



# ANNUAL REPORT 2014/2015

BUILDING A BETTER SOCIETY THROUGH EDUCATION AND CAPACITY DEVELOPMENT

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# OVERVIEW







“EDUCATION IS THE MOST POWERFUL WEAPON WHICH YOU CAN USE TO CHANGE THE WORLD.” - NELSON MANDELA

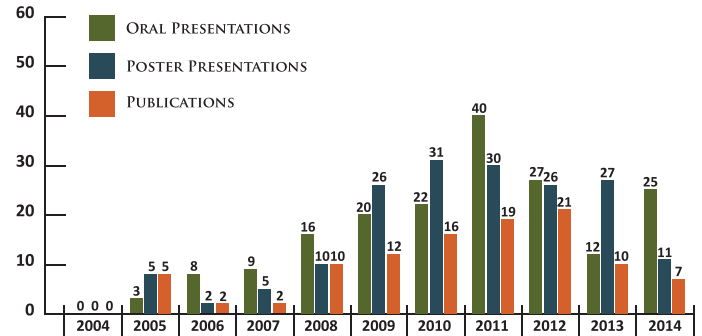
FPD HAS ENROLLED **292 838** STUDENTS ON FPD COURSES (SINCE 1998)

**1000 students** **838 students**



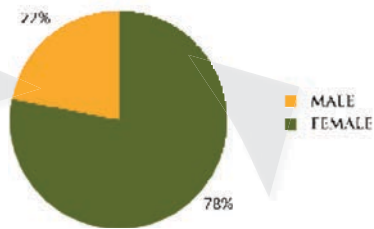
## RESEARCH OUTPUT

RESEARCH OUTPUT (2004 - 2014)

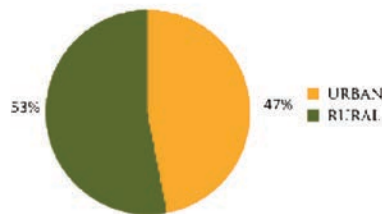


## STUDENT DEMOGRAPHICS

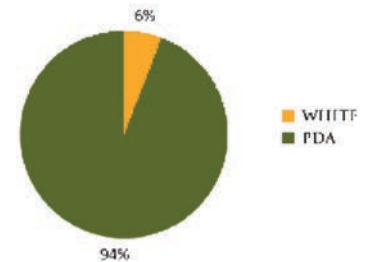
GENDER



URBAN/RURAL



RACIAL



FPD PROVIDES EXTENSIVE HEALTH MANAGEMENT DEVELOPMENT ACROSS AFRICA.

FPD BELIEVES IN BRINGING TRAINING AS CLOSE TO PARTICIPANTS AS POSSIBLE. FPD COURSES HAVE BEEN PROVIDED IN THE FOLLOWING COUNTRIES:

- Angola
- Botswana
- Canada
- DRC (all provinces)
- Egypt
- Eritrea
- Ghana
- Kenya
- Lesotho
- Mozambique
- Namibia
- South Africa
- Swaziland
- Tanzania
- Zambia
- Zimbabwe



EDUCATIONAL SUPPORT TO A VALUE OF

**R462 000 000**

WAS PROVIDED TO FPD STUDENTS

# VISION, MISSION, VALUES AND STRATEGIC DIRECTION

## VISION

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

## MISSION STATEMENT

FPD's **mission** is to catalyse social change through developing people, strengthening systems and providing innovative solutions.

## VALUES

All of FPD's activities are based on, and flow from, the following core values, that 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 is 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 2015 is focused on developing FPD into an international self-funding university 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 vision 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.

A major shift in strategic direction that will be pursued in 2015 is increasing FPD's ability to contribute to growing the professional work force in the region through undergraduate programmes and programmes that create work-place exposure.

FPD will also continue to expand its ability to provide health system technical assistance, expand its electronic distance education platforms and its cause-driven work in gender-based violence.

The 2015 Strategic Direction will continue efforts to ensure that FPD creates a working environment that will attract and retain people who want to make a difference and who are willing to subscribe to FPD's vision and values.

## 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



In 2014 FPD dedicated its activities to fulfil its mission of catalysing social change through developing people, strengthening systems and providing innovative solutions aligned with its vision of building a better society through educational and developmental activities.

In its pursuit of catalysing social change FPD established the Lighthouse Project in 2014 which is a health systems observatory

dedicated to using an evidence based approach to evaluate public-private health sector projects that have potential policy level implications.

A consortium including FPD, AHP, Aurum Institute, BroadReach, Right to Care and WHRI was successful in securing a government tender to increase the availability of medical practitioners in primary care clinics in the NHI districts. This project will substantially increase the access to doctors for public sector patients in South Africa.

During 2014 good progress was made in implementing health systems strengthening activities in nine health districts funded through two USAID/PEPFAR grants dedicated to improving public health services for 21% of the South African population. The close cooperation between the FPD Technical Advisors and the respective District Health Management Teams produced a number of tangible results in support of the UNAIDS's goal of 90-90-90 by 2020: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral treatment; 90% of all people receiving antiretroviral treatment will have viral suppression. Most notably, FPD noted a drastic increase in HIV counselling and testing, antenatal HIV re-testing at 32 weeks and infant HIV testing at 18 months; these testing figures are supported by a sustained increase in monthly new ART initiations as well as a growing number of patients active on ART. FPD roving mentor teams have made remarkable progress in supporting long term sustainability and integration of NIMART in the clinics through clinical mentoring of NIMART-trained nurses in support of developing HIV competencies in line with the nationally prescribed Green Book, as well as supporting the implementation of the Integrated Clinic Management Services (ICSM).

In the process, FPD also developed a greater appreciation for the challenges faced by public sector managers who work within substantial institutional design challenges which was documented in a chapter written by a number of FPD managers that was published in the 2014 SA Health Review.

FPD was fortunate to secure additional funding and start work for a number of innovative new projects including:

- » USAID's Communities Forward - Comprehensive Community-based HIV Prevention, Counselling and Testing Program for Reduced HIV incidence (CBCT) with the goal to expand high quality community-based HIV Counselling and Testing (CBCT) and effective linkage and referral systems in order to increase knowledge of HIV status, as well as access to appropriate and effective HIV and TB prevention, care and treatment services in high incident communities and key populations in South Africa.
- » Global Fund's ART Adherence Clubs with the goal to maintain good long-term adherence in patients on ART by enrolling stable ART patients in bi-monthly ART adherence clubs at public health facilities in order to fast track routine clinic visits and provide appropriate adherence support while reducing the burden on clinical services whilst not compromising the quality of patient care.
- » Making All Voice Count's Thuthuzela Voices with the goal to develop and test an application ("App") on a near-zero-cost, feature-phone accessible platform that will enhance the case management process to better oversee rape survivors' journeys through the medical and justice process, as well as establish a platform to hear the voices of these same rape survivors in terms of their client-experience in order to hold these gender based violence (GBV) service providers to account.

FPD made good progress in expanding activities focussing on violence as a public health priority with particular emphasis on gender based violence. A grant from USAID and the MACAIDS Foundation to increase services to survivors of sexual assault which allows FPD to work closely with the National Prosecuting Authority's Sexual Offences and Community Affairs Unit (SOCA) to support its Thuthuzela Project that provides an integrated strategy for prevention, response and support for rape victims. The project involves FPD working with partners such as Soul City Institute, Sonke Gender Justice and the Medical Research Council (MRC) around creating community awareness on GBV.

2014 was again a record year for FPDs educational activities with just over 40 000 students enrolling on our training programmes. To date close to 300 000 students have enrolled on a FPD course making us the largest health sector training institution in Africa. As usual generous support from our donors and sponsors allowed the majority of students to study at low or no cost. To date FPD has mobilised educational support for students of around R 450 million. The FPD graduation ceremony was the largest held to date with 447



students graduating on formal qualifications or international programmes. FPD also made good progress with increasing the number of formal qualifications registered with the South African qualifications authorities. FPD further increased its efforts to expand its online educational activities, we anticipate that these efforts will see a substantial increase in 2015 through funding received from UNESCO and Johns Hopkins University to provide sexuality education to teachers in 22 countries in Africa.

FPD also continued its partnership with a number of South African Higher Education Institutions through funding projects such as the HIV Health Professionals Hotline at the University of Cape Town, the info4africa AIDS service provider's directory at the University of KwaZulu –Natal and supporting the Infectious Diseases Unit at the University of Pretoria.

FPD continued its focus on projects that help students transition from an educational environment into the workplace, through using a combination of apprenticeship based programmes. In 2014 we supported 577 participants on various programmes that amongst others, supported newly qualified Masters Degree graduates to enter the HIV sector, helped school leavers and undergraduates to gain access to careers and employment through structured learnership and internship programmes in the health, IT and education sectors and created work place experience opportunities for students completing graduate programmes in the FET sector.

FPD in 2014 we organised a number of international and national conferences, notable amongst these were the 2nd South African Basic Education Conference, the SA TB Conference and the Lesotho OVC conference.

To ensure FPD's continued expansion and ability to respond to the needs of our society FPD expanded its ability to generate proposals and respond to tenders. In 2014 the Proposal Unit coordinated the submission of 301 proposals and tenders with a remarkable 45% success rate in monetary value.

This annual report also creates an opportunity for me to express my appreciation to the more than 50 strategic partners of FPD, the sponsors and donors who have provided such generous support to FPD's 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 colleagues who are the most incredible group of dedicated individuals I have ever had the privilege to work with; they are the heart and soul of FPD.

**DR GUSTAAF WOLVAARDT**  
MANAGING DIRECTOR  
MBCHB (PRET), MMED (INT) (PRET),  
FCP (SA), AMP (MBS), PGCHE (PRET)

# BACKGROUND

The Foundation for Professional Development (Pty) Ltd [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 non-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 education, namely: teaching and learning, research and community engagement. These areas of academic 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/ CAPACITY DEVELOPMENT

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, such as: supporting NGOs, working with the public sector on health systems strengthening, gender-based violence and learnerships 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 formal qualifications:

- » Advanced Certificate in Management [Adv. Cert. (Management)]
- » Higher Certificate in Practice Management [H.Cert. (Practice Management)]
- » Advanced Certificate in Health Management [Adv. Cert. (Health Management)]
- » Advanced Certificate in Monitoring and Evaluation [Adv. Cert. (Monitoring and Evaluation)]
- » Higher Certificate in Risk Assessment and Management [H. Cert. (Risk Assessment and Management)]
- » Higher Certificate in Management [H. Cert. (Management)]
- » Postgraduate Diploma in General Practice [PG. Dip. (General Practice)]
- » Advanced Diploma in Aesthetic Medicine [Adv. Dip. (Aesthetic Medicine)]

FPD also offers 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 2 Broad Based Black Economic Empowerment organisation.

# GOVERNANCE AND QUALITY ASSURANCE STRUCTURES

## FPD BOARD OF DIRECTORS

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

Currently the role of FPD's Board of Directors is 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 Muzikisi Grootboom**  
(from 01 January 2015)  
*Director*  
MBChB(Natal), FCS(SA) Orth,  
C.I.M.E (A.B.I.M.E), Cert. in  
Accounting and Finance (UNISA)



**Dr Mohammed Abbas**  
(until 31 December 2014)  
*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 Gary Reubenson**  
*Director*  
MBBCh, DTM&H, FC Paed, DCH

### EXECUTIVE DIRECTORS



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



**Ms Veena Pillay**  
*Academic Executive*  
MBA, PGCHE (Pret)

### COMPANY SECRETARY



**Ms Alet Bosman**  
B.Com (Fin Man), HED, B.Com  
Hons (ACC)

## PROGRAMME ADVISORY AND QUALITY ASSURANCE COMMITTEE 2014/2015

### ACADEMIC MANAGEMENT REPRESENTATIVES

- » Ms Suzanne Johnson
- » Ms Amor Gerber
- » Mr Anton la Grange
- » Dr Grace Makgoka
- » Ms Veena Pillay
- » Dr Gustaaf Wolvaardt
- » Mr Henk Reeder

### INDUSTRY REPRESENTATIVES

- » Ms Gizella du Plessis
- » Ms Lucia Huyser
- » Mr Jan van Rooyen
- » Mr Brian Smith
- » Mr Junaid Seedat
- » Dr Liz Wolvaardt

### FACULTY REPRESENTATIVES

- » Ms Gail Andrews
- » Mr Bryan Carpenter
- » Ms Welmoed Geekie
- » Ms Sunette Jordaan
- » Ms Gloria Mbokota
- » Mr Jefter Mxotshwa
- » Ms Regina Nkabinde
- » Ms Sheila Zondo

### STUDENTS AND ALUMNI

- » Ms Chantel Hira
- » Ms Chantal Odendaal
- » Ms Liezel Rabie

## RESEARCH ETHICS COMMITTEE (REC)

FPD's REC has been audited and registered by the National Health Research Ethics Council to review research level 1 and 2 research protocols according to the National Health Act (No. 61 of 2003) including research involving minors as prescribed by Section 71(3)(A)(II). The committee meets once a month and during 2014 the committee reviewed 14 proposals (approved 12), referred one to the South African Medical Association Research Ethics Committee (SAMAREC) and referred one for expert assistance regarding its methodology.

- » **Prof David Cameron**  
Chairperson: Medical Education and Palliative Care  
Foundation for Professional Development/University of Pretoria

- » **Ms Alet Bosman**  
Secretary: Programme Evaluation  
Foundation for Professional Development
- » **Dr Monika dos Santos**  
Psychology, Clinical Practise and Policy Development  
University of South Africa
- » **Dr Mitch Besser**  
Medical Education and Clinical Practice  
mothers2mothers
- » **Prof Julia Mekwa**  
Ethics, Leadership and Education  
Foundation for Professional Development
- » **Ms Lilian Barlow**  
Metallurgy and Management  
Anglo American
- » **Mr Braam Volschenk**  
Legal and Management  
Foundation for Professional Development
- » **Dr Fritz Kinkel**  
Infectious Disease and Monitoring and Evaluation  
Foundation for Professional Development/  
University of Pretoria
- » **Ms Ntombi Mtshweni**  
Programme Evaluation  
Futures Group
- » **Ms Esca Scheepers**  
Qualitative Research  
mother2mothers

## 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*

- » Foundation for Professional Development (Pty) Ltd  
*Member of the Board of Directors*
- » FPD Property (Pty) Ltd  
*Member of the Board of Directors*
- » Foundation for Professional Development Fund (Non-Profit Company)  
*Member of the Board of Directors*

- » Dira Sengwe Conferences  
(Non-Profit Company)  
*Member of the Board of Directors*
- » Africa Health Placements (Pty) Ltd  
*Member of the Board of Directors*
- » Africa Health Placements  
(Non-Profit Company)  
*Member of the Board of Directors*
- » Tshwane Mayoral AIDS Council (TMAC)  
*Co-Chairman*
- » Health Sciences Academy (Pty) Ltd  
*Member of the Board of Directors*
- » Health and Medical Publication Group (Pty) Ltd  
*Member of the Board of Directors*
- » Medical Practice Consulting (Pty) Ltd  
*Member of the Board of Directors*

**Ms Veena Pillay**  
*Academic Executive*

- » Foundation for Professional Development (Pty) Ltd  
*Member of the Board of Directors*
- » FPD Property (Pty) Ltd  
*Member of the Board of Directors*
- » Foundation for Professional Development Fund  
(Non-Profit Company)  
*Member of the Board of Directors*

**Mr Henk Reeder**  
*Chief Financial Officer*

- » South African Institute of Healthcare Managers  
(Non-Profit Company)  
*Voluntary Chief Executive Officer*

**Prof David Cameron**  
*Senior Consultant: Evaluation Unit*

- » Essential Steps in Managing Obstetric  
Emergencies Programme  
*Advisory Board Member*
- » Sediba Hope Medical Centre (SHMC)  
*Member of the Board of Directors*

## FPD INTERNATIONAL REPRESENTATION

FPD is fortunate to have international representation that supports the development of FPD projects on a voluntary basis. **Dr Anders Milton** (M.D., PhD) is the Special Advisor for Europe.

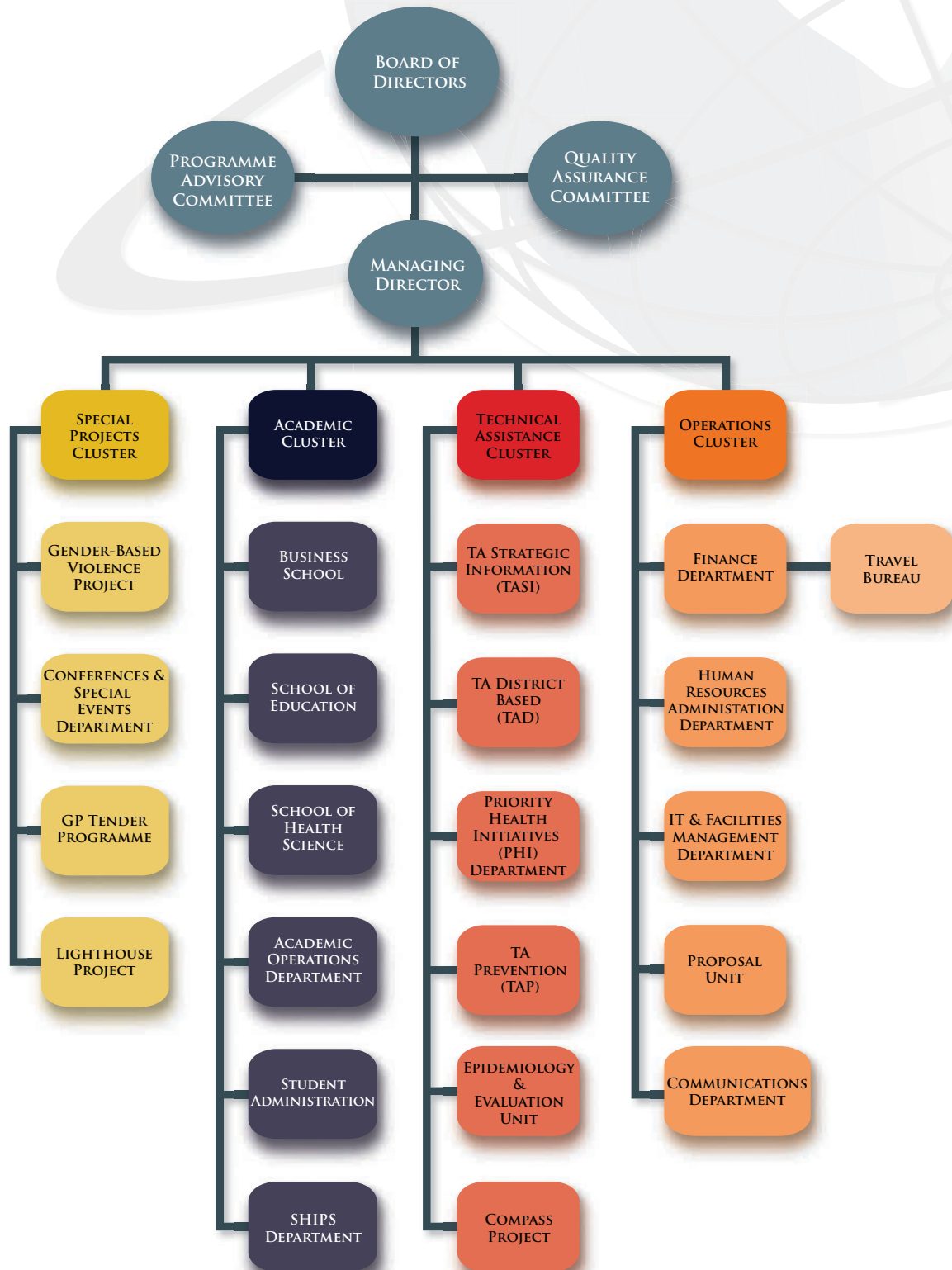
Dr Milton is an internationally renowned healthcare leader who is the past Chairperson of the World Medical Association, past President of the Swedish Red Cross, past President of the European Red Cross and Crescent Societies Network against HIV and AIDS and TB. He is also the President of the Face of 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.



