and Development.

## THE FPD GROUP

### THE FPD GROUP INCLUDES:

- Foundation for Professional Development (Pty) Ltd (Reg. No. 2000/002641/07)
- The FPD Property (Pty) Ltd (Reg. No. 2005/014826/07)
- The Foundation for Professional Development Fund (Reg. No. 2004/002765/08)
- Health Science Academy (Pty) Ltd (Reg. No. 1994/006219/07)

### FPD ALSO MANAGES THE FOLLOWING NGO'S:

- Dira Sengwe Conferences
- South African Institute of Health Care Managers (SAIHCM)

## FPD ACADEMIC CODE OF CONDUCT

FPD endorses the principles of non-racialism, non-sexism and non-discrimination. It believes that education should be accessible, affordable and relevant to the country or origin where it takes place.

FPD students are expected to treat fellow students, faculty and administrative staff with dignity and respect. As FPD offers quality educational products, it believes that its students should act with integrity and honesty when participating in and completing programmes and courses offered. By registering for any FPD course or programme a student subscribes to this Code of Conduct.

# GOVERNANCE AND QUALITY ASSURANCE STRUCTURES

FPD governance structures are dictated by the relevant South African legislation that applies to registered legal entities and private institutions of higher education.

## FPD BOARD OF DIRECTORS

The role of FPD's Board of Directors is currently modelled as closely as possible to the King III Report and recommendations on corporate governance.

## INDEPENDENT DIRECTORS

---



**MR DOUW VAN DER WALT**

Chairperson  
B.Com CAIB (SA) MBL, AEP (UNISA)



**DR RAFIQ ABBAS**

Director  
MBChB (UCT), FCFP (SA),  
Dip Palliative Medicine (UTC), C.I.M.E. (A.B.I.M.E.)



**MS IDA ASIA**

Director  
B.Cur (Hons) MA (Nursing), MBL



**DR MUTHEI DOMBO**

Director  
MBChCB (Cape Town)

## EXECUTIVE DIRECTORS

---



**DR GUSTAAF WOLVAARDT**

Managing Director  
MBChB (Pret), M.Med (Int) (Pret),  
FCP (SA), AMP (MBS), PGCHE (Pret)



**MS VEENA PILLAY**

Academic Executive  
DBA, DBA, MBA

## COMPANY SECRETARY

MS ALET BOSMAN

B.Com (Fin Man), HED, B.Com Hons (ACC)

## FPD PENSION FUND MANAGEMENT COMMITTEE

MS VEENA PILLAY

Academic Executive

CBA, DBA, MBA

MR ROB HEATH (until 31 Jan 2012)

Chief Operating Officer

CA (SA), M.Com

MS ALET BOSMAN

Head HR Administration

B.Com (Fin Man), HED, B.Com Hons (ACC)

MR HENK REEDER

Head Finance

B.Compt

## PROGRAMME ADVISORY & QUALITY ASSURANCE COMMITTEE 2011/2012

### ACADEMIC MANAGEMENT REPRESENTATIVES

Dr Gustaaf Wolvaardt

Ms Amor Gerber

Ms Hannelie Joubert

### INDUSTRY REPRESENTATIVES

Ms Lucia Huyser

Ms Michelle v d Merwe

Mr Jan van Rooyen

### FACULTY REPRESENTATIVES

Ms Michelle Harding

Ms Joanne Brink

Ms Welmoed Geekie

### STUDENTS AND ALUMNI

Ms Amanda Schoonderwoerd

Ms Lucy Rossouw

## PARTICIPATION OF FPD STAFF IN EXTERNAL GOVERNANCE STRUCTURES

FPD encourages senior managers to participate in governance and advisory structures of other organisations that have a shared mission with FPD.

DR GUSTAAF WOLVAARDT

Managing Director

- Aids Accountability International (Sweden)  
Chairman of the Board
- Dira Sengwe Conference (Section 21 Company)  
Member of the Board of Directors
- South African Institute of Health Care Managers  
(Section 21 Company)  
Member of the Board of Directors
- Right to Care (Section 21 Company)  
Member of the Board of Directors
- Right to Care Health Services (Pty) Ltd.  
Member of the Board of Directors
- Tshwane Mayoral AIDS Council  
Deputy Chairman
- Tshwane Planning Commission  
Commissioner
- National Planning Commission  
Health Reference Group – Member

DR HANS-FRIEDEMANN KINKEL

- Infectious Diseases Society of South Africa  
Member of the Executive Committee

MS JANINE MITCHELL

Head: FPD Compass

- HIV and AIDS and Local Government Learning  
Network (HALOGEN), Member
- National HIV Testing Campaign  
NGO Sector Representative

MR SHAUN MELLORS

Project Manager

- Global Fund: Communities Living with HIV, TB  
and Affected by Malaria Delegation  
Member of Board
- The Global Fund to Fight AIDS, TB and Malaria  
Member of the Strategy, Impact and Investment  
Committee
- Southern Africa AIDS Trust Board  
Vice Chair
- Global Health Advisory Committee  
Member of the Committee

## FPD INTERNATIONAL REPRESENTATIVES

FPD is fortunate to have a number of profile international representatives (ambassadors) who support the development of FPD projects on a voluntary or nominal honorarium basis.



**ANDERS MILTON**  
M.D., PHD  
Special Advisor for Europe

Dr Milton is an internationally renowned health care leader who is the past chairperson of the World Medical Association, past president of the Swedish Red Cross, past president of the European Red Cross and Crescent Societies Network against HIV and AIDS and TB and also President of the Face of AIDS Foundation. Dr Milton has also served on a number of advisory structures to the Swedish Government and Chairs the Boards of a number of companies. Dr Milton's commitment to the welfare of people has led him to join a number of humanitarian foundations such as Star for Life.



**LIZ AND MARTIN SCHROEDER**

AHP Liaisons in the UK

Since the inception of the project in 2005, the husband and wife team – Martin and Liz – have worked tirelessly from their own home to bring British and European doctors to the rural hospitals of South Africa. Apart from their hard work in ensuring that AHP's recruitment mechanisms and processes are running smoothly in the UK, their efforts also involve marketing the South African work opportunities at conferences, medical schools, career fairs and in the media. Liz works towards forging strategic partnerships with bodies and institutions in the UK with which AHP can partner for the mutual benefit of staffing South Africans as well as training/work experiences for the UK. Martin has come on board as a permanent employee member and continues to create a unique and invaluable working relationship with the South African Embassy in London, giving AHP the ability to offer recruits an unrivalled visa service to smooth their passage south.



**GREG LYDAL**  
AHP consultant in the UK

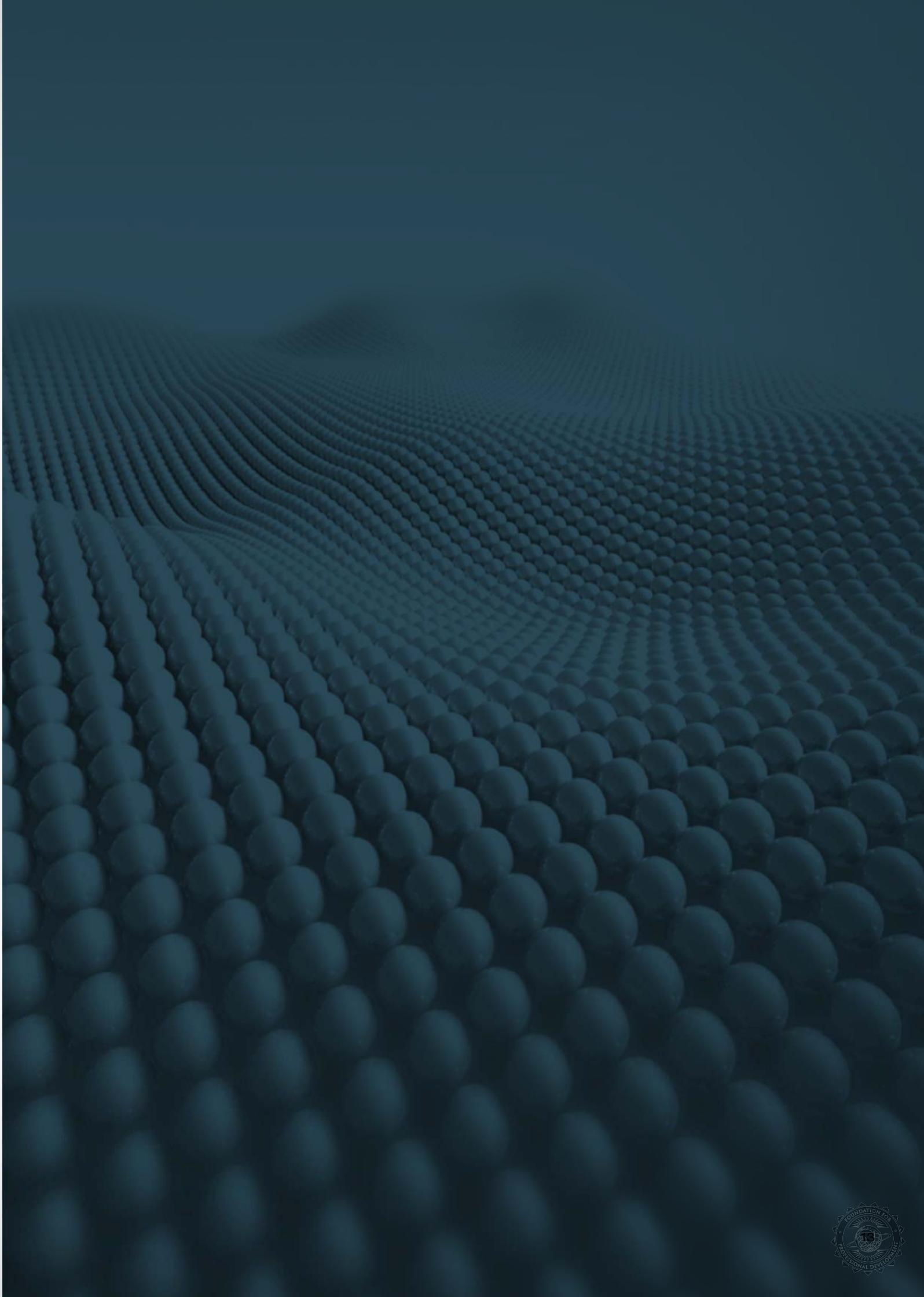
Greg is a South African trained doctor who specialises as a psychiatrist in the UK. His passion for health care in South Africa has led him to become an extremely valuable resource for AHP in the UK. Where his time allows, Greg (and often his wife Petra – also an SA trained doctor) represents AHP and what the opportunity of working in rural Southern Africa entails to British and European doctors. This doctor-to-doctor contact, has proven to be invaluable in creating realistic expectations for AHP's recruits and in attracting more suitable recruits to the region.

On many occasions Greg also provides strategic advice to AHP from his own understanding of the UK health care system in which he is now working.



**THERESE HANSEN**  
AHP Liaison in the US

Therese is a lawyer who left the partnership in her Seattle law practice at the start of 2006 to pursue her dream of working in the health sector on the African continent. She worked with FPD and AHP for three years on several human resources cases, specifically related to the health issues faced by rural areas. Therese then returned to Seattle where she now markets the work opportunities (offered by AHP in the southern African region) to American health workers across the US. Therese further aims to increase strategic partnership in America with the goal of strengthening human resources in the African health sector as well as promoting on-the-ground health issues to relevant forums in the US.



# ORGANISATION AND MANAGEMENT STRUCTURES

FPD staff is made up of a number of functional departments organised into clusters and departments reporting to the Managing Director. The structure reflected alongside will be applicable in 2012.

## MANAGING DIRECTORS OFFICE

The managing director has the overall responsibility for managing FPD in accordance with the strategic direction provided by the FPD board of directors. Additionally the Managing Director also acts as Head of the Special Projects Cluster.

The Communications Department also reports directly to the Managing Director.

## ACADEMIC CLUSTER

This cluster houses FPD's educational archives and comprises the following schools:

### SCHOOL OF HEALTH SCIENCES

Tasked with the academic aspects of all FPD clinical courses and the management of clinical mentorship programmes.

### BUSINESS SCHOOL

Tasked with the development and updating of all FPD management related courses.

### SCHOOL OF EDUCATION

Tasked with the academic aspects of district and school management related courses and teacher development courses.

### STUDENT ADMINISTRATION: PEPFAR

Tasked with all aspects of delivery of educational programmes and student administration for funded course.

### STUDENT ADMINISTRATION: NON PEPFAR

Tasked with all aspects of commercial course administration.

### ACADEMIC OPERATIONS DEPARTMENT

The following services support the above mentioned schools:

- Programme Development
- Study Material Management
- Quality Assurance
- Marketing

## TECHNICAL ASSISTANCE CLUSTER

The Technical Assistance Cluster has a strong focus on community engagement, predominantly through private-public-initiatives, for increasing capacity in the public sector. The following departments are part of this cluster:

### TREATMENT, CARE AND SUPPORT

A consolidation of the facility-based service-delivery-focused areas and includes HIV Counselling and Testing, TB/HIV Integration, HIV Care and Support, Anti-retroviral Treatment and Maternal, Child and Women's Health.

### SYSTEMS STRENGTHENING

Responds by means of a technical assistance model that supports the National Department of Health's priorities, shifting from the traditional model of delivery of direct services.

### STRATEGIC INFORMATION

Responds to the needs identified by NDoH to standardise anti-retroviral treatment monitoring and evaluation (M&E) in order to effectively manage facility level ART data in SA.

## SPECIAL PROJECTS CLUSTER

This Special Projects Cluster encompasses a variety of independent community engagement projects and business units. These include:

### THAT'SIT PROJECT (A JOINT INITIATIVE OF FPD AND THE MRC)

A collaboration with the MRC which aims to integrate TB and HIV care by expanding the delivery of treatment to HIV and TB patients in South Africa.

### FPD COMPASS PROJECT

Providing coordinated mobilisation of all resources within communities in order to effectively respond to societal challenges.

### AFRICA HEALTH PLACEMENTS (AHP) (A JOINT INITIATIVE OF FPD AND RHI)

Enhancing the healthcare delivery system in Africa through the provision of human resource solutions and services.

### FPD FELLOWSHIP DEPARTMENT

Hones the skills of postgraduate masters-level South African students and graduates by placing them with PEPFAR partners and public sector institutions supporting HIV and AIDS initiatives.

### FPD BASIC EDUCATION PROJECT

Address some of the key challenges in the Basic Education sector where FPD's unique approach to training and capacity-building is applied.

## OPERATIONS CLUSTER

The Operations cluster provides crosscutting operational support to all FPD departments and includes:

### FINANCE DEPARTMENT

Facilitates all financial functions for the FPD Group of Companies, both at Head Office and at sites throughout South Africa and ensures compliance with International and Local Donor and Statutory requirements for both FPD and outsourced clients.

### IT DEPARTMENT

Facilitates and coordinates the functions related to information technology within FPD's Operations Cluster, both at Head Office and at sites throughout South Africa.

### HR ADMINISTRATION DEPARTMENT

The HR Administration Department functions within the FPD Operations Cluster and facilitates and coordinates the functions related to human resource administration and FPD's learnership programme both at Head Office and at sites throughout South Africa.

## FPD MANAGEMENT TEAM SENIOR MANAGEMENT

- Managing Director: Dr Gustaaf Wolvaardt, MBChB (Pret), M.Med (Int) (Pret), FCP (SA), AMP (MBS), PGCHE (Pret)

- Technical Assistance Executive:  
Dr Rita Nathan,  
B.Med.Sc, MBChB, FCPHM, M.Med Community  
Health, MBA
- Academic Executive: Ms Veena Pillay,  
CBA, DBA, MBA

## DEPARTMENT, PROGRAMME AND PROJECT HEADS

### ACADEMIC CLUSTER

- Student Administration (PEPFAR):  
Ms Amor Gerber,  
B.Com, DTE, SLP
- Student Administration (NON PEPFAR):  
Ms Michelle Harding,  
B.Com Entrepreneurship, B.Com (Hon)  
Business Management
- Head: Health Sciences:  
Dr Grace Makgoka,  
MBChB, Dip HIV Mang (CMSA)  
Business Management

### SPECIAL PROJETS CLUSTER

- Africa Health Placements:  
Mr Saul Kornik,  
M.Comm, CA(SA) CFA
- FPD Compass Project:  
Ms Janine Mitchell,  
BPE (Biokin)
- FPD Basic Education Project:  
Ms Joanne Brink,  
MBA, CA (SA), B.Comm Law
- FPD Fellowship Programme:  
Dr Anna-Marie Radloff,  
MBChB (until 30 Nov 2011)

- Conferences & Special Events:  
Ms Tamlynne Wilton,  
Dipl (Conference & Event Management),  
Dipl (Travel & Tourism)
- that'sit Project:  
Dr Margot Uys,  
MB.BCh (Rand) BA (Mus) Hons, HED, AHMP (Yale)
- Communications Department:  
Ms Sabrina da Silva Moreira,  
B.Comm (until 01 Dec 2011)  
Mr Layton Beard  
N Dip: Journ (from 01 Dec 2011)

### TECHNICAL ASSISTANCE CLUSTER

- Treatment, Care and Support Department:  
Mr Shaun Mellors,  
CAHM (until 30 Sep 2011)
- Treatment, Care and Support Department:  
Ms Hanlie van der Merwe,  
B.Cur, CAHM (from 1 Oct 2011)
- Strategic Information:  
Ms Suzanne Johnson,  
BSLA
- TB/HIV Department:  
Dr Tandiswa Lusu MBChB,  
Dip, HIV Management (SA) (until 28 Feb 2011)
- Maternal, Child Woman's Health Unit:  
Dr Razeeya Khan,  
B.Pharm, McS, AHMP (Yale) (until 30 Sep 2011)
- Systems Strengthening:  
Dr Bafedile Chauke,  
MBChB, DTMH, DOH, MMed, FCPHM (SA)  
(from 1 Jul 2011)

## OPERATIONS

- Finance:  
Mr Henk Reeder,  
BCompt
- Human Resource Administration:  
Ms Alet Bosman,  
B.Comm (Fin Man), HED, B.Comm Hons (Acc)
- Information Technology:  
Mr Kershen Naidoo,  
MCSE, MSDBA

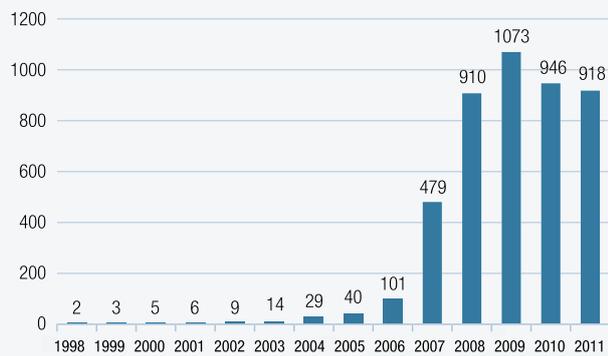
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## STAFF

In 2011, due to donor priority moving from a service delivery model to a technical assistance model, FPD actively began migrating staff across to the public sector.

At the end of 2011 FPD had transferred 139 previously donor funded staff into public sector positions. FPD currently employs 918 staff members.

### STAFF ON PAYROLL



# COMPANY STRUCTURE





# ACADEMIC CLUSTER

- EDUCATION
- FACTS AND FIGURES
- GRADUATION
- EDUCATIONAL OFFERING
- FPD CONFERENCES & SPECIAL EVENTS

# EDUCATION

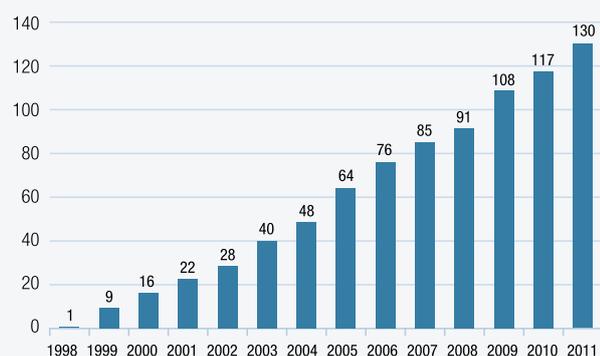
## TEACHING AND LEARNING FOCUS AREAS

FPD's learning programmes are designed to be cutting edge, customised to meet the specific needs of our participants. Both formal qualifications, as well as our short course training offerings are developed within the regulatory requirements of the Department of Education, Council of Higher Education, the South African Qualifications Authority and, in the case of training programmes for health care professionals, the relevant programmes adhere to the requirements of the Health Professions Council of South Africa.

## CURRICULUM DEVELOPMENT

The number of separate courses offered by FPD increased from one in 1998 to 130 by the end of 2011 as shown in the graph below.

FPD COURSES



## DURING THE PAST YEAR THE FOLLOWING NEW COURSES WERE DEVELOPED:

### FORMAL REGISTERED QUALIFICATIONS

- Higher Certificate in Management (HCM)
- Advanced Certificate in Management (ACM)

### BUSINESS SHORT COURSES

- Programme Evaluation

### DISTANCED BASED BUSINESS COURSES - SHORT COURSES

- Course in the Fundamentals of Business Law
- Course in the Fundamentals of Change Management

### COURSES FOR CLINICIANS

- Management of Breast Cancer for Healthcare Professionals
- Management of Opioid Dependence and Abuse

### MULTIDISCIPLINARY COURSES

- ART Register
- Community Health Worker
- HIV Rapid Testing
- Provider Initiated Counselling and Testing (PCT)

### COURSES FOR OTHER HEALTHCARE WORKERS

- Breast Cancer Detection for Community Volunteers

### E-LEARNING COURSES

- Counselling and Testing

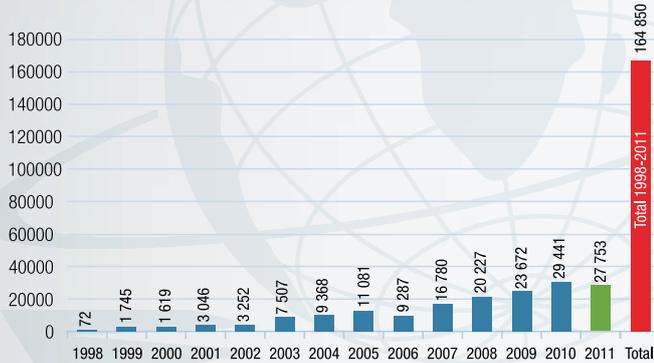
## STUDENT ENROLMENT

FPD in 2011 again showed strong growth in student registrations with 27 753 students enrolments, bringing the total number of students who have studied with FPD since its launch in 1998 to 164 850.

The graph below illustrates this growth in student numbers.

Since its inception, this cluster has successfully broken down barriers that prevent students from obtaining opportunities to further their studies. These include sourcing valuable scholarships for disadvantaged groups, taking programmes to various towns and provinces where the need is, across Africa, and offering blended learning approaches which limits time away from work thus making FPD programmes very lucrative to a growing base of loyal supporters.

STUDENT ENROLMENT ON FPD COURSES  
1998 - 2011 (31 DEC)



## OUTCOMES AND HIGHLIGHTS OF 2011

- To improve access to the anti-retroviral therapy, FPD trained 1 736 nurses working at primary care clinics throughout the country in the Initiation and Maintenance of Anti-Retroviral Therapy (NIMART). On follow-up after 2 months, it was found that 62% had started initiating adults on ART and 85% were providing INH prophylactic treatment against tuberculosis.
- In support of the SA Government's Re-Engineering of Primary Care, FPD assisted in the development of the curriculum and trained the first 5 000 new Community Health Workers who will work in community outreach teams. One of their key tasks will be promoting and supporting safe pregnancy, exclusive breast feeding and comprehensive immunisation.
- Trained 1 074 health professionals and allied health workers in appropriate counselling and effective forensic examination of victims of gender based violence. In addition to this, successfully implemented a new 'integrated' "Managing Violence in the Community" short course that involved health workers, teachers and police.
- Expanded clinical mentorship support to all primary care clinics and district hospitals within the 5 districts for which FPD is responsible.
- Delivered a workshop for Department of Basic Education (DBE) national, provincial and district officials at the 5th SA AIDS Conference that provided information on how to access referral information for

learner and teacher support services. The online Compass Mapping tool allows districts and principals to refer their learners and staff to relevant services based on social needs identified.

- Developed information material for learners, teachers and parents on HIV Counselling and Testing in the environment, which the DBE will be disseminating across 6,000 high schools when the School Health Programme is launched.
- FPD trained 100 health professionals in the comprehensive management of breast cancer and, in addition, trained 448 volunteers to provide breast awareness and patient support. This project is being expanded to Kenya early in 2012 and then gradually into other Sub-Saharan African countries.
- As part of the prevention of new HIV infections, FPD has developed a partnership with the Centre for HIV/AIDS Prevention Studies (CHAPS), the South African leaders in the field of high volume voluntary male medical circumcision.

## ALUMNI SUPPORT SERVICES

### RESOURCE CENTRE

FPD maintains a resource centre at its registered head office. Apart from literature associated with its programmes and courses, internet access is also provided. Students receive the support they require from faculty and facilities and may request additional assistance from FPD if needed.

### ONLINE SUPPORT

FPD has also established an internet based Student Interactive Portal (SIP) to support all its enrolled students to achieve formal registered qualifications. This SIP is a server programme that allows invited users to collaborate on the website by editing and downloading content from the site from their own computer and in their own time. Visitors can view the web pages and interact with fellow students and facilitators. The SIP allows facilitators and assessors to mentor students online and allows students to form student support groups. FPD's website offers students assistance through the provision of assessment and assignment guidelines.



### NATIONAL HEALTHCARE WORKER HOTLINE (CLINICAL CALL CENTRE)

FPD also offers, in collaboration with the University of Cape Town's Medicine Information Centre, a toll free call centre that is geared towards handling any clinical treatment enquiries. This call centre is actively promoted to the alumni FPD courses, 0800 212 506.

### CLINICAL MENTORSHIP

FPD has developed a system of roving teams of mentors to provide comprehensive support for all the health clinics and hospitals in its allocated districts. The team consists of a doctor, nurse, social worker, information officer and data expert. Their task is to assist the health professionals and staff to improve the outcomes of key district health indicators such as the TB cure rate, maternal and infant mortality and mother-to-child-transmission rate.

### CONTINUING EDUCATION PROGRAMMES

FPD compliments its own alumni services with strategic alliance with two professional associations. FPD's sponsorship of membership fees for alumni where these associations ensures access to a wide variety of mentorship and continuing educational products such as journals and newsletters, as well as meetings.

FPD CURRENTLY HAS ARRANGEMENTS WITH:

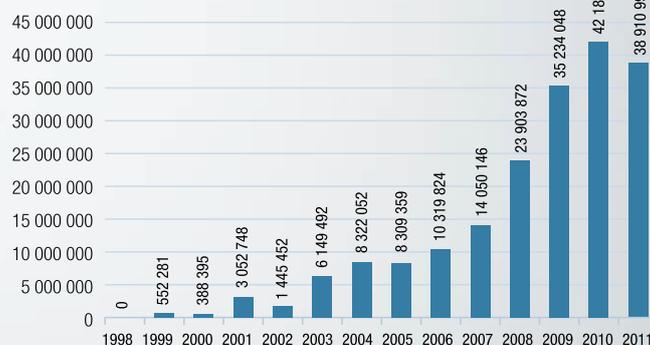
- Southern African HIV Clinicians Society (SAHIVS)
- South African Institute of Health Care Managers (SAIHCM)

### SCHOLARSHIPS

During 2011, FPD continued to support efforts to promote access to education through securing educational grants from sponsors and donors for all potential FPD students. The funding, grants and sponsorships are utilised in the form of a subsidy to enrol potential students. This reduces costs as a barrier to education. During 2011, educational grants and sponsorships to the value of R39 million were awarded to FPD students. R4.7 million of this was provided outside of South Africa to Southern and Eastern African citizens in line with FPD's progress in establishing a regional presence.

The total monetary value of scholarships awarded since 1998 is R139 million.

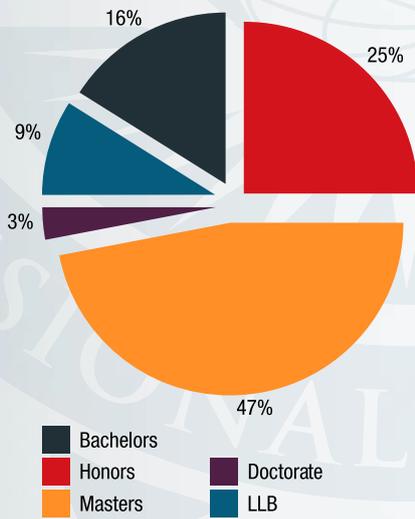
### EDUCATIONAL GRANTS



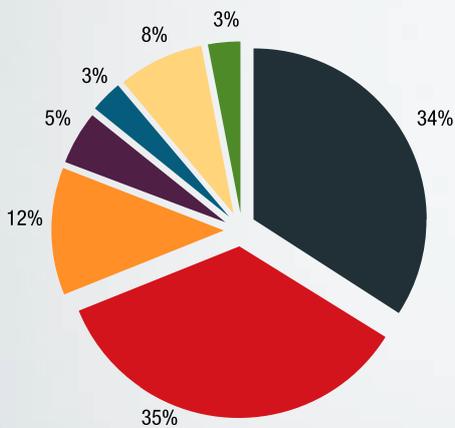
## FACULTY

FPD employs a model, using a contracted faculty panel, which enables its access to the best faculty in the field. Most of the FPD department heads also act as faculty. The following graphs provide an overview of the qualifications and expertise of FPD staff who taught on programmes in 2011.

### QUALIFICATIONS FACULTY: MANAGEMENT TRAINING



### CLINICAL TRAINING

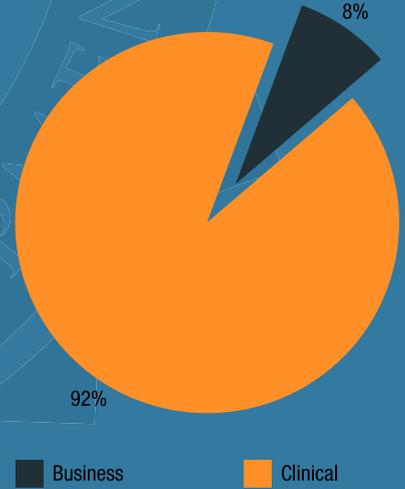


## FACTS AND FIGURES

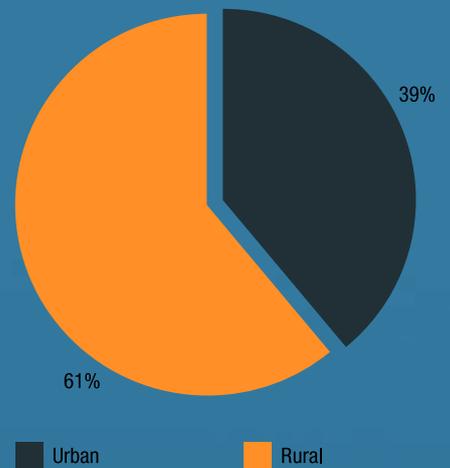
This section provides an overview in graphic form of the demographics of students who were enrolled on FPD courses during 2011.

### STUDENT BREAKDOWN 2011:

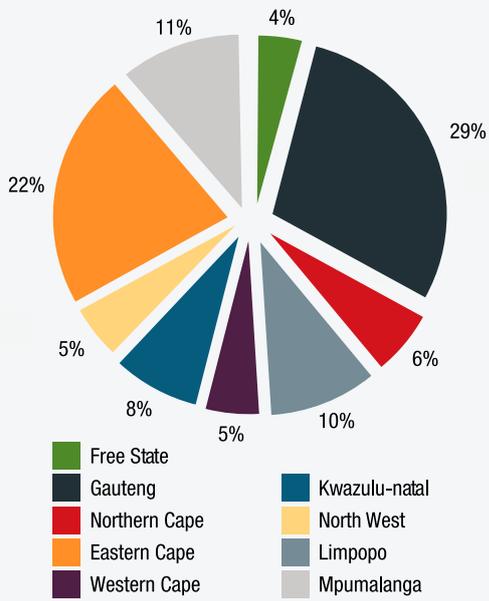
#### COURSE ENROLMENT



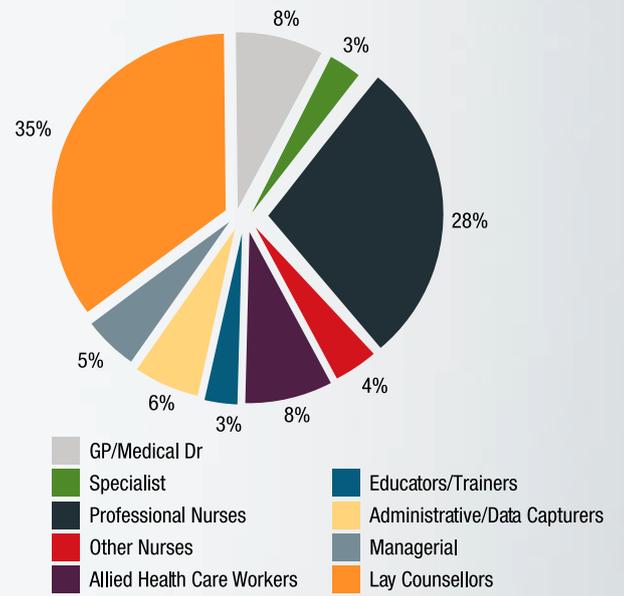
#### URBAN/RURAL



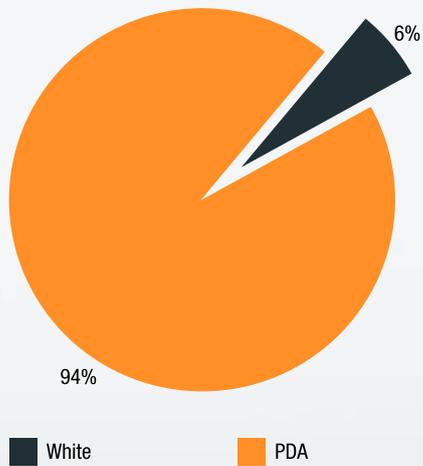
GEOGRAPHICAL



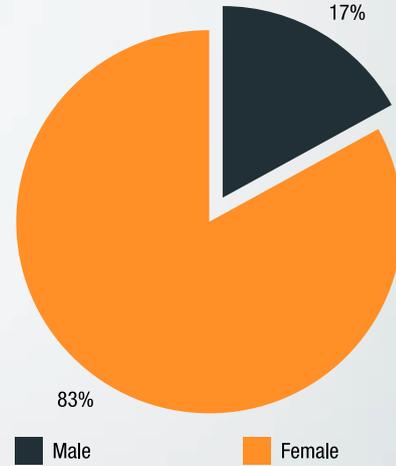
PROFESSIONS



RACIAL



MALE/FEMALE



# GRADUATION

In 2011 FPD held its largest graduation to date with 376 students graduating from FPD courses



# EDUCATIONAL OFFERING



## BUSINESS SCHOOL

### MANAGEMENT AND BUSINESS COURSES

Aligned to FPD's vision of building a better society through education and capacity development, the FPD Business School focuses on developing transformational leaders.

The FPD Business School has a wide selection of management and business courses comprising formal registered qualifications, international short courses, short learning programmes, and distance educations. These management courses cater for all levels of students from entry level managers to highly experienced executive management. Our teaching methodologies are based on cutting edge educational methodologies and include facilitated contact sessions, case studies, group discussions, structured and unstructured group work and action research.

Our emphasis is on translating management theory into practical workplace skills. This is ensured through our educational approach, our panel of national and international subject expert faculty and our alumni support programmes.

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### FORMAL REGISTERED QUALIFICATIONS

- **CERTIFICATE IN ADVANCED HEALTH MANAGEMENT (CAHM)**

This course is an intensive management development programme, tailored to the needs of healthcare managers and professionals.

This course has been specifically customised for the South African healthcare environment and focuses on developing in-depth strategic and functional management competencies.

- **CERTIFICATE IN PRACTICE MANAGEMENT (CPD)**

This qualification is targeted predominantly at self-employed healthcare practitioners and practice managers. The programme has been designed to provide participants with the business and management skills that are essential for managers of private practices.

- **CERTIFICATE IN RISK ASSESSMENT AND MANAGEMENT (CRAM)**

The primary purpose of this qualification is to provide qualifying learners – namely, case managers, admin-co-ordinators, reception staff and credit controllers in private hospitals – with the basic set of core competencies within the assessment and management of risk. This programme is an entry-level qualification that will enable learners to assess and manage risks in the healthcare environment.

- **DIPLOMA IN RISK ASSESSMENT AND MANAGEMENT (DRAM)**

This diploma is a comprehensive qualification that enables case managers, admin-co-ordinators, reception staff and credit controllers within private hospitals to be proficient in risk assessment management within their work environment. The qualification is structured in such a way that it gives learners exposure to a broad set of core competencies within the assessment and management of risk.

- **DIPLOMA IN ADVANCED HEALTH MANAGEMENT (DAHM)**

The diploma addresses the management needs of managers in the health environment. It is designed to develop the participants' strategic management capabilities, by broadening their view of their role in the health sector and developing key managerial competencies required to successfully manage in such an environment. The "practice project" in year-2, applies action research principles as the educational strategy.

- **HIGHER CERTIFICATE IN MANAGEMENT (HCM)**

This qualification is targeted at addressing the management training needs of participants in current junior management positions, to provide them with knowledge and skills that will enable them to progress into middle management positions.

The Higher Certificate in Management is structured in such a way that it gives learners exposure to apply organisational management principals on an operational, functional and strategic level.

- **ADVANCED CERTIFICATE IN MANGEMENT (ACM)**

The purpose of this qualification is to equip participants in managerial positions across various sectors with the knowledge and skills to adapt and prosper in the continuously – changing management environment. It aims to develop participants' managerial capacity by broadening their view of their business, their specific industry, and wider global forces that impact on the management environment. Managers are motivated to develop an increased appreciation of their role as a manager and leader, whilst also developing the knowledge and skills required to assess and have an increased understanding of themselves as individuals.

## **INTERNATIONAL SHORT COURSES**

- **MANCHESTER BUSINESS SCHOOL ADVANCE MANAGEMENT PROGRAMME (AMP)**

The AMP is an international short course offered by FPD in collaboration with Manchester business School and is aimed at developing the strategic management capabilities of participants. This intensive management programme is directed towards established managers who work in the private healthcare sector and who need to rapidly develop management competencies. This course is also available for managers working outside the healthcare sector.

- **THE FPD/YALE ADVANCED HEALTH MANAGEMENT PROGRAMME (AHMP)**

This international short course has been developed by FPD in collaboration with the School for Epidemiology and Public Health at Yale. The course is aimed at public sector managers who need to develop or refresh their strategic and functional management competencies.

## **OTHER BUSINESS SHORT COURSES**

- **ADVANCED PROJECT MANAGEMENT**

This course is ideal for project managers who wish to improve their project management skills. This dynamic programme provides participants with advanced skills and practical application on the processes, organisational structure, and tools that assure that projects are completed successfully.

- **PRACTICE FINANCE FOR PRIVATE PRACTITIONERS**

This course has been designed to introduce non-financial managers to financial management principles, especially in the context of independent private healthcare practice.

- **FINANCE FOR PUBLIC SECTOR MANAGERS**

This course has been customised for public sector managers. It introduces them to financial management principles, especially in the context of public finances.

- **MONITORING AND EVALUATION**

This course has been designed to introduce managers to monitoring and evaluation principles and techniques. This course is available as a basic and advanced course.

- **LEGISLATIVE UPDATE SEMINARS**

These seminars are convened from time to time to address legislative changes that will impact on health service provision in the private sector.

- **RESOURCE MOBILISATION AND DONOR RELATIONS**

This course introduces the participants to the world of grant making and grant writing.

- **CORPORATE GOVERNANCE FOR NOT-FOR-PROFIT ORGANISATIONS**

This course introduces board members to their fiduciary duties, obligations and to the international best practices in not-for-profit corporate governance.

- **BBBEE**

This short course enables participants to interpret BBBEE in a manner which enables participants to develop strategies on how to proceed to improve their company's scoreboard.

- **DIVERSITY MANAGEMENT**

Participants to the workshop will get a new perception of diversity and diversity management. At the end of the workshop they will be able to develop strategies for implementing diversity management to grow the competitive advantage of their organisation and initiate institutional change.

- **LABOUR LAW**

This short course focuses on equipping the manager with the necessary tools for managing human resources in the context of South African labour law. It covers, for example, employment, contracts, dismissal and terminating the services of an employee, the Basic Conditions of Employment Equity Act, the Skills Development Act, and codes on dealing with HIV and AIDS and sexual harassment.

- **THE ULTIMATE RESCUE PLAN FOR YOUR BUSINESS**

This unique short course equips business owners with the knowledge, skills and tools to overcome an economic recession. Business owners are taught practical strategies to cost savings and income generation.

- **PROGRAMME EVALUATION**

This short course is aimed at individuals seeking both postgraduate training and practical experience in developing program evaluation skills. Its focus is on meeting the needs of mid-level monitoring and evaluation professionals seeking to advance their knowledge on how to plan, design, manage and undertake evaluations.

## **DISTANCED BASED BUSINESS COURSES – SHORT COURSES**

- **COURSE IN THE FUNDAMENTALS OF OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT**

The purpose of this course (qualification) is to provide all the first line supervisors and managers in the SHE management discipline with the fundamental management skills with reference to health and safety leadership, the science and philosophy of health safety, hazard analysis, safety risk assessment, behaviour-based safety and damage/harm prevention.

- **COURSE IN THE FUNDAMENTALS OF PRODUCTION AND OPERATIONS MANAGEMENT**

The purpose of this course (qualification) is to introduce students to the fundamental knowledge and skills needed for managing operations, projects and quality (OPQ).

- **COURSE IN THE FUNDAMENTALS OF SHEQ MANAGEMENT SYSTEMS STANDARDS**

The purpose of this course (qualification) is to provide learners in the safety, health, environmental and quality management (SHEQ) disciplines with the basic skills and knowledge of the systems approach to integrated SHEQ management and international SHEQ system standards.

- **COURSE IN THE FUNDAMENTALS OF PROPERTY ECONOMICS AND REAL ESTATE**

The purpose of this course (qualification) is to provide the learner from the property industry with the basic knowledge and skills for optimising real estate assets towards long term profitability.

- **COURSE IN THE FUNDAMENTALS OF PROJECT MANAGEMENT AND PMBOK®**

The purpose of this course (qualification) is to provide learners with the basic project management skills and practical application on the processes and tools that ensure that projects are completed successfully.

- **COURSE IN THE FUNDAMENTALS OF BUSINESS ENGLISH 1**

As English is the globally recognised corporate and commercial language, limitations in communicating effectively in a corporate setting can be detrimental to businesses' and individuals' careers alike. This programme is ideal for any person that needs to communicate in English in the business world.

- **COURSE IN THE FUNDAMENTALS OF BUSINESS INFORMATION SECURITY MANAGEMENT**

The effective protection of information and the establishment of a security management system have become relevant for all organisations, regardless of their size or the nature of their business. This course is paramount for managers and individuals, in both practice and industry, where information and the protection is if critically important.

- **COURSE IN THE FUNDAMENTALS OF BUSINESS LAW**

Every transaction in the business world has – as its basis – an agreement that potentially leads to a contract. A basic knowledge of business law will give businesses a competitive edge. This course is aimed at a wide variety of participants interested in Business Law, and

especially suited for business entrepreneurs and individuals involved in commerce; such as sales persons, non-legal professionals who practice for their own account and company directors.

- **COURSE IN THE FUNDAMENTALS OF CHANGE MANAGEMENT**

The speed, scope and complexity of discontinuous change have increased dramatically in the last few decades. The change management action serves to defuse the tension arising from the transition between the “what is” and the “what should/must be” states in the organisation. This short course aims to equip individuals with the knowledge and skills to improve the manner in which one deals with the challenges resulting from organisational change.

## **DISTANCE BASED BUSINESS COURSES – FORMAL QUALIFICATIONS**

- **CERTIFICATE IN PRACTICE MANAGEMENT (CPM)**

The CPM introduces the healthcare professional or practice manager to business principles in a private practice environment, contextualised to the ethical framework applicable to the South African healthcare environment.



## **FPD SCHOOL OF HEALTH SCIENCES**

### **CLINICAL COURSES**

#### **FORMAL POSTGRADUATE QUALIFICATION**

- **POSTGRADUATE DIPLOMA IN GENERAL PRACTICE (PDGP)**

The Postgraduate diploma in General Practice is designed to provide an easily accessible distance-education curriculum that will allow structured continuing professional development around a subject of direct relevance to doctors' practice environment within the context of higher education. The clinical subjects address the more pressing public health issues while non-clinical subjects are designed to help general practitioners deal with a rapidly changing healthcare environment.

## CLINICAL SHORT COURSES

These short courses are designed to enhance the clinical skills of healthcare professionals and are taught through a combination of assessed self-study, using detailed study manuals, and workshops facilitated by leading national experts.

### COURSES FOR CLINICIANS

- Aesthetic Medicine: Post Graduate Programme
- Allergies: Clinical Management
- Anaesthesiology Refresher
- Asthma: Clinical Management
- Breast Cancer for Healthcare Professionals
- Cardiovascular Diseases: Management Course
- Cardiovascular Management
- Dermatology in HIV/AIDS
- Dermatology: Clinical Management
- Destigmatisation
- Diabetes Mellitus Management
- Diagnostic Ultrasound – Obstetrics/Gynaecology
- Doctors Orientation Programme
- Epilepsy Management
- GORD – Clinical Management
- HIV/AIDS Management
- HIV/AIDS: Advanced Management Programme
- Infection Control and IPT Course
- Irritable Bowel syndrome
- Malaria: Clinical Management
- Male Circumcision Under Local Anaesthesia
- Opioid Dependence and Abuse: Management
- Mental Health
- Multidrug-Resistant Tuberculosis Course
- Paediatric HIV/AIDS: Management Course
- Palliative Care Nursing for Professional Nurses
- Practice Pathology
- Prevention of Mother to Child Transmission (PMTCT)
- Rational Use of Antibiotics
- Rheumatology Management
- Severe Sepsis Management
- Substance Abuse
- Tuberculosis Management
- Urinary Incontinence Management Course

### COURSES FOR REGISTERED NURSES

- Case Management for Professional Nurses
- Diabetes Mellitus Management Course for

### Professional Nurses

- HIV/AIDS Management Course for Professional Nurses
- Muscular Dystrophy
- Nurse Initiated Management of Anti-Retroviral Therapy (NIMART)
- Palliative Care Nursing for Professional Nurses
- Tuberculosis for Professional Nurses

### MULTIDISCIPLINARY COURSES

- ART Register
- Adherence Counselling for ART
- Advanced Counselling & Testing/Clinical Trial Management (GCP)
- Community Health Workers
- HIV in the Workplace
- HIV Rapid Testing
- HIV Refresher Seminar
- Obesity Management
- Palliative Care
- Provider Initiated Counselling and Testing (PICT)

### COURSES FOR OTHER HEALTHCARE WORKERS

- Anatomy for Non-Healthcare Professionals
- Anti-Retroviral Drug and Compliance Workshop for Non-Medical Professional
- Breast Cancer for Volunteers
- Counselling Survivors of Intimate Partner Violence in the Context of HIV/AIDS Treatment Facilities
- HIV/AIDS Counselling, Prevention and Education Programme for Community Workers
- Management of HIV and TB for Lay Counsellors
- Management of HIV for Lay Counsellors

### CLINICAL PRACTICE SUPPORT COURSES

Practice support courses address specific competencies required for successful self-employed practices not addressed in FPD business courses.

- Coding Course (CPT and ICD 10)
- How to Run an ARV Clinic
- Medical Record Keeping
- Medical Terminology
- Seminar on Starting a Successful Private Specialist Practice
- Storeman's Course

## DISTANCE EDUCATION CLINICAL COURSES

Distance education courses have been developed on clinical and practice-management subjects, especially with a view of meeting the learning needs of healthcare professionals working in rural settings.

- Clinical Management of HIV/AIDS
- Dispensing
- Dispensing Opticians
- Epilepsy
- Ethics for Optometrists
- HIV Management for Professional Nurses
- ICD 10 coding
- Irritable Bowel
- Medical Ethics
- Medical Terminology
- Mental Health
- Optometry Volume 1 & 2
- Practice Pathology
- Professional Drivers Permit Course
- Rheumatology Management
- Severe Sepsis
- Tuberculosis for Professional Nurses
- Urinary Incontinence Management

## E-LEARNING COURSES

The following courses are now offered via e-learning:

- Certificate in Practice Management
- Clinical Management of Urinary Incontinence
- Course in the Clinical Management of Epilepsy
- HIV/AIDS Management for Professional Nurses
- Tuberculosis for Professional Nurses
- Counselling and Testing



## COURSES FOR EDUCATORS

- Course on Best Evidence in Education: Facilitator Development (Train-The-Trainers)

- Course on Best Evidence Practices in Education: Assessor and Moderator
- Managing HIV/AIDS in Schools
- Managing Violence in Schools
- Managing Violence in the Community

## E-LEARNING COURSES FOR EDUCATORS

- Autism: Promoting the Social Communication Skills of Pupils with ASDs
- Awareness and Prevention of Bullying among Adults and Children
- Creating a Culture of Support for Special Educational Needs
- Educational Technology: Practical Applications in the Classroom
- English Teaching Strategies (Foundation Phase)
- ICT in Education
- Infant (Early Childhood) Education: Literacy across the Curriculum in ECD classes
- Maths Teaching Strategies (Foundation Phase)

## CUSTOMISED ORGANISATION SPECIFIC (IN-HOUSE) COURSES

FPD has developed particular expertise in developing customised educational programmes for the staff of various organisations.

To date FPD has provided customised in-house training programmes for staff of the following organisations, with the 2011 clients identified by an asterisk.

### PUBLIC SECTOR ORGANISATIONS

- Departments of Health – neighbouring countries\*
- South African National Department of Health\*
- Various Provincial Departments of Health (South Africa)\*
- Statistics South Africa
- South Africa – Correctional Services
- SANPARKS
- Rand Water

### INTERNATIONAL ORGANISATIONS

- UNAIDS
- WHO (Afro)

- Medical Protection Society (MPS)\*
- CDC
- SIDA\*
- AIHA\*

## CORPORATIONS

- Anglo Gold
- Anglo Platinum
- De Beers
- Broadreach Health Care\*
- Eskom
- Kumba resources
- BMW
- Royal Bafokeng Administration
- Nedbank\*

## MEDICAL SCHEMES/ADMINISTRATORS

- Igolide health Networks
- Mediheld
- Medikredit
- MXHealth
- Impilo Health
- Umed
- Thebe Ya Bopele

## HOSPITAL GROUPS

- Netcare

## NETWORKS

- GP Net
- Spesnet\*
- Prime Cure
- Alcon\*

## PHARMACEUTICAL INDUSTRY

- Innovative Medicines South Africa (IMSA)\*
- AstraZeneca\*
- Alcon
- Adcoc Ingram
- Bristol-Myers Squibb
- Aspen Pharmacare
- MSD
- Sanofi Aventis\*
- Novartis
- Eli Lilly\*
- Abbot Laboratories

- Reckitt Benckiser\*

## NON PROFIT ORGANISATIONS

- Red Cross
- South African Catholic Bishops Conference\*
- Lutheran World Relief
- IPPF
- HIV 911
- Tshepang Trust
- COPE SA
- AFRICARE
- Youth Care Givers
- Soul City
- CIDRZ
- Unicef
- Safe the Children UK
- Aurum Health
- St Mary's Hospital\*
- Corridor Empowerment Project\*
- Klerksdorp Hospital\*

## MEDICAL EQUIPMENT SUPPLIERS

- Stryker South Africa
- IMPILO
- SSEM Mthembu

## CONTRACTED TRAINING PROVIDED ON BEHALF OF OTHER ACADEMIC INSTITUTIONS

- University of Pretoria
- CIDRZ (Zambia)
- Columbia University
- URS
- Regional Training Centre Eastern Cape
- Regional Training Centre Mpumalanga
- Regional Training Centre Limpopo
- ICAP
- MRC
- SAHCD
- Quintiles
- PIASA
- Walter Sisulu University
- Tshwane University of Technology
- Health Science Academy\*
- Broadreach\*
- John Snow International

# RESEARCH ETHICS COMMITTEE

An important task of any institution of higher education is to create new knowledge through appropriate research. To ensure that such research is both ethical and safe, all research projects need to be reviewed by a registered research ethics committee. Such a committee can also assist researchers with advice so that their research projects are feasible and credible.

The members of the FPD Research Ethics Committee are listed on the next page.



## The Members of the FPD Research Ethics Committee are:

NAME	AREA OF INTEREST AND EXPERTISE	ORGANISATION
Prof. David Cameron (Chair person)	Medical Education, Palliative Care	FPD & University of Pretoria
Dr Monika dos Santos (Secretary)	Psychology, Substance Abuse	FPD
Prof. Julia Mekwa	Ethics, Leadership, Education	Private Consultant
Mr Braam Volschenk	Legal Matters, Management	That's it
Ms Angela McIntyre	Public Health, Anthropology	FPD
Dr Annie de la Querra	Public Health, M&E	Private Consultant
Ms Judith Mutyabule	Nursing, Public Health	FPD
Dr Fritz Kinkel	Infectious Diseases, M&E	FPD & University of Pretoria
Ms Onthatile Ditshego	Sociology	FPD
Dr Mitch Besser	Medical Education & Clinical Practice	Mothers-to-Mothers
Ms Suzanne Johnson	Public Health & Bio-Statistics	FPD
Ms Lilian Barlow	Metallurgy, Management	Anglo-American

# FPD CONFERENCES & SPECIAL EVENTS

## “Experts in Large Scale Association and Corporate Conferences...”

Conferences play a key role in advancing the international response to challenges faced by a global society. FPD's involvement in conferences dates back to the XIIIth International AIDS Conference that took place in Durban in 2000 where the organisation was instrumental in managing the bid to host this conference and then in managing the organisation of the conference.

This conference was a watershed event and catalysed the global movement to make AIDS treatment affordable. Today millions of people in developing countries are able to access this life saving treatment. Building on this heritage, the FPD Conferences & Special Events Department annually organise a number of top level conferences on themes that resonate with the FPD vision of creating a better society. These conferences shape public perception on important health, economic and social issues.



**FPD**  
CONFERENCES  
& SPECIAL EVENTS

## CORE CAPABILITIES

Our comprehensive range of local and international professional conference-planning and conference-management services include:

- Strategic Support Services
- Strategic Conference Business Development
- Conference Risk Analysis
- International Conference Bid Production
- Conference Secretariat Functions
- Abstract- and Speaker-Management Services
- Conference Project Planning and Management Services
- Delegate Administration Services (Including Registration)
- Exhibition Management Services
- Financial Management
- Event Monitoring and Evaluation
- Protocol Services
- Scholarship Management Services
- Destination and Tour Management
- Sponsorships Recruitment and Exhibition Sales

FDP Conferences is a human-resource, knowledge and technology intensive business unit supported by skilled people operating advanced information technology systems and database platforms.

## THE FPD CONFERENCE ORGANISING MODEL

Being based in one of the premier private higher education institutions that play a major regional development role, gives FPD Conferences a unique advantage. This provides FPD Conferences with access to a team of highly qualified strategic thinkers and entrepreneurs allowing us to provide clients with strategic and business development advice. FPD is also in a position to take financial risk and underwrite new conferences through joint venture and risk sharing models. In organising large conferences, cash flow is a key

success factor. FPD – on selected conferences – provides such support and has a well developed ability to secure sponsorship for events.

## OUTCOMES AND HIGHLIGHTS

- Using a joint venture model FPD in partnership with the International Association of HIV Social Scientists organised the 1st International HIV Social Science and Humanities Conference in Durban. This unique event allowed social scientists to not only focus on social science and humanities research in HIV and AIDS, but also to explore the relationship between social science and biomedicine. With over 370 delegates from all over the world, and over 150 presentations, the conference was a resounding success.
- The 5th SA AIDS Conference in Durban attracted almost 4 000 delegates. Through effective fundraising the conference was able to award 523 scholarships. 68 organisations exhibited at the conference.
- FPD Conferences won a three year conference contract to both, plan and manage the South African Society for Anaesthesiology (SASA) National Conference. These conferences will take place in 2012, 2013 and 2014.
- FPD Conferences brought the International Agriculture and Biotechnology Conference to the shores of Africa in September. A first time event for the biotechnology industry in Africa.
- FPD Conferences in collaboration with Dira Sengwe, successfully submitted a bid to host the International Conference on AIDS and STI's in Africa in 2013. Durban-South Africa has been selected as the conference destination for 2013.
- FPD Conference, in collaboration with its strategic partner, The African Bureau of Conventions and local association partner successfully submitted a bid to host the World Toilet Summit in 2012. Hosting this summit in Africa will focus the world's attention on the impact of sanitation or the lack thereof placing emphasis on morbidity and mortality in the region. The objective of the summit is to increase political and developmental support for sanitation and the critical role it can play in meeting the MDG's.