# ORGANISATIONAL AND MANAGEMENT STRUCTURE

FPD consists of a number of functional departments organised into clusters. All departments report to the Managing Director.

The structure below will be applicable in 2015.



## MANAGING DIRECTOR'S 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 acts as Head of the Special Projects Cluster.

## SPECIAL PROJECTS CLUSTER

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

### GENDER-BASED VIOLENCE PROJECT

This programme is a collaboration between FPD and a number of leading South Africa organisations, namely: the Soul City Institute, Sonke Gender Justice Network and the South African Medical Research Council. The aim is to enhance the role of Thuthuzela Care Centres of the National Prosecuting Authority (NPA) in tackling South Africa's epidemic of gender-based violence and sexual assault.

### CONFERENCES & SPECIAL EVENTS DEPARTMENT

The Conferences & Special Events Department provide a macro meeting and events management service with skilled and experienced staff working on state-of-the-art project management systems. They offer their clients a solid partnership on all aspects of events and conference management, guaranteeing the successful roll-out of projects.

### GP TENDER PROJECT

This project is implemented by a consortium of organisations, lead by FPD, including: AHP, BroadReach, Wits Reproductive Health & HIV Institute (WHRI), Right to Care and Aurum Institute supports the NDoH NHI Project by recruiting and seconding GPs to provide PHC services in selected clinics in the NHI Pilot districts.

### LIGHTHOUSE PROJECT

The Project aims to improve the healthcare and outcomes, protect people against catastrophic health expenditure and achieve a 10%-15% efficiency gain in healthcare. This will be achieved through pilot projects aimed at establishing significant integration of service delivery through utilising public-private-partnerships. A district system observatory making use of ICT systems and data analysis will guide the intervention and provide evidence of success. The Project will also use a collaborative consultation process to develop national consensus on priority health policy issues based on collecting and disseminating scientific evidence in support of innovation.

## ACADEMIC CLUSTER

This Cluster houses FPD's educational activities and comprises the following schools:

### BUSINESS SCHOOL

This school offers a wide range of management courses, including formal qualifications, short courses and in-house training programmes.

### SCHOOL OF EDUCATION

This school offers a number of short courses for educators.

### SCHOOL OF HEALTH SCIENCES

This school offers a wide range of clinical courses, including formal qualifications and short courses.

### ACADEMIC OPERATIONS DEPARTMENT

The Academic Operations Department supports the School of Health Science, Business School and School of Education with academic programme development, study material management, quality assurance and marketing.

### STUDENT ADMINISTRATION

This department is tasked with all aspects regarding the delivery of educational programmes and student administration for the various courses.

### SHIPS DEPARTMENT

FPD offers a number of work-place learning opportunities to allow participants to gain work-based experience. These programmes accommodate students at various qualification levels ranging from programmes designed to hone the skills of postgraduate masters-level graduates by placing them in the AIDS service environment to programmes that support formal learnerships, undergraduate service learning and apprenticeships.

## TECHNICAL ASSISTANCE CLUSTER

The Technical Assistance (TA) Cluster has a focus on strengthening South African Government (SAG) capacity for leadership, management and delivery of health services in the district health system.

The following Departments form the Cluster:

### TECHNICAL ASSISTANCE STRATEGIC INFORMATION (TASI)

TASI provides technical support and expertise to District Health Information Management and other programmes to

strengthen collection, collation, reporting and use of data from routine health information systems and other relevant sources. The aim is to foster a culture of evidence-based decision making from the facility to district management team level.

#### **TECHNICAL ASSISTANCE DISTRICT-BASED (TAD)**

TAD provides expert consultancy and technical support to District Health Management Teams around the areas of; leadership, governance, health workforce and health financing. The aim is to support translation of policy into district-appropriate strategies with district-owned operational plans, budgets, costed organograms, targets and management systems.

#### **TECHNICAL ASSISTANCE PRIORITY HEALTH INITIATIVES (PHI)**

PHI provides facility-level training, coaching, mentorship and support through a roving mentor team and programme champion model. The aim is to ensure improved service delivery and quality of care with key focus on: retention, treatment and care for People Living with HIV/AIDS (PLWHA); TB/HIV/STI integration; provider-initiated counselling and testing (PICT); maternal and child health and reproductive health; National Core Standards and establishing “ideal clinics”. Additionally, PHI provides technical clinical and programmatic expertise to priority health programmes, such as: (TB/HIV, MCH and community health) through programme champions with the aim to promote a cycle of total quality management and inculcation of best practice.

#### **TECHNICAL ASSISTANCE PREVENTION DEPARTMENT (TAP)**

TAP implements community-based HIV prevention, counselling and testing programmes for reduced HIV incidence in high incident communities and key populations in South Africa. TAP manages three sub-grantees (FHI360, HPPSA and SFH) on the Communities Forward grant, provides TA and support to the National First Things First Campaign and oversees FPD ART Adherence Club activities.

#### **COMPASS PROJECT**

Compass Project is an FPD initiative that assists communities to respond effectively to HIV and AIDS through identification of the need, mapping of service provision and capacity building activities to improve the response through GIS maps, service directories and ‘app-based’ products. Compass Project promotes the philosophy that in order to have an effective response to the HIV epidemic, a coordinated mobilisation of all resources in a specific community is required.

### **OPERATIONS CLUSTER**

The Operations Cluster provides cross-cutting operational support to all FPD Departments and includes:

#### **FINANCE DEPARTMENT**

This Department facilitates all financial functions for the FPD Group of Companies and ensures compliance with international and local donor and Statutory requirements for both FPD and outsourced clients.

#### **TRAVEL BUREAU**

FPD established a commercial Travel Bureau that manages all travel arrangements for FPD staff, faculty, conference delegates and outside clients.

#### **HR ADMINISTRATION DEPARTMENT**

The HR Administration Department facilitates and coordinates the functions related to human resource administration.

#### **IT DEPARTMENT**

This Department facilitates and coordinates all functions related to information technology.

#### **PROPOSAL UNIT**

FPD’s Proposal Unit coordinates all new grant, proposal and tender opportunities to expand outreach and growth opportunities and ensure sustainability for the future of FPD.

#### **COMMUNICATIONS DEPARTMENT**

The Communications Department focuses on brand promotion and strategic communication using predominantly social media and press releases.

### **FPD MANAGEMENT TEAM**

#### **SENIOR MANAGEMENT**

- » *Managing Director*  
**Dr Gustaaf Wolvaardt**  
MBChB (Pret), M.Med (Int) (Pret),  
FCP (SA),AMP (MBS), PGCHE (Pret)
- » *Academic Executive*  
**Ms Veena Pillay**  
MBA, PGCHE (Pret)
- » *Technical Assistance Executive*  
**Ms Suzanne Johnson**  
BSLA, MPH
- » *Chief Operations Officer*  
**Mr Henk Reeder**  
BCompt



## DEPARTMENT, PROGRAMME AND PROJECT HEADS

### ACADEMIC CLUSTER

- » *Head: Clinical and Educational Training*  
**Ms Amor Gerber**  
B.Com, DTE, SLP
- » *Head: Quality Assurance, Academic Programme Development and Management Training*  
**Mr Anton la Grange**  
BSc (Ed), BSc (HONS), CAHM, AMP (MBS)
- » *Head: Health Sciences*  
**Dr Grace Makgoka**  
MBChB, Dip HIV Mang (CMSA)
- » *SHIPS Department*  
**Ms Tiyani Armstrong**  
HCM

### SPECIAL PROJECTS CLUSTER

- » *Conferences and Special Events Department*  
**Mr Roberto Galetti**  
BCompt, CISA
- » *Lighthouse Project*  
**Dr Gwen Ramokgopa**  
MBChB, MPH
- » *Gender Based Violence Project*  
**Ms Siziwe Ngcwabe (up to November 2014)**  
BA (SW) UNITRA, Diploma HR (Allenby), Cert. EAP (UP), CAHM (FPD)  
**Dr Ria Schoeman (from December 2014)**  
BA HONS(UP), HED(UP), MPA(UP), PhD(UP)

### TECHNICAL ASSISTANCE CLUSTER

- » *Technical Assistance Prevention Department (TAP)*  
**Ms Hanlie Kapp**  
BCur, CAHM
- » *Technical Assistance District Based (TAD)*  
**Dr Nkhensani Nkhwashu**  
BSc (Medical Science), MSc (Anatomy), PhD (Microbiology)
- » *Technical Assistance Strategic Information (TASI)*  
**Ms Romy Overmeyer**  
B. Econ. Sci.

- » *Technical Assistance Priority Health Initiatives Programmes (PHI)*  
**Dr Margot Uys**  
MB.BCh (Rand) BA (Mus) Hons, HED, AHMP (FPD-Yale)
- » *Compass Project*  
**Mr Riyaadh Ebrahim**  
BCom (Economics, Business Management)

### OPERATIONS CLUSTER

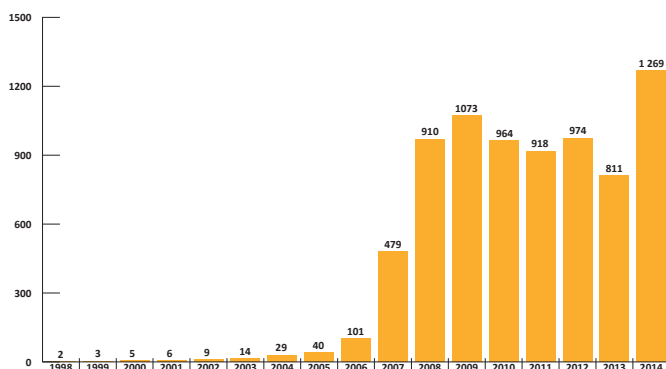
- » *Finance Department*  
**Mr Henk Reeder**  
BCompt
- » *Human Resource Administration*  
**Ms Maureen Fourie**  
BMil (Human Science)
- » *Information Technology*  
**Mr Kershen Naidoo**  
MCSE, MSDBA
- » *Communications*  
**Ms Helga Swart**  
ACHM, HCM

## STAFF

In 2014, the focus remained on ensuring FPD is one of the best companies to work for. The success of the project is demonstrated by the active participation of FPD staff in the various events such as the Las Vegas Show Night themed Start-of-Year-Function. The attendance was significant and all employees and their partners thoroughly enjoyed the evening. Monthly staff socials were also well attended and *improved* the *esprit de corps* amongst employees. The benefit was also seen in an improvement in staff turn-over figures that was less than 5% compared to the national turnover rate of 8.4%.

*Staff on payroll as on 31 December 2014*

STAFF ON PAYROLL



# START-OF-THE-YEAR-FUNCTION



# EDUCATION





# TEACHING AND LEARNING FOCUS AREAS

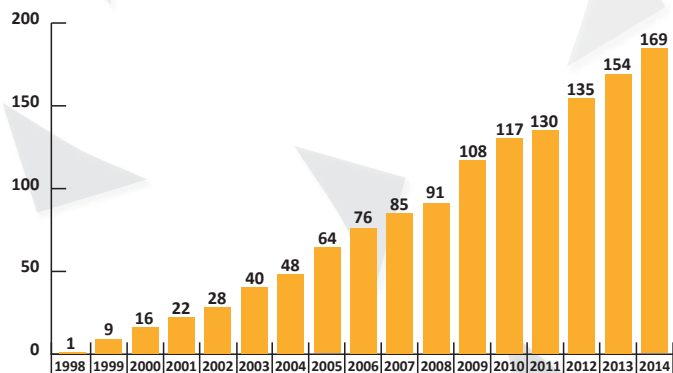
FPD's learning programmes are designed to be cutting edge and customised to meet the specific needs of our participants. Both formal qualifications - as well as our short course training offerings - are developed within the regulatory requirements of the Department of Higher Education and Training (DHET), Council on Higher Education (CHE), the South African Qualifications Authority (SAQA). In the case of training programmes for healthcare professionals, the relevant programmes adhere to the requirements of the Health Professions Council of South Africa (HPCSA).

## CURRICULUM DEVELOPMENT

The number of separate courses offered by FPD increased from one in 1998 to 169 by the end of 2014 as illustrated below.

*Number of courses offered by FPD*

### FPD COURSES PERIOD: 1998 - 2014



During the past year, the following new courses were developed, customised or updated:

Formal registered qualification submitted to DHET, CHE and SAQA for accreditation and registration during 2013-2014:

- » Advanced Certificate in Monitoring and Evaluation [Adv. Cert. (Monitoring and Evaluation)]
- » Advanced Certificate in Anaesthetic Technology [Adv. Cert. (Anaesthetic Technology)].
- » Higher Certificate in Pharmacy Technician [H. Cert. (Pharmacy Technician)].
- » Postgraduate Diploma in Health Management [PG Dip. (Health Management)]

### COURSES FOR CLINICIANS

- » Clinical Management of Prostate Cancer for Healthcare Professionals

- » Clinical Management of Hypertension for Healthcare Professionals in Kenya
- » Short Course in Immunisation
- » Paediatric Pain Management and Children's Rights Course
- » Short Course in the Evaluation of Medical Impairment Rating
- » Short Course in the Clinical Management of ADHD
- » Short Course in the Clinical Management of Metabolic Syndrome

### MULTIDISCIPLINARY COURSES

- » Clinical Management of Hypertension for Community Health Workers (CHW) in Kenya
- » Wellness Programme
- » Public Finance
- » ICD 10 Coding
- » HIV Counselling and Testing
- » Adherence Counselling for antiretroviral Therapy
- » Introduction to HIV for Lay Counsellors, Community Care Givers and Supporters
- » Introduction to TB for Lay Counsellors, Community Care Givers and Supporters
- » Prevention of Mother to Child Transmission (PMTCT)
- » Short Course in Nurse Case Management
- » Short Course in Nurse Initiated Management of antiretroviral Therapy
- » Short Course in the Clinical Management of TB
- » Short Course in the Clinical Management of HIV/AIDS
- » Short Course in the Integrated Management of TB, HIV and STIs
- » Infection Control
- » HIV Refresher Course
- » Short Course in Palliative Care in Nursing

- » Short Course in the Clinical Management of Isoniazid Preventative Therapy
- » Short Course in the Clinical Management of MDR-TB
- » Short Course in the Impact of HIV, Safety and Security in the Workplace
- » Antiretroviral Therapy for Adults in Resource-Limited Settings
- » Short Course in the Awareness and Management of Ebola
- » Short Course in Pharmaceutical Regulatory Affairs
- » Comprehensive Management of Sexual and Gender-Based-Violence

#### E-LEARNING COURSES

- » Clinical Management of HIV and AIDS for Allied Healthcare Workers
- » Introduction to Project Management
- » Financial Management
- » Clinical Management of Hypertension
- » Clinical Management of Breast Cancer
- » Comprehensive Sexuality Education for Educators

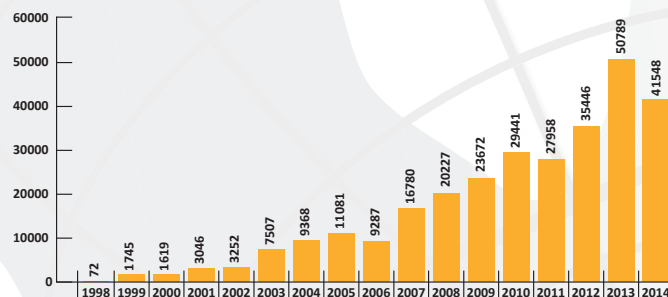
## HIGHLIGHTS OF 2014

- » FPD trained 41,548 students in 2014.
- » 447 students graduated on 21 November 2014.
- » FPD was awarded a tender for Nurse Initiated Management of antiretroviral Therapy and Paediatric HIV and AIDS management training from the Department of Health Limpopo

## STUDENT ENROLMENT

In 2014, FPD enrolled 41,548 students bringing the total number of students who have studied with FPD to 292,838.

#### STUDENT ENROLMENT PERIOD: 1998 - 2014



Since its inception, the Academic Cluster has successfully overcome 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 districts where the need is across Africa and offering blended learning approaches that limits time away from work.

## 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 at the centre. Students receive the support they require from faculty and may request additional assistance from FPD if needed.

**Online Support:** FPD has established an Internet-based Student Support Site (SSS) to support all its enrolled students to achieve formal registered qualifications. This SSS 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 SSS 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 assessments and assignment guidelines.

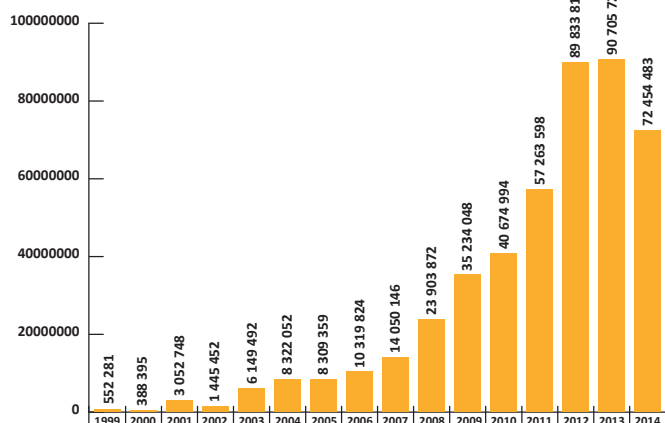
**Clinical Call Centre Support:** FPD also offers, in collaboration with the University of Cape Town's Medicine Information Centre, a toll free call centre that is geared towards handling any clinical treatment enquiries. This Call Centre is actively promoted to the FPD alumni. The number is: 0800 212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

**Clinical Mentor Support:** FPD has developed a system of Roaming 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 and Professional Support:** FPD compliments its own alumni services with strategic alliances with two professional associations. FPD's sponsorship of membership fees for alumni, as these associations ensure access to a wide variety of mentorship and continuing educational products such as journals and newsletters. Currently, FPD has arrangements to provide this support with the Southern African HIV Clinicians Society (SAHIVS) and South African Institute of Healthcare Managers (SAIHCM).

## SCHOLARSHIPS

### FPD (PTY) LTD. EDUCATIONAL GRANTS (1999 - 2014)



During 2014, FPD continued to support efforts to promote access to education through securing educational grants from sponsors and donors for all potential FPD students.

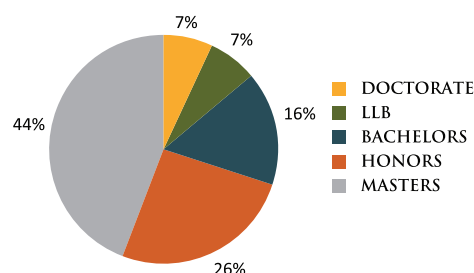
The funding from grants and sponsorships are utilised in the form of a subsidy to enrol potential students. This reduces costs as a barrier to education. During 2014, educational grants and sponsorships to the value of R72 million were received. The total monetary value of scholarships awarded since 1998 is R462 million.

## FACULTY

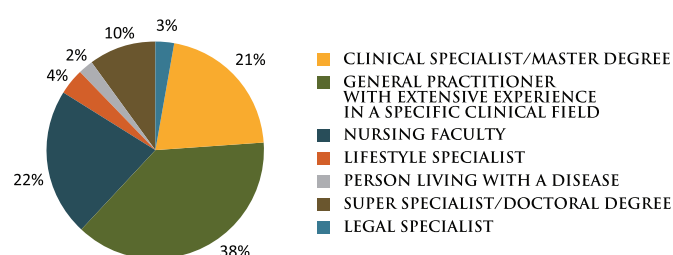
FPD employs a model of using a contracted faculty panel, that ensures access to the best faculty in the field. Most of the FPD Head of Departments also act as faculty. The following graphs provide an overview of the qualifications and expertise of FPD staff who taught on programmes in 2014.