## FACTS AND FIGURES

- Planned and co-ordinated 5 conferences
- Managed a combined conference turnover of R14 million
- Co-ordinated 95 exhibitors
- Secured conference sponsorship and exhibition revenue in excess of R8 million

## STRATEGIC DIRECTION

2012 promises to be a productive year for FPD Conferences with the following events already secured:

- **February 2012:** South African Society for Anaesthesiology Congress
- **April 2012:** 1st Basic Education Conference
- **April 2012:** The Global Forum for Health Research
- **June 2012:** The 3rd SA TB Conference
- **October 2012:** The 2nd OVC in Africa Conference
- **November 2012:** The World Toilet Summit

# CAPACITY DEVELOPMENT

- TECHNICAL ASSISTANCE CLUSTER
- TREATMENT, CARE AND SUPPORT
  - COUNSELLING AND TESTING
  - SYSTEMS STRENGTHENING
    - HIV/TB INTEGRATION
    - STRATEGIC INFORMATION
- MATERNAL CHILD AND WOMAN'S HEALTH
  - THAT'SIT
    - AHP
  - COMPASS PROJECT
- FELLOWSHIP PROGRAMME
  - FPD BASIC EDUCATION
  - COMMUNICATIONS

The educational white paper of 1997 emphasised the importance of integrating community engagement into higher education in South Africa.

This white paper called on higher education institutions to demonstrate their commitment to social transformation by making available the expertise in these institutions to address the challenges faced by the community. FPD has interpreted this mandate through a focus on developing capacity in the community and dedicates substantial funding and staff to these activities.

# TECHNICAL ASSISTANCE CLUSTER

The FPD Technical Assistance (TA) Cluster evolved in May 2011 from the Treatment Cluster that was established in 2004.

The Technical Assistance Cluster was established to facilitate the accreditation, expansion and integration of facilities providing comprehensive anti-retroviral treatment (ART) and palliative care for people living with HIV and/or TB in the public healthcare sector.

Through this Cluster FPD has worked closely with provincial departments of health and facility management to:

- increase access to HIV and AIDS service delivery;
- strengthen integration between TB and AIDS services at facility level;
- develop and strengthen a continuum of care between HIV/TB counselling & testing sites, care and support and provision of anti-retroviral treatment; and
- develop human capacity to deliver high quality counselling, care, treatment and effective management.

During 2011, the Technical Assistance Cluster transitioned from a purely service delivery orientation to a more technical assistance orientation. With the changes in the President's Emergency Plan for AIDS Relief (PEPFAR) program and the PEPFAR partner re-alignment process in 2010, PEPFAR has shifted its mode from an emergency model to one focused on quality and long-term sustainability.

This shift in focus is reflected in FPD's transition from the facility-based service delivery in direct support HIV and TB programmes provided by the Technical Assistance Cluster to a more integrated and comprehensive health systems strengthening model provided by the Technical Assistance Cluster.

As a result of the PEPFAR re-alignment process, FPD is currently the District Support Partner (DSP) in 5 districts as well as the Facility Support Partner (FSP) in 19 sub-districts. (See Table Below)

PROVINCE	DISTRICTS	POPULATION	DESIGNATION	SUB-DISTRICTS
Gauteng	Tshwane/Metsweding	2 702 597	DSP	All
Mpumalanga	Nkangala	1 138 858	DSP	All
Eastern Cape	Cacadu	419 339	DSP	All
Limpopo	Vhembe	1 302 107	DSP	All
	Capricorn	1 209 495	DSP	All
Limpopo	Greater Sekhukhune	998 095	FSP	Fetakgomo, Makhudutamaga, Greater Groberlersdal
Eastern Cape	Nelson Mandela Metro	1 140 712	FSP	Sub-District A
North West	FSP	1 140 396	Bojanala	Moretele, Madibeng

## OUR GOAL:

To support - through a district technical assistance model - the implementation of the National Strategic Plan (NSP) for HIV and AIDS, STI's and TB (2012 – 2016) and the vision of re-engineering primary healthcare through evidence based technical assistance provided at facility and district level.

## OBJECTIVES:

- Transition from a service delivery model to a TA model.
- Strategically support comprehensive and integrated HIV and AIDS, STI and TB and non-communicable diseases – related services through improved health and patient management systems resulting in enhanced patient outcomes.
- Enhance capacity within district management related to health service planning, implementation and monitoring aligned with National, Provincial and District policies, standards and implementation plans.
- Assist with policy development, support and implementation.
- Enhance strategic measurement of standards of practice and innovative approaches that can be directly translated to improved program delivery.
- Strengthen health systems through programmatic support in HIV-related services management systems, human capacity development, information systems and operations research.

The Technical Assistance Cluster has a strong focus on health systems strengthening and primary healthcare re-engineering. It's combined initiatives aim to increase and improve capacity in the public sector predominantly through public-private partnerships.

The Technical Assistance Cluster renders direct services as well as technical assistance via the following departments:

- Treatment, Care and Support Department
  - Anti-retroviral Treatment
  - Counselling and Testing
  - TB/HIV Integration
  - Maternal, Child and Women's Health
- System Strengthening Department
  - Technical Advisors
  - Infrastructure Department
- Strategic Information Department
  - Monitoring and Evaluation
  - Research

The Technical Assistance Cluster framework is based on the provision of three essential components that are all needs-driven from the FPD-supported areas viz:

- Training
- Mentoring
- Consultancy Services

The provision of technical assistance has been aligned with the PEPFAR partnership framework, the NSP, and the three streams of Primary Health Care (PHC) re-engineering.

At a district level, technical assistance is provided by means of technical advisors (Public Health Medicine Specialists), subject matter specialists and consultants. At a facility and community based level, technical assistance is provided via roving teams.

The roving teams adapt to the specific requirements of the facilities in the sub-district, but as a standard comprise of a Clinical & Treatment Mentor, Prevention & Counselling Mentor, Health Information Systems Mentor, Community Health Worker Mentor, Maternal, Child and Women's Health Mentor and Roving Data Capturers.

## OUTCOMES AND HIGHLIGHTS OF 2011

FPD has begun to lay a strong foundation by completing its Technical Assistance Strategy and restructuring the cluster through the recruitment of public health medicine specialists and the roving teams who are experts in health systems strengthening.

The following activities were also embarked upon:

- strong relationships were built with the district management teams to enable the ease of implementation of strategies and to improve the health status of the districts being supported;
- numerous district managers were recruited to pursue health management qualifications to improve their management and leadership capabilities; and
- PEPFAR M&E and HR Fellows were placed in 5 districts to augment the technical assistance efforts at a district level.

FPD is responsible for providing support as defined by the district management team, for planning and scaling-up of HIV-related services. The DSP works directly under the guidance of the district management teams to help coordinate PEPFAR-supported activities and to assure timely reporting of activities that respond directly to district work plans.

The FPD Technical Assistance Cluster is currently funded entirely through USAID and receives support from PEPFAR. In accordance with donor requirements, the Technical Assistance Cluster operates on the PEPFAR budgeting cycle that runs from October to September. All indicators reported below measure project output during the most recent PEPFAR year: October 2010 to September 2011. Some graphs also depict annual progress made by FPD from 2005 - 2011 in supporting department of health programme activities. The year 2011, marks the conclusion of the site specific facility based monitoring and in the next year the project will transition to a geographic service delivery of the FPD supported districts.



# TREATMENT, CARE AND SUPPORT

The Treatment, Care and Support Department is a consolidation of the FPD Treatment Cluster's facility-based service delivery focus areas and includes HIV Counselling and Testing, TB/HIV collaboration, HIV Care and Support, Anti-retroviral Treatment and Maternal, Child and Women's Health. During the past year, the Department streamlined its support to public healthcare facilities to fall in line with Government's policy to promote nurse initiated and management of ART (NIMART) at the primary healthcare level. Staff transitioned to a roving mentor team model targeting the scale-up of all facilities to provide comprehensive HIV-related services in the FPD supported districts. Forty-four NIMART nurse mentors were trained, mentored and deployed and together with their roving teams support over 500 health facilities.

FPD works closely with the District Management Team (DMT) to;

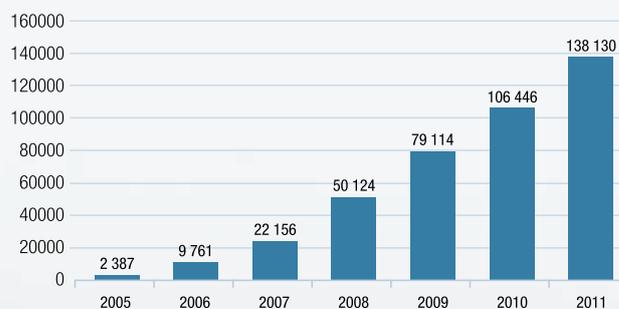
- Enhance the ability of the districts to ensure that PEPFAR partners working in a given district respond to district operational plans;
- Support the district to coordinate reporting and analysis of data; which includes district target setting for facilities, sub-districts and districts according to each district's operational plan;
- Communicate regularly with the PEPFAR liaison; and
- Assist the district to coordinate training among partners.

FPD also mentors district and facility staff and ensures the routine use of standardised quality improvement (QI) practices. The DMT is supported to conduct assessments in order to identify key bottlenecks and develop work plans in response to gaps identified.

In partnership with district management, FPD facilitates monthly district data review meetings to evaluate and use HIV, AIDS and TB performance indicators.

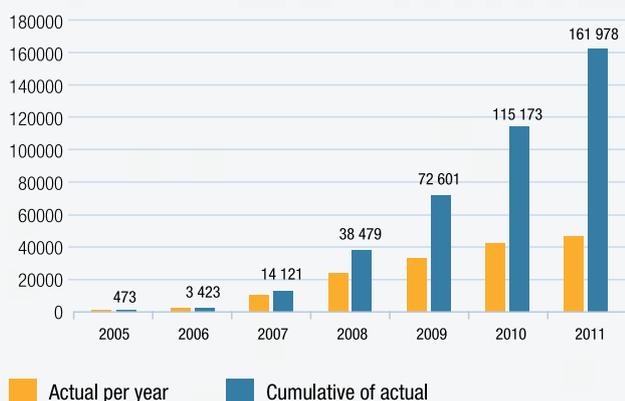
FPD helps the DMT to liaise with community-and facility-based partners in order to ensure linkages between social mobilisation activities, health promotion efforts and facility-based services.

NUMBER OF PATIENTS ACTIVE ON ART

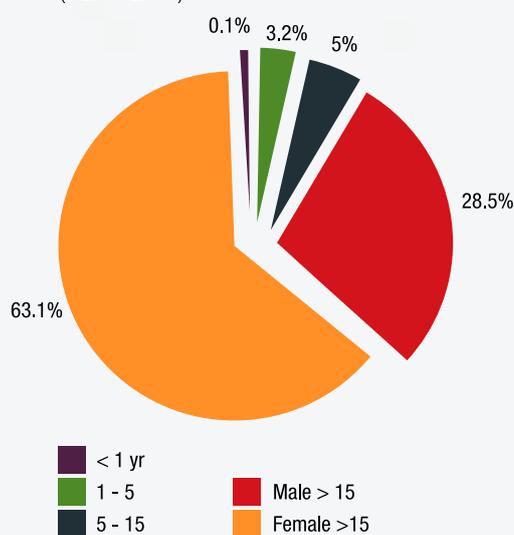


Actual per year

NUMBER OF NEW PATIENTS INITIATED ON ART (2005-2011)



DISTRIBUTION OF PATIENTS CURRENTLY ON ART BY AGE AND GENDER GROUP (SEPT 2011)



## COUNSELLING AND TESTING

The Counselling and Testing (CT) Department was introduced to the service repertoire of FPD in 2007. One mobile unit and seconded staff into government facilities soon grew into a fleet of vehicles supplying counselling and testing services across not only FPD supported districts, but also to special events and companies.

In an effort to improve access to HIV counselling and testing, memoranda of understanding exist between FPD and 4 NGO/FBO clinics with capacity to test. Four mobile units operate from Gauteng, Limpopo and Nelson Mandela Metro. Forty eight Department of Health facilities are supported with HCT services.

In April 2010, during the launch of the national HCT campaign, the CT department responded to the call for participation in the campaign. Within 3 months after the launch, a 30% increase in uptake was reported across all FPD supported CT sites. This translated into the target being exceeded by 150% by the fourth quarter of the USAID reporting period. A total of 180 933 clients were tested.

Mobile CT services were provided across a spectrum of venues; from provincial HCT campaign launches to district and facility level launches as well as local government departments, NGO, community based, high transmission areas, at conference venues and specific events.

The CT department successfully implemented the First-Things-First campaign at 23 higher education institutions (HEI) in 5 provinces and during the first half of 2011 published a Report and Standard Operating Procedure manual for the HTC campaign.

The First-Things-First 30 minute video, created in support of the First things First Campaign introduced by Health Minister Dr Aaron Motsoaledi, communicates to students through a medium which appeals to them and in a language that they understand.

The video was created through collaboration between the Innovative Medicines of South Africa (IMSA), its member companies, the Foundation for Professional Development (FPD), the Department of Health and the Higher Education HIV and AIDS Programme (HEAIDS), along with partners in the US PEPFAR.

On 6 December 2011 the *First Things First* campaign won the award for the Best Mass Media intervention, campaign or production at the annual African Network for Strategic Communication in Health and Development (AfriComNet) awards ceremony held this year in Ethiopia.

The awards recognise outstanding contributions made by individuals or organisations to strategic HIV and AIDS communication. The award encourage innovation and quality in strategic communication and are aimed at enhancing the appreciation of strategic communication for effective health and development programmes. The awards further acknowledge campaigns that can be adapted elsewhere.



*First Things First HCT campaign launch at Wits Medical Campus on the 14th of February at the Adler Museum of Medicine, opened by honourable minister Dr. A Motsoaledi*

In response to national HCT policy guidelines published in 2010 FPD CT department translated and printed consent forms to Braille in an effort to make CT services more accessible to special groups. Braille consent forms were made available to all FPD supported sites, districts and provincial departments of health.

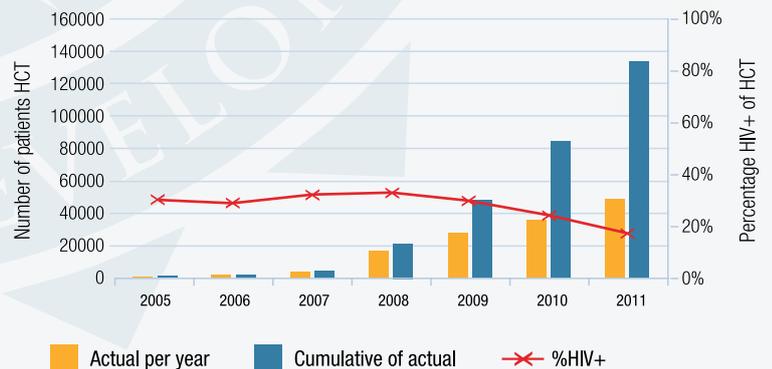
Participation in the USAID CT task team has placed FPD's CT department amongst the top five nominated CT providers who took the lead in addressing CT related issues such as advocacy for prevention messaging, linkage into care and rapid policy implementation strategies in the country.

**The services offered by the CT Department include:**

- Government Facility Based HIV Counselling and Testing (PICT)
- Community Based Mobile Unit CT Service Delivery
- HIV counselling and testing at special events e.g. conference venues, parades, World AIDS day celebrations.

The scope and coverage of FPD-partnered CT programs remains robust resulting in a total of 180 933 individuals being counselled and tested for HIV. CT sites have successfully integrated TB symptom screening and provision of CD4 counts into HIV CT for all individuals at the CT site. Working closely with FPD Compass Project, the CT Department disseminates information to assist members of the public identify and seek services from nearest ART clinic, TB focal point and/or other HIV and AIDS service organisation. Linkages with other HIV and AIDS service organisations is aimed at mitigating loss of clients to HIV care within and around areas of residence.

**HIV COUNSELLING AND TESTING (HCT) UPTAKE (2005-2011)**



# SYSTEMS STRENGTHENING

The SA Department of Health has acknowledged the lack of progress on key health status indicators (infant, child and maternal mortality, HIV and TB). In an agreement between PEPFAR and the Department of Health, the Systems Strengthening Department (SSD) was created in 2011 in response to the PEPFAR realignment process and the partnership framework. The SSD's mandate is to effect a technical assistance model that supports the National Department of Health's priorities, shifting from the traditional model of delivery of direct services like infrastructure (provision of park homes, refurbishment and renovation of health facilities) as well as provision of clinical human resources to government. Technical assistance to the government is seen as a more empowering model that ensures sustainability of services by minimising over-dependence on the diminishing PEPFAR support. Investment in health system strengthening has been identified by both the WHO and the SAG as an effective method that enables SA to progress towards the Millennium Development Goals (MDG) targets.

Intandem with the change in PEPFAR's partnership framework, FPD created a department to assist the district management teams with strengthening of management systems.

The SSD team of FPD consists of Public Health Medical Specialists, Subject Matter Consultants and a Project Manager. The technical assistance services are determined by the needs expressed by the partner districts, and it involves training, mentoring and the provision of consultancy services to the district health management teams.

## Core Capabilities

The SSD works in partnership with district teams and has been performing a district diagnosis, prescribing evidence based interventions to respond to the district needs identified, followed by the implementation of proposed interventions as well as the monitoring and evaluation thereof.

### District needs analysis includes:

- Situational analysis of health indicators
- District health expenditure review compilations
- District human resource gap analysis
- Infrastructure needs analysis

### District planning includes:

- Compilation of district health plans
- Development of human resource plan
- Infrastructure/facility management plans

### Implementation includes:

- Development of advocacy, communication and social mobilisation strategies
- Implementation of quality improvements plan
- Provision of mentoring on implementation of infection control strategies and integration strategies
- Mentoring on "operationalisation" of all the streams of the PHC re-engineering model

### Monitoring and evaluation includes:

- Periodic monitoring and feedback on priority health indicators and implementation plans
- Mentoring districts on action research

## The SSD Model

The proposed technical assistance with evidence based interventions is based on the six strategic areas of the WHO Health System Strengthening building blocks, to which a community participation and ownership component was added. The responses are also aligned and meant to respond to the proposed SA NDoH PHC re-engineering process. The strategic areas addressed as illustrated in the diagram below, ensure a comprehensive approach that strengthens district health systems as a whole:

### SERVICE DELIVERY



Providing technical assistance and systems strengthening to partner districts cuts across various FPD departments, and therefore the team uses a matrix organisational design to implement technical assistance. This comprehensive approach utilises assistance from other FPD resources and department and ensures progress towards total health system strengthening.

### Highlights of 2011:

Since the department was created, the SSD has managed to do the following:

- Introduce the technical assistance model to the districts
- Conclude a needs analysis exercise for the 5 operational districts

- Implementation plans developed and agreed upon in 5 districts
- HR fellows successfully placed in all 5 district to strengthen district HR planning
- 3 districts management teams enrolled for a formal management course
- Districts supported to compile their district health expenditure review (DHER)
- Technical assistance provided for compilation of District health plans (DHP)

### Strategic Direction

Going forward into 2012, a technical advisor (public health medicine specialist) will be assigned to each district to support attainment of government health priorities.

The Technical advisors will:

- Assist in the development of leadership and management capacity in all the FPD supported districts.
- Support the districts to conduct action research and document results
- Support district to identify and implement evidence based interventions that result in improved health status.

# TB-HIV INTEGRATION

FPD supports TB-HIV integration activities in all the operational districts. Key priority areas include:

- Promoting routine CT for all diagnosed TB patients and ensuring appropriate referrals (to ART and/or Wellness programmes) for all individuals testing HIV positive;
- Promoting routine TB system screening for all CT clients who test HIV positive at the CT site and ensuring appropriate referrals for TB investigation; and
- Promoting routine TB symptom screening for all HIV and AIDS patients attending the clinics for ART follow-up.

FPD's roving teams and the TB departments have been working closely with facility management and staff to strengthen data management systems measuring TB-HIV integration and to actively use TB-HIV integration data to improve service integration.

## OUTCOMES

There has been continued improvement in the number of HIV+ patients being put on INH Prophylactic Therapy (IPT) to prevent TB. Nurses who had attended an FPD course to train nurses to initiate anti-retroviral treatment, improved IPT provision from 54% to 85% after completing the course.

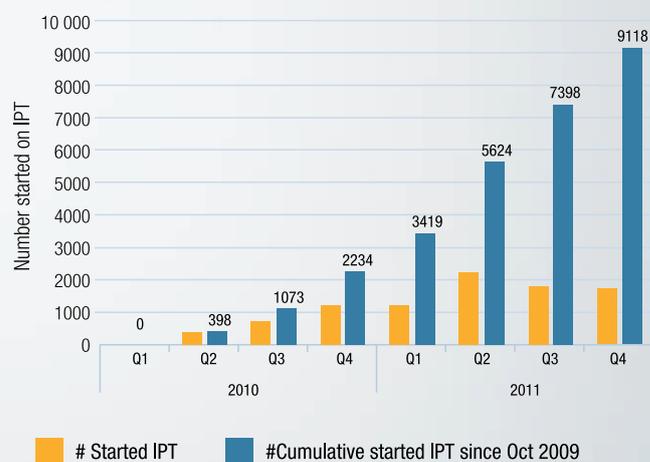
## STRATEGIC DIRECTION:

In 2012, this Department will be incorporated into the Treatment Care and Support Department with a greater focus on TB-HIV integration technical assistance.

This will be achieved through the roving team model, where mentor teams will implement the WHO strategy focusing on WHO 3 I's

- Intensified Case Finding
- IPT
- Infection Control

ISONIAZID PROPHYLACTIC THERAPY (IPT)  
(OCT 2009 - SEPT 2011)



## OVERVIEW OF PERFORMANCE AGAINST KEY PEPFAR TARGETS

The table below presents indicators, targets, actual performance and percentage of targets achieved from FPD's Cooperative Operational Plan (COP)

INDICATOR	TARGET 2011	ACTUAL 2011	PERCENTAGE AGAINST ANNUAL TARGET
Total number of individuals tested and counselled on HIV	216 000	248 517	115%
Individuals newly enrolled on ART (NEW) (Paediatrics)	3 780	3 047	81%
Individuals newly enrolled on ART (NEW) (Male)	15 288	14 058	92%
Individuals newly enrolled on ART (NEW) (Female)	22 932	29 699	130%
Individuals receiving ART (CURRENT) Paediatrics	9 720	11 533	119%
Individuals receiving ART (CURRENT) (Male)	39 312	39 436	100%
Individuals receiving ART (CURRENT) (Female)	58 968	87 161	148%
Individuals newly-enrolled in HIV care who are started on treatment for latent TB infection IPT)	1 500	6 884	459%
Registered TB patients	15 600	20 262	130%
TB patients who had an HIV test result recorded in the TB register	12 000	16 304	136%
TB patients started on cotrimoxazole prophylaxis	12 000	6 764	56%

# STRATEGIC INFORMATION

Technical Assistance in respect of the  
Three Tiered ART Strategy

Following a comprehensive ART information system audit, NDoH identified the need to standardise anti-retroviral treatment monitoring and evaluation (M&E) in order to effectively manage facility level ART data in SA. In 2010/2011 the National Health Council (NHC) and National Health Information Systems of SA (NHISSA) developed a three tiered strategy to strengthen routine and clinical monitoring of ART data. The 3 Tier ART Strategy comprises of a paper-based (Tier 1), non-networked (Tier 2) and networked system (Tier 3) for patient monitoring in line with the WHO's 3 Tiered ART M&E strategy. This strategy was selected for implementation to standardise ART monitoring nationally with a system that best suits the varied needs of facilities, sub-districts, districts and provinces and the resources available to manage the systems.

During 2011, FPD was one of the primary trainers on the paper based ART register and trained 1 303 individuals on how to implement and use the paper register. In line with FPD's legacy as the training institution, FPD is preparing to support the training on Tier Two and Tier Three, in the upcoming year.

## EVALUATION AND RESEARCH

The unit is working on operational research areas to evaluate the support provided and the strategies that are implemented. Detailed evaluation and research activities are reported under the research section of this report.



# MATERNAL CHILD AND WOMEN'S HEALTH

The Maternal, Child and Women's Health Department (MCWHD) provides a platform to address the unique needs and priorities of maternal, child and women's health (MCWH) and works towards and beyond achieving the Millennium Development Goals (MDG). The department is also responsible for technical assistance. The work of the department is supported by PEPFAR through the USAID grant to FPD. The department has assisted with implementation of training in Maternal and Infant HIV management for UNICEF and Save the Children (UK).

The work of MCWHD reflects the DoH vision on the elimination of paediatric HIV.

The vision focuses on the following components:

- Elimination of maternal, child and infant HIV related morbidity and mortality.
- Elimination of new paediatric HIV infections.

## ACTIVITIES

The activities of the MCWHD are focused on:

### 1) EDUCATION AND LEARNING

The focus on education is to ensure that health workers have the knowledge and skills to manage mothers and children with HIV. Current educational activities include:

- Mother and infant HIV training packages for doctors, nurses, social workers, pharmacists and counsellors and are run through training division of FPD, with support from PEPFAR, UNICEF and Save the Children (UK).
- Regular CME lectures on maternal and paediatric HIV to supported sites.
- A resource centre provides health workers with electronic and hard copy material on HIV and PMTCT.
- Monthly maternal and paediatric HIV updates and group mentoring for counsellors working for NGOs.
- Support for IMCI and NIMART training.

### 2) SERVICE DELIVERY

The MCWHD supports district health to ensure that all health workers responsible for caring for mothers and children provide competent HIV care, and that the health system functions to ensure access to care, treatment and referral as needed. The district support undertaking includes:

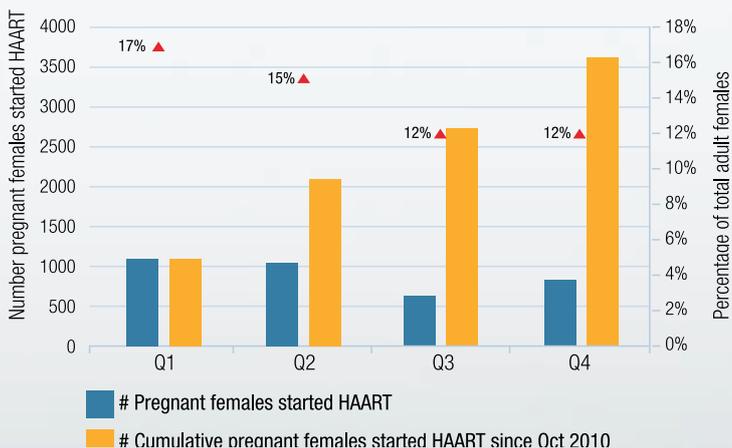
- A baseline to assess the HIV service and care provided in facilities especially in the following areas: hospitals, community healthcare and primary healthcare services.

- Identifying bottlenecks in the system and facilitating problem solving.
- Identifying training needs and providing on-site training, and access to further training.
- Clinical mentoring to nurses, doctors, counsellors and other health workers.
- Ensuring that high risk antenatal clinic staff are able to provide ARV treatment to HIV positive pregnant women and that there is a seamless transition to ARV care after delivery.
- Assisting and mentoring staff at PHC clinics to provide NIMART to pregnant women requiring ARV care after delivery.
- Onsite support to PHC facilities for HIV DNA PCR testing at 6 weeks.