### QUALIFICATIONS FACULTY:

QUALIFICATIONS OF FACULTY  
2014-2015  
MANAGEMENT TRAINING



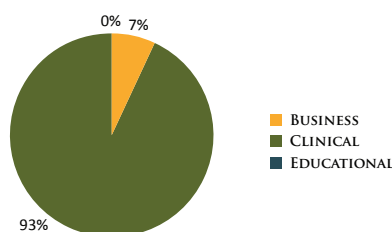
QUALIFICATIONS OF FACULTY  
2014-2015  
CLINICAL TRAINING



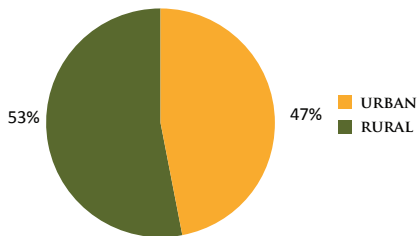
## FACTS AND FIGURES

This section provides an overview in graphic form of the demographics of students who were enrolled on FPD courses in 2014.

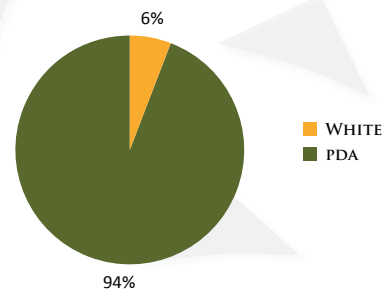
STUDENT BREAKDOWN 2014  
COURSE ENROLMENT



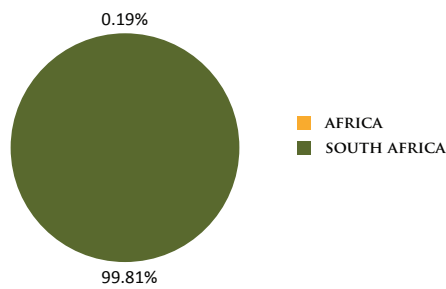
STUDENT BREAKDOWN 2014  
URBAN/RURAL



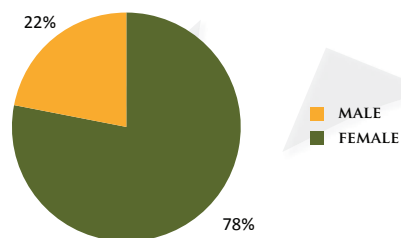
STUDENT BREAKDOWN 2014  
RACIAL



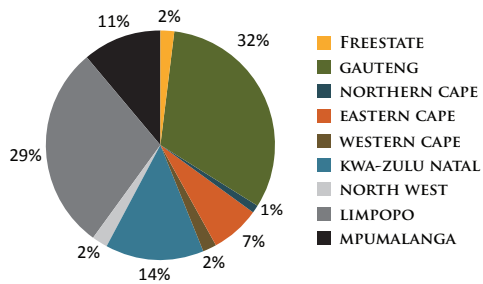
STUDENT BREAKDOWN 2014  
SOUTH AFRICA/AFRICA



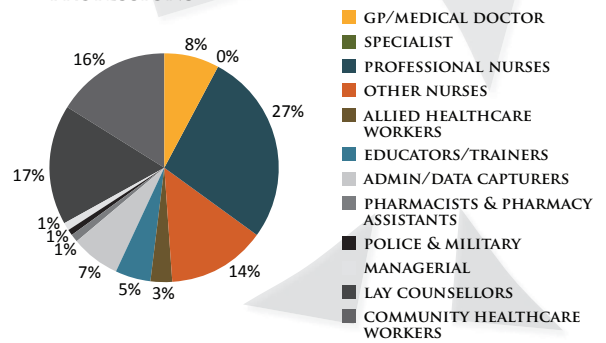
STUDENT BREAKDOWN 2014  
GENDER



STUDENT BREAKDOWN 2014  
GEOGRAPHICAL



STUDENT BREAKDOWN 2014  
PROFESSIONS





## GRADUATION

In November 2014, FPD held its annual graduation. A total of 447 students graduated from various FPD courses.



# EDUCATIONAL OFFERINGS

## FPD BUSINESS SCHOOL



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 of formally registered qualifications, international short courses, short learning programmes and distance education. 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, our alumni support programmes and the integration of action research into our curricula.

## FORMAL REGISTERED QUALIFICATIONS

### ADVANCED CERTIFICATE IN HEALTH MANAGEMENT

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.

### HIGHER CERTIFICATE IN PRACTICE MANAGEMENT

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.

### HIGHER CERTIFICATE IN RISK ASSESSMENT AND MANAGEMENT

The primary purpose of this qualification is to provide qualifying learners – namely: case managers, coordinators, reception staff and credit controllers in private hospitals – with a set of basic 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.

### HIGHER CERTIFICATE IN MANAGEMENT

This qualification is targeted at addressing the management training needs of participants currently in 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 MANAGEMENT

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 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 a leader, whilst also developing the knowledge and skills required to assess and have an increased understanding of themselves as individuals.

### ADVANCED CERTIFICATE IN MONITORING AND EVALUATION

The Advanced Certificate in Monitoring and Evaluation has been developed to address the need of a specific target population, such as: managers and subject matter experts that have identified a need to further develop their monitoring and evaluation knowledge and skills. For example a manager of middle management level whose job includes data management functions and oversight.

## INTERNATIONAL SHORT COURSES

### MANCHESTER BUSINESS SCHOOL ADVANCED MANAGEMENT PROGRAMME (MBS AMP)

The MBS 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.

### 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 a 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 may 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 proposal 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.

### B-BBEE

This short course enables participants to interpret B-BBEE in a manner that will allow participants to develop strategies on how to improve their company's scorecard ratings.

### DIVERSITY MANAGEMENT

Participants of 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. For example, it covers 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 programme evaluation skills. It's 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.

## FPD SCHOOL OF HEALTH SCIENCE



## FORMAL POSTGRADUATE QUALIFICATION

### POSTGRADUATE DIPLOMA IN GENERAL PRACTICE

The Postgraduate Diploma in General Practice [PG Dip. (General Practice)] is designed to provide an easily accessible distance-education curriculum that will allow structured continuous professional development around a subject of direct relevance to doctors' practice environment. The

clinical subjects address the more pressing public health issues whilst non-clinical subjects are designed to help general practitioners deal with a rapidly changing healthcare environment.

### **ADVANCED DIPLOMA IN AESTHETIC MEDICINE**

The Advanced Diploma in Aesthetic Medicine [Adv. Dip. (Aesthetic Medicine)] has been specifically developed for healthcare practitioners working in the aesthetic and anti-ageing field. The course is tailored to take into account the time and financial constraint of practitioners working full time in a private practice. The range of course modules have been designed to develop and expand the participants' extensive knowledge and advanced skills in this rapidly evolving and sophisticated field of medicine.

## **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, detailed study manuals and workshops facilitated by leading national experts.

## **COURSES FOR CLINICIANS**

- » Clinical Management of Prostate Cancer
- » Clinical Management of Malaria
- » Clinical Management of Metabolic Syndrome
- » Clinical Management of Respiratory Diseases
- » Clinical Management of Rheumatology
- » Clinical Management of Severe Sepsis
- » Clinical Management of Tuberculosis
- » Clinical Management of Urinary Incontinence
- » Dermatology in HIV/AIDS
- » Destigmatisation
- » Disability Assessment Course
- » Diagnostic Ultrasound – Obstetrics/Gynaecology
- » Doctors Orientation Programme
- » Emergency Medicine
- » Infection Control and Isoniazid Preventative Therapy Course
- » Irritable Bowel Syndrome
- » Male Circumcision Under Local Anaesthesia
- » Management of Opioid Dependence and Abuse
- » 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
- » Short Course in the Evaluation of Medical Impairment Rating
- » Short Course in Immunisation
- » Substance Abuse
- » Advanced HIV and AIDS Management Programme
- » Anaesthesiology Refresher
- » Clinical Management of Attention Deficit Hyperactivity Disorder
- » Clinical Management of Allergies
- » Clinical Management of Asthma
- » Clinical Management of Breast Cancer for Healthcare Professionals
- » Clinical Management of Cardiovascular Diseases
- » Clinical Management of Common Vascular Diseases
- » Clinical Management of Dermatology
- » Clinical Management of Diabetes Mellitus
- » Clinical Management of Epilepsy
- » Clinical Management of Gastro-Oesophageal Reflux Disease
- » Clinical Management of HIV/AIDS
- » Clinical Management of Hypertension

## COURSES FOR REGISTERED NURSES

- » Case Management for Professional Nurse
- » Clinical Competency of ARV Treatment Programme (CCART)
- » Clinical Management of Diabetes Mellitus for Professional Nurses
- » Clinical Management of HIV and AIDS for Professional Nurses
- » Clinical Management of Tuberculosis for Professional Nurses
- » Muscular Dystrophy
- » Nurse Initiated Management of antiretroviral Therapy (NIMART)
- » Palliative Care Nursing for Professional Nurses

## MULTIDISCIPLINARY COURSES

- » ART Registers
- » Antiretroviral Therapy for Adults in Resource-Limited Settings
- » Adherence Counselling for ART
- » Advanced Counselling & Testing
- » Clinical Management of Obesity
- » Clinical Trial Management
- » Community Health Workers Phase 1 and Phase 2
- » Comprehensive Management of Sexual Gender Based Violence
- » HIV in the Workplace
- » HIV Rapid Testing
- » HIV Refresher Seminar
- » Paediatric Pain Management and Children's Rights Course
- » Palliative Care
- » Provider Initiated Counselling and Testing (PICT)
- » Short Course in Pharmaceutical Regulatory Affairs

- » Short Course in the Impact of HIV, Safety and Security in the Workplace

## COURSES FOR OTHER HEALTHCARE WORKERS

- » Anatomy for Non-Healthcare Professionals
- » Antiretroviral 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 for Lay Counsellors
- » Management of HIV and TB for Lay Counsellors
- » Short Course in Hypertension for Community Health Workers

## 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
- » Storepersons 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 Epilepsy

- » Clinical Management of HIV and AIDS for Healthcare Professionals
- » Clinical Management of Rheumatology
- » Clinical Management of Severe Sepsis
- » Clinical Management of Tuberculosis for Healthcare Professionals
- » Dispensing
- » Dispensing Opticians
- » Ethics for Optometrists
- » ICD 10 Coding
- » Irritable Bowel Syndrome
- » Medical Ethics
- » Medical Terminology
- » Mental Health
- » Optometry Volume 1 and 2
- » Practice Pathology
- » Professional Drivers Permit Course
- » Urinary Incontinence Management

## E-LEARNING COURSES

- » Certificate in Practice Management
- » Clinical Management of Asthma
- » Clinical Management of Breast Cancer
- » Clinical Management of Cardiovascular Disease
- » Clinical Management of Common Vascular Disease
- » Clinical Management of Diabetes for Healthcare Practitioners
- » Clinical Management of Epilepsy
- » Clinical Management of HIV and AIDS for Healthcare Practitioners
- » Clinical Management of Hypothyroidism
- » Clinical Management of Hypertention

- » Clinical Management of Pediatric HIV and AIDS
- » Clinical Management of STI's
- » Clinical Management of TB for Healthcare Practitioners
- » Clinical Management of Urinary Incontinence
- » Fertility Management Course
- » HIV Counselling and Testing
- » Introduction to Project Management
- » Storepersons Course
- » Mental Health Course
- » Medical Ethics – 4 different electives
- » Death Certificate Course

## FPD SCHOOL OF EDUCATION



## COURSES FOR EDUCATORS

- » Comprehensive Sexuality Education for Educators
- » Managing HIV/AIDS in Schools
- » Managing Violence in Schools
- » Managing Violence in the Community

## CUSTOMISED ORGANISATION SPECIFIC (IN-HOUSE) COURSES

FPD has developed particular expertise in developing customised educational programmes for the staff of various organisations. Organisations marked with (\*) denotes 2014 clients.

To date FPD has provided customised in-house training programmes for staff of the following organisations:

## PUBLIC SECTOR ORGANISATIONS

- » Departments of Health including neighbouring countries\*
- » Rand Water
- » South African Defence Force\*
- » South African Department of Correctional Services\*
- » South African National Department of Health\*
- » South African National Parks
- » Statistics South Africa
- » Various South African Provincial Departments of Health\*

## INTERNATIONAL ORGANISATIONS

- » Centre for Disease Control (CDC)
- » Joint United Nations Programme on HIV/AIDS (UNAIDS)\*
- » SIDA\*
- » United Nations Children's Fund (UNICEF)\*
- » World Health Organisation (WHO Afro)

## INDUSTRY

- » Anglo Gold
- » Anglo Gold Ashanti\*
- » Anglo Platinum
- » AVIS Fleet\*
- » BMW
- » Cell C\*
- » De Beers
- » Eskom\*
- » Kumba Resources
- » Microsoft
- » Nedbank
- » NedHope\*
- » Oracle
- » Royal Bafokeng Administration

## MEDICAL SCHEMES/ ADMINISTRATORS

- » Igolide Health Networks
- » Impilo Health
- » Medihelp
- » Medikredit
- » MXHealth
- » Thebe Ya Bopele
- » Umed Medical Scheme

## HOSPITAL GROUPS

- » NetCare

## NETWORKS

- » GP Net
- » Medicross\*
- » Prime Cure
- » Spesnet

## PHARMACEUTICAL AND MEDICAL EQUIPMENT INDUSTRY

- » Abbot Laboratories
- » Adcoc Ingram
- » Alcon\*
- » Aspen Pharmacare
- » AstraZeneca\*
- » Bristol-Myers Squibb
- » Eli Lilly
- » Innovative Medicines South Africa (IMSA)
- » iNova\*
- » MSD
- » Novartis\*
- » PIASA
- » Quintiles
- » Reckitt Benckiser
- » Sanofi Aventis\*
- » SSEM Mthembu Medical
- » Stryker South Africa

## NGO'S AND DEVELOPMENT ORGANISATIONS

- » AFRICARE
- » American International Health Alliance (AIHA)
- » Aurum Health
- » Broadreach Healthcare
- » Centre for Infectious Disease Research in Zambia (CIDRZ)
- » Community-Based Prevention and Empowerment Strategies in South Africa (COPES SA)
- » Corridor Empowerment Project
- » Health Systems Trust \*
- » Impilo Medical Equipment Suppliers
- » info4africa
- » International Planned Parenthood Federation (IPPF)
- » John Snow International
- » Klerksdorp Hospital
- » Lutheran World Relief
- » Marie Stopes\*
- » Medical Protection Society (MPS)
- » Red Cross
- » Right to Care\*
- » Save the Children UK
- » South African Catholic Bishops Conference (SACBC)\*
- » St Mary's Hospital
- » The Soul City Institute
- » Tshepang Trust

- » Ulysses Gogi Modise Wellness (UGM Wellness)\*
- » Youth Care Givers

## CONTRACTED TRAINING PROVIDED ON BEHALF OF OTHER ACADEMIC AND RESEARCH INSTITUTIONS

- » CIDRZ (Zambia)
- » Columbia University – ICAP\*
- » Health Science Academy (HSA)
- » Medical Research Council (MRC)
- » Regional Training Centre Eastern Cape
- » Regional Training Centre Limpopo
- » Regional Training Centre Mpumalanga
- » Southern African Human Capacity Development (SAHCD)
- » Tshwane University of Technology
- » University of KwaZulu Natal (UKZN)
- » University of Pretoria
- » University Research Company (URC)
- » Walter Sisulyu University

## SHIPS DEPARTMENT



The FPD SHIPS Department was established in 2012 to draw from the expertise developed by FPD through the PEPFAR Fellowship Programme in successfully transitioning students from academia to the workplace.

The Department has designed a number of programmes designed to hone the skills of postgraduate students, graduate students as well as school-leavers to enhance their employability through workplace experience opportunities by placing them with FPD, PEPFAR partners and the public and private sector institutions.

## CURRENT PROJECTS

### LEARNERSHIPS

- » Pharmacy Assistant

### INTERNSHIPS

- » Edu Experience;
- » Information Technology in partnership with Nethope for public health facilities; and

- » Information Technology in partnership with CiTD in retail Vodacom and Telkom mobile stores nationwide.

### FELLOWSHIP

- » PEPFAR Fellowship; and
- » Global Health for Social Change – Overseas exchange programme

## HIGHLIGHTS OF 2014

The PEPFAR Fellowship Programme that was started in 2006 places newly qualified Masters degree graduates in an AIDS service environment. As of February 2014, the programme had placed 288 Fellows.

### Summary of number of Fellows and host organisations

	2007	2008	2009	2010	2011	2012	2013	2014	Total
Fellows	25	31	41	41	27	38	42	43	288
Hosts	18	24	33	29	18	23	15	19	179

### PLACEMENTS OF FELLOWS BY SECTOR

- » Monitoring and Evaluation – 63%
- » Medical Male Circumcision – 7%
- » Care and Support – 19%
- » Nation Health Insurance and Health System Support – 11%

The SHIPS Department also launched a Global Health for Social Change Internship (GHSCI) in 2013 that saw 3 international university students being placed in an NGO for 8 weeks getting appropriate work experience and contributing immensely to the running of their programmes. In 2014, we were able to also have a student placed with the **Integrated Chronic Medicines project and mentored by Dr David Cameron**. The focus was on programmes affecting social change and public health in South Africa. The student performed field-based work and also experienced a different cultural dimension by living with local host families.

The **NetHope Academy's Internship Programme**, in partnership with USAID, was able to place 36 IT Interns at various public health facilities. Their main purpose was to strengthen the IT capacity of these facilities whilst also receiving training on DHIS to Tier.Net courses. A beautiful certificate ceremony was held in October to celebrate the work that they have done.





*Middleburg Pharmacy Depot site visit and tour  
September 2014*

SHIPS also managed to upscale CITD's Internship Programme that was piloted in 2013. Initially the programme hosted 5 students, one year later, the programme hosted 26 IT students. The students do an intensive 1 week Induction programme with FPD then another 2 weeks in the stores before they start working.



With funding from HWSETA, FPD was able to place 56 FET graduates in a one year workplace experience programme. The objective of this programme is to assist students to gain valuable work experience that is needed to complete their qualification and also to improve their chances of employment.

The Learnership Programme (established in 2009) initially placed 48 learners. This number increased to 318 learners in 2013 and a record 577 students in 2014, resulting in a total of 895 learners supported to date. Post-learnership employment rate is at 100% for the Pharmacy Assistant programme, with demand for qualified students at Post-Basic level exceeding the number of trained students.

## CONFERENCES & SPECIAL EVENTS



Conferences play an essential role in the advancement of local and international responses to challenges faced by local, regional and global societies. They serve as a catalyst for education and professional development, motivation, behavioural changes and the conceptualisation and implementation of concrete actions. This is achieved through the establishment of numerous platforms, such as, information sharing, training initiatives and development of business relationships to further the promotion of products as well as planning projects.

FPD's involvement in conferences dates back to the XIII<sup>th</sup> International AIDS Conference, which took place in Durban in 2000. The organisation was instrumental in the management of the bid to host this conference and proceeded to organise the conference as the first macro international conference hosted in South Africa. 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. The success of the XIII<sup>th</sup> International AIDS Conference launched South Africa into the international convention market.

Building on this heritage, the Conferences and 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.

## CORE CAPABILITIES

Our comprehensive range of local and international professional conference planning and 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 Service (including registration)
- » Exhibition Management Services
- » Financial Management
- » Conference IT Support Services and Equipment
- » Event Monitoring and Evaluation
- » Protocol Services
- » Scholarship Management Services
- » Destination and Tour Management
- » Sponsorships Recruitment and Exhibition Sales

## THE FPD CONFERENCE ORGANISING MODEL

The FPD Conference Service model differs substantially from traditional Professional Conference Organiser (PCO) services and is uniquely South African. We support companies in organising their conferences at various levels. This support is aimed at ensuring the success of the conference on a commercial and strategic level. All of this is performed in close collaboration with the governance committee of the conference.

FPD plays a major regional development role, as one of the premier private higher education institutions, which confers the Conference Department with a unique advantage. With access to a team of highly qualified strategic thinkers and entrepreneurs, the Conference Department is thus able to provide clients with strategic and business development advice. FPD is also in a position to underwrite new conferences through joint ventures and risk sharing models.

## OUTCOMES AND HIGHLIGHTS

To date, the Department has organised more than 54 major conferences and events, attended by 183,300 people collectively. These events contributed in excess of R824m to South Africa's economy and generated direct employment for 6,200 people.

### In 2014, FPD organised the following events:

- » 2nd South African Basic Education Conference (SABEC)
- » South African Society of Anaesthesiology National Congress (SASA)
- » 4th South African TB Conference
- » Lesotho National Conference on Vulnerable Children



### Up-and-Coming Conferences in 2015:

- » 7th SA AIDS Conference
- » 3rd Association for the Social Sciences and Humanities in HIV Conference (ASSHH)



# CAPACITY DEVELOPMENT





USAID



TECHNICAL ASSISTANCE

[www.foundation.co.za](http://www.foundation.co.za)

IVECO

# CAPACITY DEVELOPMENT

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 broader South African community including government, academia and civil society. As a result FPD dedicates substantial funding and staff to these activities. The following departments under the Technical Assistance Cluster focus their work predominantly on achieving this mandate.

## TECHNICAL ASSISTANCE CLUSTER



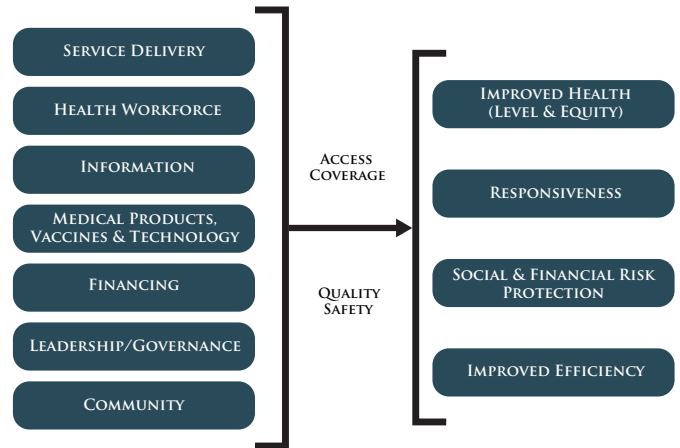
FPD's Technical Assistance (TA) Cluster is the evolution of FPD's Positive Life Project, a project initiated in 2005 in response to the urgent need to rapidly establish and scale up public sector

antiretroviral Treatment (ART) clinics in South Africa. In response to the changing HIV service environment, following the decentralization of ART services to primary healthcare clinics under the supervision of NIMART (Nurse Initiated and Managed Antiretroviral Treatment) nurses and the new PEPFAR Partnership Implementing Framework negotiated between the South African Government and the US Government, FPD's focus has shifted from supporting direct HIV service delivery to providing technical assistance (TA) in support of health systems strengthening.

Since October 2012, FPD has received funding from PEPFAR through USAID to work in partnership with nine district Departments of Health to provide technical assistance (TA) to strengthen the health system. The aim of FPD's TA is to improve HIV and TB patient outcomes in these partnered districts. FPD defines Technical Assistance as "a dynamic, capacity-building process for designing or improving the quality, effectiveness and efficiency of specific programmes, research, services, products or systems." As a guide for the FPD TA strategy, FPD adopted an approach based on the World Health Organization's (WHO) Health Systems Framework and Systems Thinking for Health Systems Strengthening (WHO, 2010). This framework identifies six components of a healthcare delivery system known as the building blocks, namely: *service delivery, health workforce, information, medical products vaccines and technology, financing and leadership and governance*. Given the South African context, FPD has also adopted *community* as a seventh building block in our model of health systems strengthening (HSS). FPD uses this model to help frame its TA activities in order to strengthen the individual building blocks, as well as their interactions with an aim to improve access, coverage and

quality of HIV and TB prevention, care and support services in public sector primary care clinics.

### Health systems strengthening model



In line with the mandate from PEPFAR 3, the focus of FPD's TA activities is rooted in district ownership, district management and strengthening the district health systems to accelerate PEPFAR core interventions for HIV epidemic control. Our end goal is to build district capacity and commitment to achieve the UNAIDS's goal of 90-90-90 by 2020: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; 90% of all people receiving antiretroviral therapy will have viral suppression.

Through our partnership with the South African government, FPD works to: develop and inform strategies to strengthen capacity of Health Districts, to realize the National Strategic Plan on HIV/AIDS and PHC Re-Engineering Strategy; to draft, implement and monitor progress against District Health Plans and related work plans; and build capacity of staff to achieve and maintain good health outcomes aligned to PEPFAR's priority HIV and TB programmes. Although FPD's focus area remains strengthening HIV/TB related prevention, care and treatment services, our approach is rooted in a comprehensive health systems strengthening to ensure long term sustainability and optimal integration of HIV and TB in the primary package of primary healthcare in South Africa.

FPD provides TA through four complementary work streams that are needs-driven and contribute towards long-term sustainability:

- » Targeted Educational Programmes delivered through FPD's Academic Cluster in partnership with Regional Training Centres and aligned to the District Health Plan, skills needs assessments and key priority areas.
- » Facility-Based Technical Assistance delivered through roving mentor teams and programme champions

aligned to our PEPFAR mandate, NDOH policy, facility needs, the District Health Plan and priority programme areas and supported through Quality Improvement cycles using Ideal Clinic/Integrated Clinic Services Management.

- » District Management-Based Technical Assistance delivered through TA advisors and technical experts aligned to the WHO building blocks and implemented through District Health Management structures.
- » Sustainability and Resource Mobilisation delivered through the integrated TA cluster with the aim to secure future budgets and financing and/or leverage additional funding in support of the district health system and improved health outcomes.

The individual districts' mixture of technical assistance services is determined by data, gap analysis and consensus regarding the priority needs expressed by the partnered districts and may involve a combination of training, mentoring and provision of consultancy-like services to district health counterparts.

#### TA Cluster



## HIGHLIGHTS OF 2014

During 2014, FPD TA was awarded three new grants that will help contribute to improved health outcomes in South Africa: 1) USAID funding to implement Communities Forward (Sector Three): Comprehensive Community-Based HIV Prevention, Counselling and Testing Programme for Reduced HIV Incidence in fourteen districts in South Africa; 2) Global Fund funding to implement ART adherence clubs in six districts; and 3) Making All Voices Count (MAVC) funding to strengthen the engagement and feedback loop between survivors of sexual assault and service providers at Thuthuzela Care Centres. FPD continued to implement its two PEPFAR grants through USAID to support comprehensive technical assistance in four districts (Tshwane GP, Vhembe LP, Capricorn LP and Nkangala MP) and district level technical assistance in five districts (Greater Sekhukune LP, Amatole EC, Buffalo City EC, Nelson Mandela Bay Metro EC, and Cacadu EC).

For year two of these TA grants, FPD focussed on: implementing its district-level health systems strengthening strategies which were developed according to baselines and in consultation with district management teams in 2013; strengthening district health planning, budgeting and monitoring processes; prioritizing competency assessment and graduation of NIMART-trained nurses; and transitioning FPD facility-level TA and NIMART mentorship to align with the Integrated Clinic Management Services (ICSM) and a commitment to facility graduation from NIMART mentorship. Cumulatively, FPD implemented donor funded activities in 22 health districts in 8 provinces under 6 grants.

FPD's flagship TB project, that'sit project, continued as a CDC PEPFAR sub-grant under Aurum in Eden district in the Western Cape, Tlokwe sub-district in Dr Kenneth Kaunda and Molopo sub-district in Dr Ruth S Mompoti in the North West province.

Health district supported by FPD through TA activities



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.

Performance against expanded (stretch) targets

COP Indicators	2014				To-date total	Annual Target	% achieved
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep			
Adult started on ART	24988	26510	24020	26024	101542	89944	113%
Child < 15 years started on ART	988	1065	924	960	3937	5668	69%
TB/HIV co-infected client initiated on ART	3013	3042	2467	4217	12739	16000	80%
Antenatal Client INITIATED on ART	7083	8604	7780	7247	30714	19240	160%

COP Indicators	2014				To-date total	Annual Target	% achieved
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep			
Adult remaining on ART	377904	394936	407343	384055	384055	366132	105%
Child <15 yr remaining on ART	21923	22135	23074	20569	20569	21192	97%
ANC HIV 1st test	47344	54461	49286	50764	201855	117800	171%
ANC re-test	21794	24460	25347	26483	98084	58000	169%
Infant 1st PCR test around 6 weeks	9859	10562	10520	10488	41429	32800	126%
Infant 1st PCR test positive around 6 weeks	200	236	202	193	831	<2%	2%
Infant rapid HIV test around 18 months	5611	7213	7245	8308	28377	14000	203%
HIV test client 15-49 years	348502	391974	392285	438542	1571303	1260000	125%
HIV positive client screened for TB	39125	47267	41394	44726	172512	126000	137%
HIV positive new client initiated on IPT	17054	19387	17431	18985	72857	63000	116%
Medical male circumcision performed	19017	23327	18274	28523	89141	24000	371%
Sexual assault prophylaxis new	1783	1598	1466	1565	6412	5000	128%
HIV test client (all tests)	501134	516664	510778	558848	2087424	1260000	166%

FPD TA activities are implemented through **four departments** using a matrix management approach. The following sections give a brief overview of the TA Cluster's four departments and their major achievements for 2014.

## TECHNICAL ASSISTANCE PREVENTION DEPARTMENT (TAP)

### COMMUNITY BASED COUNSELLING AND TESTING (CBCT)

In 2014, FPD was awarded USAID funding to implement the Communities Forward – a Comprehensive Community-Based HIV Prevention, Counselling and Testing Programme for Reduced HIV Incidence (Sector 3). FPD is the prime recipient with FHI360, Society for Family Health (SFH) and Humana People to People South Africa (HPPSA) contracted as sub recipients. This five-year grant started on 10 January 2014 with the goal to expand and strengthen high quality Community-Based HIV Counselling and Testing (CBCT) models supported with effective and sustainable linkage and referral systems. The aim of the grant is to increase knowledge of HIV status, as well as access to appropriate and effective HIV and

TB prevention, care and treatment services in high incident communities and key populations in South Africa. This newly funded prevention programme will be implemented in fourteen districts of six provinces and endeavours to provide combination prevention strategies and test 1.2 million people for HIV.

This new prevention funding stream by USAID (from 2014-2019) made it possible for FPD to further enhance its fleet of mobile HIV testing units by adding 4 new mobile units. These mobile units will be used specifically for the implementation of community-based counselling and testing targeting students, faculty and staff at Technical and Vocational Educational Training (TVET) colleges. The mobile units aim to additionally target young women aged 15-24 and their sexual partners, referring them to appropriate HIV prevention, care and treatment services. Testing on this programme began in August 2014.

*Dr Gustaaf Wolvaardt unveiling new Mobile Units and Offices in Church Street*



*Staff at the Church Street Office*



## FIRST THINGS FIRST CAMPAIGN

FPD's USAID funding to support First Things First, a national campaign to mobilize mass HIV Counselling and Testing (HCT) at tertiary institutions across South Africa, continued until 30 September 2014. FPD maintained service delivery support through six mobile units. HCT services were provided during activations and campaigns across South Africa at both Higher Education Institutes (HEI) and Technical and Vocational Education and Training (TVET) colleges. During 2014, FPD mobile units tested a total of 23,427 students, faculty and staff at HEIs and TVETs as part of the First Things First campaign. Through this funding, FPD also maintained mass communication to students through the supply of USB wristbands containing the award winning FTF video and other prevention messaging pamphlets targeting students in the higher education sector. As of 01 October 2014, FPD had integrated its support to First Things First into its Community-Based Counselling and Testing activities.

*MoH greeting students waiting to be tested at a FPD mobile unit during FTF 2014 launch at Nelson Mandela Metropolitan University*



## PRIORITY HEALTH INITIATIVES (PHI) DEPARTMENT

The Priority Health Initiatives (PHI) Department focuses on strengthening the South African Government's capacity for management and delivery of health services at the sub-district, facility and community levels. PHI primary focus areas include: Nurse Initiated and Managed antiretroviral Treatment (NIMART) and HIV, TB/HIV integration, Maternal and Child Health, and Community Health, as well as technical assistance in the areas of in-clinic laboratory systems and pharmaceutical supply chain management support.

Through roving mentor teams and programme champions, FPD is able to support primary care facilities to better implement NDOH's policies and initiatives, the District Management Teams' priority areas and the District Health Plans. Through a process of baseline and needs assessments, consultation and negotiation and a combination of teaching, coaching and mentoring, FPD's roving mentor teams help build the sustainable capacity of facility-level clinical, management and support staff to effectively and efficiently provide quality, integrated health services based on client needs.

The PHI Department provides valuable expertise and support to facility, sub-district and district management structures through expert technical advice, facilitation of skills building workshops and programme reviews, as well as in-facility training and mentorship. In 2014, FPD's facility level quality improvement exercises stemmed from FPD's "Beyond Stock-taking" workshops (an integrated, programmatic data review of district and sub-district linked indicators linked to action planning and accountability) and support to the Ideal Clinic/Integrated Clinic Service Management.

*Technical Assistance in Vhembe District*



## FACILITY TA AND NIMART MENTORING

During 2014, FPD deployed 32 roving mentor teams in four districts (Tshwane, Capricorn, Vhembe and Nkangala) to provide Facility Based TA at a total of 407 health facilities and 10 farms. On average, each sub-district is allocated one roving mentor team comprising of a Clinical Mentor (a doctor), a Prevention Mentor (a professional nurse), Health Information Systems Mentor (HISM) and a roving Data Capturer. These teams are supported by a Mother and Child Champion, a TB Champion, a Community Champion, a Supply Chain Management advisor and an I-Act Coordinator.



The roving mentor teams provided structured mentoring to support clinic-based learning and the compilation of a 'portfolio of evidence' in line with the nationally prescribed Green Book to a total of 2140 NIMART-trained nurses. The focus of FPD's clinical mentoring was on HIV, TB and STIs, consultation and physical examination, communication, counselling and negotiation skills, ART clinic registers and clinical pharmacology. Through the support of these roving mentor teams, 60% (2140) of professional nurses in primary care clinics have been trained and mentored on NIMART. Of those, one third (706) have successfully demonstrated competence in the prescribed fifty-four areas and completed and signed-off a logbook recording the correct management of eighty HIV positive patients within specified categories.

NIMART Mentor Indicators	Capricorn	Nkangala	Tshwane	Vhembe	TARGET 2014	TARGET 2016
Number of health facilities	101	95	85	128	407	407
Potential number of Professional Nurses (PN) to train in NIMART	559	574	1129	960	3567	3567
Number of NIMART trained & mentored	412	382	468	809	2140	2675
% PN NIMART trained (NIMART training saturation)	74%	67%	41%	70%	60%	75%
Avg. # NIMART trained PN per Facility	4.08	4.02	5.51	6.32	5	7
Number of PN Competent as per Green Book	73	131	189	203	706	2140
% NIMART Trained PN who are POE competent	18%	36%	40%	26%	33%	80%

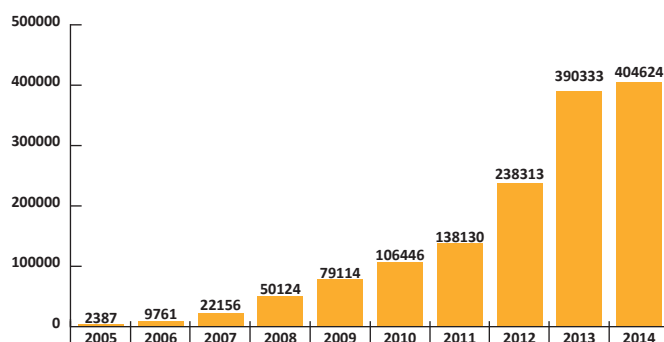
Through the work of the roving mentor team, FPD has noted a rapid increase in Nurse Initiated and Management of ART (NIMART) in its partnered districts with 97% of the facilities in the partnered districts initiating adults and 85% of the facilities initiating children. Based on a programme evaluation, FPD mentoring has been shown to improve: PHC-level willingness and capacity to manage HIV and TB in line with policy; integration of services; stock management in dispensaries; data quality of patient registers and the District Health Information Systems (DHIS); and patient record-keeping and file management.

In addition to clinical mentorship, FPD roving mentor team: supported service integration (especially in the Integrated Clinical Services Management model) and quality improvement initiatives; provided in-service training on PC101; established IACT support groups; improved referral networks; strengthened community engagement through clinic committees, linkages to Ward Based Outreach Teams (WBOT), mobilization and awareness campaigns, health talks and outreach activities with the aim to increase patient access; and uptake of HIV prevention, care and treatment

services at PHC facilities. In 2014, FPD also received funding from the Global Fund through a sub-grant from Right to Care to implement ART Adherence Clubs (AC) in 44 public health facilities in six districts in three provinces. In only six months, FPD enrolled a total of 12285 ART stable patients in 573 AC covering all 44 facilities.

#### Total patients still active on AIDS treatment

#### PATIENTS ON ART TREATMENT AT FPD PARTNERED DISTRICTS (2005 - 2014)



## MATERNAL AND CHILD HEALTH PROGRAMME (MCH)

During 2014, FPD's Maternal and Child Health (MCH) champions worked closely with districts programme coordinators, District Clinical Specialist Teams (DCST), district health information officers and roving mentor teams to improve Prevention of Mother-to-Child Transmission (PMTCT) programme outcomes, access to antenatal and family planning services. MCH champions provided in-service training and mentorship in support of HIV testing, PMTCT and NIMART in maternity and paediatric wards in district hospitals, led a number of file audits and PMTCT Quality Improvement plans at under-performing clinics, provided

mentoring and coaching on the Integrated Management of Childhood Illnesses (IMCI) at clinic level, supported districts to achieve 100% coverage of targeted schools in terms of the Human Papilloma Virus (HPV) vaccination programme, and worked with the District Clinical Specialist Teams to train and mentor on the Essential Steps in the Management of Obstetric Emergencies (ESMOE) including support with site simulation trainings.

With the introduction of the national Mom-Connect project that involves registration of all pregnancies into the National Department of Health's database, FPD trained 2475 healthcare workers including WBOT leaders and community health workers on Mom-Connect. Following the training, facilities in the supported districts were able to reach out and register about 9369 pregnant women by the end of November 2014.

*MCH Champions during HPV Campaign in Capricorn Schools*



*Traditional Healers Training at Siloam Hospital*



*Champion training healthcare workers on recording and reporting in Vhembe District*



## TB AND HIV

During 2014, FPD was actively involved in the National TB Policy update and review and supported the Directorate to introduce the drug resistant TB (DRTB) decentralization process, assess sites for decentralised management of DRTB and train 233 staff from four provinces on the recording and reporting tools for DRTB. In our partnered districts, FPD TB/HIV champions helped facilitate TB clinical discussions, undertook in-service training and mentoring on TB recording and reporting, trained 308 healthcare workers on the new stationery and guidelines and trained 435 traditional healers on TB and HIV (Vhembe) with an aim to solicit their support to encourage adherence to treatment and to identify and refer potential undiagnosed TB cases. Through quality improvement initiatives linked to the baseline assessment and stock taking, the TB/HIV champions and roving mentor teams supported the districts to increase IPT uptake from below 34% to 67%, TB cure rate from 68% to above 70% and up to 83% in other districts and to decrease the defaulter rates from more than 10% to less than 5% in all the districts.