### ADDITIONAL ACTIVITIES INCLUDE

- Development of Integrated maternal and HIV guidelines
- Development of a PMTCT pamphlet for pregnant women
- Wide distribution of revised PMTCT policy, and updating of health workers
- Facilitating quarterly MCWH forum meetings

NUMBER OF PREGNANT FEMALES STARTED HAART (SINCE OCT 2010)



# THAT'SIT PROGRAMME

(TUBERCULOSIS, HIV, AIDS, TREATMENT  
SUPPORT AND INTEGRATED THERAPY)

This project established in 2005 in collaboration with the MRC, aims to integrate TB and HIV care by expanding the delivery of HIV and TB treatment to patients in South Africa. The project promotes TB screening and care in HIV-positive patients, using lessons learnt from the best practice model developed by the project. This project was one of the first PEPFAR funded programmes that focused on HIV care with TB as an entry point. The rapid increase of TB prevalence and especially that of drug resistance TB created a need for such a programme.



## CORE CAPABILITIES

### THE “that’sit” MODEL

With a National Department of Health drive to integrate HIV and TB services in all clinics, this programme can provide required expertise to the implementation of integrated care. Through community involvement and outreach programmes to heighten the awareness of TB signs and symptoms and to counteract the effects of stigmatisation, the programme supports the WHO focus on increased case finding, infection control and pre-ART HIV care. The graph gives an indication of performance against targets.

This project targets resource-poor and deep rural settings, where access to ART is on its own a huge challenge. that'sit was initiated in a TB hospital in Richmond, in rural KZN as a best practice model and expanded to clinics in the far North West province in 2006. The programme now provides technical support to almost 200 clinics in four provinces in South Africa.

**The districts where activities are carried out are the following:**

- Dr Ruth S Mompoti and Dr Kenneth Kaunda in North West;
- Eden district in the Western Cape; and
- Uthukela district in KZN.

The project gives technical support to the Eastern Cape, at first through the accreditation of TB hospitals for ART, and going forward as a specialised TB provincial partner.

It has been nominated a lead PEPFAR partner in the Eden district in the Western Cape where its activities will include all of the above but will also include linkages to other patient care services, NGOs and in providing technical support to district management as required.

The that'sit project is a comprehensive TB and HIV project, that has developed a model of care that provides holistic integrated medical care to patients. Its activities, encompass counselling and testing, TB screening to HIV positive patients on a regular basis, clinical care, introduction of ARTs at peripheral primary care clinics, adherence support and patient tracing, pharmaceutical support to ensure continuous drug supplies, recording and reporting activities, technical support to the TB programme as well as monitoring and evaluation and research activities to ensure that best-practices are adhered to. It targets communities to increase awareness and decrease stigmatisation, it provides Health Care Worker training in all aspects of TB and HIV care, including PMTCT and breastfeeding, and informs the Department of Health on nutritional needs and interventions required by patients. It provides overall systems support by the analysis of patient flow systems adherence to infection control principles and the introduction of a systematic approach to recording and reporting.

## OUTCOMES AND HIGHLIGHTS

Presently, 183 primary care clinics and their patients are directly benefiting from the programme and more than 45 ART clinics are supported by that'sit.

More than 30 000 patients have been enrolled in ART care and approximately 250 000 patients have received counselling and testing since the initiation of the programme in 2005. More than 25 000 TB patients have been enrolled in comprehensive integrated TB and HIV care.

Five mobile clinics are being utilised in order to provide services to outlying areas in Northwest, the Eastern Cape and the Western Cape. The number of employees in the that'sit programme since its first appointment in November 2006 has grown to more than 200. In future the programme will focus more on technical support, and will realise its activities through district and provincial operational plans.

In many supported sites, the project has provided refurbished physical space to accommodate patients and promote integrated care and adherence to infection control principles.

Outreach programmes and community involvement targeting both communities and school children are other focus areas of the programme. Nutrition gardens at supported clinics provide the necessary training and education to both patients and healthcare workers.

Laboratory and pharmaceutical support have been targeted to ensure fast turnaround times and an un-interrupted supply of pharmaceutical drugs for the care of patients. The programme has embarked on positive branding to counteract dual stigmatisation and supports World TB Day and World Aids Day activities throughout the supported provinces. Systems support is further enhance through the support of the implementation of a three-tiered national information system. In addition considerable attention is given to data collection and recording as well as reporting in support for the National TB control programme. that'sit has a proven track record with a tangible impact on the National TB Control Programme (NTCP). In all the supported districts these indicators have increased dramatically. In the Kenneth Kaunda district treatment outcomes have increased with more than 30% since 2007 and in other supported sites the treatment outcomes have increased with at least 10%. The results are that the National target of 85% for treatment outcomes is now within reach of all supported districts. Defaulter rates have decreased across all supported districts and all TB/HIV collaborative activities have increased to a percentage in the high eighties.

## STRATEGIC DIRECTION

In the next year that'sit will focus its expanded activities in Eden district as the lead PEPFAR partner, with the emphasis on more technical support, monitoring and evaluation activities, quality improvement, research activities and the rapid scale up of all activities of prevention and pre-ART care, community involvement as well as the increase of down referral sites. This will ensue that all patients have access to integrated holistic care. In the North West provinces TB technical support will continue and all other direct support services will be migrated and transitioned to provide the required inputs as TB specialised partner.

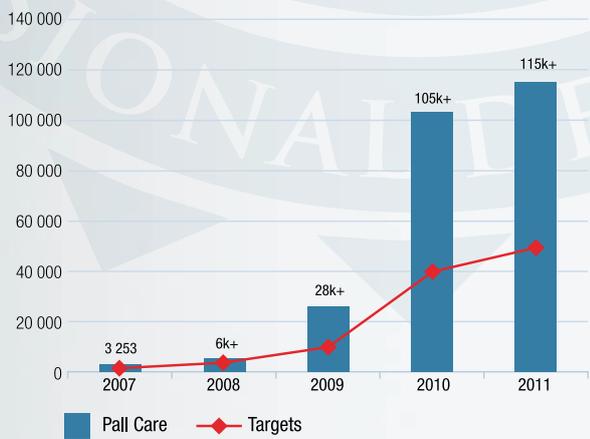
VCT (2007-2011)



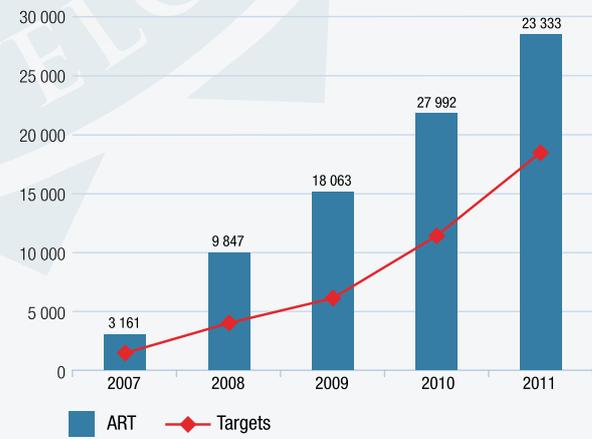
HIV + TB Rx (2007-2011)



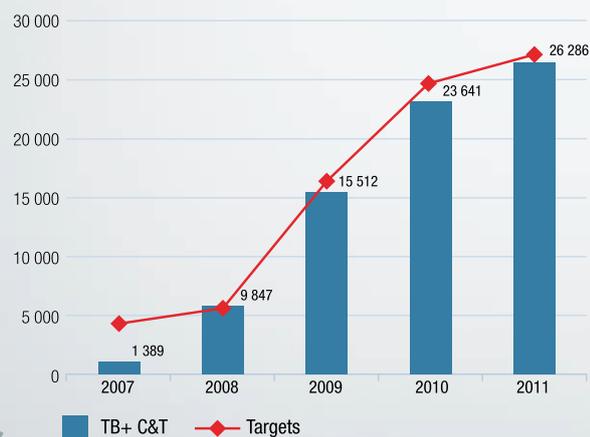
PALL CARE (2007-2011)



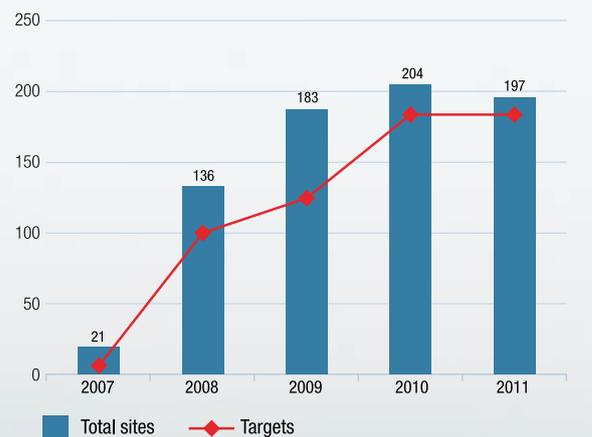
ART (2007-2011)



TB+ HCT (2007-2011)



TOTAL SITES (2007-2011)



# AFRICA HEALTH PLACEMENTS

Africa Health Placements is a “social profit” organisation established as a joint venture project between FPD and the Rural Health Initiative (RHI) in 2005 through the merger of two separate but complimentary projects. AHP’s work has been changing the face of human resources for health (HRH) in Southern Africa, creating completely new outcomes for healthcare facilities that might otherwise be defunct. We define ourselves as social profit because our work, whilst donor funded and not for commercial gain, delivers profit in terms of improved healthcare and social indicators. In addition, we value results and our organisational culture is strictly focused on delivery. The bulk of AHP services are donor funded and delivered free of charge.



AHP’s mission is to enhance the healthcare delivery system in Africa through the provision of human resource solutions and services. These extend beyond the recruitment, placement and retention of management staff and healthcare workers to include services directed toward building sustainability, such as consulting, information services, advocacy and marketing. Recognising the value of relationships, we conduct our work through people networks that allow us to mobilise resources within southern Africa and across the world.

Within this project, priority is given to those facilities serving the most disenfranchised sectors of the healthcare system. AHP prioritises the needs of the most indigent while balancing short-term demands and long-term solutions, with the goal of ultimately becoming a major player in all aspects of healthcare staffing in Africa.

## AHP’S CORE CAPABILITIES

AHP believes in quality people, like the healthcare professionals we recruit to work in local hospitals. Similarly, the internal team comprises a set of highly-qualified professionals driven to make a difference in African human resources in health (HRH). The team profile includes business people (MBAs and CAs), professional recruiters, doctors, nurses, professors, researchers, administrators and marketers.

There are four mechanisms through which AHP is pursuing its mission:

### 1) STAFFING

Recruitment and registration of local and international health workers to work in permanent vacant positions in underserved government facilities and NGO clinics, as well as in volunteer posts.

When Africa Health Placements first came into being, it was driven by the insight that we needed to fight fire with entrepreneurial fire. If developed nations were capitalising on our brain drain by attracting our local professionals with the promise of money and security, South Africa needed to

counter this trend by finding ways to market the region to international talent.

The challenge, however, was that getting people to South Africa involved a laborious and inefficient administrative process. AHP's response: gather a team of top-notch recruiters and administrators, build a high performance culture, and then work with local and national government to streamline the relevant systems and processes.

This work has reduced the average lag time to placement from two years to as little as three months. In recent years, the organisation has also partnered with academic institutions, such as the London GP Deanery, in order to create learnership opportunities for professionals in training. Next, in order to build sustainability, AHP found ways to get the local talent back. Part of the solution is successfully using foreign doctors to seed the re-establishment of local healthcare teams by creating a viable working environment. Since inception in 2005, AHP has helped over 400 health facilities render a better service to their communities by placing over 2 700 (as at the 3rd quarter of 2011) health workers. This is an extremely cost-effective programme, using donor funds to place 70 doctors for the same cost that it takes a medical school to train just one. Huge numbers of doctors have also been retained because of the supportive teams created by AHP placements.

## 2) RETENTION

Orientation and rural doctor support for public sector health workers, with a focus on rural areas. Orientation includes clinical, cultural and logistical support. The ongoing support programmes range from creating networks of professional support and training partners, to on-the-ground practice manager support.

Once health workers are in place, AHP works with hospitals to provide orientation and ongoing support to retain these resources. AHP also has on-the-ground practice managers in a growing number of rural districts who act as "marriage counsellors" between doctors and their management, helping the National Department of Health achieve its own primary healthcare goals. These district-based resources intend to not only improve access to learning opportunities in the form of continued professional development (CPD); but also to reduce the sense of isolation by providing access to experienced mentors and organising networking events and knowledge sharing opportunities. The practice managers

facilitate improved communication between management and clinicians at all levels, assist facility management with minor equipment and repairs and assist doctors with ongoing administrative problems and management with troubleshooting. A resounding success in a very short amount of time, it is quickly being taken up by donors and government as a blueprint for best practice in retention across South Africa.

## 3) CONSULTING, TECHNICAL ASSISTANCE AND ADVOCACY

Helping governments, regulatory bodies and civil society institutions to make themselves competitive in attracting scarce and mobile resources. This includes understanding the drivers of career choice, translating policy into practice and providing on-the-ground resources to help identify and unblock bottlenecks.

But there's been more. AHP is continually converting its experiences in working in recruitment and retention at all levels of the public delivery system – from hospitals to the office of the Minister – into knowledge that can be used to influence policy and build best practice models.

AHP works with various partners to accomplish its work. Partnerships with institutions such as medical schools, hospitals and other NGOs are maintained in order to create relevant career opportunities such as training, conferences, rotations and exposure to mentorship by top medical professionals. AHP also partners with organisations such as the Homecoming Revolution to entice SA émigrés back to South Africa's shores. Additionally, AHP works with concerned partners from the private sector to find ways to bring private sector resources into public facilities. AHP conducts ceaseless advocacy, promoting both the needs and social justice issues in public health, as well as the fantastic opportunities of a career in southern Africa.

## 4) INFORMATION: MONITORING, EVALUATION AND RESEARCH

Extensive and ongoing monitoring and evaluation (M&E), as well as focused research, allows AHP to provide detailed intelligence to partners and funders, and to continuously improve upon what is being done. AHP is also busy collating a database of strategic HRH information for public use. All work at AHP is informed by the most recently available

information. Where such information is lacking, AHP endeavours to collect and interpret it. To this end, the project has a rigorous M&E function and performs annual research through surveys of Community Service Officers in order to identify ways in which their experiences can be improved, thereby encouraging them to remain in public service.

## THE AHP'S MODEL

Over the past five years, AHP has developed a working model that has made a significant impact on the state of human resources in health around the region. The project's non-profit model is market driven: focused on providing a professional and ethical recruitment service to government and NGO clients while supported by a competitive marketing proposition.

AHP's world-class marketing campaign promotes Africa's competitive advantage in attracting health workers to the region: unsurpassed work experience ("Trade treating cold and hypertension for infectious diseases"); the humanitarian appeal of making a difference ("help those who need your help the most"), and the unique lifestyle of rural Africa ("Trade the obstacle of traffic on our way to work for elephants crossing your path"). AHP's award winning marketing includes print and media advertising, promotion at local and international medical conferences, and a strong online presence through a website ([www.ahp.org.za](http://www.ahp.org.za)) and social networking portals ([www.facebook.com/africahealthplacements](http://www.facebook.com/africahealthplacements), [www.twitter.com/africadoctors](http://www.twitter.com/africadoctors), [www.youtube.com/africadoctors](http://www.youtube.com/africadoctors), <http://ahp.motribe.mobi>, [www.flickr.com/africahealthplacements](http://www.flickr.com/africahealthplacements), [www.googleplus.com/africahealthplacements](http://www.googleplus.com/africahealthplacements), [www.linkedin.com/groups/africahealthplacements](http://www.linkedin.com/groups/africahealthplacements)).

Recruiting healthcare professionals to work in the public sector is a challenge because of the diversity of requirements and legislation in different contexts, and matching these up to the unique needs and situation of specific candidates so as to find "the perfect fit" for every situation. To this end, AHP's scope of work includes:

- Creating opportunities (through interaction with individual health system managers),

- Sourcing candidates for posts,
- Management and filtering of applications according to job specification and national legislation,
- Management of all administration legislated through government and regulatory body policy,
- Management of examination processes where relevant,
- Administration of final candidate placement and liaison with facility,
- Post placement orientation and ongoing support, including assistance with: administrative issues (ensuring staff get paid on time), logistical issues (help with obtaining a cell phone and bank account), cultural integration (such as language learning material and information on cultural norms), and clinical issues (provision of a satchel full of textbooks). This is particularly important for European doctors, most of whom have never seen or treated HIV before and are now presented with a caseload of 90% HIV patients.
- Monitoring and evaluation of AHP and partner services, as well as of the experiences of placed health workers.

In providing these services, AHP effectively competes with the for-profit recruitment agencies which are moving southern African health workers to more lucrative positions in the private sector and abroad. At the same time, AHP does not poach health workers from other regions with similar shortages – while still recognising the rights of the individual to live and work where they wish.

The key to AHP's success is the relationships with governments and regulatory bodies which it has built and maintained, including working partnerships with the South African National Department of Health (NDoH), the Health Professions Council of South Africa (HPCSA) and other healthcare and non-profit organisations. AHP also networks with and supports a number of local and international institutions and donors who are working to improve the healthcare capacity of the continent.

## OUTCOMES AND HIGHLIGHTS 2011

Since inception in 2005, AHP has placed over 2 500 locally qualified and foreign-qualified health workers in government and NGO healthcare facilities. The past year has been the most successful to date, with more than 500 placements made across southern Africa. AHP's stature in HRH grew throughout the year as staff continued to build relationships across the region and were frequently called in to meet with health ministers and senior health officials.

### DYNAMIC NEW MARKETING AND ADVOCACY CHANNELS

Online channels have become the single most popular means used by people seeking recruitment. In 2010, AHP launched a highly successful new website and embraced social media in the form of Facebook, Twitter, Flickr, YouTube, mobile networking, Wikipedia and LinkedIn. The organisation has also managed to get many of its articles published on other popular websites and healthcare-related portals.

In a more traditional vein, AHP markets at conferences ranging from recruitment fairs to rural healthcare to social and philanthropic events. Conference venues for the past year included San Francisco, New Orleans, Denver, New York, London, Liverpool, Birmingham, Belgium, Netherlands, Vienna, Swaziland, and of course, South Africa.

### GLOBAL BEST-PRACTICE IN SERVICE DELIVERY

As AHP continues to extend its scope into the region, it is becoming increasingly important to ensure that internal processes and systems are able to support the delivery of an efficient and professional service. To this end, a management consultant from Boston Consulting Group (BCG) was contracted in mid 2010 with the mandate of taking AHP through a process of rationalisation and optimisation. The output of this process has already been fully implemented within the organisation.

AHP has taken optimisation a step further and independently implemented a refined balanced scorecard (BSC) and key performance indicator (KPI) mechanism to guide staff and management towards the company's strategic goals. Additionally, AHP's monitoring and evaluation has become even more efficient so that the status of all work can be measured at a moment's notice.

### INCREASED RECRUITMENT CAPACITY

AHP has recently launched Docwize, a web-based electronic process and customer relationship management system. Docwize is allowing AHP to recruit more health workers in a faster and efficient manner with even greater customer service focus than ever before. Now AHP's team can log on to the new system and work from anywhere in the world at any time!

### SUPPORTING THE EXPANSION OF HEALTH SERVICE DELIVERY

The impending implementation of the South African government's National Health Insurance (NHI) plan has rendered it imperative to get public hospitals fully staffed. The national government has already announced that it intends to recruit foreign professionals in order to make this possible, and AHP has made itself available to assist in this regard. AHP is also working with clinics that are currently funded by PEPFAR in order to move their staff onto the government payroll, which will ensure continuity of services rendered to people living with HIV as the PEPFAR funding for clinical programmes tapers off.

### HIGHLY SUCCESSFUL RURAL DOCTOR SUPPORT PROGRAMME

A focused Rural Doctor Support Programme (RDSP) for rural hospitals was launched in 2011. The first phase took place in three of the six non-metropolitan districts of the Eastern Cape (Joe Gqabi, Chris Hani and OR Tambo), where 43 remote level-one facilities are supported on a continuous basis by a dedicated Practice Manager for each district. The programme's intent is to reduce the sense of professional isolation experienced by doctors and help mitigate and solve their day-to-day logistical frustrations. To date, the programme has been extremely successful and solid working relationships have been established in all facilities, as well as between the Practice Managers (appointed by AHP) and the District Managers in all three districts. This programme is currently being replicated in a further five districts in Gauteng, Mpumalanga and Limpopo, with even further expansion expected in the future.

## GROWING ORIENTATION PROGRAMME

AHP has completed the implementation of an orientation programme throughout South Africa in 2010 and successfully grown the programme throughout 2011. This programme ensures that new foreign-qualified arrivals are able to settle into South Africa and their new healthcare facility clinically, culturally and logistically. This simple programme integrates beautifully with the Rural Doctor Support Programme.

## FINANCIAL SUSTAINABILITY

Over the past year, AHP has been diversifying and growing its donor base both locally and internationally. AHP is now in a stable position for the medium term – a unique position for an NGO in today's economic climate. AHP has also recently launched Africa Professional Placements ([www.afprof.com](http://www.afprof.com)). This is an agency that is recruiting non-health professionals for southern Africa, leveraging AHP's recruitment and overseas marketing expertise to source skills for the region. This project's revenue is used to subsidise AHP's donor-funded work.

## STRATEGIC DIRECTION

AHP has developed into a sustainable project with multiple funding sources and will as of 2012 graduate from a joint venture project to become a separate legal entity.



# FPD COMPASS PROJECT

Information regarding burden of disease, population distribution and service delivery for health, social and education within municipalities is scarce.

The FPD Compass has been initiated on the basis of the philosophy that any effective response to societal challenges requires a coordinated mobilisation of all resources within a specific community. FPD Compass facilitates such a response through accurate mapping of all service providers, annual epidemiological quantification of the service-delivery need, and accurate service-provision information.



This information is critical for a better understanding of the actual service need and enables a service gap analysis.

Using this information, organisations, service providers, government and the private sector can plan and strategise effectively to address health, social and education service issues within their respective communities.

## CORE CAPABILITIES

### MAPPING AND RESEARCH

- Identification/Data Collection of Service Providers
- Development of Epidemiological Estimates/  
Demographic Profiling
- Gap Analysis Reporting for Communities

### INFORMATION AND RESOURCE PROVISION

- Identification/Development of Tools
- Community Engagement Opportunities
- GIS Application of Information

### ORGANISATIONAL DEVELOPMENT AND CAPACITY BUILDING

- Organisational Needs Assessments
- Benchmarking
- Skills Building/Technical Assistance
- Knowledge Sharing/Mentorship

## OUTCOMES AND HIGHLIGHTS OF 2011

### HIV SERVICE DIRECTORIES

Since 2007, through PEPFAR funding, FPD Compass has been able to initiate a National HIV Service Directory programme. Through a programme called HIV-911, a national database of service providers has been initiated with approximately 18 000 service providers from all sectors listed. The programme has also designed, printed and distributed over 95 000 provincial directories over four series to assist HIV service providers to improve referral and expand their community networks. The HIV-911 programme is housed at the University of KwaZulu-Natal (UKZN).

## MAPPING AND RESEARCH ACTIVITIES

Since its inception in 2005, the mapping component of Compass has expanded to now offer several consultancy services. Mapping is a broad term, but for the purposes of the Company Project, it includes questionnaire development, testing, protocol writing, database building, data collection, verification, quality assurance, research analysis, and report writing. In 2010, Compass expanded the application of demographic profiling into mapping, providing a variety of population-based overlays into map production.

A large part of what Compass does is to better understand the need for services in communities, through strategic information. Annually, a report on the State of HIV and AIDS services in the City of Tshwane is produced, but in 2011, HIV needs calculators were introduced on the FPD website. These calculators use the same methodology that Compass has used for Tshwane and applies this to every municipality in South Africa. The calculators are a great resource to better benchmark and estimate the need for services in communities. [http://www.foundation.co.za/epi\\_calculator/](http://www.foundation.co.za/epi_calculator/)

FPD Compass continues a strong corporate partnership with MapIT, to expand internal ability to provide GIS mapping and geocoding. MapIT, along with shareholders TomTom and Avusa, MapIT is the leading supplier of quality digital maps of Sub-Saharan Africa and their technical support has been key in bringing mapping technology to the development sector. A great example of this partnership is the online mapping tool that allows organisations and individuals to search for a variety of clinical and support services nationally. <http://compass.mapservice.co.za/>

## ORGANISATIONAL DEVELOPMENT ACTIVITIES

In the community-based organisation environment, organisational development is typically given a lower priority because of a high demand on services and limited resources.

FPD Compass has initiated organisational development activities to improve the effectiveness of organisations delivering community-based initiatives. Compass believes in a participatory approach and that organisational development is a long-term interactive process in order to build effective sustainable organisations.

In 2009, Compass introduced a knowledge sharing and implementation programme based on key research findings from AIDS and TB conferences. The programme has influenced the programme structure of the SA AIDS and TB conferences and will in future reside entirely within the conference structure and continue to bring together researchers/academics and the NGO community to assist in implementing key research findings and enhance service delivery. In 2011, the third edition of the Community Implementers Guide for HIV and TB research was released and will be made available to all community-based organisations.

Continuing on development around benchmarking and assessments of organisations, Compass has created an online NGO Scorecard, in collaboration with key NGO stakeholders throughout South Africa. The NGO Scorecard allows all organisations to identify their strengths and weaknesses, while also accessing support through the key NGO stakeholders who provide organisational development opportunities.

### The NGO Scorecard Consultative Group Includes:

- AIDS Consortium
- AIDS Foundation SA
- CABS
- HPCA
- Lifeline
- NACOSA

### The NGO Scorecard has been endorsed by:

- SANAC NGO Working Group
- National Department of Social Development

# TSHWANE MAYORAL AID COUNCIL (TMAC)

In September of 2009, the Tshwane Mayoral AIDS Council (TMAC) was launched with FPD Compass playing the role of Secretariat. This council, now beginning its third year, has been created to bring all sectors in the city together to contribute actively to the challenges of HIV. All members have been elected to represent specific sectors, all members participate voluntarily without receiving payment and all members are expected to mobilise resources within their respective sectors. This makes the TMAC incredibly unique and action focused.



In 2011, TMAC continued their flagship project "Hide and Seek, Find and Treat", a project to increase paediatric HIV testing throughout the city to ensure that children are being identified and treated sooner. TMAC has also initiated projects to increase HIV testing in other key target populations, as well as develop support networks for communities through various outreach projects.



In 2011, TMAC welcomed the new Executive Mayor, Mr Kgosietsso Ramokgopa who has supported the continuation of the TMAC initiative started by former Executive Mayor Dr Gwen Ramokgopa, who is now the Deputy Minister of Health.

## STRATEGIC DIRECTION

FPD Compass Project will continue to expand its focus on becoming a source of strategic information for the health and education sector in Southern Africa, while expanding its ability to use the NGO scorecard to expand the ability of civil society to respond effectively to the challenges faced by the region.

# PEPFAR FELLOWSHIP PROGRAMME

FPD in collaboration with USAID and CDC launched the PEPFAR Fellowship Programme (FPF) in October 2006. The PFP was established in response to the growing need for the rapid expansion and development of human resource capacity in HIV and AIDS care and treatment programmes with the South African healthcare environment.



## The PEPFAR Fellowship Programmes objectives are to:

- Support the expansion of access to comprehensive HIV and AIDS care in South Africa through the advancement of human capacity development;
- Promote the application of postgraduate learning in the practical HIV and AIDS service environment;
- Provide host organisations with access to scarce skills technical assistance; and
- Facilitate the retention of such developed scarce skills within the South African healthcare sector.

The PFP was designed to hone skills of postgraduate masters-level South African students and graduates by placing them with PEPFAR partners and public sector institutions supporting HIV and AIDS initiatives. Such placements allow a logical translation of newly acquired theoretical skills to real world practice within the South African healthcare context.

## THE FELLOWSHIP MODEL

This model is based on recruiting newly qualified masters degree students and placing them with civil society and government AIDS service organisations. The PFP thereby supports South African AIDS service organizations with “scarce skills” such as monitoring and evaluation, organisational development, health systems development, and strategic information management. Support is also given to clinical fields such as infectious disease control, psycho-social assessment tool development, and “care for carers” programmes, as well as to clinical therapeutic fields, including HIV prevention integration with specific focus on PMTCT, prevention management of TB and services related to orphans and vulnerable children (OVCs).

By promoting access to practical experience in an AIDS service environment, the PFP reinforces and augments the academic components of health-related masters' degree programmes. Fellows gain valuable hands-on experience and enhanced future employment opportunities.