## IACT

The Integrated Access to Care and Treatment (IACT), originally known as the Basic Care Package (BCP) grew directly out of needs identified by People Living with HIV/AIDS (PLHIV) for more meaningful support immediately after diagnosis and to mitigate the loss to HIV care and ART. The key objective of IACT (BCP) is to promote early recruitment and retention of newly diagnosed people living with HIV/AIDS in care and support programmes. FPD became an IACT Implementing Partner in 2010 and is one of several partners at a provincial level. During 2014, FPD conducted 21 IACT training workshops and trained 507 support group facilitators on IACT. FPD expanded its IACT mentorship in 2014. Based on reported data in FPD-partnered districts, trained IACT facilitators established 335 support groups with a total of 4794 participants. Preliminary evaluations of IACT support groups indicate that 57% of participants have completed the six-session IACT curriculum, an increase from 49% in 2013.

## NATIONAL TB/HIV HOTLINE FOR HEALTHCARE PROFESSIONALS

Through PEPFAR funding, FPD continued to support a toll-free telephonic advice service based at the Medicines Information Centre (MIC) at the University of Cape Town. The MIC is the largest and only clinically-based medicine information centre in South Africa and is staffed by specially-trained drug information pharmacists.

The call centre forms an additional layer to FPD's mentorship strategy in that it offers free expert technical advice to healthcare professionals across all nine provinces on HIV/TB related issues.

The call centre currently fields about 440 calls per month resulting in a total of 5,283 mentorship calls in 2014. During 2014, the call profile remained much the same as 2013 with the top queries related to: switching therapy (11%); initiating therapy (11%); adverse drug reactions (9%); and patients with TB (9%). 2014 saw an increase in the utilization of the service by nurses with doctors constituting 55% (down from 62%) of all callers, while 37% (up from 31%) came from nurses, 6% (up from 5%) from pharmacists and 2% (remained stable at 2%) from miscellaneous callers.

### National TB/HIV Hotline for Healthcare Professionals

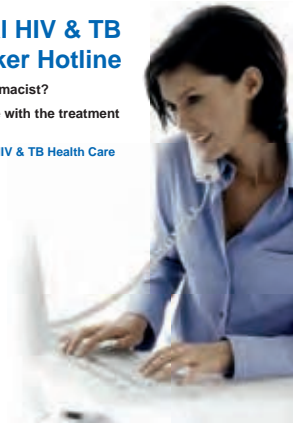
Contact Number 080 021 2506  
SMS or "Please call me" 071 840 1572

### Toll-Free National HIV & TB Health Care Worker Hotline

Are you a doctor, nurse or pharmacist?  
Do you need clinical assistance with the treatment of your HIV or TB patients?  
Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline



0800 212 506 /  
021 406 6782  
Alternatively send an SMS or  
"Please Call Me" to 071 840 1572  
[www.hivhotline.uct.ac.za](http://www.hivhotline.uct.ac.za)



The Medicines Information Centre (MIC) situated within the Division of Clinical Pharmacology, Department of Medicine at the University of Cape Town is the largest and only clinically-based medicine information centre in South Africa.

In collaboration with the Foundation for Professional Development and USAID/PEPFAR, the MIC provides a toll-free national HIV & TB hotline to all health care workers in South Africa for patient treatment related enquiries.

**What questions can you ask?**  
The toll-free national HIV & TB health care worker hotline provides information on queries relating to:  
• HIV testing  
• Post exposure prophylaxis: health care workers and sexual assault victims  
• Management of HIV in pregnancy, and prevention of mother-to-child transmission  
• Antiretroviral therapy  
• Resistant infection  
• Recommendations for laboratory and clinical monitoring  
• How to interpret and respond to laboratory results  
• Management of adverse events  
• Drug interactions  
• Treatment and prophylaxis of opportunistic infections

**When is this free service available?**  
The hotline operates from Mondays to Fridays 8.30am - 4.30pm.

**Who answers the questions?**  
The centre is staffed by specially-trained drug information pharmacists who share 20 years of drug information experience between them. They have:  
• 5000+ queries for:  
• The South African pharmaceutical and reference industries  
• The clinical expertise of consultants at the University of Cape Town's Faculty of Health Sciences, Groote Schuur Hospital and the Red Cross War Memorial Children's Hospital



Call us - we will gladly assist you! This service is free.

This service is brought to you as a result of the generous support of the American people through USAID/PEPFAR.

## COMMUNITY TA

In 2014, FPD Community TA champions worked with the DOH to train and provide follow-up mentorship to a total of 1,982 CHWs: 836 Community Health Workers (CHW) in Tshwane; 522 CHWs in Vhembe; 250 CHWs in Capricorn; and 374 CHWs in Nkangala.

The DOH-FPD TA partnership has helped the districts to establish functional ward based outreach teams (WBOTs) covering 97 wards (93% of all) in Vhembe district, 62 wards (85% of the prioritised) in Tshwane district, 78 wards (68% of all) in Capricorn district and 10 wards (35% of all) in Nkangala district. FPD (in partnership with University of Pretoria's Department of Family Medicine) supported Tshwane District to develop and support strategic data analysis of a community-based electronic data collection device. In Tshwane District, community health workers utilized these electronic devices to capture household information, which is then transferred to a central repository to track community efforts and support strategic information-driven health interventions.

*DOH-FPD TA partnership helping the districts to establish functional ward*



## LABORATORY

In-clinic laboratory services constitute the second largest facility-level financial expenditure after human resources. Repeat testing due to poor specimen quality, incorrect specimen collection or lost test results contribute to excess expenditures. In-clinic laboratory services technical support is being provided to identify priority areas that will ultimately improve service delivery, health outcomes and decrease costs.

In 2014, FPD conducted a comprehensive assessment of in-clinic laboratory services in order to identify gaps in services. This was the first time such an assessment was undertaken by either government or any partner in FPD's comprehensive districts. The results of this assessment identified three major areas for intervention: 1) specimen handling and dispatch; 2) management of test results; and 3) supply chain of laboratory service consumables. These results are being used to develop district-level interventions to improve in-clinic laboratory systems and to contribute to laboratory cost containment. In addition to the in-clinic laboratory gap assessment, FPD has undertaken a major collaboration with the University of California Los Angeles (UCLA) and Cepheid, the makers of GeneXpert, to implement point-of-care Chlamydia and Gonorrhoea testing of pregnant woman in an effort to reduce mother-to-child-transmission-of-HIV.

## PHARMACY

FPD continued to provide pharmacy technical assistance services to the district offices and healthcare facilities. This is to ensure compliance with the Good Pharmacy Practice Guidelines and to meet the National Core Standards as applicable. FPD's Pharmaceutical Advisors and Coordinators work in close collaboration with the pharmaceutical service and public facility managers and staff to strengthen the supply chain management systems of pharmaceutical and medical related sundries at provincial, district and facility level.

In 2014, FPD developed a clinic supervisory tool in consultation with the district pharmacists to monitor and strengthen pharmaceutical services at primary healthcare facilities. Additionally, FPD deployed a pharmacist and six supply chain management champions (post-basic pharmacist's assistants) to provide facility based TA to a total of 318 primary healthcare facilities in four districts (Capricorn, Nkangala, Tshwane and Vhembe). FPD's Technical Advisor and three Pharmacy Advisors focused on strengthening pharmacy systems at district and provincial level in all nine districts that FPD supports. In support of the National Department of Health's strategy to deploy the services of post-basic pharmacist's assistants at all primary healthcare facilities to work under the supervision of a pharmacist, FPD provided assistance and support with the registration of tutors (pharmacist) and learners, as well as the accreditation of hospital pharmacies as training facilities. Based on public sector training capacity, FPD recruited 401 Pharmacist's Assistant Learners in its USAID supported districts. In 2014, 74 Learners qualified as post-basic pharmacist's assistants and were placed in public sector vacancies. FPD commenced with the establishment and strengthening of pharmaceutical therapeutic committees in the hospitals as well as the districts. Furthermore, FPD assisted with the development and implementation of pharmacovigilance systems in the hybrid districts. FPD works in close collaboration with the National Department of Health and the provinces to strengthen these systems.

## SEDIBA HOPE MEDICAL CENTRE (SHMC)

The Sediba Hope Medical Centre (SHMC) was initiated as a joint project of PEN, FPD, USAID and PEPFAR in 2012. The aim was to develop a self sustaining model of healthcare that provides affordable healthcare to people living and working in the inner city of Tshwane. Additionally, the Centre provides accessible and, subsidised healthcare for marginalised groups such as sex workers, injecting drug users, the homeless and foreigners who face stigma at public sector facilities. During the two years of donor funding (2012-2014), FPD and PEN have worked to develop a model that uses a cross subsidising approach whereby profits generated by those patients who can pay and other funding sources are used to subsidise marginalised and indigent patients who are unable to pay for medical care and cannot access public health services.

In 2012/2013, a total of 623 PEPFAR-funded ART clients were transferred from the Fountain of Hope Clinic and Leratong Clinic to SHMC. During the period of PEPFAR transition from direct service delivery to TA these clients had been unable to transfer to public sector services for a variety of reasons, including: their status as undocumented foreigners, female sex workers and injecting drug users. Through a sub grant from FPD, PEN (using a capitation fee structure of approximately US\$ 100 per month), established SHMC to provide the following services for these donor-funded ART patients: medical consultations, patient monitoring interventions, monthly supply of ARVs and adherence counselling at every visit. At the same time, SHMC introduced comprehensive primary medical and dental services, optometry and physiotherapy through private practitioners based at SHMC. New preventive services offered at SHMC include: male medical circumcision, antenatal care, promotion of exclusive breast feeding, early post-natal home visits by community health workers, screening for cervical cancer, health counselling and screening (HIV, glucose and cholesterol).

During this period SHMC, PEN and FPD engaged in a series of resource mobilisation activities, including:

- » Registration as a clinical trial site;
- » Registration as a recipient for medical aids;
- » Entering into agreements with private practitioners wishing to operate out of the healthcare facility and who pay a membership fee to PEN to practice at SHMC,
- » Negotiating a partnership with Department of Health to offer ART adherence clubs and the centralised chronic medicines dispensing and distribution (CCMDD) programme out of SHMC to distribute ART to stable public sector ART patients.

As SHMC's patients have become stable on ART and started working, SHMC assisted them to apply for medical aid memberships. Through this activity 70% of the transferred PEPFAR-funded ART clients were transitioned onto a medical

aid scheme that now pays for their services at SHMC. The remaining 30% are subsidised by the aforementioned resource mobilisation activities. In September 2014, SHMC became a successful self sustaining model of care that provides affordable and accessible healthcare to people living and working in the inner city and is a success story for PEPFAR's investment in sustainable solutions for improved access to HIV prevention, care and treatment services.

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## TECHNICAL ASSISTANCE DISTRICT MANAGEMENT DEPARTMENT (TAD)

Technical assistance to the District Health Management Teams is the backbone of FPD's sustainability strategy. The strategy is to support good health outcomes in the long term through development of district-owned strategies linked to comprehensive work plans, budgets, HR allocation and M&E frameworks. Through this Department, FPD provides expert technical assistance and advice to District Health Management Teams centred around strengthening the district health planning, financing, human resourcing and general business management processes of the district health system. The District TA Team consists of Advisors in Public Health, Governance, Leadership and Management, Infrastructure, Strategic and Operations Management, Finance, Human Resource Management and Action Research. FPD's TA team works closely with District Health Management Teams, as well as National and Provincial Teams, to ensure that quality, integrated HIV services are provided that are evidence-based and implemented with maximal efficiency.

### KEY ACTIVITIES AND HIGHLIGHTS FROM 2014

- » **Leadership and Governance and Finance:**  
 FPD worked closely with District Health Management Teams partners to strengthen district capacity around strategic and operational planning, including:

- Providing expert TA to support the analysis and compilation of nine District Health Plans (DHP), nine District Health Expenditure Reviews (DHER), nine District Strategic Plans and five District AIDS Councils Strategic Plans;
- Developing a DHP quality matrix and web-based planning tool (Planning2Plan) to support districts to produce and implement high quality DHPs and DHERs;
- Facilitating and supporting key aspects of strategic plans (e.g. communication strategies, GP contracting strategies, referral strategies and employee wellness strategies) related to the National Health Insurance (NHI) and streams of the PHC Re-Engineering Strategy;
- Facilitating skills development and action learning workshops to develop District Managers' skills in financial management, self management, operations management and general problem solving;
- Facilitating change management workshops to strengthen team coordination and functioning;
- Providing individualised and group sessions for District Managers completing Action Research as a component of management courses;
- Facilitating collaboration and coordination between different Health Authorities and civil society actors within districts and provinces to ensure integration and resource planning;
- Providing technical advice on the development of the hospital board charter in the Eastern Cape Province; and
- Drafting NHI delegations of authority documents to support the decentralisation of provincial functions to the district level in terms of HR management, financial management, supply chain management and contract management.

#### » **Hosting the 2nd FPD Annual District Health Management Conference (DHMC)**

- 86 delegates from the District Health Management teams from the nine partner districts, National Department of Health and FPD attended. The Conference themes focused on leadership and governance; supply chain management; finance; human resources and M&E. The Conference ended with a commitment from the nine District Management Teams to ensure that their 2015/2016 DHPs are the best in the country.



Key note speakers at DHMC



The 86 delegates at the DHMC



» **Health Workforce**

TA to strengthen health workforce contributed to a variety of HR deliverables at district level, including: developing HR plans (e.g. HR planning, costing and transition of ranks); updating job descriptions and organograms; describing levels of delegation in the district; establishing vacancy gaps; technically advising performance management plans, human resource development plans, orientation and induction programmes; support defining strategies that contribute to retention of staff within the healthcare system. During 2014, FPD supported all nine districts to undertake, interpret and integrate health workforce planning into the recruitment of both critical and none critical posts. FPD’s sub-grantee, AHP recruited a total of 42 doctors into public sector vacancies in the nine partnered districts.

## TECHNICAL ASSISTANCE STRATEGIC INFORMATION DEPARTMENT (TASI)

Technical assistance with regards to Health Information Management and Monitoring and Evaluation (M&E) activities focused on strengthening South African Government’s data management systems, namely: 3 Tier, DHIS, etr.net, etc., implementation of the District Health Management Information System (DHMIS) policy and the use of quality epidemiological and programme information to inform planning, policy, and decision-making; improving strategic information management and use, appropriateness of M&E frameworks, quality of data and its collection, analysis and dissemination for decision-making. It is a cross-cutting Department that engages with the District Management Team (through District TA) and facilities (through the Roving Mentor Teams). M&E and Health Information System Advisors are responsible for supporting the District Health Information and M&E Offices to strengthen availability and access to quality health information from the District Management Team to the facility-level for both South African Government and FPD. They provide focused technical assistance to DoH and FPD alike to ensure appropriate M&E is linked to all major activities.

## HIGHLIGHTS FROM 2014

» **DHIMS Policy and SOPs and National Indicator Data Set 2013**

In response to the NDoH’s release of the District Health Management Information Systems (DHMIS) policy,

SOPs and National Indicator Data Set (NIDS) 2013, FPD supported the orientation and integration of the DHMIS policy into FPD partnered district facilities and performance portfolios. The objectives were to familiarise district staff with the DHMIS policy and SOPs for facility-level; gain more insight into the role of SOPs in improving data quality and use of information; and to discuss the responsibilities and procedures for specific staff at facility-level regarding routine health information.

To date, FPD has supported the roll-out of the NIDS and DHMIS to all nine districts supported by FPD. FPD trained 807 healthcare professionals consisting of: Operational Managers, Nurses, Information Officers and Data Capturers on DHMIS policy and NIDS. Additionally, copies of the DHMIS policy, SOPs and NIDS were given to each facility after the trainings were conducted by the M&E Advisors and the District Information Officers. Data use and quality formed part of the NIDS training. During the trainings, it was noticed that clinical staff, clinic managers and operational managers were computer illiterate. A skills audit for computer literacy was conducted and, as a result 966 healthcare professionals were trained on computer literacy during 2014.

» **Daily Data Capturing and Pre-Submission**

Each year the Auditor General (AG) evaluates the Department of Health's (DoH) performance by comparing data as found in source documents with data in DHIS at NDoH. The AG findings have resulted in qualified audits at the districts FPD supports. Working in collaboration with Health Information Systems Program (HISP), FPD supported the roll-out of the DHIS Daily Data Capturing (DDC) and the Pre-Submission Exercises. The aim is to reduce the multiplicity and non-standardisation of data collection tools, mitigate the inability to collate data correctly from data sources to monthly input forms and to reduce capturing errors. All FPD M&E Advisors and Health Information Systems Mentor's (HISM) are experienced in rolling out DDC and have consequently trained and mentored all FPD Roving Data Capturers on DDC. Pre-Submission Exercises were also introduced to the FPD staff. The FPD Staff were shown how to run quality checks pre-submitting their data. All 36 piloted-sites have proven that capturing data on a daily basis and running pre-submission reports before submitting the data to the next level strengthens the quality of data, mitigates capturing errors and also minimises late reports. FPD trained 101 DoH data capturers on DDC and added 24 more facilities on the DDC system.

» **NDoH's 3 Tier Strategy**

In 2010/2011, the National Health Council (NHC) and National Health Information Systems of South

Africa (NHISA) 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, as well as the resources available to manage the systems. FPD remained one of the primary trainers on the Tier systems at all districts supported by FPD and trained 455 individuals on TIER.net (Tier Two). During 2013, only 17% of facilities were able to enter data and produce reports electronically on the patient management record TIER.net (Phase 6). By the end of 2014, 49% 426 of facilities were running on TIER.net (Phase 6).

During 2013/2014, FPD recruited and placed 36 IT graduates and distance learning students from Technical and Vocational Education and Training's (TVET) on a one-year IT internship programme, NetHope Internship Programme, to support in-clinic IT needs with a focus on TIER.net. The aim of this TA activity was to test and cost the concept junior of IT technicians as a HR systems strengthening intervention.

» **Mobile Computer Labs**

FPD deploys three mobile computer labs to strengthen health information management and to improve the quality and availability of information within the district for decision making. The mobile computer labs operated in four provinces (Mpumalanga, Gauteng, Limpopo and Eastern Cape) during 2014. Currently, the mobile computer labs provide a forum for training on systems like DHIS, DDC, TIER.net, etr.net, edr.web and basic computer literacy. Additionally the provide a platform for TIER.net back capture, data cleaning and validation exercises. During 2014, FPD's primary focus was on training staff on the DHMIS policy, data verification, DHIS pivot basics, DHIS and TIER.net. During 2014, the mobile computer labs have trained 2255 people over a total of 151 training workshops. This have greatly contributed to increased capacity and data use using DHIS pivots by facility managers, as well as the scale of the TIER.net HIV register.

*Mobile IT training labs*





Type of project	Type of evaluation	Organisation
Quality of services	Quality of HIV counselling and testing by mobile units	Communities Forward (PEPFAR)
Cancer screening	Feasibility of new screening methods for cervical cancer amongst HIV positive women	FPD
Healthcare funding	Affordable comprehensive primary health in the inner city using a cross subsidising, non-profit model	PEPFAR & Sediba Hope Medical Centre
Health management systems	Integration of Chronic Services Management model	PEPFAR & SA Department of Health
Data collection and analysis	Screening for TB by community health workers using hand held devices	Department of Health & City of Tshwane
Community Orientated Primary Care	Surveying communities regarding their health needs and perceptions	Department of Health & City of Tshwane
Conferences	Participant and members' perception and preferences	SA Medical Association

## EVALUATION UNIT (EU)

FPD's Evaluation Unit (EU) was established in 2013 aimed at improving FPD's capacity to undertake donor-funded and commercial programme evaluations. The EU uses a network of internal and external evaluators, combining appropriate skills and experience in each evaluation team. These skills include quantitative and qualitative methods and analysis. The members of the EU also assist other FPD departments with programme evaluation, cost analysis and problem solving in complex environments using Action Learning.