As the only AIDS-focused fellowship programme in South Africa, the PEPFAR Fellowship Programme coordinate the matching and placement of masters-level graduates and/or students from various South African universities with more than 250 PEPFAR implementation partners and public sector AIDS service organisations as determined by the specific skills needed by the individual organisation. Fellow placement contracts are 12 months in duration and support organisations throughout all nine provinces and 52 districts within South Africa.

## OUTCOMES AND HIGHLIGHTS

The success of its pilot programme in 2006 and the full rollout of 25 placements in 2007 as well as 40 placements in 2008, 60 in 2009 and 80 in 2010 with South African PEPFAR partners and the public health- care sector, have inspired the PFP to maintain the set standard with a total number of 72 masters-level student/graduate placements being maintained for the year 2011.

A total of 67 PEPFAR Partners – national and local government entities – as well as NGOs were directly and indirectly provided with technical postgraduate student scarce-skill assistance in 2011.

Due to more intensive direct marketing strategy relating to all stakeholders including tertiary academic institutions and PEPFAR Partners as well as the public sector during 2011, the following output trends are still visible and even expanding.

- The number of appropriate applications received for the 2011 fellowship intake totalled 1 411 in comparison with the total number of 253 applications received for the previous year. This expanding application response rate serves to highlight the fact that South African scarce skills within clinical health care as well as monitoring and evaluation do exist, but that the harvesting approach of such skills for retention purposed should be focused on, as is successfully

being implemented by the PEPFAR Fellowship Programme;

- By creating an online network for Previous Fellows via its own website the PFP can also measure its success related to scarce skills retention rates and follow the careers of individuals while at the same time encouraging prospective employers to utilise the expertise of previous PEPFAR Fellows.

The PFP, in the 2011 financial year also proved to be a successful platform for launching exciting opportunities in career-path building and encouraging the retention of local scarce-skills graduates within South African HIV and AIDS service organisations.

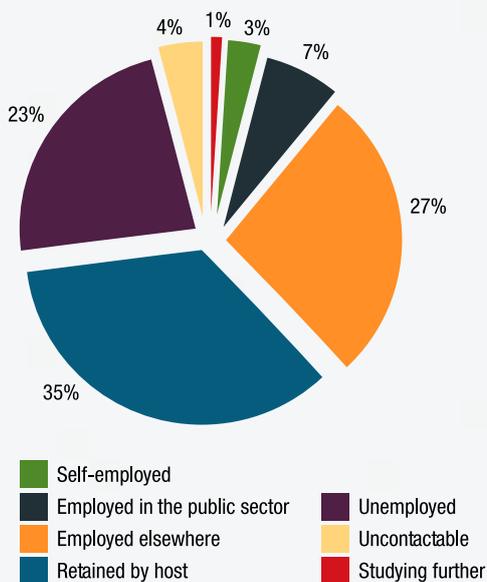
The scarce-skills retention rate for fellows – by the end of 2011, since inception – is 70%. The retained fellow placements were either absorbed within their host organisations, accepted job offers from other PEPFAR Partners, initiated their own consultation businesses or decided to further their studies at a tertiary level.

## PEPFAR FELLOWSHIP PROGRAMME CERTIFICATE CEREMONY 2011

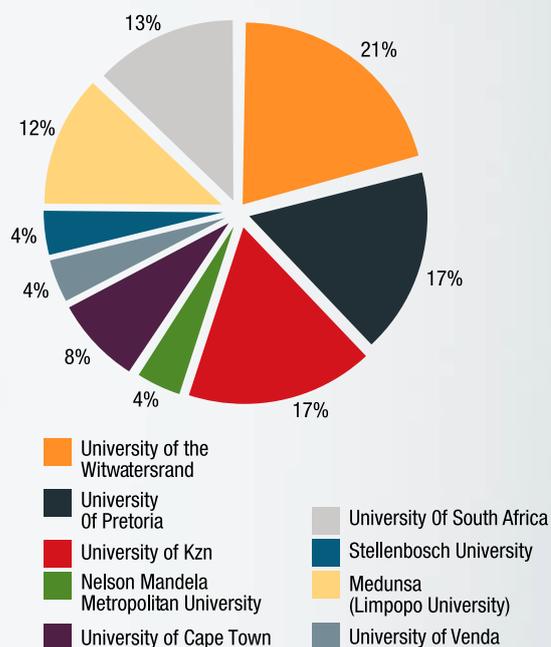
On 25 November 2011, 31 PEPFAR Fellows received certificates of completion for their successful participation in the PEPFAR Fellowship Programme as recognition for the difference they had made in combating the impact of the AIDS epidemic within South Africa. The remainder of the PEPFAR Fellowship fellows for 2011 are currently still completing their contracts with their selected host organisations.

## FACTS AND FIGURES

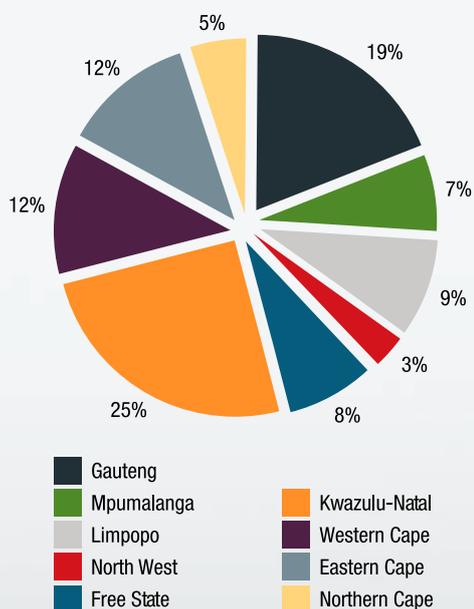
LONGER TERM CAREERPATH TRACKING TRENDS  
(COP 06 - COP 10)  
POST FELLOWSHIP RETENTION RATES



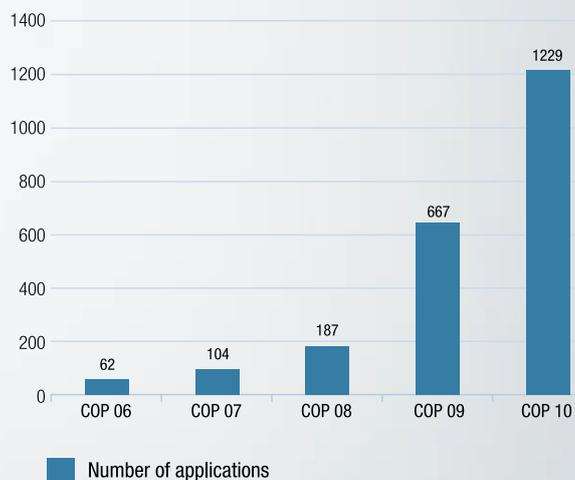
PLACEMENT BY UNIVERSITY  
(TERTIARY QUALIFICATION)  
ORIGIN COP 10



PLACEMENT BY GEOGRAPHY  
DISTRIBUTION COP 10  
(Based on district-based Technical Support  
as per job description)



PEPFAR FELLOW APPLICATION TREND  
(COP 06 - COP 10)



## STRATEGIC DIRECTION

This programme's remarkable success has illustrated the fact that a disconnect exists between the availability of highly qualified individuals – especially from previously disadvantaged communities – and their access to the labour market without an intermediary that facilitates such access. FPD therefore intends expanding this model to other key areas in the economy.

## FELLOWSHIP HOST ORGANISATIONS FOR COP 10

The PEPFAR Fellowship Programme would like to acknowledge the successful collaboration of PEPFAR Partners and Public Sector Institutions who participated in the programme as Host Organisations during COP 10:



Gauteng, Mpumalanga, KwaZulu Natal and South Africa (national)



Eastern Cape, Free State, KwaZulu Natal, Mpumalanga and Matatiele (Eastern Cape)



DESMOND TUTU HIV FOUNDATION



Pretoria and Zululand



EngenderHealth



a project of Matchboxology



Free State, Limpopo and Mpumalanga



in collaboration with the Gauteng Department of Health and the Tshwane Mayoral AIDS Committee (TMAC)



Johannesburg and Tuberculosis Unit: Durban, KwaZulu Natal



Medunsa National Pharmacovigilance Centre, Medunsa Campus



# FPD BASIC EDUCATION

## BACKGROUND

The FPD Basic Education Project was started in early 2010 to address some of the key challenges in the Basic Education (i.e. schools) sector where FPD's unique approach to training and capacity-building in the public health sector would prove valuable.

South Africa has one of the most unequal societies in the world with a Gini-coefficient of 0.578. The increasing income differential between rich and poor is arguably in part a symptom of an education system that is not serving its poor, disadvantaged youth. On the one hand, South Africa has a chronic shortage of skills such as IT professionals, engineers and technicians, impacting public sector service delivery and resulting in an excessive premium paid for scarce skills. Yet on the other hand, South Africa has a ~24-32% (STATSSA, 2011) unemployment rate amounting to ~7.8 million, 70% (National Treasury, 2011) of whom are youth. This highlights the fact that the majority of our youth are ill-prepared for the world of work due to the low quality basic education the majority of South Africans.

The 2006 Trends in International Maths and Science Study (TIMSS), which tests Grade 8 learners in Maths and Literacy, placed South Africa last on the list of 50 countries, including many low income African countries such as Botswana and Ghana (CEPD, 2007). Other international tests such as PIRLS and SACMEQ come to similar conclusions. South Africa's recent annual national assessments that showed average literacy and numeracy results for Grade 3 and 6 of ~25-30% emphasise this further. What is just as concerning for our increasingly knowledge-based economy is that of the ~1 000 000 learners who started in Grade 1, only ~640 000 wrote Matric in 2010, and only 23.5% of those who wrote qualified to enter University, with 2% qualified to begin an engineering degree. And the statistics show that 85% of those will drop-out before graduation due to being underprepared for a tertiary level education.

Many of the internal challenges in the basic education sector are similar to that of the health sector – lack of management, leadership, skills and operational systems. External factors such as poverty, violence and HIV affect learners and teachers alike and contribute to low morale and retention amongst staff and poor learner outcomes. FPD Basic Education aims to build skills and management capacity in the Basic Education

sector to ensure that districts and schools are functioning well and providing quality services as organisations, and that they are provided with the necessary support to deal with many of the external factors affecting schools.

## CORE CAPABILITIES ORGANISATIONAL CAPACITY DEVELOPMENT

- Organisational Needs Assessments
- Management Training and Action Research Learning
- Coaching and Mentoring for Schools and Districts
- Consulting and Technical Assistance for Districts

## PROFESSIONAL DEVELOPMENT PROGRAMMES AND SHORT COURSES

The FPD School of Education provides a number of customised professional development programmes for teachers, heads of departments, deputies, principals and district officials. Courses are customised, minimise time away from work through a blended distance education approach, and delivered close to where participants live and work to minimise costs and travel time.

### Available Courses:

- Managing assessment
- Managing HIV in Schools
- Managing Violence in Schools
- Resource Mobilisation
- Management in Action for Schools

For more options and details, refer to the School of Education page 32.

## PROVIDE PRACTICAL PLACEMENT EXPERIENCE FOR STUDENT TEACHERS

Edu-Experience provides practical experience through full-time student teacher placements for B.Ed and PGCE distance-education students in well operating schools.

## BUILD PLATFORMS FOR COLLABORATION.

Hosting of a large scale, multi-stakeholder conference to facilitate collaboration and highlight best practices in the basic education sector.

## OUTCOMES AND HIGHLIGHTS OF 2011

The following key projects have been started in 2011:



## EDU-experience

*Providing practical experience  
through student-teacher placement*

The Edu-Experience programme is the new kid on the block at FPD Basic Education this year. In South Africa, student teachers receive insufficient in-class practical experience, and too often do not receive proper mentorship and guidance during their limited practicals. Edu-Experience aims to provide this in depth practical experience for student teachers (B.Ed distance education students) by providing full time placement opportunities for them at well operating schools, with a solid support structure designed to ensure the student teachers achieve success and provide value to their host schools. The programme has received a significant number of applications to date and will begin placements in early 2012. To find out more, visit [www.foundation.co.za/Edu-Experience](http://www.foundation.co.za/Edu-Experience)

## SA BASIC EDUCATION CONFERENCE 2012

As part of FPD's commitment to continuing education and social mobilisation, FPD organises large national and international conferences. FPD believes that such events are powerful catalysts for shaping public and political perception.

The SA Basic Education Conference, to be hosted at the Durban ICC over 2-4 April 2012, has a cross-cutting theme of "opening the doors to quality education for all". The conference will provide a platform for research-focused institutions (i.e. universities and research institutions) and practice based organisations (i.e. education administrations, schools, NGOs) to share learnings and will encourage collaboration and partnerships both amongst researchers and practitioners across the sector.

Conference Co-chairs, Mary Metcalfe and Mpho Letlape believe that there are pockets of excellence and good



practice throughout the basic education sector. “It is our goal to identify and interrogate best practice, stimulate debate and reflection, and in so doing help to ignite and scale innovation and ongoing enquiry across the system.”

### UMLAMBO SCHOOL PRINCIPAL MENTORSHIP PROGRAMME

FPD Basic Education has implemented a principal mentorship programme for 33 schools from disadvantaged areas across 8 provinces in SA. The programme pairs competent retired principals with a partner school and focuses on improving the management of teaching and learning within these schools. This programme is run in partnership with the Umlambo Foundation, the brainchild of former deputy president Phumzile Mlambo-Ngcuka. Since the start of the programme, average matric results across the schools have increased by 8%. Furthermore, the participating schools and principals have implemented a number of key initiatives in their schools that focus on improving learning outcomes, such as:

- after hours extra-lesson programmes;
- twinning initiatives with local universities and top schools in the areas;
- regular curriculum and subject planning meetings;
- monitoring of teacher and learner performance;
- and
- literacy and numeracy improvement projects.

## STRATEGIC DIRECTION FOR 2012

FPD Basic Education aims to focus on the following key activities for 2012:

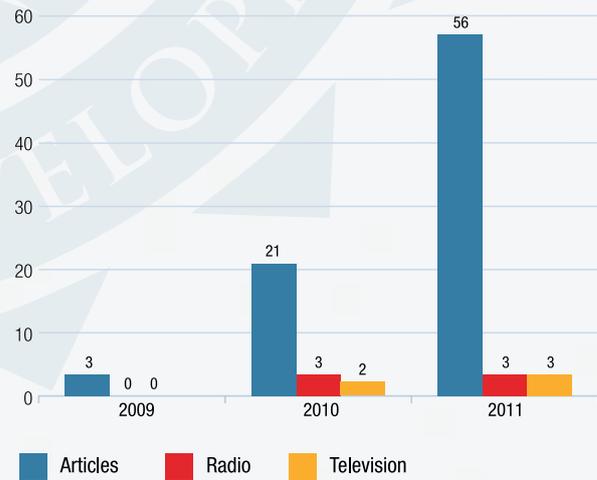
- Increase and expand placement opportunities for student teachers by:
  - Increasing the number of placement opportunities for B.Ed student teachers
  - Providing placement opportunities for PGCE student teachers
  - Expanding placement opportunities beyond Gauteng
- Focus on building management, leadership and organisational capacity at the Basic Education District level.
- Working together with FPD’s School of Education to increase the number of targeted, customised professional development programmes for the teaching profession.

# COMMUNICATIONS

With the shift of FPD's organisational strategy from "covert" to "overt" marketing, it was decided to explore the need for a Communications Department. In 2010, the Communications Department was established as a pilot process with the aim of intensifying the FPD Brand and increase FPD's vocal character by embracing a greater advocacy role. The success of this pilot gave rise to the decision to keep and foster this department.

In 2011, FPD saw a huge increase in media exposure with 56 articles published (49 online articles), 3 radio interviews and 3 television interviews.

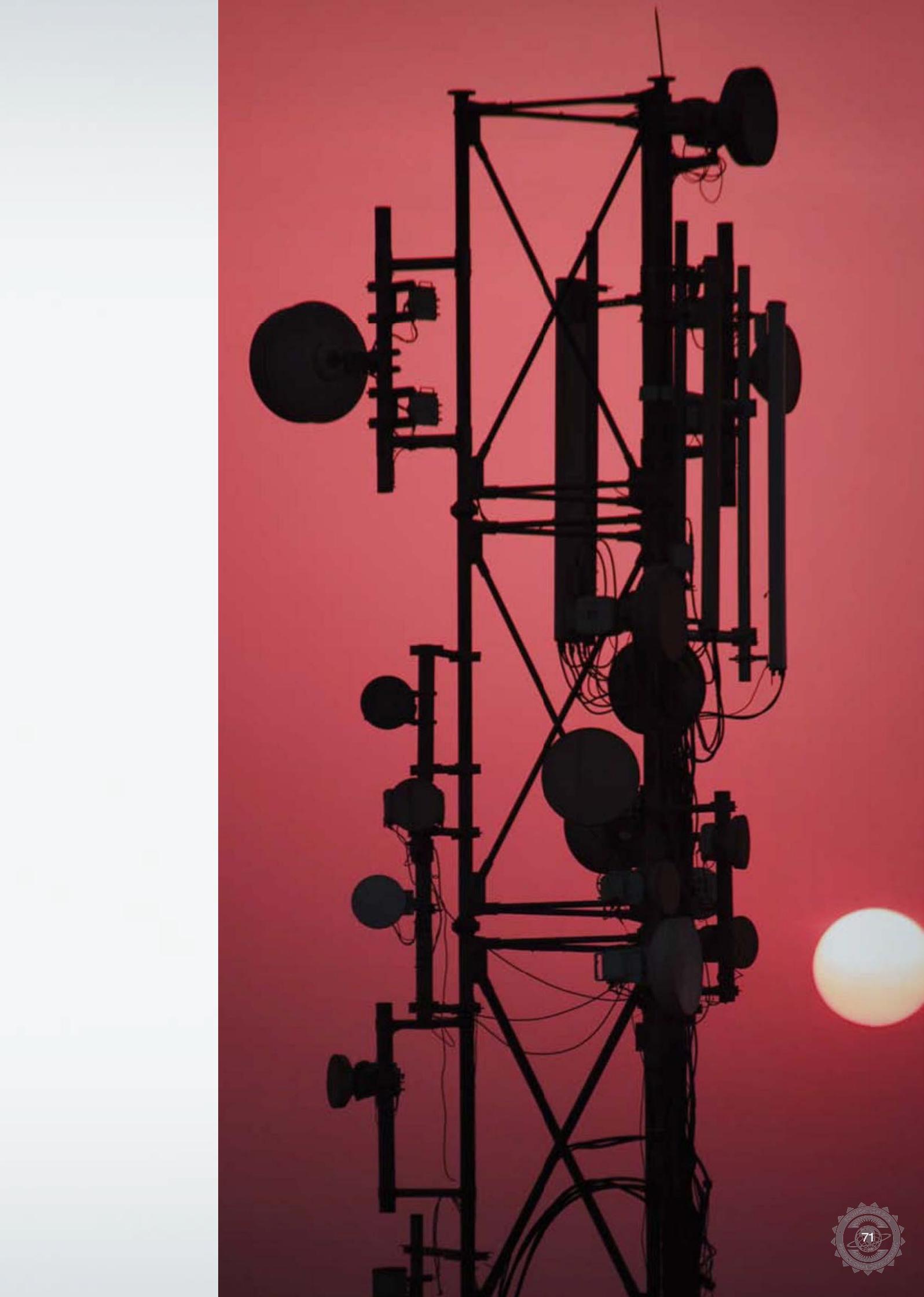
FDP's MEDIA EXPOSURE



A number of well established sources have published FPD's activities in 2011, including (amongst others):

- SABC TV
- Mail & Guardian
- Radio 702
- Radio 2000
- Medical Chronicle
- Health-E
- Beeld
- Pretoria News
- Bua News
- Health Managers Review

2012 promises to be another sourced after year for FPD as we continue to voice our opinion and build on our legacy.





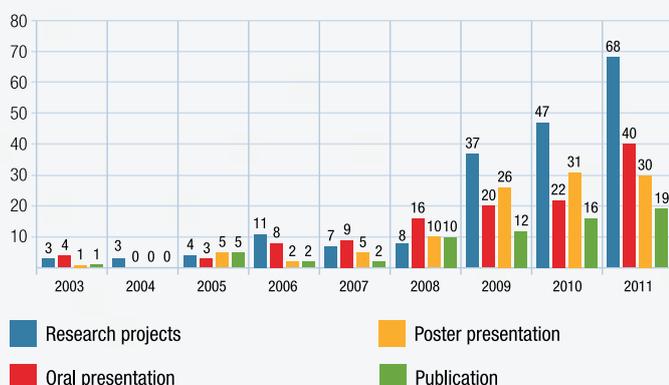
# RESEARCH

- RESEARCH FOCUS AREA 2011
- RESEARCH PROJECTS
- CONFERENCE PARTICIPATION

## RESEARCH FOCUS AREA 2011

FPD, as a registered institution of highest education is expected to contribute to the generation of new knowledge through research and academic activities.

### RESEARCH OUTPUT



### RESEARCH PROJECTS

FPD staff were involved in the following research projects during 2011:

#### ACADEMIC DEPARTMENT

*“Does Introducing a Sales Team to the Commercial Training Environment Increase ROI/Turnover?”* M Harding.

*“Improve the Accuracy of Targeted Marketing Plans by Measuring the Effectiveness of All Marketing Actions/ Mediums.”* M Harding.

*“Improvement of Completion Rates.”* Co-ordinators and faculty to work on a project to improve completion rates and sending monthly updates to Provincial managers on nurses completion (or not). A Gerber.

*“New Assessment Methods.”* To design new assessment methods for clinical courses offered to nurses. A Gerber.

*“Nurse-Initiation and Maintenance of Patients on Antiretroviral Therapy in South Africa: An exploration of key barriers and enablers.”* To determine the percentage of nurses initiating new HIV+ patients on therapy within 2 months of attending the Nurse Initiation and Maintenance of Antiretroviral Therapy(NIMART) course, and secondly, to

identify possible barriers to nurse initiation. D Cameron, A Gerber, J Mutyabule, H Swart.

*“To Monitor Standard of Faculty.”* Sending a ‘ghost’ student to workshops to evaluate quality and standard of FPD training. A Gerber.

*“To Monitor and QA Anchors More Closely in Order to Improve Standards of FPD Anchors.”* A programme with various interventions such as training and assessments aimed at improving the quality of FPD anchors. V Pillay, A Gerber.

*“To Review the Results of the Introduction on A Research on the 2009-2010 Intake.”* A study aimed at identifying transformational behavior in students after being exposed to action research through the Advanced Health Management and Certificate in Advanced Health Management Programmes. V Pillay.

#### AFRICA HEALTH PLACEMENTS

*“Community Service Doctors 2009: Survey and evaluation of the 2010 CSO’s experience and career intentions.”* Study on the experiences of doctors during their 2009 CSO year; their intentions regarding working in SA (public v private, rural v urban); their immigration intentions; and how their experiences during their CSO year may be enhanced to benefit the SA public sector in the long-run. J Wynne.

*“The AHP Doc Index.”* Produce an index benchmarking physicians salaries from around the world against each other on a purchasing power parity basis. S Kornik.

#### BASIC EDUCATION PROJECT

*“HCT in Schools.”* What are the key steps/guidelines required in order to implement an HCT campaign in secondary school and what steps are required by learners and school in navigating a school-based HCT campaign? J Brink.

*“HIV Attitudes in Schools.”* What is the knowledge, attitude and level of services accessed by Grade 8-12 learners in secondary schools in Tshwane? J Brink.

*“Mentorship Programmes.”* What are the best practices and lessons learnt with respect to mentoring and coaching school principals? J Brink.

## COMPASS PROJECT

***“Determining Need for HIV Services at Municipal Level through Epidemiological Estimates.”*** An annual survey of HIV services within the City of Tshwane to determine availability of services, as well as estimates of need based on epidemiological data to determine the gap in service provision. A Gerritsen, J Mitchell, B White.

***“Hybrid Value Chains (HVC’s) - Investigating the application in South Africa.”*** Determining the effectiveness of a Hybrid Value Chain model for product distribution. J Mitchell, S Tandon

***“Impact of Knowledge Sharing at the SA AIDS Conference on the Formation of Effective Cross-Sectoral Partnerships.”*** Understanding networking and knowledge sharing to increase access to current research findings and practical applications to programmes in the NGO environment. J Mitchell, S Tandon

## COUNSELLING AND TESTING

***“To increase the Research Output of Counseling and Testing Department.”*** To conduct operational research on implementation of mass CT (First things First) campaign. H vd Merwe.

***“Implementation of Counselor Mentorship Programme.”*** Does introducing a mentorship program increase quality service delivery by HIV counselors? H vd Merwe.

## HIV/TB MEDICINE UNIT

***“Evaluation of Diagnosing TB in HIV Infected Individuals (EDITH).”*** Evaluation of a variety of diagnostic approaches for active pulmonary TB in HIV infected individuals. HF Kinkel.

***“Evaluation of HTMU’s Mentoring Programme.”*** Evaluation of the mentoring programme based on a survey among former mentees and routine assessments of the overseas mentors. HF Kinkel, S Memon.

***“A Qualitative Evaluation of the NIM-ART Nurse Mentor Model.”*** A qualitative evaluation of the NIM-ART programme

in Limpopo Province, consisting of focus group interviews with both nurse mentors and HIV positive patients. A Pienaar, S Johnson, HF Kinkel.

***“Buserelin Study ISR-001.”*** Clinical phase II trial on safety and efficacy of a gonadotropin releasing hormone analog for treatment of HIV infected individuals. HF Kinkel.

***“COPC M&E Plan.”*** Development of an M&E plan for impact and outcome evaluation of the community oriented primary care (COPC), which is currently rolled out in Tshwane/Metsweding region on community health. HF Kinkel.

***“PAP Smear Audit.”*** File assessment in ARV clinics about the frequency of PAP smear screening for cervix cancer. HF Kinkel.

***“BMI in HIV.”*** Assessing the prevalence and incidence of obesity in individuals prior to and on ART. HF Kinkel.

***“Hepatitis Diseases in HIV Patients.”*** Assessment of the prevalence of hepatic abnormalities in HIV positive individuals prior to treatment and how hepatic abnormalities are worked up. HF Kinkel.

***“APTIMA Evaluation.”*** Evaluation of the Aptima HPV E6/E7 mRNA test for cervix cancer screening in a community setting. HF Kinkel.

***“Kekana Gardens Evaluation.”*** Evaluation of COPC as a measure to detect HIV and TB in the community – the example of Kekana Gardens. HF Kinkel.

## HUMAN RESOURCES ADMINISTRATION

***“Measure whether the Indabas are wWorking.”*** The FPD Indabas are annual training sessions with FPD staff that aim to provide an opportunity to interact with senior management, be briefed on the organization, its purpose, direction and achievements. The Indaba also provides an innovative opportunity for training staff on cutting edge themes. Staff attending the Indabas are requested to complete evaluation form to enable management to measure whether the Indaba was successful and to plan future Indabas. A Bosman.

***“What Can (Reasonably) Be Done to Improve Staff Satisfaction.”*** A Bosman.

***“Reducing the TB Infection Risks for HIV-Positive Staff Working in ART Clinics.”*** It is a Foundation for Professional Development (FPD) practice to employ HIV-positive people in antiretroviral treatment (ART) clinics in a bid to: provide them with job opportunities; commit itself to reducing stigma in a visible way; and empower the communities these employees come from. However, HIV-positive employees are more at risk of contracting TB compared to other employees. The question arises then: are we placing our employees in harm's way? A Bosman.

***“Ensuring Staff Attendance through Fingerprint Scanners and Electronic Timesheets.”*** Improving on the current access methods to FPD by implementing biometric systems. A Bosman.

#### IT DEPARTMENT

***“To Increase the Research Output of the IT Department.”*** Measure the IT helpdesk services. K Naidoo.

***“Enhancing the IT Communications for Staff Who Travel.”*** Improving communication methods for access to systems and increasing staff literacy for IT systems. K Naidoo.

***“Improving Staff Attendance through Biometric Systems.”*** Improving on the current access methods to FPD by implementing biometric systems. K Naidoo, D Blom, A Bosman.

#### MATERNAL CHILD AND WOMAN'S HEALTH

***“An Audit of RTHC in the Mankweng Area of the PLK Sub District.”*** Road to Health Cards of infants in the Mankweng area of the Polokwane subdistrict were audited to determine the PMTCT information recorded on the card, necessary for the continuum of care of the infant. R Khan, A Robertson, F Tsolo, J Railton, S Gani.

***“Audit of Patient Files at MCHU Supported ANC High Risk Clinics in the Capricorn District.”*** A patient file audit will be carried out at Mankweng and Seshego hospitals

to determine the appropriateness of PMTCT care given to patients since the ANC service was integrated with the HIV service. The numbers of patients accessing care has increased, and the audit will also be used to determine the extent to which patient information is being recorded.

R Khan, A Robertson, F Tsolo, J Railton, S Gani.

***“Audit of Antenatal Cards in PHC Clinics in the Kganya and Nobody Local Areas.”*** This audit was done to identify problem areas in the recording of PMTCT related information on the Road to Health Cards of pregnant women in this area. The continuity of care of these patients is dependent on adequate information being recorded on the patient held record. R Khan, A Robertson, F Tsolo, J Railton, S Gani.

***“Impact of Site Level HCT training on Facility Counselling and Testing Rates.”*** This is a descriptive study to measure the improvement in the HCT outcomes at hospitals where training was done on site by the MCHU team through the FPD training department. Training was coupled with a health systems session as well as a practical session on performing HIV testing. R Khan; A Robertson, F Tsolo, J Railton, S Gani.

#### PEPFAR FELLOWSHIP PROGRAMME

***“Investigation of the PEPFAR Fellowship Program Scarce Skills Capacity Building and Retention Trend within the South African HIV and AIDS Service Sector During the Period Oct 2006 - Sept 2010.”*** PEPFAR Fellowship Programme SA: A unique scarce skills capacity building and retention strategy for HIV/AIDS service organisations within SA. (Programme Review Activity). A Radloff, T Herbert.

***“Investigation of the PEPFAR Fellowship Programme Placement Retention Rates within the South African Public Sector in Comparison with Other PEPFAR Partner Placement Retention Rates: causal factor analysis.”*** Study on root cause identification related to differences in post-placement retention rates between the SA Public Sector and other HIV/AIDS service organisations participating in the PEPFAR Fellowship Programme (Quality Improvement Activity). A Radloff, T Herbert.

## STRATEGIC INFORMATION

**“Block Bookings.”** Are block bookings an effective intervention to reduce patient waiting time? S Johnson.

**“ART Adherence and Self-Efficacy.”** Will the introduction of an ART adherence questionnaire measuring self-reported adherence have an impact on adherence and evaluation of an ART adherence questionnaire as a tool to estimate and improve adherence. S Johnson.

**“HAART Calculator to Project Needs for C7T.”** District HAART calculator to project need for ART, CD4 counts and HIV counseling and testing. S Johnson.

**“Rapid Assessment Response study: Drugs use and HIV/AIDS health risk (Pretoria).”** Best practice for HIV/substance use/mental health integration. M dos Santos, F Trautmann, JP Kools.

**“Rapid Assessment Response study: Drug use and HIV/AIDS risk in prison population: South Africa.”** Prison population - HIV/substance use/mental health best practice integration study. M dos Santos, F Trautmann.

**“Seek, Test, Treat, Retain: Womens Coop.”** Best practice for interventions with vulnerable women (HIV and substance use). W Wechsberg, M dos Santos, HF Kinkel.

**“PLHIV Stigma Study.”** Index used to measure levels of stigma experienced by PLHIV in four provinces in South Africa at FPD supported sites. M dos Santos, S Mellors, GG Wolvaardt.

## THAT'S IT

**“An Evaluation of TB Programme Indicators.”** An evaluation of the impact of recording and reporting interventions of clinic held TB registers on TB programme indicators in the sub-district of Taung, North West. B Kegakilwe, M Uys.

**“TB Diagnosis Strategies.”** A comparison between the efficacy of diagnosing TB in new and retreatment patients in rural setting in NW during July 2010 - June 2011. Clinical diagnostic expertise of a medical officer was compared with diagnosing TB adherent strictly to sputum, microscopy and culture results. R Barnard, M Uys.

## **“Impact of Health Informatics on TB/HIV Integration.”**

Impact study on the effects of a simple Excel spreadsheet on TB and HIV integration in a rural setting in NW. Comparison of TB/HIV integration information in the That's It (TDS) spreadsheet in two identified That's It sites were compared with information in relevant TB registers. A Masiela, L Vingare, M Uys.

## **“Adherence to Concurrent Tuberculosis and HIV Antiretroviral Treatment Regimens in South Africa.”**

Study measuring the level of adherence to concurrent TB and Antiretroviral Treatments and an examination of risk factors for non-adherence and default. E Webb, L Kim, M Uys, M Van der Walt, MRC/CDC Collaborative Study.

**“Impact of Support Services on TB indicators.”** The impact of the introduction of support services on TB indicators as provided by community tracers and counselors in a rural setting in Western Cape - Zoar and Amalienstein - during 2009 and 2010. B Volschenk, M Uys, DoH.

## **“TB Awareness Campaign and Infection Control.”**

Evaluation of Taxi campaign - How a taxi campaign can lead to increased awareness of TB amongst taxi-users and taxi-drivers and improve infection control practices in rural KZN. B Mkhize, L Visagie, M Uys.

## **“Impact Study on the Utilization of TB Clinical Data.”**

Evaluation study on the impact of data utilization by clinic managers on TB programme management indicators. B Mkhize, L Visagie, M Uys.

## **“Nutritional Value of Hospital Meals in Cacadu District, Eastern Cape.”**

An analysis of the nutritional value of the (1) menus in hospitals in EC to determine compliance with RDA and (2) if actual food provision is in accordance with menus during July 2010 December 2010. A Milner, R Knoesen, M Uys.

**“Clinic and Workflow Analysis.”** Second phase of the workflow assessment of clinics in the Makana sub-district in the Eastern Cape in preparation for the implementation of the SmartCare electronic patient management system. E Webb, M Uys, DoH.

**“Comparison of Nutritional Supplements.”** Impact study on weight gain in the HIV+ and/or TB patients with very low BMI's (<17) given individual high protein nutrition sachet as compared to bulk high protein supplements.  
EJ Wilkenson, M Uys.

**“Determinants of Lost to Follow-up Rates.”** Study to determine factors contributing to high lost to follow up rates in Eden District of the Western Cape. M Uys, C Ainslie.

**“HBDI Analysis.”** How the analysis of a HBDI profile of all the That's It managers and subsequent implementation plan to strengthen or overcome weaknesses in the profile have contributed to better functioning individually as well as team work within the That's It management team. M Uys.

#### TREATMENT, CARE & SUPPORT DEPARTMENT

**“Patient Satisfaction Survey.”** To determine how patient satisfaction surveys can be used as a tool to improve quality care and service in FPD supported DOH facilities. D Blom.

**“To Establish the Impact of the Hide and Seek Campaign on the Number of Children Tested for HIV and Initiated on ARV's.”** Efficacy of Hide and Seek project with regard to number of children accessing ART services after launch. W Helfrich.

**“Cervical Cancer Study.”** Attitudes towards cervical cancer screening among HIV support group clients. A McIntyre.

**“Pediatric HIV.”** Health facility assessment for treatment of pediatric HIV. A McIntyre.

**“Adolescent HIV.”** KAP of adolescents living with HIV. A McIntyre.

**“Health Policy.”** HIV activism and the Durban AIDS conference. A McIntyre.

**“HIV Care and Support.”** What makes a successful HIV support group? A McIntyre.

**“Community Health Workers (CHWs), understanding their current role and training.”** Determining the current role and training needs of Community Health Workers (CHWs), as well as the NGO sector capacity to house CHW programmes.  
A McIntyre, J Mitchell.

## PUBLICATIONS

### PUBLISHED ARTICLES

#### ACADEMIC DEPARTMENT

DA Cameron, GG Wolfaardt, MR van Rooyen, JJ Blitz, JH Hugo, AM Bergh

**“Medical Student Participation in Community-Based Experiential Learning: Reflections from first exposure to making a diagnosis.”**

South African Family Practice, 2011; 53(4): 373-379.

Cameron DA

**“The Strange Case of Dr Jekyll and Mr Hyde: can we effectively manage sudden behaviour changes in the dying patient?”**

Continuing Medical Education, 2011; 29(7):278-281.

DA Cameron

**“ ‘Doctor, My Pain Is Getting Worse. Please help me.’ Some thoughts on opioid-induced neurotoxicity.”**

Continuing Medical Education, 2011; 29(7):292-293

DA Cameron, A Gerber, H Swart, J Mutyabule & M Mbatha

**“Nurse-Initiation and Maintenance of Patients on Antiretroviral Therapy in South Africa: an exploration of key barriers and enablers.”**

(in review)

#### AFRICA HEALTH PLACEMENTS

S Kornik, W Mapham.

**“Social Entrepreneurship in Health.”**

CME Vol. 29. No. 2 February 2011.

S Kornik, J Strydom, K Thiers

**“Where have all the Nurses Gone?”**

HIV Nursing Matters. June 2011.

S Kornik

***“Country Not Faring Well in Home-Grown Doctor Stakes.”***

Health Management Review Africa. Jan/February 2011.

N Dholakia, G Lydall, P Kiernan

***“Out of Programme in South Africa.”***

InnovAIT, Vol. 4, No. 10, pp. 597–599, 2011.

#### COMPASS PROJECT

AM Gerritsen, JS Mitchell, B White

***“Provision and Need of HIV/AIDS Services within the City of Tshwane Metropolitan Municipality 2010.”***

South African Medical Journal.

#### HIV/TB MEDICINE UNIT

BS Chisholm, K Cohen, M Blockman, HF Kinkel, TJ Kreda, AM Swart

***“The Impact of the National HIV Health Care Worker Hotline on Patient Care in South Africa.”***

AIDS Research and Therapy 2011, 8:4.

#### MD'S OFFICE

GG Wolvaardt, S Kornick

***“The Annual Community Doctors Survey and What It Tells Us About Management at Public Sector Hospitals.”***

Health Management Review, February 2011.

GG Wolvaardt, A Stoltz

***“Fixing the Ailing Health System Requires Us to Go Back To The Basics.”***

Leaders, 18 July 2011.

GG Wolvaardt

***“NHI-What the Doctor Ordered.”***

Health Management Review Africa. August 2011.

A Randolf, GG Wolvaardt

***“Harvest the Students Before They Hatch - A Unique Scarce Skills Capacity Building and Retention Strategy for HIV/AIDS Service Organizations within South Africa.”***

Health Management Review. October 2011.

#### STRATEGIC INFORMATION

MML dos Santos, F Trautmann, JP Kools

***“Rapid Assessment Response Study: Drug Use and Health Risk – Pretoria, South Africa.”***

Harm Reduction Journal, 8:14.

MML dos Santos, S Mellors, G Wolvaardt

***“The People Living with HIV Stigma Index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in South Africa.”***

SAHARA Journal (under review).

Mokoka, MT, Rataemane, ST & Dos Santos, MML (2011)

***“Disability Claims on Psychiatric Grounds within the South African Context: A review.”***

South African Journal of Psychiatry.

(accepted pending minor edits).

#### TECHNICAL ASSISTANCE

R Nathan

***“Challenging Path Travelled by District Managers.”***

Health Management Review Africa, May/June 2011.

#### THATS IT

S Mahomed, M Holst, M Uys, M van der Walt, S E Knight

***“Success of an Integrated Tuberculosis and HIV/AIDS project in 2009 in Uthukela District, KwaZulu-Natal.”***

South African Medical Journal. July 2011, Vol. 101, No.7.

#### CHAPTER PUBLICATIONS

##### STRATEGIC INFORMATION

MML dos Santos, RT Rataemane, E Mpofu, A Pluddemann

***“Substance Use Disorder Counseling.”***

Chapter in Counseling People of African Ancestry.

New York: Cambridge University Press.

ST Rataemane, MML dos Santos, L Rataemane

***“Mental health – Substance Abuse in South Africa & Southern Tier of Africa.”***

Chapter in 21<sup>st</sup> Global Mental Health. (in press)

## RESEARCH REPORTS

### COMPASS PROJECT

A Gerritsen, J Mitchell, B White

*"The State of HIV/AIDS in the City of Tshwane Metropolitan Municipality, Gauteng Proving, South Africa 2011."*

S Tandon, J Mitchell, S Ngcwabe

*"Community Implementers Guide to HIV and TB Research: Key Outcomes from the 5<sup>th</sup> SA AIDS Conference 2011."*

### HIV/TB MEDICINE UNIT

HF Kinkel, A Adelekan, G Wolvaardt

*"Evaluating Service Quality in Public ART Clinics in South Africa."*

## STRATEGIC INFORMATION

D Bayever, M dos Santos, D Makapela

*"Key Population Policy Brief (IDU) - HIV National Strategic Plan." (policy brief). "Key Populations, Key Responses: A gap analysis for key populations and HIV in South Africa and recommendations for National Strategic Plan for HIV/AIDS, STIs and TB (2012-2016)."*

M dos Santos, F Trautmann, BR Palakatsela, FC Mahaye, MN Khoza

*"Rapid Assessment Response Study Report: Emthonjeni Juvenile Prison: Baviaanspoort."*

## CONFERENCE PARTICIPATION

### ORAL PRESENTATIONS

#### ACADEMIC DEPARTMENT

D Cameron.

*"Nurse-Initiation and Maintenance of Patients on Antiretroviral Therapy in South Africa: An exploration of Key Barriers and Enablers of clinical competence."*

4th SAAHE Conference, 30 Jun - 2 Jul 2011,

North Western University. Potchefstroom: South Africa

## AFRICA HEALTH PLACEMENTS

S Kornick, GG Wolvaardt, K Thiers

*"Are We Successful When All The Students Leave?"*

4th SAAHE Conference, 30 Jun - 2 Jul 2011, North Western University. Potchefstroom: South Africa

X Lukhalo

*"Foreign Qualified Health Professionals: An essential and globally mobile resource."*

Workshop given at RuDASA 2012. 8-10 Sep 2011.

Rhodes: South Africa.

S Sykes

*"Recruitment and Retention in Rural Health."*

Oral presentation given at RuDASA 2012.

8-10 Sep 2011. Rhodes: South Africa.

## BASIC EDUCATION PROJECT

J Brink

*"Secondary School Learner Attitudes to HIV and HCT."*

5th SA AIDS Conference, ICC Durban, 7-10 Jun.

Durban: South Africa.

## COMPASS PROJECT

J Mitchell, M van Welie

*"Moving from Dependence to Interdependence: a case study which challenges traditional donor-recipient relationships within HIV funding in South."*

5th SA AIDS Conference, ICC Durban, 7-10 Jun.

Durban: South Africa

A Gerritsen, J Mitchell, B White

*"Provision and Need of HIV/AIDS Services within the City of Tshwane Metropolitan Municipality 2011."*

SAHARA Conference, 28 Nov - 2 Dec, Nelson Mandela

Metropolitan University. Port Elizabeth: South Africa.

J Mitchell, S Tandon, S Ngcwabe

*"The NGO Scorecard: Building Capacity and Accountability within NGO HIV Service Delivery."*

SAHARA Conference, 28 Nov-2 Dec, Nelson Mandela

Metropolitan University. Port Elizabeth: South Africa.

J Mitchell

*“Creating Evidence through Mapping: A demonstration of strategic mapping and discussion of its value to PHC.”*

Community Healthcare Worker (CHW)

Conference, 21-22 Sep 2011.

Birchwood Conference Centre. Johannesburg: South Africa.

#### COUNSELLING AND TESTING

H van der Merwe

*“Ethical Consideration when Incentivizing HIV Counselling and Testing Participation.”*

SAHARA Conference, 28 Nov-2 Dec,

Nelson Mandela Metropolitan University.

Port Elizabeth: South Africa.

#### HTMU

HF Kinkel, A Schoonderwoerd

*“Assessing Quality of Public HIV Counseling and Testing (HCT) Sites in South Africa through Expert Patient Based Evaluation: implications for mass testing campaigns.”*

5th SA AIDS Conference, ICC Durban, 7-10 Jun.

Durban: South Africa.

#### MCHU

RBI Khan

*“Determining the Impact of Improved Access to HIV care for Pregnant Women.”*

South African Association of Hospital and Institution

Pharmacists SAAHIP Conference.

3-6 Mar, Drakensburg: South Africa.

R Khan

*“Impact of Improved Access on HIV Care for Pregnant Women.”*

SAAHIP 25th Annual Conference, 3-6 Mar, 2011,

Champagne Sports Resort. Drakensberg: South Africa.

R Khan

*“Assessing the value of an NGO forum.”*

5th SA AIDS Conference, ICC Durban, 7-10 Jun 2011.

Durban: South Africa.

#### MD'S OFFICE

GG Wolvaardt, L Wolvaardt, PH du Toit

*“Action Research-Driven Professional Development: Challenging Health Managers to Transform their Practices and Creating Learning Organisations.”*

Knowledge Production and Higher Education in the 21<sup>st</sup>

Century – Knowledge 2011 Conference, 28-31 Mar 2011.

Cape Town: South Africa.

GG Wolvaardt

*“Closing talk: Why this Conference Matters.”*

1st International HIV Social Sciences and Humanities

Conference, 11-13 Jun 2011. Durban: South Africa.

GG Wolvaardt, S Kornick

*“Are we Successful When all the Students Leave?”*

HELTASA Conference, 30 Nov - 2 Dec 2011.

Port Elizabeth: South Africa.

#### PEPFAR FELLOWSHIP PROGRAMME

G Louwagie, B Girdler-Brown, R Odendaal, T Rossouw,  
S Johnson, L Dzikiti, A Stoltz, M Van der Walt

*“Missed Opportunities for Accessing HIV Care Among Tshwane TB patients Under Different Models of Care.”*

42nd Union World Conference on Lung Health,

26-30 Oct 2011. Lille: France.

JL Kigozi (PEPFAR Fellow placed with JHPIEGO)

*“HIV Counseling and Testing (HCT) Uptake in the*

*Workplace: Results from routine Siyazi HCT project results over 12 months in Gauteng Province.”*

5th SA AIDS Conference, ICC Durban, 7-10 Jun 2011.

Durban: South Africa.

#### STRATEGIC INFORMATION

M dos Santos

*“Rapid Assessment Response Study: heroin use and HIV/AIDS health risk – South Africa.”*

World Mental Health Congress 2011, CTICC,

17-21 Oct 2011. Cape Town: South Africa.

M dos Santos, S Mellors, G Wolvaardt, A du Toit

*“The People Living with HIV Stigma Index: a survey to measure stigma and discrimination in the health, education*

*and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa."*

World Mental Health Congress 2011, CTICC,  
17- 21 Oct 2011. Cape Town: South Africa.

MML dos Santos

*"Healing the Dragon – An approach to heroin use disorder intervention. International Conference on Psychology."*

Athens Institute for Education and Research.

30 May - 2 June. Athens: Greece.

M dos Santos, F Trautmann, JP Kools

*"Rapid Assessment Response Study: Heroin Use and Health Risk."*

1st International HIV Social Sciences and Humanities Conference, 11-13 Jun, ICC Durban, Durban: South Africa.

MML dos Santos, SE Mellors, GG Wolvaardt, A du Toit

*"The People Living with HIV Stigma Index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa."*

British Psychological Association, Division of Health Psychology Annual Conference, University of Southampton, 14-16th Sept 2011, Southampton: United Kingdom.

M dos Santos, & D Bayever

*"IDU HIV NSP - Key Populations, Key Responses: National Consultation."*

5th SA AIDS Conference, ICC Durban, 7-10 Jun.  
Durban: South Africa.

M dos Santos

*"Healing the Dragon: An approach to heroin use disorder recovery and managements."*

Southern African Psychology Students' Conference.

23-24 Jun 2011. University of South Africa.  
Sunnyside Campus. Pretoria: South Africa.

M dos Santos, F Trautmann, F & JP Kools

*"Healing the Dragon: Heroin use disorder recovery and intervention: An approach to management."*

II International Congress on Dual Disorders, 5-8 Oct.  
Barcelona: Spain.

M dos Santos, F Trautmann, JP Kools

*"Rapid Assessment Response Study: Drug Use and HIV/*

*Health Risk – Pretoria, South Africa. "*

SAHARA Conference, 28 Nov-2 Dec, Nelson Mandela Metropolitan University. Port Elizabeth: South Africa.

M dos Santos, S Mellors, G Wolvaardt, A du Toit

*"The People Living with HIV Stigma Index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa."*

SAHARA Conference, 28 Nov-2 Dec, Nelson Mandela Metropolitan University. Port Elizabeth: South Africa.

M dos Santos, F Trautmann, JP Kools

*"Rapid Assessment Response Study: Drug Use and HIV/ Health Risk – Pretoria, South Africa."*

EPS Montreal International Forum Emerging Trends in Higher Education. Oct 6-7 2011. Montreal, Quebec: Canada.

M dos Santos

*"Heroin Use Disorder Recovery and Intervention within the African Context."*

Transcultural Psychiatry Conference 13-17 Nov,  
Table Bay Hotel. Cape Town: South Africa.

G Louwagie, B Girdler-Brown, R Odendaal, T Rossouw, S Johnson, L Dziki, A Stoltz , M Van der Walt

*"Missed Opportunities for Accessing HIV Care Among Tshwane TB Patients Under Different Models of Care."*

42nd Union World Conference on Lung Health.  
26-30 Oct 2011. Lille, France.

T Adeyinka, JC Meyer, S Johnson

*"Identifying Over-Compliant Patients and Pill Dumpers with the 'Mixed' Pill Count Method for Antiretroviral Treatment (ART)."*

SAHARA Conference, 28 Nov - 2 Dec, Nelson Mandela Metropolitan University. Port Elizabeth: South Africa.

G Baloyi, JC Meyer, S Johnson

*"Loss to Initiation on Antiretroviral Treatment (ART) after Voluntary Counselling and Testing (VCT) at Two Testing Centres in South Africa."*

SAHARA Conference, 28 Nov - 2 Dec, Nelson Mandela Metropolitan University. Port Elizabeth: South Africa.

## THAT'SIT

E Webb

*"Best Practices: Lessons Learned from the Implementation of an Electronic Medical Record in a Rural Sub-District in South Africa."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun 2011. Durban: South Africa

L Vinagre

*"Data Capturing and Patient Management Tools: Integration Made Simple."*

HISA 2011 Conference, 29-30 Aug, 2011,  
Birchwood Hotel. Johannesburg: South Africa.

B Wilkinson

*"Sustainable Food Gardens to Address Food Insecurity and Transfer Skills in the Southern Cape"*

SAHARA Conference, 28 Nov - 2 Dec, Nelson Mandela  
Metropolitan University. Port Elizabeth: South Africa.

M Uys

*"Integrating HIV and TB"*

Second International TB Course for Clinicians and Nurses.  
14-17 Apr 2011. Kimberley: South Africa.

M Uys

*"Practical Ways of Achieving Excellent TB Results"*

Second International TB Course for Clinicians and Nurses.  
14-17 Apr 2011. Kimberley: South Africa.

## POSTER PRESENTATIONS

### ACADEMIC DEPARTMENT

V Pillay, A Gerber

*"To Monitor and Quality Assure Tuition Centre Administrators Closely in Order to Improve Stands of FPD Anchors."*

Association for Medical Education in Europe (AMEE)  
Conference, 27-29 Aug 2011. Vienna: Austria.

A Gerber, I v d Merwe

*"To See the Impact Of Using Ghost Students to Evaluate Faculty on FPD Courses."*

Association for Medical Education in Europe (AMEE)  
Conference, 27-29 Aug 2011. Vienna: Austria.

### EDUCATION DEPARTMENT

J Brink

*"My School Health and HIV Testing Journey."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

### COMPASS PROJECT

J Mitchell

*"The Impact of the SA AIDS Conference: A monitoring mechanisms for knowledge sharing and networking across sectors."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

B White, J Mitchell

*"Mainstreaming the Role of "Traditional Healers" in HIV/AIDS Referral Procedures to HIV/AIDS Clinics."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

### COUNSELLING AND TESTING

H v d Merwe

*"Public Private Partnership for Provision of HIV Counselling and Testing of First Year Students at Higher Educational Institutions in South Africa."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

### HIV/TB MEDICINE UNIT

HF Kinkel

*"Clinical Mentoring in ART Clinics in South Africa by International Experts. Does it make a difference? A survey among former mentees."*

6th IAS Conference on HIV Pathogenesis, Treatment and  
Prevention (IAS 2011), 17-20 Jul, 2011. Rome: Italy.

### HUMAN RESOURCES

A Bosman

*"Addressing Staff Retention Amongst Doctors and Pharmacists Seconded to ARV Clinics."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

## MATERNAL, CHILD AND WOMAN'S HEALTH

RBI Khan

*"Assessing the Value of a District NGO Forum."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

RBI Khan

*"An Audit of PMTCT Information on the Road to Health Cards of Infants in the Kganya and Nobody Local Areas of Limpopo Province."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

RB Khan, BA Robertson, J Railton, S Gani, F Tsolo

*"An Audit of PMTCT Information on the Road to Health Cards of Infants Attending PHC Clinics in the Kganya and Nobody Local Areas in Limpopo Province SAAIDS Conference."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

## MD'S OFFICE

GG Wolvaardt

*"Community Service Doctors - a questionable resource in the response to the AIDS epidemic."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

## PEPFAR FELLOWSHIP

A Radloff

*"Harvest the Students Before They Hatch: A unique scarce skills capacity building and retention strategy for HIV/AIDS service organizations within South Africa."*

5th SA AIDS Conference, ICC Durban, 7-10 Jun, 2011.  
Durban: South Africa.

A Radloff

*"Harvest the Students Before They Hatch: A unique scarce skills capacity building and retention strategy for HIV/AIDS service organizations within South Africa."*

6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, 17-20 Jul, 2011. Rome: Italy.

T Mtileni (PEPFAR Fellow SANAC).

*"The Effect of HCT Campaign on Young People."*

5th SA AIDS Conference, ICC Durban, 7-10 Jun, 2011.  
Durban: South Africa.

S Chili (PEPFAR Fellow CINDI).

*"CINDI's May'khethele Orphans and Vulnerable Children's programme: A school-based HIV/AIDS intervention model."*

5th SA AIDS Conference, ICC Durban, 7-10 Jun, 2011.  
Durban: South Africa.

B Fede (PEPFAR Fellow EngenderHealth).

*"Involving Men to Speak Up and Act Against HIV and Gender-Based Violence."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

L Kigozi (PEPFAR Fellow JHPIEGO)

*"HIV Counselling and Testing (HCT) Uptake in the Workplace: Results from routine Siyazi HCT project results over 12 months in Gauteng province."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

H Mbonambi (PEPFAR Fellow CINDI)

*"Cindi Cluster Model of Capacitating NGOs and CBOs to Address the Needs of Orphans and Vulnerable Children (OVC)."*

5th SA AIDS Conference, ICC Durban,  
7-10 Jun, 2011. Durban: South Africa.

B Pududu (PEPFAR Fellow Khet'Impilo)

*"Low Mother-to-Child Transmission of HIV at a Routine Antenatal Facility in a High HIV-Prevalence, Low Income Setting in South Africa"*

6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, 17-20 Jul, 2011. Rome: Italy.

S Murphy (PEPFAR Fellow HDA)

*"Impact and effects on care giving in South Africa: Measuring the psychosocial wellbeing of community caregivers"*

5th SA Aids Conference, ICC Durban, 7-10 June 2011.  
Durban: South Africa.

C Matima (PEPFAR Fellow ITech)

*“ Cultural Competency, a Window of Opportunity to Address Some of the Cultural Issues Impacting on HIV/ Aids Treatment Adherence.”*

SAHARA Conference, NMMU, 28 Nov - 2 Dec, 2011.

Port Elizabeth: South Africa.

### STRATEGIC INFORMATION

MML dos Santos, SE Mellors, GG Wolvaardt, A du Toit *“The People Living With HIV Stigma Index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa.”*

3<sup>rd</sup> Annual UWC HIV in Context Symposium.

School of Public Health: University of the Western Cape, 28-29 March 2011. Cape Town: South Africa.

MML dos Santos, F Trautmann, JP Kools

*“Healing the Dragon: heroin use disorder: An approach to management within the South African context.”*

IHRA Conference, Beirut, Lebanon, 3-7 April, 2011.

Beirut: Lebanon.