The EU offers the full spectrum of services to project managers - from the initial conceptualisation of projects through to final research output. This includes advice on protocol development, questionnaire design, data collection (including online surveys), analysis, ethical considerations, report writing, presentations and publication. The type of evaluation required may vary from simple surveys to complex impact studies. The type of evaluation is carefully tailored to answer appropriate questions within the budget available. During 2014, the Evaluation Unit expanded to include Senior Epidemiology capacity and now is able to also offer epidemiology and evaluation services.

During 2014, the Evaluation Unit (EU) evaluated 42 widely differing project for a variety of organisations.

*Some examples of the wide variety of evaluations carried out.*

Type of project	Type of evaluation	Organisation
Training	Impact of gender based violence training on professional practice	SIDA
	Training of Social Auxiliary workers	PEPFAR & FPD
Mentoring	The effectiveness of mentoring of NIMART nurses using roving mentor teams	PEPFAR & SA Department of Health
Skills development	Benefit of work place experience on new graduates	FPD Fellowship programme
Skills development	New skills for wellness officers	ESKOM
Health education	Acceptability of life skills training in schools	Connect-ED

Such evaluations have assist these organisations to use training more effectively, improve strategic planning, test new ways of improving healthcare access for marginalised groups or disadvantaged communities, and influence future programming.

## TUBERCULOSIS, HIV, AIDS, TREATMENT SUPPORT AND INTEGRATED THERAPY (that'sit)

The that'sit project was initially established in 2005. At that time, FPD worked in partnership with the MRC and now in partnership with AURUM health. It is a comprehensive TB and HIV project that has developed a model of care which provides holistic integrated medical care to patients. Its activities encompass counselling and testing, regular TB screening to HIV positive patients, mentoring in clinical care, early introduction of ARTs, adherence support and patient tracing, 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.

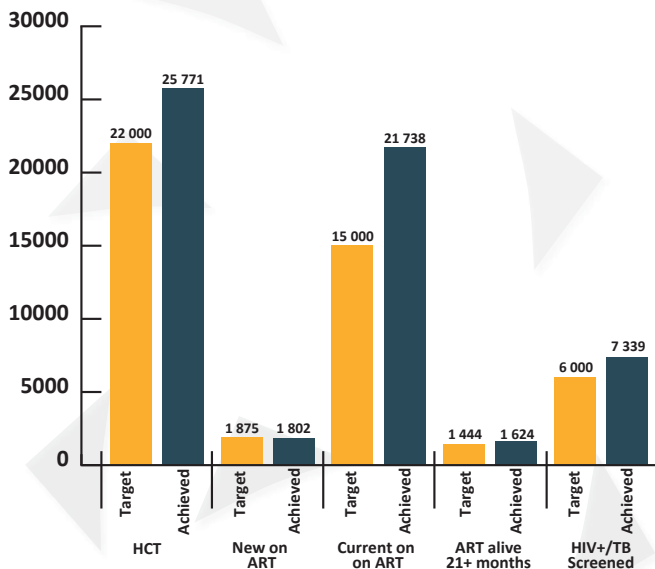
Following the winding down of funding as the project comes to an end, the current support base of the programme covers 87 primary care clinics in the Eden District in the Western Cape, Potchefstroom and Molopo in the North West Province. More than 40 500 patients have been enrolled in ART care since 2006 and approximately 92 000 patients received counselling and testing through this programme. More than 38 500 TB patients have been enrolled in comprehensive integrated TB and HIV care.

The that'sit programme has a proven track record with a tangible impact on the National TB Control Programme (NTCP). In the Molopo Sub-District in the North West province, treatment outcomes have increased by more than 30% since 2007 and has maintained a 100% cure rate in the last half of 2014.



that'sit performance against targets

### THAT'SIT 2014



## COMPASS PROJECT



The Compass Project is predominantly a mapping and data dissemination project that aims to:

- » Equip Southern Africans with the necessary tools to access healthcare services easily;
- » Help organisations and decision-makers better understand the needs of the communities that they serve; and
- » Provide innovative, unique, needs-driven strategic mapping solutions where necessary.

The current service offering of Compass Project consists of the following:

### SADC MAPPING

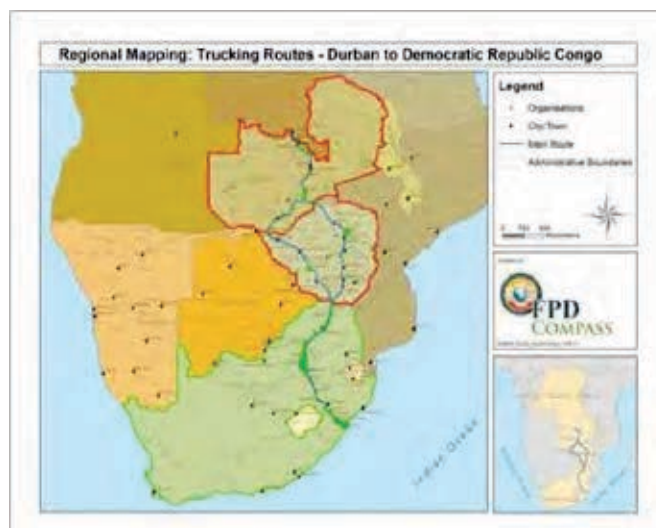
In 2012, Compass Project began to create medical services referral networks in the SADC region for the North-Star Alliance who run mobile wellness centres along the major trucking corridors of Africa. This project continued into 2013. There was a fundamental change in the *modus operandi* of data collection in the SADC region in 2013, as it was found that Compass Project was unable to do desktop research owing to a lack of proper databases in many of the SADC countries as well as a lack of telephonic infrastructure. As a result, Compass Project began doing physical mapping in the region. Thus far, Compass Project has physically mapped all

of Zimbabwe's and Botswana's major routes and has mapped most of Zambia's. In January 2014, Compass Project begun sending out teams into Namibia, Tanzania, Mozambique, Lesotho and Swaziland to map major routes in these countries.

Accompanying the physical mapping, Compass Project is currently undertaking desktop data collection to create a more robust database of these countries. Currently, Compass is decoding and collating data from Zambia, Zimbabwe, Namibia and Tanzania.

Compass Project is also in the process of developing a comprehensive telephone directory of medical services for the Ministry of Health in Namibia (no such database exists in Namibia at present).

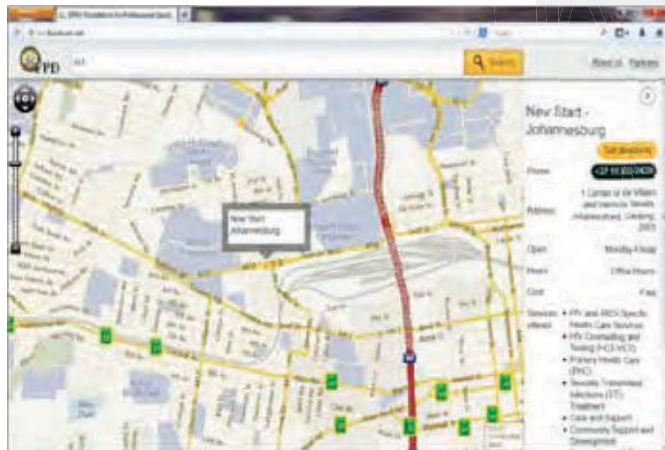
### GIS mapping of healthcare service along trucking routes



### MESEDI.COM

Mesedi.com (Medical Services Directory) is a free SADC-based web-app, developed by Compass Project as part of the funding agreement with the North-Star Alliance. The app is designed to be used by any user in the SADC region to find medical services within close proximity to them. The app works by accessing the geo-location of the users' device (it can be accessed on a computer as well as any smart or feature phone) and when the user enters a search criteria (from a list of pre-determined search options), the app finds the nearest services to the user and displays it on an interactive map. The user is easily able to find directions to the facility, the services offered at the facility, the operating hours as well as a "click-to-call" button allowing a user on a mobile device to call the facility directly. This app, due to its complex design and extremely large database is arguably the first of its kind in South Africa and definitely is the first of its kind in the region.

Screenshot of Mesedi.com web-app



## info4africa DIRECTORIES

As part of the Compass Project desktop data collection, the info4africa directories were created in 2008. The directories are arguably the most robust medical service databases in the SADC, if not across the region.

The info4africa Directory series (previously called HIV911) is a comprehensive medical service database collation and directory production project. Through PEPFAR-funding, via the Compass Project, 20 000 copies are disseminated annually across South Africa.

*Hardcopy AIDS service directory*



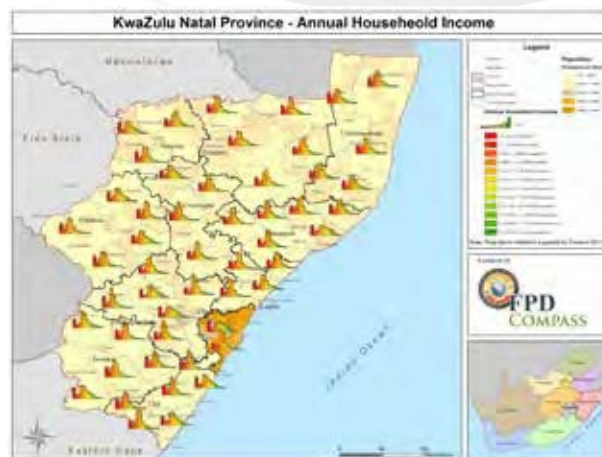
## DEMOGRAPHIC REPORTS

Using CENSUS, DHIS and other data, Compass Project continues to produce comprehensive demographic reports. This is a commercial product and has the greatest uptake amongst consulting companies seeking to gain a better understanding of areas that they work in. This business will continue into 2015, with the Compass Project beginning to produce reports in other SADC countries and not limit this product to South Africa.

## MAP AND DIRECTORY PRODUCTION

Another well-established project of Compass Project is the production of maps and directories. As with the demographic reports, there is a concerted effort to move this business further into the SADC region.

*Examples of annual income map, KZN*



## FPD PROPOSAL UNIT



## HIGHLIGHTS OF 2014

- » The South African National Department of Health awarded a tender to FPD to the value of more than R750 million over the next two years. The tender was awarded for contracting and performance management of private general practitioners. FPD will partner with Africa Health Placements (AHP), Wits Reproductive Health and HIV Institute (WRHI), BroadReach, Right to Care and the Aurum Institute in fulfilling the objectives of this contract.

# GENDER-BASED VIOLENCE PROJECT



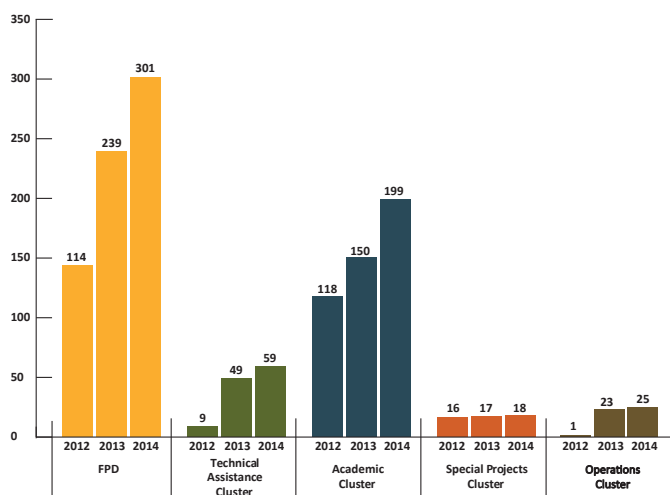
The Increasing Services for Survivors of Sexual Assault in South Africa (ISSSASA) Programme funded by USAID, is a collaboration of leading South Africa organisations –

Foundation for Professional Development, The Soul City Institute, Sonke Gender Justice Network and the South African Medical Research Council – aimed at enhancing the role of Thuthuzela Care Centres (TCC) in tackling South Africa’s epidemic of gender-based violence and sexual assault. Our approach aims to fulfil two main objectives: 1) raising public awareness around the Thuthuzela Care Centres; and 2) Expanding and improving the services of TCCs. To meet the second objective, expanding and improving services at TCC. The following activities will be undertaken: 1) creating greater public awareness of the Centres and 2) increasing the uptake of TCC services, within a wider approach to raising awareness and prevention.

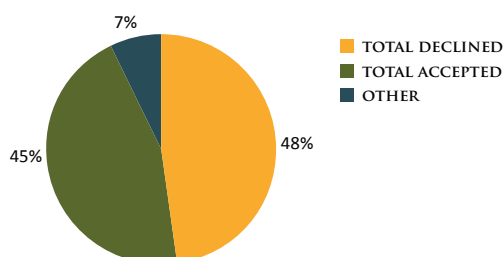
- » FPD and Deloitte collaborated with FHi 360 (the prime recipients) of the USAID Capacity Development Support (CDS) grant in 2014. FPD was awarded in excess of R111 million over the next five years for various training, technical assistance and health systems strengthening interventions in the South African healthcare environment.
- » FPD was also fortunate enough to be awarded a proposal by Johns Hopkins University for the development and hosting of an innovative online teacher training course on sexuality education. Medical Practice Consulting (MPC) will be partnering with FPD on this grant that aims at reaching the Eastern and Southern African region over the next two years.
- » Stitching Trimbos-Institute (through funding from the United Nations Office on Drugs and Crime) awarded FPD with a proposal in respect of developing regional guidelines and training for the provision of HIV prevention, treatment, care and support services in prisons around sub-Saharan Africa over a one year period.

## Number of proposals submitted by Cluster

PROPOSALS BY CLUSTER  
PERIOD: 2012 - 2014



## Success rate in 2014



## THE HIGHLIGHTS 2014

A randomised control trial (RCT) impact evaluation (IE) of USAID/South Africa’s (USAID/SA) Increasing Services for Survivors of Sexual Assault in South Africa (ISSSASA) programme under the Evaluating DRG Effectiveness - Impact Evaluations (EDGE-IE) contract. This customer-driven IE has been commissioned by the USAID Learning Team, USAID/SA and will be conducted and developed in partnership with South African Government agencies. Two specific project interventions that relate to training and outreach will be rigorously evaluated, including: 1) multi-media community dialogues on TCCs, TCC services for sexual assaults; and 2) multi-disciplinary training of professionals within the TCC referral network. The impact of the interventions will be assessed using administrative data to quantify changes in survivor reporting, intake, follow-through of services and survey data from the general population on their knowledge of TCCs and TCC services. Results from this study will help inform the USAID and implementing partners on effective approaches to addressing challenges in TCC awareness, intake, service follow through and provide general information on the function and role of the TCCs in providing services to survivors of sexual assault in South Africa. The study commenced in July 2014.

## SOUL CITY INSTITUTE

- » Community dialogues were rolled out in October 2014 in seven police precincts in Gauteng and five police precincts in Limpopo.

Police Precinct	TCC	Intervention	Province	# Soul City
Orlando	Baragwanath	Community Dialogues	Gauteng	50
Sebokeng	Kopanong			0
Olievenhoutbosch	Laudium			36
Ennerdale	Lenasia			0
Silverton	Mamelodi			44
Vosloorus	Natalspruit			0
Rabie Ridge	Tembisa			71
<b>Total</b>				

- » Information packages were finalised and are available for download by GBV organisations to integrate the information into their campaigns. The packages may be used as is, or the information on the TCCs integrated into the organisations' own materials.



- » South African Gender-Based Violence website was developed.

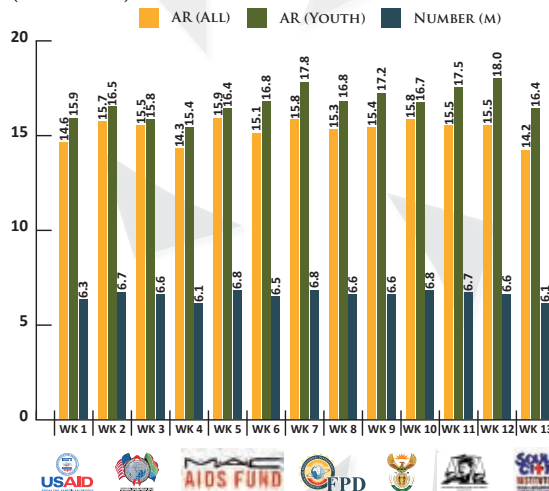


- » The Soul Buddyz Club (SBC) Child Abuse Module has been distributed in October 2014 to 20 000 schools in preparation for 2015. Although the material developed was originally intended for distribution only to Soul Buddyz Clubs (SBC) around TCC's, Soul City expanded

the distribution to all schools. The material has been completed and distributed to ISSSAP partners.

- » Two Public Service Advertisements (PSAs) have been developed and finalised based on the formative research conducted by the Soul City Institute. One television and one radio PSA was developed for broadcast on SABC TV and community radio stations. The radio PSAs were translated into 11 languages. The PSAs will endeavour to decrease stigmatising norms in the public and to stimulate demand for the TCCs. This will be in the form of social networks on Facebook, Twitter, the webpage and Mxit.
- » The Soul City Series 12 was launched in July 2014 and it is flighted on SABC1 at 20h30 every Tuesday. This series is watched by 6.1-6.8 million viewers and the majority of viewers are youth as shown in the diagram below.

### SOUL CITY SERIES (ON AIR)



- » The Soul City Series 12 is in the top ten most watched shows on SABC1.

### SABC 1 rating table

Week 12	Channel	Programme	Market Share %	Target Audience	Share %
1	SABC1	SPRINGS	18.5	18-34	14.8
2	SABC1	WORLD STREET	17.5	18-34	13.8
3	SABC1	SOUL CITY	16.8	18-34	13.2
4	SABC1	SPRINGS AND STONE	16.2	18-34	12.8
5	SABC1	SOUL CITY	15.8	18-34	12.5
6	SABC1	SPRINGS	15.5	18-34	12.2
7	SABC1	SPRINGS	15.2	18-34	12.0
8	SABC1	SPRINGS	14.8	18-34	11.8
9	SABC1	SPRINGS	14.5	18-34	11.5
10	SABC1	SPRINGS	14.2	18-34	11.2
11	SABC1	SPRINGS	13.8	18-34	10.8
12	SABC1	SPRINGS	13.5	18-34	10.5
13	SABC1	SPRINGS	13.2	18-34	10.2

- » A Mxit app for the TCCs was developed and launched in July 2014.

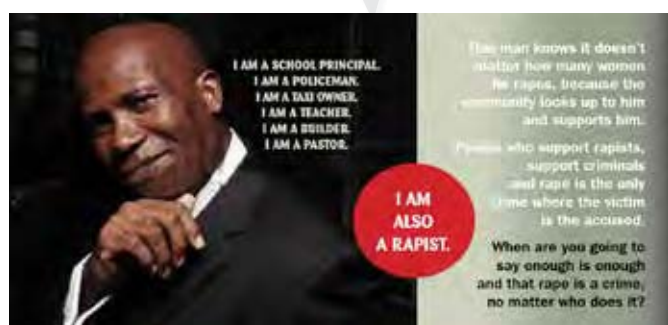
## Mxit App



- » Act for Children (AFC) is a project of the Soul City Institute, in partnership with a Netherlands-based organisation called *Wilde Ganzen* (Wild Geese). The project supports children in marginalised schools raise funds for various upliftment projects. It was launched in October 2014.

### Posters

Based on formative research, attractive colour posters were developed in the 11 official languages and were distributed during the community dialogues and training.



## SONKE GENDER JUSTICE NETWORK

- » Relationships with radio stations and Civil Society Organisations have been formalised and Memorandum of Understandings have been signed.
- » Radio show guides were developed for stations and include a focus on the inter-linkages between gender and HIV.
- » Sonke developed radio Public Services Announcements (PSA) specifically for community dialogues mobilisation. This tool has been tested with MAMS FM and so far it has been successful, particularly in areas only reached by radio.

- » Capacity building programmes were designed for community radio stations and civil society organisation.
- » Training on GBV and Media Advocacy for community radio stations and community-based organisations designed 13 training sessions for community radio stations. Additionally, community-based organisations and TCCs were held. Three presentations on the TCCs roles were held in the following areas:
  - Mahikeng, North West;
  - Gugulethu, Western Cape;
  - Thohoyandou, Limpopo;
  - Laudium, Gauteng;
  - Tonga, Mpumalanga;
  - Prince Mshiyen, Kwa-Zulu Natal;
  - Sonke team (including Bafana Khumalo. Furthermore the and Nonhlanhla Nkosana) presented at the following Sexual Offences Indaba, 29 July 2014;
  - Women's Conference at Attridgeville;
  - Prince Mshiyeni, Kwa-Zulu Natal;
  - Worcester, Weetsern Cape;
  - Cecilia Makhiwane, Eastern Cape;
  - Anglican Women's Conference at Saulsville;
  - RK Khan, Kwa-Zulu Natal;
- » Sonke's interventions focused on men and boys. As such they have developed and produced a SOA Men's Guide and 1200 copies were distributed during the 10 OMC Trainings that were held in 2014.

Training conducted	Men reached	Women reached	NGO's/Gov trained
10	91	554	34

- » Launched the 13 episodes radio drama on Sexual Violence and TCCs during the 16 Days of Activism on various community radio stations.
- » Community dialogues were rolled out in October 2014 in Seven police precincts in Gauteng and five police precincts in Limpopo.

Police Precinct	TCC	Intervention	Province	# Sonke
Orlando	Baragwanath	Community Dialogues	Gauteng	75
Sebokeng	Kopanong			44
Olievenhoutbosch	Laudium			85
Ennerdale	Lenasia			55
Silverton	Mamelodi			18
Vosloorus	Natalspruit			0
Rabie Ridge	Tembisa			54
<b>Total</b>				<b>331</b>

## FPD

Four new Thuthuzela Care Centres were established and furnished, namely Madadeni (Kwa-Zulu Natal), King Williams Town (Eastern Cape), Atlantis (Western Cape), Groblersdal (Limpopo) in consultation with the National Prosecuting Authority (NPA). They were built according to recommendations of the 2009 National Audit of Multi-Disciplinary Services in South Africa Dealing with Sexual Offences. The new TCCs, their staff, the NGO partners and catchment areas will be prioritised for public awareness, networking and training activities.

*Example of a new TCC*



» The staff members for all the sites will be appointed in consultation with the NPA. The advertisements for non-prosecutorial personnel in the new TCCs were developed and published in October 2014.

## SMALL NGO GRANTS

Using the nationwide financial and administrative capacity, FPD will support the NPA in the disbursement of grants to NGO service providers. This will enable 24-hour access to comprehensive services, such as: psychosocial support and counselling; trauma counselling; HIV/AIDS voluntary counselling and testing; psychosocial counselling for child victims; and legal assistance.

Referral systems will be strengthened by making FPD's provincial service directories available to TCCs, NGO partners and district government offices in TCC catchments.

This process was guided by the NPA in 2014. The small grants will cover the new sites because NACOSA and NGOs from Western Cape have already received funding from the Global Fund to support the existing 52 TCCs through the Global Fund's Small NGO Grants Programme.

The Call for Proposals for the Small Grant Programme was published in November 2014.

## TRAINING

Interdisciplinary Integrated Management of Sexual and Gender-Based Violence (IMSGBV) training curricula is aimed at improving the knowledge, practice and changing the attitudes towards survivors of sexual assault. The curricula aims at reinforcing the continuum of care for survivors of sexual assault; enhancing the role of TCC Case Managers; instilling norms and standards for gender equality; and child protection across the continuum of care.



» The training rolled out in October 2014 in seven police precincts in Gauteng and five police precincts in Limpopo.

Police Precinct	TCC	Province	Date	Number of participants trained
Mamelodi East	Mamelodi	Gauteng	21-23 Oct 14	36
Moroka Police	Baragwanath		21-23 Oct 14	22
Evaton Police	Kopanong		21-23 Oct 14	38
Atteridgeville	Laudium		21-23 Oct 14	20
Katlegong	Natalspruit		28-30 Oct 14	40
Orange Farms	Lenasia		28-30 Oct 14	44
Ivory Park	Tembisa		28-30 Oct 14	38
Polokwane	Mankweng	Polokwane	4-6 Nov 14	53
Gilead	Mokopane		4-6 Nov 14	38
Tshamutumbu	Musina		4-6 Nov 14	21
Westenburg	Seshego		11-13 Nov 14	74
Vuwani	Thohoyandou		11-13 Nov 14	67
<b>Total</b>				<b>491</b>



## SOUTH AFRICAN MEDICAL RESEARCH COUNCIL (MRC)

A national study of the prosecution and adjudication of sexual assault cases will be conducted by the MRC over the duration of the ISSSA Project.

The goal of the study is to generate evidence-based recommendations for strengthening the prosecution and adjudication of sexual assault cases. The specific aim of the project is to describe and analyse the causes of sexual assault case attrition in criminal justice system nationally, including explaining closure of cases by the police, withdrawals of cases from court and acquittals in court.

## METHODOLOGY



- » **Data Collection:** A multi-stage sampling strategy is being used that enables a nationally representative sample of police station dockets to be drawn. The primary sampling unit used will be the police clusters. In selected clusters, a random sample of sexual assault dockets for the calendar year 2012 are drawn from each police station. The sample is stratified by province. A target of 4500 cases are being followed through the criminal justice system with data collected at each stage. The sources of information that are being examined include, but not be limited to, SAPS case dockets, J88s, charge sheets, court administrative records and trial transcripts. Data is extracted from all the sources of information on to a pro-forma data capture sheets.
- » **Data Analysis:** The data will be analysed by the MRC and will draw on epidemiological data analysis methodology. Descriptive statistics will be presented. There will be a further statistical analysis of factors associated with withdrawal at different stages and acquittal in court using multiple regression and latent variable modelling methods. In addition, the judgements will be subject to qualitative analysis

focusing in particular on remarks about the preparation of cases, the availability and interpretation of medical evidence and the interpretation of the sexual offences legislation.

- » **Stakeholder Engagements:** The national study is led by the MRC supported by collaborating partners and a stakeholder group comprising members of: SAPS, NPA and the Department of Justice. To date, the stakeholder group has shaped the focus of the study and methodology, assisted in gaining access to police dockets and the courts. Moving forward MRC expects the stakeholders to review research instruments, provide input into the interpretation of findings and to advise on the development of recommendations for interventions based on the study findings.

## ACHIEVEMENTS

- » The MRC recruited and trained 10 researchers to collect data in 172 police stations across the country.
- » The MRC has co-opted an interdisciplinary team of legal and medical practitioners to participate in research activities.
- » Police data collection is complete in eight provinces of the country. I.e. researchers have visited 160 police stations on two different occasions to collect data from available dockets and administer trauma questionnaires with investigating officers.
- » Data capturing of police dockets questionnaires has commenced.
- » The medical team has begun to code the medical examination reports that have been collected.
- » Preparations are underway for commencement of court data collection.

## OTHER COMPLIMENTARY ACTIVITIES FUNDED FROM OTHER SOURCES

- FPD and all the partners agreed to leverage on other grants that they have to enhance this project.
- » Communication protocols were developed and approved by all the partners.
  - » FPD Roving Team are mentoring TCC Managers in Gauteng (Mamelodi and Laudium TCCs) Mpumalanga (Emalahleni TCC) and Limpopo (Seshego, Musina, Nkhensani, Tshilidzini, Mankweng TCCs).
  - » FPD supports all the partners by developing maps that assist with strategic information and decision-making.

- » Management scholarships were offered to the TCC three managers and NPA Senior Managers in June 2014.
- » Gender-Based Violence Conference planned for 26-27 October 2015 at the CSIR in Pretoria.
- » To support the project through existing FPD training programmes.
- » To utilise the South African Medical Association (SAMA) publications as conduit to market TCCs to medical practitioners. All partners to support the development of FPD with content to be published.
- » Eight new GBV episodes have been included on the Soul City drama that started in July 2014 on SABC 1.
- » Video presentation on giving medico-legal evidence in court completed in November 2014.
- » FPD has completed the development of a university GBV programme to reach the students at tertiary level.
- » Fundraising initiatives to support the project beyond the five years of the grant.
- » Supported the NPA during the Sexual Offenses Indaba 28-30 July 2014.
- » Supported the NPA during the GBV Summit held in Cape Town on the 8-10 December 2014.
- » The roll-out of a GBV and Substance and Alcohol Abuse Programme at university campuses in South Africa:
  - GBV and the link with HIV/STIs/substance and alcohol abuse continues to be felt in the higher education sector.
  - A GBV Kit has been developed and includes a training manual for GBV.
  - The training will be rolled out in partnership with HEAIDS as an extension of the 1st Things 1st Campaign.
  - Target groups are the students and staff to be trained as trainers.
- » FPD received a Making Voices Count grant to support the TCCs to give a voice to rape victims as they turn into survivors. The grant is to develop and test an application ("App") on a near-zero-cost (e.g. like Mxit) feature-phone accessible platform and the scope of the App is as follows:
  - Track and trace survivors of sexual assault through the referral pathway.
  - Push and pull appropriate support and information to clients.
  - Allow the rape survivor to confidentially voice his/her client-experience with GBV support services and hold their quality and level of performance to account.



# RESEARCH



It's the beginning of  
writing because I want to  
something for the book for

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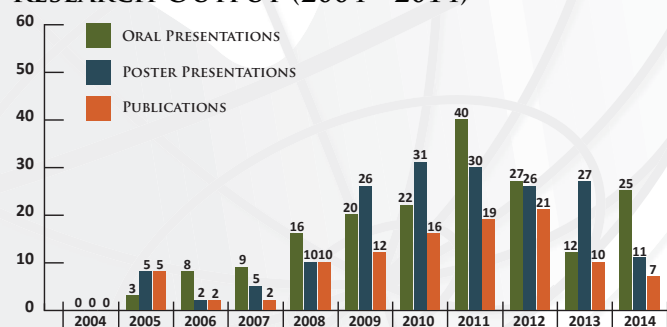


# RESEARCH

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 OUTPUT (2004 - 2014)



## CHAPTERS IN BOOKS

### MANAGING DIRECTORS OFFICE

- » Wolvaardt G, Johnson S, Cameron DA, Botha B and Kornik S. **Chapter 8 - Challenges and constraints at district management level.** South African Health Review 2014, Health Systems Trust.

## PUBLISHED ARTICLES

### MANAGING DIRECTORS OFFICE

- » Dos Santos ML, Kruger P, Mellors SE, Wolvaardt GG and van der Ryst E. **An exploratory survey measuring stigma and discrimination experienced by people living with HIV/AIDS in South Africa: the People Living with HIV Stigma Index.** BMC Public Health, Feb 2014.
- » Dos Santos ML, Trautmann F, Wolvaardt GG and Palakatsela R. **Rapid Assessment Response (RAR) study: drug use, health and systematic risks – Emthonjeni Correctional Centre, Pretoria, South Africa.** Harm Reduction Journal, 2014, 11:1.

### ACADEMIC CLUSTER

- » La Grange AM, Gerber AA. **Africa is ready for Distance Education.** Health Management Review Africa, 4th Quarter 2014 Vol 10 No 4.

### TECHNICAL ASSISTANCE CLUSTER

- » Fernandez L, Rossouw T, Marcus T, Reinbrech-Schutte A, Smit N, Kinkel HF, Memon S and Hugo J. **Factors Associated with Patients Understanding of their Management Plan in Tshwane Clinics.** Afr J Prm HealthCare Fam Med. 2014;6(1), Art. #560, 9 pages. <http://dx.doi.org/10.4102/phcfm.v6i1.560>

- » Baloyi GR, Meyer JC, Summers B, Johnson S. 2014. **Loss to initiation on antiretroviral treatment (ART) after voluntary counselling and testing (VCT) at two VCT centres near Pretoria, South Africa.** African Journal of Public Health Education, Recreation and Dance, September Supplement 1(1):1-10.

- » Lentsoane PP, Meyer JC, Schellack N and Cameron DA. **Challenges in the provision of palliative care at resource-limited South African hospice settings.** African Journal for Physical, Health Education, Recreation and Dance (AJPHERD) Supplement 1 (September), 2014, pp. 420-432.

## CONFERENCE PARTICIPATIONS - ORAL PRESENTATIONS

### MANAGING DIRECTOR'S OFFICE

- » Wolvaardt GG. **How to fix the district healthcare system: What District Managers told us in 2013 about the obstacles and challenges they face.** South African HIV Clinician Society (SAHCS) Conference, 24 to 27 September 2014, International Convention Centre in Cape Town.
- » Wolvaardt GG. **Session 5: Family Violence in SA: What is the Role of the Health Professional?** SAMA Conference, 29 to 31 August 2014, International Convention Centre in Durban.

- » Wolvaardt GG, Cameron DA and Olivier DH. **Using a fellowship programme to prepare Masters Degree students for the HIV Workplace.** South African Association of Health Educationalist (SAAHE) Conference, 26 to 28 June 2014, Hilton Hotel in Cape Town.

### ACADEMIC CLUSTER

- » Jordaan S, Pillay V and Wolvaart GG. **AHMP Training: Outcomes from Namibia and Botswana.** South African Association of Health Educationalist (SAAHE) Conference, 26 to 28 June 2014, Hilton Hotel in Cape Town.

### TECHNICAL ASSISTANCE CLUSTER

- » Bosman A. **Social Auxiliary Work Learnerships do not guarantee employment in public sector healthcare services.** South African Association of Health Educationalist (SAAHE) Conference, 26 to 28 June 2014, Hilton Hotel, Cape Town.
- » Cameron DA. **A review of clinical mentoring.** Regional Training Centre (RTC), 24 April 2014, OR Tambo, Johannesburg.

- » Cameron DA. **Building innovative problem solving skills through action learning.** Hospice Palliative Care Association of South Africa (HPCA) Conference 2014, 15 to 18 September 2014, Lagoon Beach Hotel, Cape Town.
- » Cameron DA. **Recognising and managing delirium in patients admitted to hospices – a review of the latest evidence and a discussion of best practice.** Hospice Palliative Care Association of South Africa (HPCA) Conference 2014, 15 to 18 September 2014, Lagoon Beach Hotel, Cape Town.
- » Cameron DA and Jones M. **From fear to confidence: evaluating 4 years of mentoring NIMART nurses in primary care clinics in South Africa.** Hospice Palliative Care Association of South Africa (HPCA) Conference 2014, 15 to 18 September 2014, Lagoon Beach Hotel, Cape Town.
- » Tlali M, Grant A, Fielding K, Charalambous S, Hoffman C, Johnson S. **Sensitivity of urine LAM vs. sputum TB culture in ambulant HIV+ patients: the TB Fast Track study.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.
- » Kapp H, Olivier DH and Martin R. **Tracking linkage to care and support of HIV positive clients tested on mobile testing units in South Africa.** European HIV Nursing Conference, 19 to 20 October 2014, Barcelona, Spain.
- » Kapp H and Jones M. **Technical Assistance for rapid implementation of Nurse Initiated Management of antiretroviral therapy in FPD supported districts in South Africa; Mentoring Matters!** European HIV Nursing Conference, 19 to 20 October 2014, Barcelona, Spain.
- » Kinkel FH. **TB Case Finding Through COPC Ward Based Outreach Teams.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.
- » Kinkel FH. **Two Years In - A Status Quo Report On Ward Based Outreach Teams (WBOT) TB Management In Tshwane District.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.
- » Kapp H. **Advocacy to include social mobilization model for improved HIV and AIDS response in Higher Education policy framework in South Africa.** 10th Public Health Association of South Africa (PHASA) Conference, 3 to 6 September 2014, Polokwane.
- » Lentsoane P, Meyer JC, Schellack and Cameron DA. **Availability of appropriate human resources – a challenge to pain management at resource – limited hospice settings.** HPCA Conference 2014, 15 to 18 September 2014, Lagoon Beach Hotel, Cape Town.
- » Lindeque G, Cameron DA, Bebington B and Slabbert M. **Ethical challenges in palliative surgery.** 18th Annual Symposium Controversies and problems in surgery, 10 to 11 October 2014. University of Pretoria.
- » Meiring M and Cameron DA. **Ethics and communication when dealing with dying children.** 28 February to 2 March 2014. University of Pretoria.
- » Memon S, Kapp H. **Training of CHWs to facilitate self-screening for cervical cancer during home visits in Tshwane, South Africa.** 10th Public Health Association of South Africa (PHASA) Conference PHASA Conference 2014, 3rd to 6th September 2014, Polokwane, Limpopo.
- » Memon S, Marcus T and Kapp H. **Training CHWs to facilitate self-screening for cervical cancer during home visits in Tshwane, South Africa.** HPCA Conference 2014, 15 to 18 September 2014, Lagoon Beach Hotel, Cape Town.
- » Memon S. **Assessment of a cervical cancer training module enabling CHWs to facilitate self collected cervical cancer screening test in women at risk in a community setting in Tshwane, South Africa.** Hospice Palliative Care Association of South Africa (HPCA) Conference 2014, 15 to 18 September 2014, Lagoon Beach Hotel, Cape Town.
- » Snyman JS. **Planning 2Plan: A Project to support the Development of the District Health Plan.** Annova's 3rd Annual Health Systems Strengthening Symposium, 27 to 28 August 2014 Hyatt Regency Johannesburg.
- » Sena Jawad, Yasmeen Hanifa, Violet Chihota, Nontobeko Ndlovu, Alan Karstaedt, Faieza Sahid, Lungiswa Adonis, Crawford Maesela, Hans Kinkel, Wendy Stevens, Linda Erasmus, Mark Nicol, Kerrigan McCarthy, Salome Charalambous, Gavin Churchyard, Alison Grant, Katherine Fielding. **Frequency of tuberculosis (TB) symptoms at repeat visits amongst adults attending for HIV care in South Africa.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.
- » Yasmeen Hanifa, Violet Chihota, Nontobeko Ndlovu, Alan Karstaedt, Faieza Sahid, Lungiswa Adonis, Crawford Maesela, Sena Jawad, Hans Kinkel, Wendy Stevens, Linda Erasmus, Mark Nicol, Kerrigan McCarthy, Salome Charalambous, Gavin Churchyard, Katherine Fielding, Alison Grant. **Evaluation of the urine Lipoarabinomannan (LAM) test for tuberculosis screening amongst people taking antiretroviral therapy (ART) in South Africa.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.
- » Yasmeen Hanifa, Violet Chihota, Nontobeko Ndlovu,

Alan Karstaedt, Faieza Sahid, Lungiswa Adonis, Crawford Maesela, Sena Jawad, Hans Kinkel, Wendy Stevens, Linda Erasmus, Mark Nicol, Kerrigan McCarthy, Salome Charalambous, Gavin Churchyard, Katherine Fielding, Alison Grant. **Utility of repeating Xpert MTB/RIF in HIV-positive people on antiretroviral therapy (ART) with negative initial Xpert MTB/RIF in South Africa: data from the XPHACTOR study.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.

## CONFERENCE PARTICIPATIONS - POSTER PRESENTATIONS

### MANAGING DIRECTORS OFFICE

- » King E, Sanne I, Wolvaardt GG. **inPractice Africa: A Unique Offline and Online Interactive Training and Content Solution To Provide Digital Medical Education in Settings with Limited or No Internet Access.** USAID/PEPFAR-Funded Pilot Program. International Aids Conference 2014, Melbourne, Australia.