MML dos Santos, F Trautmann, JP Kools

*“Rapid Assessment Response Study: Heroin Use and HIV/ AIDS Health Risk – South Africa.”*

6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, 17-20 Jul, 2011. Rome: Italy

MML dos Santos, SE Mellors, GG Wolvaardt, A du Toit

*“The People Living with HIV Stigma Index: A survey to measure stigma and discrimination in the health, education, and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa.”*

6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, 17-20 Jul, 2011. Rome: Italy

MML dos Santos, SE Mellors, GG Wolvaardt, A du Toit

*“The People Living with HIV Stigma Index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/ AIDS in 4 provinces in South Africa.”*

1st International HIV Social Sciences and Humanities Conference, 11-13 Jun, 2011, ICC Durban.

Durban: South Africa.

### THAT'S IT

E Webb, N Mtoba, V Mosterd, A Meyer, M Uys

*“ Lessons Learned from the Implementation of a Patient Management System in a Rural Sub-District in South Africa.”*

6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011), 17-20 Jul, 2011. Rome: Italy.

### TREATMENT, CARE AND SUPPORT

SE Mellors

*“More than Vectors of Disease - the PLHIV stigma index.”*

5th SA AIDS Conference, ICC Durban, 7-10 Jun, 2011.

Durban: South Africa.

S Mellors, M dos Santos, A McIntyre,

*“More than Vectors of Disease – the PLHIV stigma index.”*

5th SA AIDS Conference, ICC Durban, 7-10 Jun 2011.

Durban: South Africa.



## ABOUT FPD

- OVERVIEW OF ACTIVITIES IN CONTEXT OF NATIONAL PRIORITIES
  - OTHER ACTIVITIES
- STRATEGIC PARTNERSHIPS
  - SPONSORS & DONORS
  - THE PEOPLE OF FPD

Although FPD is protective of its academic autonomy and will never compromise its principles or political expediency it does however actively support governmental priorities where such priorities align with the FPD vision, mission and values.

# OVERVIEW OF ACTIVITIES IN THE CONTEXT OF NATIONAL PRIORITIES

## THE SOUTH AFRICAN MINISTER OF HEALTH'S 10 POINT PLAN

FPD has activities aligned to support the following components of the plan:

### 2) IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE (NHI)

Provided input on practicalities of developing managerial competencies of hospital management in the public sector and utilising foreign qualified doctors to fill vacancies in the public sector.

### 3) IMPROVING THE QUALITY OF HEALTH SERVICES

FPD's quality improvement projects are linked to the National Core Standards. To improve the quality of services rendered, rigorous mentoring and evaluation occurs as well as programme evaluation components are included in all FPD's projects.

### 4) OVERHAULING THE HEALTHCARE SYSTEM AND IMPROVE ITS MANAGEMENT

FPD currently runs the largest management development programme for public and NGO sector managers; annually providing scholarships to approximately 600 managers. Two 12 – month modular courses for senior/middle management and junior management are offered in each province. To date FPD has provided scholarships to 3 177 participants on these courses.

### 6) REVITALISATION OF INFRASTRUCTURE

In the context of FPD's PEPFAR funded support to ART and TB services, renovations and revitalisations, R1 601 734 was spent during the first half of 2011 through the Technical Assistance as well as that'sit, bringing the total amount spent since 2004 to R82 912 990.

### 7) ACCELERATE IMPLEMENTATION OF THE HIV & AIDS AND SEXUALLY TRANSMITTED INFECTIONS NATIONAL STRATEGIC PLAN 2007 – 11 AND INCREASE FOCUS ON TB AND OTHER COMMUNICABLE DISEASES

A considerable part of FPD's activities supports this plan as discussed earlier in this report and entails activities such as:

- Training of staff on relevant clinical subjects such as ART provision, HCT, PMTCT, and TB,
- Support of AIDS or TB treatment sites with technical assistance, IT infrastructure support and the provision of an electronic medical record,
- FPD has tested over 670 000 patients as recorded at the end of the PEPFAR year (30 September 2011),
- Recruitment of more than 2 194 healthcare professional into public sector or NGOs most who work in support of this strategy.

### 8) MASS MOBILISATIONS FOR BETTER HEALTH FOR THE POPULATION

FPD Compass Project has two activities that support this priority namely organisational development and capacity building of community implementors through knowledge sharing, partnerships and skills development. The Technical Assistance Cluster, a health promotion programme, "You have the right to be healthy – your health is your responsibility" for people living with HIV will be implemented in 5 provinces that supported this point.

The countrywide HIV Counselling and Testing (HCT) Campaign was concluded in June 2011 by the South African national AIDS Council (SANAC) and the National Department of Health to test 15 million sexually active individuals in South Africa by 2011.

In partnership with government, the Compass Project and MapIT developed an interactive web based mapping tool. This tool is a referral mechanism and uses an address to locate the nearest HIV testing facilities across South Africa. The tool has become the latest tool in the South African National Department of Health national HIV testing campaign to encourage South African to know your status'.

This tool is embedded in various websites related to HIV and HIV testing in both the civil sector and government domains. The tool is user friendly and widely available to all South Africans.

HCT ONLINE MAPPING TOOL WEBSITE ADDRESS:  
<http://compass.mapservice.co.za>

As part of this programme FPD is managing HCT services at 18 higher education institutions (HEI'S) across South Africa. Apart from contributing to the national HCT campaign goals, the project aims to promote regular testing as a normal part of student life. The targeted outcome is to create a culture in which students are pledged to regular testing and accept it as part of life. The next phase of this project (2012) will include HCT on all university campuses as well as HEI's.

#### **10) STRENGTHEN RESEARCH AND DEVELOPMENT**

As an academic institution, research is a major focus of FPD.

## OTHER ACTIVITIES

### AWARDS

In 2011, FPD again acknowledged individuals and FPD staff, through a series of awards, who have contributed substantially to FPD's work

#### FPD STAFF AWARDS

##### AWARD FOR EXCELLENCE IN TEACHING



DR AUSI NKHI

FPD's Award for Excellence in Teaching is awarded annually to FPD faculty who have taught at least five times during the year. The award is based on the combined ratings given to the faculty member by the students who attended their classes. Faculty are evaluated against a number of criteria and receive a rating out of 5. Dr Nkhi is a facilitator on our clinical programme called NIMART and her total average rating was 4.89 out of 5. The teaching days differ for each type of programme. FPD has primary secondary and tertiary faculty on each programme and they have a specific percentage that they are allowed to teach. Another criteria for this award was that they had to teach more than 5 times on a specific programme during the course of the year.

##### AWARD FOR RESEARCH EXCELLENCE



DR MONICA DOS SANTOS

As an academic institution we are committed to contributing to new knowledge through research. In 2011, FPD research outputs equated 68 research projects, 19 publications and 70 conferences presentations. The FPD award for excellence in research is awarded based on an external evaluation by leading South Africa scientist. All research outputs in 2011 were reviewed and the best out-put was selected. For the second year in a row, the award for research excellence was awarded to Dr Monica dos Santos.

## AWARD FOR EXCELLENCE IN COMMUNITY ENGAGEMENT



**MS ZUKIE LUWACA**

Zukie manages the FPD Learnership Programme. She was involved with site inspections required to obtain Social Auxiliary Worker funding from the HWSETA. Zukie, in cooperation with FPD's Area Managers and Clinic Coordinators, organised inspections at the majority of FPD's clinics in record time. Zukie registers learners with their respective councils, which is not easy as there is a lot of red tape to work through. She also registers them with the HWSETA as learners. She then works with the learners and their various Clinic Coordinators and Area Managers to make sure that they comply with all their requirements by submitting assignments and undergoing assessments when due. Zukie encourages the learners to submit their assignments. If they feel that they are not up to it, she motivates them to re-submit the assignments that they have not passed. It is not a strange sight to see Zukie on the telephone most of the day! The result of Zukie spending so much time on the telephone is that FPD is one of the companies with the highest pass rate amongst its learners. What does this mean to the learners once they pass? All the learners get a formal qualification in the form of a diploma or certificate upon successful completion of the learnership. The FPD Learnership Programme provides people with an opportunity to change their careers and to better their income. It is clear that Zukie puts a lot of effort into making it as easy as possible for the learners to successfully complete their studies.

## VALUES AWARD



**MRS VEENA PILLAY**

Veena has always set an example for everyone at FPD. She is a remarkable person. She always shows integrity especially when it comes to her commitment and loyalty towards FPD in and outside of the office. She is always innovative by coming up with new and creative ideas to solve problems. She has always motivated her staff to not only challenge themselves but their work as well. She is always willing to listen to anyone without being offended in any way. She allows everyone the opportunity to grow as professionals helping them reach their dreams where she can. She is always respectful towards everyone in the office including external people as well when representing FPD at functions and meetings. She always strives to make sure we deliver products and services of a high quality and standard. Not only is her door always open for anyone personally but she is always more than willing to set out fires for any other department helping them where she can. She is always playing a mentoring role for her department and other managers of other departments as well.

## OPERATIONAL

As FPD expands regionally and diversifies its sources of funding, a level of complexity is added to the support services that the Operations Cluster provides to FPD and its strategic partners.

Furthermore, this year, the Operations Cluster has provided more value added services within the organisational structures including an integrated in-house collaboration platform, the expansion of learnership programmes and the involvement of the in-house travel bureau.

## CHALLENGES FACING THE OPERATIONS CLUSTER INCLUDE

- Active transfer of clinical staff from donor funded FPD projects to public sector vacancies;

- The regional expansion of FPD;
- Outsourcing of services and operational support to strategic partners;
- Integration and delivery of technology platforms to staff, partners and clinical sites; and
- Additional complexity through the expansion of the donor base.

With the strategic investment in technology, the integration of systems and continuous staff development has allowed the Operations Cluster to expand their scope of work in terms of staff managed, funds controlled and outputs, without a significant increase in costs.

The primary outcome for the year has been that the Operations Cluster has positioned itself to scale up or scale down the funds, staff and technology managed with very small adjustments to the resources required. The Cluster is now in a position to maximise the economies of scale that has been developed over the last few years.

This does not preclude Operations from continuously seeking out cost effective and technologically efficient processes to support not only FPD, but to other strategic partners.

## STAFF DEVELOPMENT

FPD has always been an organisation that places high emphasis on promoting a performance driven culture. This has been achieved by actively recruiting highly talented individuals and building job descriptions around their unique skills and strengths. Internal promotion based on staff development has always been part of this culture. Since 2008 FPD invested in and supported substantial staff development.

Support has ranged from supporting formal post graduate studies at masters level to conference participation and short course attendants.

In total 473 staff members participated in educational activities. Emphasis was placed on developing managerial competence and 28 staff members were enrolled on management development programmes. Staff participation in educational activities stretched from senior management to support staff. Of the staff supported by FPD, 88% were from disadvantaged groups.

## LEARNERSHIPS

During 2011, FPD made a decision to offer semi-skilled and unskilled employees the opportunity to register in learnerships to qualify as Pharmacist Assistants or Social Auxiliary Workers.

FPD has employed Pharmacist Assistant learners since 2008 and to date 32 have completed Pharmacist Assistant Basic training and 48 have completed Pharmacist Assistant Post Basic training.

To date all Post Basic qualified Pharmacist Assistants have been successfully transferred from FPD and have been employed in the public sector.

## FPD PLUS

FPD Plus is an initiative of the FPD Treatment, Care and Support Department that has been established to provide a safe "space" and forum for staff living with HIV, or affected by HIV. FPD Plus provides a platform to discuss issues that are relevant to HIV diagnosis, discuss issues related to the place of work and share strategies of dealing with HIV.

A confidential e-mail address ([fpdplus@foundations.co.za](mailto:fpdplus@foundations.co.za)), moderated by a senior staff member living with HIV, has been created for communication and information sharing. FPD Plus also authors a "Positive Voices" section in the organisational newsletter and is exploring the possibility of setting up a bureau that will train and support FPD Plus members to facilitate workplace programmes in the corporate world.

In 2009, FPD Plus initiated the "I AM" Campaign in support of World Aids Day. This campaign has resulted in the production of desk calendars and posters being distributed annually to partners, donors, staff and clinics in the hope that stigma around HIV and AIDS is reduced and an environment of acceptance is created. The 2011 FPD Plus Calendar was launched in January 2011.

## STRATEGIC PARTNERSHIP

FPD has over the years developed a number of strategic partnerships with world-class academic and health development institutions. These partnerships include:

### INTERNATIONAL AIDS ACCOUNTABILITY INTERNATIONAL (AAI)



**AIDS Accountability**  
International

Aids Accountability International (AAI) is an independent non-profit organisation working to accelerate progress in the response to the AIDS epidemic and to inspire bolder leadership and accountability. It aims to catalyse more rapid and effective action by assessing and raising awareness of the degree to which public, private and civil society actors are fulfilling and commitments they have made to respond to the epidemic. AAI is responsible for launching the first AIDS Accountability Country Scorecard, which aims to help evaluate and rate country responses to HIV/AIDS in relation to the UNGASS commitment.

For the first time, this information is presented in an aggregated, transport and analytical fashion that allows stakeholders to compare responses on several key issues across countries. This flexible tool will be issued annually and will be developed and improved continuously as more and better data becomes available. In the coming year, AAI will continue to develop rating of other actors and establish a rating centre in South Africa. Gustaaf Wolvaardt, Managing Director of FPD, is a Chairman of the AAI Board.

### AMERICAN INTERNATIONAL HEALTH ALLIANCES (AIHA) – TWINNING PROJECT



The Twining Centre has been funding a project between FPD and a national faith-based HIV organisation (BOCAIP) based in Botswana since 2009. The objective of the project was to build the organisational capacity of this national NGO to provide a link between the government of Botswana and the faith-based community, working in HIV. This entailed technical assistance to build a strategic plan for 2009-2013 as well as operational plans to move BOCAIP forward. This project also evolved into building in Botswana who will be enrolled on the Higher Certificate in Management for 2011.

## CENTRES FOR DISEASE CONTROL AND PREVENTION (CDC)



Centers for Disease Control and Prevention, a USA agency based in Atlanta, USA and with satellite offices worldwide. The CDC is one of the major operating components of the Department of Health and Human Services in the USA. CDCs Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC seeks to accomplish its mission by working with partners throughout the nation and the world to:

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,
- provide leadership and training.

## CHRISTIAN AIDS BUREAU OF SOUTHERN AFRICA (CABSA)



In the quest to achieve the organisation's vision of "a caring Christian community ministering reconciliation and hope in a world with HIV and Aids", the Christian AIDS Bureau of Southern Africa (CABSA) plays a key role in many aspects of the Christian HIV terrain in Southern Africa and even internationally. FPD is partnered with CABSA as part of a working group to assist in developing organisational standards for the NGO sector working in HIV.

## DOCTORS WITHOUT BORDERS



Doctor's Without Borders / Médecins Sans Frontières (MSF) is an international medical humanitarian organisation created by doctors and journalists in France in 1971. Today, MSF provides aid in nearly 60 countries to people whose survival is threatened by violence, neglect, or catastrophe, primarily due to armed conflict, epidemics, malnutrition, exclusion from health care, or natural disasters. MSF provides independent, impartial assistance to those most in need. MSF reserves the right to speak out to bring attention to neglected crises, to challenge inadequacies or abuse of the aid system, and to advocate for improved medical treatments and protocols.

## GLOBAL MEDIC FORCE



### Global Medic Force

GMF (formerly ICEHA), is a not-for-profit organisation that engages healthcare professionals to rapidly transfer their expertise on HIV care and infectious diseases to colleagues in developing countries, using an innovative method of clinical mentoring. FPD and GMF have established their cooperation in 2008.

To date 20 international mentors, recruited by GMF, have been embedded for six week secondments into FPD supported rural clinics.

## HIBERNIA COLLEGE



FPD and Hibernia have recently entered into an agreement to collaborate on development and presently online educational products for teachers.

## IMMUNE SYSTEM REGULATION (ISR)



ITH | ISR Immune System Regulator

Immune System Regulations AB (ISR) is an innovation driven Research Company within the area of immunotherapy, based at the Karolinska Institute in Stockholm, Sweden. ISR and FPD are currently partnering in groundbreaking HIV related Phase I/II Clinical Trials taking place in Pretoria, South Africa.

## INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)



IOM International Organization for Migration  
OIM Organisation internationale pour les migrations  
OIM Organización Internacional para las Migraciones

The International Organization for Migration (IOM) is an inter-governmental agency committed to the principle that humans and orderly migration benefits migrants and society. It acts to assist in meeting the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and uphold dignity and well being of migrants. The IOM is working with African Health Placements to facilitate the recruitment and placement of foreign healthcare professionals in the South African public healthcare sector.

## ISTITUTO SUPERIORE DI SANITA (ISS) THROUGH FUNDING FROM THE ITALIAN CORPORATION (DGCS)



The Istituto Superiore di Sanità (ISS – Italian National Institute of Health) is the leading technical and scientific public body of the Italian National Health Service. Its activities include research, surveillance and control, training and consultation in

the interest of public health protection.

In the frame of the Bilateral Co-operation Program to support the Ministry of Health of South Africa in the implementation of a national program of global response to HIV and AIDS between the Italian Government (Ministry of Foreign Affairs) and the South African Department of Health, ISS has been appointed as the Italian implementer and the overall coordinator of the Program.

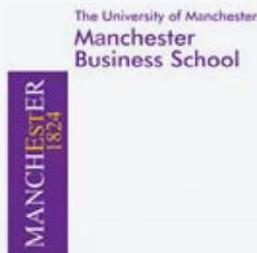
ISS partners with FPD in areas such as Human Resources, Health Professionals Skills Developments and Capacity Building.

## LIFELINE



The mission of LifeLine Southern Africa is to engage communities in active dialogue and participation, to seek understanding of the unique dynamics to support sustainable social change and emotional wellness ownership with communities. FPD is partnered with LifeLine Southern Africa as part of a working group to assist in developing organisational standards for the NGO sector working in HIV.

## MANCHESTER BUSINESS SCHOOL (MBS)



With an international reputation for top-rated teaching and research, Manchester Business School is firmly positioned at the leading edge of dynamic business performance. Dedicated to developing effective managers for every sector and discipline, MBS invests in today's management the ideas and experience that will equip its graduates to

become collaborating since 1998 in offering an international management short course for health managers in South Africa.

### UPPSALA UNIVERSITY – NATIONAL CENTRE FOR KNOWLEDGE ON MEN'S VIOLENCE AGAINST WOMAN

# NCK

THE NATIONAL CENTRE FOR KNOWLEDGE ON  
MEN'S VIOLENCE AGAINST WOMEN

Uppsala University is more than 500 years old and maintains a purposeful and long-term view to always offer the best conditions for educational and research activities. The university is one of the highest ranked seats of learning in Northern Europe with their campuses combining traditional settings and state-of-the-art research facilities.

National Centre for Knowledge of Men's violence Against Women (NCK) works by order of the Swedish government with education, research, development, information and compilation of research findings in the area. Women subject to violence are treated at the centre's outpatient clinic at Uppsala University Hospital. The centre also runs a national telephone helpline for women subjected to violence.

FPD has partnered with NCK to present a Gender Based violence capacity building project. The overall objectives of this project are; to (through training) improve the knowledge, skills and attitudes of health care and educational professional on violence in general; to improve service delivery for victims of violence through building referral linkages between public sector facilities such as schools and hospitals and organizations that provide support services to victims of violence; and to increase awareness amongst key opinion makers of violence as a priority public use.

### YALE SCHOOL OF EPIDEMIOLOGY AND PUBLIC HEALTH

# Yale

Founded in 1915, Yale's School of Public Health is one of the oldest accredited schools of public health. In the 1960's it was decided to merge the Department of Public Health with the Section of Epidemiology and Preventive Medicine, a unit within the Department of Internal medicine. The Department of Epidemiology and Public Health (EPH) was the result of this merger.

Today, faculty and students at the Yale School of Public health continue to strive toward Winslow's goal of: "Preventing disease, prolonging life and promoting physical and mental health and well-being through organised community effort... and developing the social machinery to assure everyone enjoys a standard living adequate for the maintenance or improvement of health".

FPD and Yale offer a jointly certified international management short course aimed at public sector managers. [www.yale.edu](http://www.yale.edu)

### NATIONAL AESTHETIC AND ANTI-AGING MEDICINE SOCIETY OF SOUTH AFRICA (AAMSSA)



AAMSSA is a scientific non-promotional society to regulate the scientific and legitimate practice of Aesthetic and Anti-aging medicine; they provide medico-legal support in conjunction with medico legal societies; and provide mutual support amongst members and improve relationships amongst the members and professional bodies.

The AAMSSA strives to advance the growth, respectability and knowledge development in these fields of medicine in South Africa.

The FPD and AAMSSA partnership is in the process of developing a Post Graduate Programme in Aesthetic Medicine. This programme is designed to give participants advanced comprehension and skills so that they can manage and treat various pathological and non-pathological indications pertaining to aesthetics at a high level of competency and confidence.

## AFRICAN BUREAU OF CONVENTIONS



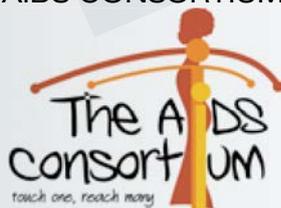
The African Bureau of Conventions is a regional collaborative bidding facilitator for international conferences and events that represents all the major facilities and service providers in this region and links all the stakeholders in the value-chain in the most effective way.

## AFRICAN SCHOOL OF BUSINESS STUDIES

*(no logo available)*

FPD and ASBS provide distance education programmes to the South African market. Its programmes attract students who are unable to attend on-campus classes, due to distance or time constraints. This partnership allows for increased access to learning and encourages life-long learning.

## AIDS CONSORTIUM



The AIDS Consortium uplifts communities by building AIDS competence within its national network, with a specific focus on human rights. FPD is partnered with AIDS Consortium as part of a working group to assist in developing organisational standards for the NGO sector working in HIV.

## BERAKAH



Berakah provides high quality education to the underprivileged and poorest of the poor in communities with the idea that education leads to empowerment which leads to a brighter future and gives hope for tomorrow. FPD is partnered with Berakah as one of their NGO implementing partners in the Tshwane area.

## CHAPS



The Centre for HIV/AIDS Prevention Studies (CHAPS) seeks to perform and support innovative and safe medical male circumcision procedures as part of a minimum HIV prevention package. Anova is the main funding partner of CHAPS. This partnership is vital in assisting the National Department of Health and the Provinces of South Africa to expand access to high quality HIV-related prevention, treatment and support services throughout the country. FPD and CHAPS are working together to train health care professionals on how to perform safe male circumcisions and on running high volume sites.

## CITY OF TSHWANE METROPLITAN MUNICIPALITY (CTMM)



The CTMM is the administrative capital of South Africa. It is located in the north and in the centre of the country – in the North West corner of Gauteng Province – and covers approximately 13% of the province. The city of Tshwane AIDS Unit is the driving force of the city's response to HIV and AIDS. The unit co-ordinates HIV and AIDS programmes and initiates of the different sectors. FPD collaborates with the City of Tshwane to enable the community of Tshwane to access HIV and AIDS services through the development of service-mapping activities.

## DEMOGRATIC NURSING ORGANISATION OF SOUTH AFRICA (DENOSA)



In addition to its advocacy role of promoting the cause of nursing in South Africa, DENOSA has established the DENOSA Professional Institute to extend the training and professional development of nurses. Over the past 2 years FPD has been working with DENOSA in running training courses in collaboration with the National TB Programme and the International Council of Nurses to train nurse trainers on TB and MDR-TB.

## DEPARTMENT OF HEALTH EASTERN CAPE



FPD closely cooperates with the Eastern Cape Department of Health in supporting ARV roll-out and TB/HIV care through the that'sit project and Technical Assistance Cluster. The that'sit project strengthens the provincial HIV/TB response in nine TB Hospitals and surrounding feeder clinics by ensuring compliance with accreditation criteria for ART at all supported hospitals, supporting counselling and testing for TB patients, TB screening for HIV positive patients, a focus on infection control practices, clinical care community and patient education.

During 2010, FPD's Technical Assistance Cluster supported a number of treatment sites in Cacadu District and Nelson Mandela Bay Metro and introduced a mobile CT unit in the area. FPD also provides a variety of training programmes to the staff of this province. A unique pilot project to launch an integrated patient management system is currently being implemented in the Makana district of the Eastern Cape through the activities of that'sit.

## DEPARTMENT OF HEALTH GAUTENG



FPD has a long-standing relationship with the Gauteng Provincial Department of Health around the Treatment, Care and Support Department - previously called Positive Life Project - that has been supporting ART sites in this province since 2004. FPD also provides a variety of training programmes to the staff of this province.

## DEPARTMENT OF HEALTH LIMPOPO



The Treatment Cluster has provided support to ART clinics in this province since 2007. FPD also provides a variety of training programmes to the staff of this province.

## DEPARTMENT OF HEALTH MPUMALANGA



The Technical Assistance Cluster provides support to ART clinics in this province 2007. FPD also provides a variety of training programmes to the staff of this province.

## DEPARTMENT OF HEALTH NORTH WEST



FPD provides direct service delivery and technical assistance support to the Department of Health in the North West Province by means of placement of health professionals in facilities and its mentoring roving teams.

## DEPARTMENT OF HEALTH WESTERN CAPE



### DEPARTMENT of HEALTH

Provincial Government of the Western Cape

FPD closely operates with the Western Cape Department of Health with regard to developing provincial capacity through providing scholarships for both management and clinical training to provincial staff, supporting TB/HIV care through the that'sit Project. This, currently supporting 67 clinics in the Eden district and has expanded to the adjacent Kannaland district with the support of four new municipalities with linked clinics. FPD also provides a variety of training programmes to staff of this province.

## DIAHO SOCIAL TECHNOLOGIES



Diaho Social Technologies (DST) is a team of very experienced facilitators headed by Dr Mothomang Diaho, that focuses on bringing about change through the use of dialogue and engagement. The Community engagement methodology is based on theories and experience of how individuals and communities change their values, attitudes and practices. This methodological framework outlines the steps in community engagement and links the change process to facilitation skills and tools. Together with FPD, DST is expanding these programmes to the larger South African market.

## DIRA SENGWE



This is one of FPD's oldest partnerships that has led to the very successful series of biannual national AIDS Conferences

that has become one of the largest if not the largest National AIDS conferences in the world attracting over 5 000 attendees. FPD provides the conference secretariat for these conferences.

## THE FOUNDATION FOR PROFESSIONAL DEVELOPMENT FUND



### FPD Fund

The Foundation for Professional Development Fund was established in 2004. It is an association incorporated under section 21 of the Companies Act of 1973. The Foundation for Professional Development Fund is a non-profit entity whose focus area is allied to activities relating to HIV and AIDS, but it is not limited to this area. The FPD Fund's main activities are to promote community interests by the provision of health care, education and the prevention of HIV infection; and to develop communities through capacity building projects. During 2011 the FPD Fund's activities included, human resource strengthening with the Western Cape Department of Health, developing and piloting the NGO Scorecard, and district basic educational expansion programmes.

## HEALTH AND WELFARE SETA (HSA)



FPD has registered Pharmacy Assistance learners with the Health and Welfare SETA (Health and Welfare Sector Education and Training Authority) since 2008. In 2009 FPD also secured Health and Welfare SETA funding for 11 Pharmacist Assistant learners. In 2011 FPD registered its first Social Auxiliary Work learners with the Health and Welfare SETA and also secured funding for 20 Social Auxiliary Work learners.

## HEALTH SCIENCE ACADEMY (HSA)



Health Science Academy is an accredited provider of education and training in the South African health sector, with the purpose of providing a comprehensive range of educational products and research that are tailor made to the needs of the pharmaceutical sector. HSA has extensive experience in the private training and education market and focuses on Adult Education and Training. FPD and HSA jointly offer a dispensing course for healthcare professionals.

## HIGHER EDUCATION HIV/AIDS PROGRAMME (HEAIDS)



The HEAIDS programme was first launched in 2000/2001 as a partnership between the Department of Education (DoE), the South African Universities vice-chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP). This comprehensive higher education response to HIV and AIDS comprises two dimensions. The first dimension is directed at maintaining the institution's ability to continue functioning thereby preventing HIV and AIDS from undermining its potential to operate and deliver mandated services. The second dimension is the institutions core functions of teaching, training, research, community engagement and service. In 2010 FPD and HEAIDS collaborated and developed an HCT campaign for Universities for 2011.

## HOSPICE PALLIATIVE CARE ASSOCIATION (HPCA)



Since the inception HPCA has adopted a collaborative approach in working with other community organisations and government structures. This commitment to working together with other organisations with who they share a common goal by sharing expertise and resources has been incorporated into the current strategic plan.

FPD and HPCA have been in partnership since 2008. This collaboration's aim is based on training of professional nurses to become palliative care specialists through a one year Palliative Care course.

## IMISEBEYELANGA



Imisebeyelanga Services is an NGO based in Tshwane focused on improving the quality of life of people in need, especially those who want to be empowered, trained and serve their community. FPD is partnered with Imisebeyelanga as one of their NGO implementing partners in the Tshwane area.

## INNOVATIVE MEDICINE SOUTH AFRICA (IMSA)



Innovative Medicine South Africa (IMSA) is a South African pharmaceutical industry association, which focuses on building an environment for sustainable access to innovative research-based healthcare. IMSA strives to enable timely access for patients to new medicines by seeking shorted registration approval timelines. IMSA and FPD initiated the "First things First HCT Project" and tested 23 000 students in 2011.

## MAPIT



MapIT, together with shareholder Tele Atlas, is at the forefront of digital mapping in southern Africa, powering the next generation of spatially-enabled technologies. Partnering with FPD Compass Project, MapIT provides software and technical support to assist in the geocoding and map production of HIV and AIDS service providers nationally.

## MEDICAL RESEARCH COUNCIL (MRC)



The Medical Research Council is a South African statutory body with the mission to improve the nation's health and quality of life through promoting and conducting relevant and responsive health research.

The MRC has structured its research into six national programmes according to high-priority areas identified by government and in keeping with international trends. Further focus areas have also been identified within each national programme and have resulted in several lead programmes in the areas of telemedicine; crime, violence and injury, and TB and malaria. Focusing on these specific areas provides the basis for the MRC's resource allocation and allows for competitiveness and innovation, essential to leadership in research. FPD and the MRC collaborate in training and treatment related to TB; including the development and implementation of SmartCare, an electronic patient management system in the Eastern Cape.

## MOTHERS TO MOTHERS



mothers2mothers is an NGO based in Cape Town, South Africa that helps to prevent mother-to-child-transmission of HIV and keep mothers healthy. mothers2mothers trains, employs and pays nearly 1 500 new mothers living with HIV in seven African countries to provide education and support to women just like themselves. These 'Mentor Mothers' become professional members of health delivery teams - working alongside doctors and nurses to serve the needs of HIV-positive pregnant women and new mothers and to help fill the gaps in critically understaffed health systems. mothers2mothers currently reaches 20 percent of the pregnant women living with HIV in the world. FPD and mothers2mothers partnered in 2010 to form the Foundation for Professional Development Research Ethics Committee (FPDREC).

## NETWORKING HIV/AIDS COMMUNITY OF SOUTH AFRICA (NACOSA)



The Networking HIV/AIDS Community of South Africa (NACOSA) is a non-profit organisation with its head office in Cape Town. NACOSA seeks to reduce the impact of HIV, AIDS, TB and other socio-economic conditions through building capacity, networking and strengthening the multi-sectoral response to these conditions in southern Africa. FPD is partnered with NACOSA as part of a working group to assist in developing organisational standards for the NGO sector working in HIV.

## PEN



PEN is a non-profitable non-denominational Faith Based Organisation. PEN works in close relation with local churches in and around Tshwane and in the inner city, as well as other organisations working with people in need. PEN operated the Sediba Hope clinic which serves the community of the inner city. FPD decided to formalise the partnership between FPD and PEN by contracting PEN to run and implement an HIV Wellness Programme. The partnership aims to improve the quality of life of people visiting Sediba Hope by strengthening services in the following areas; medical health services it improve the physical health of PLHIV, provision of psycho-social support; and positive prevention activities of PLHV.

## RURAL HEALTH INITIATIVE (RHI) OF THE SOUTH AFRICAN ACADEMY OF FAMILY PHYSICIANS TRUST



The South African Academy of Family Practice (SAAFP) delivers quality education that empowers doctors to provide appropriate health care to individuals, families and communities so that people may take an effective contribution to the nation. SAAFP is the largest academic and only national organisation dedicated to the ongoing education and profession development of general/family practitioners. The academy's focus and vision have been, for more than 20 years, on the development of the discipline of family/general practice. African Health Placements is a joint FPD SAAFP project.

## SASOL INZALO



Sasol Inzalo Foundation focuses on building leadership capacity in the education sector, with an emphasis on technical high schools in South Africa. The head of Sasol Inzalo, Mpho Letlape has been a long standing partner and supporter of FPD and received the Alchemist award in 2010 for her visionary work in health and education. Currently Mpho is co-chairing FPD's Basic Education Conference to be held in April 2012.

## SOUTH AFRICAN MEDICAL ASSOCIATION



The South African Medical Association (SAMA) is a non-statutory, professional association for public and private sector medical practitioners. Registered as an independent, non-profit Section 21 company SAMA acts as a trade union for its public sector members and as a champion for doctors and patients. The strategic relationship between FPD and SAMA extends beyond pure ownership of FPD. The organisations collaborate on a number of projects including gender based violence and a number of educational projects aimed at SAMA members.

## SOUTH AFRICA CARES FOR LIFE



SA Cares for Life is a Christian, faith-based, national NGO that is passionate about creating opportunities for change and giving hope to orphans, other vulnerable small children,

women in pregnancy related crises and families in need. FPD is partnered with SA Cares for Life as one of their NGO implementing partners in the Tshwane area.

### SOUTHERN AFRICAN HIV CLINICIANS SOCIETY (SAHIVCS)



The South African HIV Clinicians Society is a special interest group of the South African Medical Association with more than 12 000 members drawn from clinicians and medical scientists dedicated to responding to the challenge of HIV and AIDS. The strategic alliance between FPD and SAHCS dates from 2001, when the two organisations introduced the HIV Clinical Management Course. FPD also enrolls students as SAHCS members as part of the FPD alumni programme. SAHCS also organises the skills building programme at a number of conferences that FPD organises.

### SOUTH AFRICAN INSTITUTE OF HEALTH CARE MANAGERS (SAIHCM)



**SAIHCM**  
SOUTH AFRICAN INSTITUTE OF  
HEALTH CARE MANAGERS

For a number of years health managers working in both the public and the private sectors have determined that South Africa has an urgent need for an institute of healthcare managers. The structure of the institute is based on best practice, as identified in order international models, but has been adopted to meet South Africa's specific needs in the field. The institute aims to be a centre of excellence to advocate for the interest of consumers of health services in South Africa and for its members. The commitment will be demonstrated through the efforts to enhance the status and

qualifications of health care managers within the framework of the SA Qualification Framework.

FPD and SAIHCM collaborate on providing an alumni support service for graduates of FPD management training programmes. Since 2010, FPD has hosted the SAIHCM secretariat.

### SPESET



Dedicated to aligning strategic, economic, and business interests that support the quality of patient care and business activities of independent, patient centered medical Specialist practice - SpesNet has grown to become the leading, independent, multi-discipline, medical Specialist health care provider network organization in South Africa. Together with Spesnet, FPD provides specialists with an opportunity to undergo training in starting successful private specialist practices.

### TSHWANE LEADERSHIP FOUNDATION



The Tshwane Leadership Foundation (TLF) is working with churches and communities for urban transformation.

Growing from the work of Pretoria community Ministries, the TLF was created in 2003 to strengthen the unfolding inner city movement of churches, communities and programmes with the capacity that TB carry out resource development, advocacy and policy work, communication and marketing, and spiritual nurture.

It also wants to plan an intermediary and/or supportive role to initiatives in order parts of the City of Tshwane.

FPD and TLF have been working together on an number of issues ranging from provision of AIDS treatment services to the inner-city community to developing the organisational capacity of TLF and some of its FBO partners.



Umlambo is the creation of the former Deputy President Phumzile Mlambo Ngcuka. The Foundation has existed since October 2008 and is a registered non-profit organisation.

Umlambo Foundation leverages the goodwill of people and institutions to invest in leadership, management and development of school principals to improve the quality of education in public schools. This gives learners a chance to WIN against poverty.

## UNIVERSITY OF CAPE TOWN



The University of Cape Town (UCT) is South African's oldest university. UCT was formally established as a university in 1918, on the basis of the Alfred Beit bequest and additional substantial gifts from mining magnates Julius Wernher and Otto Beit. The new university also attracted substantial support from well-wishers in the Cape Town area and, for the first time, a significant state grant.

FPD and the Medicine Information Centre at the University established the healthcare worker hotline in 2008. This centre provides telephonic support to healthcare professional on HIV treatment.

## UNIVERSITY OF KZN (UKZN) - CENTRE FOR HIV/AIDS NETWORKING (HIVAN)



HIVAN was created by the University of KwaZulu-Natal in 2001 to promote, conduct and build capacity for research that is responsive to and contributes to alleviating the circumstances of people living with and affected by HIV and AIDS. HIV-911 is a programme within HIVAN which specialises in maintaining and expanding a database of over 6 000 HIV – related services providers throughout the country. Through HIV-911, information can be obtained on HIV-related service and support in any area of the country. HIV-911 and FPD are developing an HIV-related service database and producing annual provincial print directories of all HIV service providers captured.

## UNIVERSITY OF LIMPOPO



The University of Limpopo is the result of a merger between the former Medical University of Southern Africa and the University of the North, which occurred on 1 January 2005. The Medical University of Southern Africa (MEDUNSA) was established in 1976 to provide tertiary education and training to the educationally disadvantaged in the fields of Medicine, Allied Health and Nursing Sciences, and Dentistry intended to meet the health needs of the country. FPD and the University of Limpopo has established the Mother and child Unit as a joint initiative, now called the Mother, Child and Woman's Health Department.

## UNIVERSITY OF PRETORIA (UP)



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

The University of Pretoria was established as an independent university in 1930. With approximately 40 000 enrolled students, the university is a leader in higher education and is recognised internationally for academic excellence and a focus on quality. Collaboration between FPD and UP takes place around the Infectious Diseases Unit, the campus ART clinic, CT campaigns for students and ART clinics at two of the university's teaching hospitals (Steve Biko Academic Hospital and Kalafong Hospital). In 2007 this collaboration expanded to include collaboration with FPD Compass Project around epidemiological estimations of AIDS service needs.

The University of Pretoria (UP) established the Centre for the Study of AIDS (CSA) in 1999 to mainstream the study of HIV and AIDS in all aspects of the university's core business activities. Its mission was to understand the complexity of the HIV and AIDS epidemic in South Africa and develop effective ways of ensuring that all the students and staff of the university are prepared both professionally and personally to deal the HIV and AIDS as it unfolds in South African society. FPD and CSA have recently embarked on an extensive study to understand sexuality and sexual behaviour in the context of the HIV epidemic.

# SPONSORS AND DONORS

Listed below are sponsors who fund projects,  
Educational programmes and conferences



# THE PEOPLE AT FPD

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Dr R Nathan



Mrs VD Pillay



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Mr AR Adonis



Mrs L Badendorst



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Dr VS Baloyi



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Mrs NB Makongoza



Mrs ME Makopo



Mr LA Malinga



Mr MS Makwela



Miss PS Maledi



Dr FE Maligana



Ms SM Maluleke



Dr M Manenzhe



Dr PN Marindi



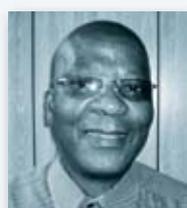
Miss MC Maritz



Ms MT Mashaba



Mrs NC Masiagwala



Mr TA Masiela



Mr CM Matima



Dr BR Masondo



Dr L Matela



Dr P Mathebula



Mrs TI Matobela



Mrs GE Matoti



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Dr KM Matseane



Mrs ME Matsepe



Dr NP Mavuso



Ms AM McIntyre



Mrs J McGarry



Dr SJ Memon



Ms N Mchiza



Dr KA Mekler



Mr SE Mellors



Mr MD Mgulwa



Mr WC Milambo



Ms AE Milne



Mrs JS Mitchell



Ms FN Mncwabe



Dr NB Mlondzo



Mrs SG Mnguni



Mr VJ Mnisi



Mrs MR Modau



Mrs K Modiri



Dr L Mogotsi



Dr RA Molapo



Ms R Monare



Mrs ZR Monei



Mrs NC Motlana



Miss TE Montalama



Mr MI Motloutsi



Ms SP Murphy



Ms KA Maliehe (Mudau)



Dr HL Mukhari



Ms NF Muthambi



Ms J Mutyabule



Dr TH Muvhango



Ms SO Ngcwabe



Mr KM Naidoo



Ms LA Ndluvo



Mr F Nengovhela



Mr EA Netshitungulu



Ms DM Nel



Dr NL O'Connell



Ms RN Nkomo



Ms KC Nkuna



Mrs EBO Ntemane



Dr PS Nxumalo



Mrs S Peter (Nyaba)



Mrs S Peters



Mrs CT Phakedi



Ms N Pinini



Ms BA Pududu



Ms WN Pienaar



Dr TL Phaladi



Dr AU Qamata



Mrs MC Phidane



Ms BR Phukubje



Dr S Pieter



Mrs LC Poggenpoel



Mrs CJ Pretorius



Dr AM Radloff



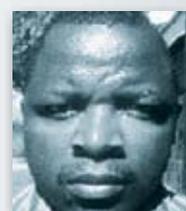
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Ms TD Sekwakwa



Ms MJ Sello



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Ms NP Sibanyoni



Ms CA Timm



Miss PN Sibisi



Dr D Skhosana



Ms VF Sono



Mrs MJ Stander



Ms JS Stokes



Ms T Shivangini



Ms VC Terblanche



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Mr FS Zulu



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Mr MN Hlongwa



Mr J Holborn



Ms VV Zele



Mr FM Zomba



Mr CJ Kaangundue



Ms BS Zuze



Ms N Kave



Ms L Ledingwane



Mrs GBK Lentoane



Mrs SN Lerumo



Mr KB Lukhozi



Mrs SD Madute



Ms A Magida



Ms CAM Mahumane



Mrs MH Maiketso



Mrs TM Mamphodo



Mr PP Maoto



Ms C Mapempeni



Ms NT Matseke



Ms T Mayekiso



Mrs RM Mazithulela



Ms B Mbanjana



Mr M Mbashe



Ms NJ Molefe



Mrs MM Mophethe



Ms MP Mota



Mrs SZ Mulombe



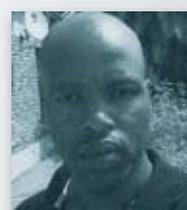
Ms M Ngobeni



Ms TM Nkuna



Ms NP Nogxina



Mr PF Ntontela



Mr RP Ntuli



Mrs AA Ochieng



Mr TM Phakathi



Mrs MM Phatlane



Ms MD Pilusa



Mr JMC Rakumakoe



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Ms A Sokuyeka



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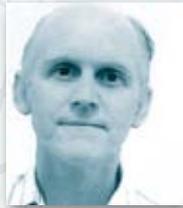
Mrs MMH Napo



Ms LV Sibisi



Ms EPM Mathabe



Prof DA Cameron



Mr L Beard

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Mrs CA Ainslie



Mrs S Akoo



Mrs ML Baloyi



Ms E Barnard



Ms L Camara



Mr S Chinsamy



Ms S Da Silva Moreira



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Ms ME Grootboom



Mr TT Hoveka



Mrs JD Hudsonberg



Mrs EF Josiah



Mr D Kassen



Ms K Keene



Mrs TR Genis



Ms B Kegakilwe



Mrs S Jordaan



Ms RBI Khan



Mrs MC Kamfer



Mr M Lombard



Ms Z Luwaca



Mr W Kruger



Ms DM Mabudafhasi



Ms CM Clark



Ms EF Machoga



Ms VP Mahlangu



Ms KG Mahosi



Dr P Mamdo



Ms M Manoharum



Ms ZL Maaka



Mrs KL Marumo



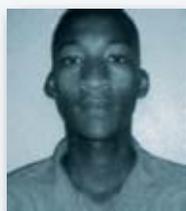
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Ms AT Masilo



Mr ER Mathekga



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Ms NE Mjongile



Mr BM Mkhize



Mr NH Mokaba



Mr LA Mokgethwa



Mrs NCM Mokhele



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Mrs A Mulder



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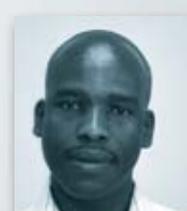
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Mrs K Nair



Mr CK Nkulu



Mr BO Ntuli



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Mr SR Skidmore



Ms F Sogoni



Mrs H Swart



Mrs ML Toona



Mrs I van der Merwe



Mr S Vosloo



Mrs B White



Ms TD Tibane



Ms OK Ditshego



Ms AL Everts



Mr LC Gaula



Ms ES Makama



Ms MN Mazibuko



Ms MN Mgaga



Ms Z Mtshazo



Ms AM Ngubane



Mr HL Potgieter



Mrs JY Swanepoel



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Ms TM Baloyi



Mrs BK Baloyi



Ms SR Barnard



Ms NV Barayi



Ms KD Bareki



Ms NA Basterman



Ms D Bezuidenhout



Ms N Bolo



Miss SM Biloane



Ms R Brazer



Ms RM Buthane



Ms MN Chabalala



Mr J Chauke



Mr N Chauke



Mr FN Chavuna



Ms BM Chilenge



Mrs NS Chiloane



Mrs L Chinsamy



Mr RG Coetzee



Miss AG Coetzee



Mrs SE Coetzee



Ms S Cronje



Mr HG De Villiers



Mr ER Moleko



Ms MS Dhlamini



Mrs DG Dhlwayo



Miss SD Dias



Ms L De Villiers



Ms TW Dlamini



Mr R Elliot



Ms HS Els



Mr E Engelbrecht



Mr M Essa.jpg



Ms S Farmer



Ms IC Frolick



Mr MS Futa



Miss KH Galeboe



Ms JM Galant



Ms T Gaofetoge



Mr AP Gbore Oluwa



Ms EK Gindra



Ms Z Gobana



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Ms MB Gololo



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Ms NM Hatang



Mr B Hlagala



Mr WG Hlongwane



Ms TPN Hlongwane



Ms DT Hlophane



Ms PR Hudsonberg



Ms WF Hugo



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Mr BN Itsweng



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Ms L Jakoet



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Mr K Kekana



Ms M Kgaladi



Mrs EK Kgaladi



Mr JM Khampepe



Miss ME Khorombi



Mr A Khosa



Miss IV Khumalo



Mr TN Khumalo



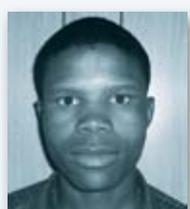
Ms MM Khunou



Mr M Khwidzhwili



Mr TH Kock



Mr R Koebe



Ms AS Koikoi



Mrs MM Kubayi



Mr MM Kumalo



Ms M Kulati



Ms GT Kwindi



Ms GT Langeveldt



Mrs MA Ledwaba



Ms KR Ledwaba



Ms P Lempe



Ms VF Lewaa



Mr S Lindeque



Ms C Loate



Mrs U Losi



Ms T Lufele



Mr L Luwaca



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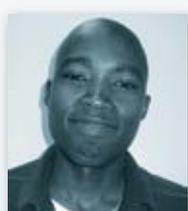
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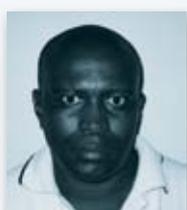
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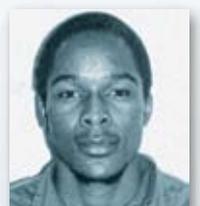
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Mr EMS Sembatya



Mr KJ Semenya



Mrs KL Senona



Mrs RM Shinkwambana



Mr I Shilaluke



Mr C Shilubana



Mr LS Shilubane



Ms LE Shimosa



Ms TG Shivuri



Ms NV Siboto



Mr E Sibanyoni



Mr BD Sihlangu



Miss PA Simango



Mr RP Sithole



Mrs RZ Skhosana



Mr SAJ Skhosana



Ms LN Skhosana



Ms K Slarmie



Mr EH Smith



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Mr RD Bloem



Mrs W Booyen



Mr N Booyen



Mrs EM Borchers



Ms DC Bulunga



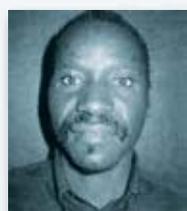
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Mrs NS Chinere



Mrs EM Chomela



Mr ST Chuma



Mrs CE Coetzee



Ms DH Claassen



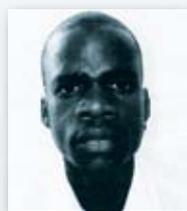
Mrs AD Damons



Mrs R De Bruin



Mr ML De Jager



Mr JM Dhladhla



Ms LM Dlamini



Ms H Du Plessis



Mr MF Dlamini



Ms VV Du Plooy



Ms NP Dlamini



Mrs TE Gemeli



Ms N Dlamini



Ms ME Geduld



Ms M Gogwana (Mazeleni)



Mrs M Gombessa-Tsamouna



Mr MA Gordon



Mrs NP Gungubele



Miss TA Hasane



Mrs LC Hoko



Mr OJ Jabari



Ms JL Hardnick



Ms AP Jaftha



Mrs SGM Jansen



Ms TL Javula



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Mr T Jumo



Mrs E Kannemeyer



Mrs TF Ketsise



Ms CM Kgomo



Ms AS Khoza



Ms TA Khoza



Ms TG Khubana



Mr T Khumalo



Mr MO Kobe



Mr NBA Kobone,



Mrs MEM Komane



Mrs SN Kumbaca



Mrs MN Kutase



Mr M Kiewiets



Ms BR Kwetse



Ms J Lamula



Mr TH Langa



Ms LP Langa



Mrs C Lebea



Ms KG Ledwaba



Mrs NE Ledwaba



Ms NM Lemphane



Ms N Leope



Ms ET Letimela



Mrs MG Lobebo



Mrs A Maakana



Mrs CM Maarman



Ms TE Mabela



Ms GR Mabone



Ms S Kgaamedi



Mr JT Mabunda



Ms MS Machobane



Ms NK Mandosela



Mrs MI Maduguma



Ms LJ Mafune



Mr MS Magagane



Miss TCM Magodongo



Mr MG Magoma



Ms N Maguada



Ms RV Kupa



Mr MV Magwa



Ms P Moruka



Mr MT Mahlalela



Ms ST Mahlangu



Ms RN Mahlangu



Miss EM Mahlangu



Ms PE Mahlatsi



Ms RM Mahloko



Ms MC Makgaba



Ms LM Makgato



Ms QT Makhado



Ms HI Makhubela



Mr SM Makobe



Mrs NG Majoka



Mr SJ Makubalo



Ms DG Makuwa



Ms TM Makuwa



Mr NS Makwarela



Mrs BL Malamula



Mr DF Malangeni



Mr TP Malatji



Mrs RM Malatjie



Mr MS Malebye



Mrs A Malgas



Mr AJ Malinga



Mrs J Maluleka



Mrs MF Mamaregane



Ms NG Mamilasgidi



Miss M Manaka



Mrs JM Mankge



Miss SS Manyandela



Ms DAS Manzane



Mrs NV Mapolo



Ms MC Marobela



Miss LM Maseko



Miss LM Maseko



Ms TE Maseko



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Ms V Mashaba



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Ms GD Mkhatywa



Mr FF Mkhawanazi



Mr NS Mkosana



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Ms TT Mntambo



Mrs PA Moagi



Ms MF Modishe



Ms I Mogodi



Miss SN Mogodi



Mrs AM Mogoshi



Mrs LM Mohalanyane



Mrs J Mokaleng



Mr RJ Mokgehele



Ms SP Mokhothu



Miss LK Mokoala



Ms TB Mokoena



Miss PL Molepe



Ms ERM Moloko



Ms GG Molola



Ms BP Molusi



Mrs MP Monageng



Ms EEG Morake



Ms ML Mosaka



Ms RP Moshupya



Ms SL Mosiane



Mr PE Mosotho



Ms WG Mosweu



Mrs M Motha



Mrs FT Motimela



Ms PL Motloutsi



Ms JM Motloutsi



Miss M Mpinane



Miss FE Mpolweni



Mr ATV Mrobongwane



Ms BD Msimanga



Mr AM Msimango



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Mrs LJ Mufamadi



Miss ET Mulaudzi



Ms NN Musekwa



Mrs MJ Mutsila



Miss A Naledi



Mrs EL Ndane



Ms FU Ndlala



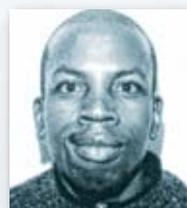
Ms NP Ndlovu



Mrs NR Ndou



Mrs FS Nekhumbe



Mr BMW Neo



Mrs TR Netshifhehe



Ms JM Ngobeni



Miss W Nguzo



Mrs LNN Ngwandi



Mr DJ Nieuwoudt



Miss T Nkhatu



Mrs ME Nkhwashu



Ms TM Nkhwashu



Ms TP Nkomo



Ms TS Nkosi



Miss SN Nkosi



Ms RS Nkosi



Mrs BE Nkuna



Mrs MT Nkwana



Miss VM Noge



Miss DO Nomarwayi



Ms DL Ntsoelengoe



Ms PT Nompante



Miss MT Ntsumele



Ms N Ntukantu



Ms TA Ntuli



Miss BC Olebogeng



Mr CM Papo



Ms NA Phakathi



Mrs TT Phehle



Ms NP Nyingwa



Ms T Phindela



Ms JM Pilane



Mrs H Plaatjies



Ms EC Petersen



Mrs DL Plaatjies



Mr SA Puleng



Mr TH Qatha



Ms NJ Radzilani



Mrs FJ Ramashia



Ms RLJ Ramokgadi



Mrs SB Ranamane



Mr KLJ Raseroka



Mrs HL Rathogwa



Miss LP Ratshilumela



Miss MC Ratshitanga



Ms MR Roelfse



Mrs TO Sambo



Ms LS Matome (Sebelebele)



Ms OP Seema



Ms MS Sekhosana



Ms CM Sekoadi



Miss MH Sello



Mrs TG Sengani



Ms MK Sesenogo



Mrs MS Setata



Mr PM Setumo



Ms N Sgudla



Ms TJ Shilajoe



Mr HT Shilubane



Ms TV Shitiba



Mrs SE Shomang



Ms PN Shongwe



Ms EK Sibeko



Ms NCL Sibisi



Ms G Sibiya



Mr SB Sigidi



Mr WM Sihale



Mrs LN Sindane



Mrs NI Sinxo



Miss SN Sishwili



Mrs NP Sithole



Ms ME Sithole



Mrs TH Sithole



Miss A Siweya



Mrs SSG Smith-Gezza



Ms EN Sonjica



Ms N Mapeku (Stuurman)



Ms PD Stuurman



Mrs MP Terblanche



Miss PP Thaba



Mrs SA Thabethe



Miss MG Thamane



Ms KC Stoffels



Ms B Theledi



Mr S Themangombe



Mr LA Tiki



Mr NN Tobela



Mrs NG Toto



Ms GL Tsele



Ms N Tsewu



Miss ME Tshabalala



Ms S Tshabalala



Ms TJ Thethani



Mr TS Tsababalala



Mr MA Tshaisi



Mrs D Wewers



Mrs RL Lephoto



NM Wongama



Miss NC Zicina



Ms TG Zwane



Ms TA Tshivhase



Ms ZN April



Ms R Nyangwa



Ms MG Phashe



Ms MM Baartman



Ms H Chauke



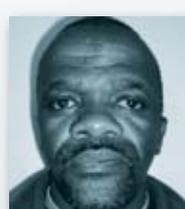
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Ms BM Yose



Mrs MD Bezuidenhout



Mr TA Booysen



Ms AK Chauke



Mrs ERC Coetzee Michaels



Ms BK Dyssel



Mr HG Ingo



Mrs PN Jackson



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Ms MM Mafa



Mr TH Magwebu



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Mrs MJ Moatshe



Mrs JT Modikwe



Ms DM Mogadime



Mr HM Monareng



Ms MP Motene



Ms J Mtwini



Ms DP Mukwevho



Mrs ME Ndongula



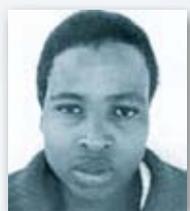
Ms RM Ngobeni



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Mrs A Opperman



Ms AP Phetla



Ms S Plaatjies



Ms RM Ramalatsa



Mr KG Ruiters



Ms TM Seholela



Mr NE Selumi



Ms MR Senoamadi



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