### ACADEMIC CLUSTER

- » Jordaan S and Pillay V. **3rd South African TB Conference 2012: Outcomes of a regional scholarship programme.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.

### TECHNICAL ASSISTANCE CLUSTER

- » Bosman A. **Social Auxiliary work learnerships do not guarantee employment in public sector healthcare services.** South African Association of Health Educationalist (SAAHE) Conference, 26 to 28 June 2014, Hilton Hotel, Cape Town.
- » Bosman A, Motloutsi M and Mvuleni T. **Training in mobile computer laboratories improve TB data management.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.
- » Bosman A, Shimase S and Luwaca Z. **Social Auxiliary**

**Workers do not strengthen TB/HIV services.** 4th SA TB Conference, 10 to 13 June 2014. International Convention Centre in Durban.

- » Jones M and Cameron D. **Clinical mentoring enables primary healthcare nurses to deliver South Africa's Nurse Initiated and Managed antiretroviral Therapy (NIMART) programme.** 16th Annual Conference of the National HIV Nurses Association (NHIVNA) 25 to 27 June 2014, Cardiff City Hall, Cardiff, United Kingdom.
- » Kinkel HF, Marcus TS, Bam N and Hugo JF. **Tailoring HIV prevention to communities through Ward Based Outreach Teams (WBOTs) in Tshwane District, South Africa.** 2nd Southern African HIC Clinicians Society Conference, 24 to 27 September 2014, Cape Town.
- » Memon S, Marcus T and Kapp H. **Training CHWs to facilitate self-screening for cervical cancer during home visits in Tshwane, South Africa.** HPCA Conference 2014, 15 to 18 September 2014, Lagoon Beach Hotel, Cape Town.
- » Mzana N, Mazinyo-Webb E, Ngcelwane N, Mxaka M, Mlatsheni N and Kweba X. **Identification of Areas for interventions to rectify Gap in Recording and Reporting of TB Programme Data.** TB Conference in June, Durban.
- » Mbada NA and Cameron DA. **Does training School Management Teams result an effective response to the AIDS epidemic? Using the Success Case method to identify best practice.** SA Basic Education Conference 31 March to 1 April 2014, Emperors Palace, Johannesburg.
- » Wentzel RL, Olivier DH and Bosman A. **Gender based violence for healthcare professionals training: Does it work?** South African Association of Health Educationalist (SAAHE) Conference, 26 to 28 June 2014, Hilton Hotel, Cape Town.



# ABOUT FPD







# AWARDS 2014

In 2014, 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 MJ Maseloa – Clinical**



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 Maseloa is a facilitator on our clinical programme and his total average rating was 4.8 out of 5.

**Mrs VD Pillay – Management**



Mrs Pillay is a facilitator on the Project Management module of our Higher Certificate in Management and her total average rating was 4.7 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 the faculty member are allowed to teach. Another criteria for this award was that had to have taught more than 5 times on a specific programme during the course of the year.

### AWARD FOR RESEARCH EXCELLENCE

**Dr GG Wolvaardt**



As an academic institution, FPD is committed to contributing to new knowledge through research. In 2014, FPD's research outputs equated to 7 publications and 36 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 2014 were reviewed and the best output was selected. For a second time, the award for research excellence was awarded to Dr Wolvaardt.

### AWARD FOR EXCELLENCE IN COMMUNITY ENGAGEMENT

**Ms S Ngomane**



The FPD Award for Excellence in Community Engagement is awarded annually to the staff member who has made the most significant contribution towards FPDs community engagement. Candidates are nominated by the staff and the winner is identified through staff voting from a list of nominees.

### VALUES AWARD

**Prof DA Cameron**



FPD Values Award is presented annually to the employee who, in the opinion of their peers, is the embodiment of FPD's values. Candidates are nominated by the staff and the winner is identified through staff voting from a list of nominees.

## STAFF DEVELOPMENT

FPD has always been an organisation that places strong 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.

Support has ranged from supporting formal postgraduate studies at Masters level to conference participation and short course attendants.

In total, 514 staff members participated in educational activities in 2014. Emphasis was placed on developing managerial competence and 71 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, 94% were from disadvantaged groups.

During 2014, FPD enrolled 556 staff members on pharmacy assistant learnerships.

# FPD PLUS



FPD Plus is an initiative of the FPD Technical Assistance Cluster 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), moderated by a 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.

FPD Plus is responsible for conceptualizing and running campaigns including the annual production of desk calendars and posters being distributed 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 FPD Plus initiative has been a highly visible and successful Campaign. The thoughts, visions and opinions which shape the courageous people that are HIV positive and work at the organisation have contributed to the success of the Campaign.



# FPD AFFILIATES

## AFRICA HEALTH PLACEMENTS (AHP)



Africa Health Placements (AHP) is a South African-based social profit organisation working to address the extreme inequities in access to healthcare through human resource solutions. AHP currently offers culture strategy

consulting, workforce planning, recruitment, retention and Human Resources for Health (HRH) systems advisory services. The organisation's Mission targets health access for the indigent, partnering with governments, civil society and the private sector to achieve its mandate. AHP defines itself as social profit because its work, while mostly donor-funded, delivers a profit measured in terms of improved healthcare and social indicators.

### AHP SERVICES

#### Culture Strategy Consulting

AHP, a culture strategy consultancy aims to deliver integrated talent management solutions to public and philanthropic clients. AHP's approach aims to improve performance and produce results by codifying institutional culture in a measurable way and then embedding this in recruitment, on-boarding and performance management systems. The management and their teams are integrally involved in the process of discovering their institutional culture.

In addition, all staff are socialised into integrated talent management systems and capacity to performance manage and lead through culture is built.

This approach is applied across major multi-national corporations as much as in government institutions – bringing global best practice to public service.

#### Workforce Planning

AHP offers workforce planning to help organisations and governments understand where health workers of a particular skill can make the greatest impact on health outcomes. This involves performing detailed facility assessments with a customised tool. The data collected is analysed and interpreted through quantitative and qualitative models to inform rational recruitment, training and allocation decisions. AHP's tools and models are versatile and can be adapted to the context in which they are being applied – across facility type, speciality area, and into community health settings. The outputs from the planning process are simple to use and easy to understand, allowing for the information to be

incorporated into detailed HR plans or existing staffing norms – a process through which AHP's skilled planning staff guide and build the capacity of health management teams.

In 2014, AHP completed capacity assessments of 499 facilities across South Africa, predominantly in rural areas. This included assessments at 363 primary healthcare clinics, 72 community health centres and 64 district hospitals in 12 districts across five provinces. These assessments are being used to inform the HR planning processes in these districts.

#### Recruitment

AHP sources, registers, matches, places and orientates managers, health workers and support staff for public health facilities. Candidates are recruited both locally and from abroad. The objective of this capability area is to ensure the sustainability of staffing through building the capacity of facility managers to recruit and orientate staff themselves and creating a core team. These teams often comprise of foreign-qualified doctors that alleviates the pressures of a staffing crisis, allowing the facility to attract local skills and strengthen recruitment capacity.

Since 2005, the year of AHP's inception 3 266 foreign-qualified and local health workers, managers and support staff were placed. In 2014 alone, AHP made 336 placements in South Africa.

#### Retention

AHP offers a rational and measurable Retention Programme to improve the retention of scarce skills in nine districts and one sub-district out of South Africa's 52 health districts. Retention is impacted by myriad factors. To target key points of leverage, AHP runs HRH Assist – a HR capacity building programme aimed at improving the retention of health workers. As part of this programme, AHP adapted a corporate retention survey with health workers in a district. In this way, AHP and management are able to assess which attributes of the Employee Value Proposition (EVP) are weakest and resulting in the loss of skills. Customised capacity building initiatives are then run by AHP to improve management around the weakest EVP areas. AHP (partnering with a culture strategy consultancy) has designed 21 such initiatives around three key EVP attributes that were identified through the 2013 Retention Survey results as focus areas that needed to be addressed to improve retention. These focus areas are learning and development, communication, and leadership development. By repeating the retention survey, AHP can measure the extent to which initiatives have improved the EVP and, thus, the retention of key skills. In 2014, AHP hosted 277 capacity building sessions that were attended by 4 682 district and facility managers. The results of the 2014 Retention Survey show an improvement in the communication area with an increase in 0.4 in this score

between 2013 and 2014. This speaks directly to AHP's HRH Assist initiatives of which communication is a primary focus area. Work culture experienced a 0.5 increase between 2013 and 2014. Although there are no HRH Assist initiatives that focus on work culture, other areas – particularly improved communication – can contribute to an overall improvement in the perception of the work culture.

Additionally, AHP offers troubleshooting support to facilities around key retention issues and organises relevant Continued Professional Development (CPD) sessions for health workers to reduce professional and personal isolation. In 2014, AHP organised 147 such sessions.

### HRH Systems Advisory Services

AHP's wealth of knowledge and experience in providing human resource solutions and services enables the organisation to gather relevant data from a wide range of sources and translate this information into best practice models that are used to improve health policy and systems.

Data gathering is enhanced through regular research conducted by AHP into issues that affect the retention of health workers in the public sector. Since 2009, AHP has conducted an annual survey of community service doctors and dentists to assess the primary goals of the programme relating to geographic distribution, professional development and retention. In 2014, the 2009 Community Service Survey results were published in an international journal, Human Resources for Health. The final national average response rate for the 2014 survey was 53%.

## MEDICAL PRACTICE CONSULTING (MPC)



The need for integrated training, risk and compliance management software systems in the healthcare and other industries of South Africa as well as the rest of the world, is driven by an increased demand for current and accurate data for informed decision-making.

Medical Practice Consulting (MPC), through our development division KUBOMVU, is a systems implementation and consultancy company responsible for the implementation of Training, Risk and Compliance Management Systems (TRISCOMS™) in various industries including healthcare, engineering, the built environment, pest control and natural sciences.

### Expertise, Products and Services

#### » Society and Association Management Systems

Our implementation of TRISCOMS™ as Society Management Systems (SMS) has saved clients

significant amounts in direct administrative expenses and membership support overheads. Our SMS implementations address all society activities from invoicing and membership fee management to online training and education.

#### » Online Training and Education Systems

MPC's setup of TRISCOMS™ as Online Training and Education Systems has been approved for implementation by John Hopkins University for the training of teachers in Southern and Eastern Africa on sexuality education.

MPC's flagship system – [www.mpconsulting.co.za](http://www.mpconsulting.co.za) has been used to train in excess of 11 500 registered healthcare professionals online and boasts 21 accredited online training courses from FPD and the Medical University of South Africa (MEDUNSA) as well as 63 issues of accredited medical journals' Continuing Professional Development (CPD) questionnaires.

MPC has partnered with SIEMENS to provide the first web-based sustainable energy training platform for the training of engineers on wind turbine operation and maintenance.

#### » Custom Risk Management Systems

MPC designs, develops, hosts and supports custom software systems for clients that need project-specific solutions.

## HIGHLIGHTS FOR 2014

2014 was the first year that MPC traded as a group company of the Foundation for Professional Development (FPD).

In 2014, Medical Practice Consulting received two coveted awards:

» The Presidency Award from Carien Botha Pr. Eng., President of the South African Institute for Industrial Engineers (SAIIE) for the TRISCOMS™ implementation in the Industrial Engineering Industry; and

» Top 35 Under 35 Award from The South African Institute for Chartered Accountants (SAICA) was awarded to the Managing Director of MPC, Werner Swanepoel at the age of 29, for being one of the top performing Chartered Accountants in South Africa, under the age of 35 for 2014.

MPC secured contracts to launch TRISCOMS™ in three new industries – the built environment, pest control and natural sciences.

"TRISCOMS" was registered as a Trademark of MPC and MPC concluded with multi-national partners regarding the im-

plementation of TRISCOMS™ in North Africa and the United Arab Emirates (UAE).

## HEALTH SCIENCE ACADEMY (HSA)

### INTRODUCTION



Health Science Academy (HSA) is a small to medium sized private Further Education and Training institution focusing on training in the pharmaceutical industry and healthcare sector. HSA students include doctors, nurses, pharmacist's assistants and pharmacists.

It is estimated that there are 14,588 pharmacists in South Africa, out of which 16 % works in the public sector providing services to 85 % of the population and 84 is in the private sector. World Health Organisation recommends a ratio of 45 pharmacists per 100,000, in South Africa the ratio is 25.5 pharmacists to 100,000 population.

Due to this shortage of pharmacists, pharmacy mid level workers-mainly pharmacist's assistants-play an important role in the provision of pharmaceutical services in the country. It is estimated that 14,377 pharmacist's assistants in the country. In order to provide high quality pharmaceutical services, the country requires 72,000 pharmacy mid level workers by 2030. HSA is well placed to provide the requisite training.

### EXPERTISE AND SERVICES

#### Pharmaceutical Sector Training

1852 learners were active in the National and Further Education and Training Pharmacy Assistance programme. A steady increase in the number of learners was observed during the period under review.

However, the uptake of continuing Professional Development (CPD) courses was very poor. Qualified pharmacist's assistants would prefer to further their studies in areas such as pharmacy technician, than do CPD courses.

#### Dispensing For Healthcare Professionals Course

There is a notable increase in the number of doctors and nurses who enrol for the Dispensing course, the major obstacle for the prospective students is the four day compulsory classes which should be attended.

### Industry Courses

Industry courses include, for example, Medicine Registration, Pharmacovigilance, Good Manufacturing Practice (GMP), Immunization and injection techniques.

Immunization and injection techniques account for the highest number of participants in this area, followed by GMP and Medicine Registration.

In order to ensure the relevance, currency and high quality training in the medicines registration arena, HSA formed partnership with MC Pharma Group, a reputable company in the field of medicines registration both locally and internationally.

## BRIGHTER FUTURES TUITION



We at Brighter Futures Tuition believe all children deserve a bright future. Unfortunately many families cannot afford good quality education.

87% of South Africa's schools are considered "dysfunctional" (NPC – Manuel). This causes anomalies where on the one hand, South Africa has a chronic shortage of skills such as engineers and technicians. Yet on the other hand, we have a ~25-30% unemployment rate, 70% of whom are youth. Our poor schooling is confirmed through international tests such as the 2006 Trends in International Maths and Science Study (TIMSS), which placed South Africa last on the list of 50 countries, including many low income African countries such as Ghana.

Poor schooling and maths skills mean many children can't access decent career opportunities.

Brighter Futures aim to change this by providing an affordable, technology-driven maths & science tuition programme using mobile phones and high quality tutors with a proven improvement in results.

**Services:** Maths and Science Tuition for Grade 8-12 learners.

Brighter Futures Tuition uses advanced interactive technology on mobile phones that ensures each learner has a personalised learning experience that helps to supplement their learning gaps. Our small tutor groups are limited to 10 learners, so that every learner gets the direct attention and support they need from our tutors.

## How we get results for our learners

- » Intelligent practice technology: Our advanced interactive technology has thousands of Maths questions from Grade 8-12, listed under each topic area and aligned with the school curriculum. The questions increase in difficulty as the learner progresses so that “each learner will feel that they are getting 70% right”.

Learners are therefore able to work at a difficulty level appropriate for them, whilst continuing to keep them challenged but still motivated.

- » Targeted maths support from tutors: The advanced technology allows tutors to see exactly which topic areas and questions each learner is struggling with immediately.
- » Immediate progress reports: Each learner can view their “Learner Dashboard” to monitor their progress, see at a glance where their weaknesses lie and better focus their efforts on improving.

We believe that improving learners’ confidence, motivating them through success and developing their focus and concentration will bring the brightest possible future for your child.

## How we operate

Brighter Futures operates as a micro-franchisor; each of our maths and science tutors are screened and selected to set up their own micro businesses. We support our tutors through providing extensive training and continuous professional development, marketing support, PR and other assistance, quality assurance and access to our mobile phone enabled technology that supports their business (enrolment, payments, customer communication etc.) and the learning process (adaptive individualised learning).

Our tutors charge R50-60/hr. Customers choose how many hours per week they would like to attend a tutor session and reserve their slot by enrolling and paying. If they select a

monthly or quarterly payment plan, the child gets access to the internet-based learning technology for the entire month or quarter, so they are able to practice at home or school over and above their reserved tutor slot.

## Results and Highlights of 2014

Brighter Futures started operating in August 2014, opening its first 2 centres in Braamfontein and Kempton Park and another 3 centres later in the year in Brakpan, Thokoza and Germiston.

Our results to date indicate:

- » Learners are improving by 14% on average over a 2 month period. This improvement represents their increase in mastery (i.e. more difficult questions and topics) over the period in review;
- » 100% of our parents have renewed their month-to-month contracts with us;
- » Survey feedback from customers has all been very positive, with parents telling us:
  - Their children’s results are improving at school, some by as much as 25% within a few months;
  - Their children’s confidence and motivation towards maths have improved dramatically;
  - Their children are able to better understand what is covered in the classroom maths environment.

## Plans for 2015

Brighter Futures aims to open another 20 centres across Johannesburg and parts of Pretoria in 2015.

By expanding our tutoring services to more Grade 8-12 learners each year, we hope to ensure more of our youth gain access to a better quality education and post-school opportunities so they can achieve a brighter future.

# STRATEGIC PARTNERSHIPS

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

These partnerships include:

## INTERNATIONAL

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



The Health Management Programme is an entry level management programme that successfully develops the skills of new managers, supervisors and team leaders within the HIV and AIDS environment. Students who enroll in this programme are exposed to the complexity of management and are challenged to think differently through self-assessment and reflection. Through examining a range of management concepts, students develop techniques that improve their ability to manage in an ever changing environment. The most relevant management subjects have been weaved together to form a solid educational foundation for the operational level manager. FPD's approach is to blend theory, personal experience and facilitation by expert faculty resulting in a management development programme that is both inspiring and practical. A generous grant from the Twinning Centre funds scholarships which covers all the tuition costs, including study material and workshop costs. The course is offered using participatory methods and building on the shared knowledge of the participants. The course is skills-based and allows participants the opportunity to find solutions to problems they may identify.

### ASSOCIATION OF SOCIAL SCIENCES AND HUMANITIES IN HIV (ASSHH)



ASSHH is an international membership organisation that promotes and supports critically informed and theoretically engaged social science and humanities research on HIV/AIDS. ASSHH is committed to generating, supporting and distributing social science and humanities scholarship, promoting dialogue and networking within social science disciplines and between them and the larger scientific community and training emerging social science and humanities scholars in academic and non-academic settings. FPD partnered with ASSHH in 2010 to establish an International HIV/AIDS Social Sciences Conference. The first conference was held in 2011, the second took place in July 2013 in Paris, France and the third will take place in 2015 in Stellenbosch, South Africa.

### CLINICAL CARE OPTIONS (CCO)



CCO is a leading provider of HIV professional education worldwide, with an active and growing membership of over 29,000 physicians and over 66,000 total members globally. By producing the highest-quality interactive medical education programmes for over 20 years, CCO has become the trusted brand amongst HIV treaters around the world.

In addition to a world-class advisory board, long-term relationships with internationally renowned faculty and a sophisticated, specialized editorial and writing staff, CCO has its own unique models, proprietary technology, and websites and well established alliances with key HIV organisations, including a longstanding partnership with the International AIDS Society. FPD, CCO and the University of the Witwatersrand jointly developed the first South African mobile phone application-based educational resource for HIV and TB medicine that was rolled out to healthcare professionals in 2014.

### FHI 360



FHI 360 works to improve reproductive health, increase family planning options, help prevent the spread of HIV and promote educational opportunities for South African youth. Their projects support the Government of South Africa in key human development priorities, including implementing HIV/AIDS interventions, preventing mother-to-child transmission of HIV, increasing access to reproductive health services, improving nutrition, building capacity among local organisations and government entities, developing policies and guidelines that promote health and well-being, and expanding access to education.

FPD and FHI360 entered into a very successful partnership on the submission of USAID proposals. To date, the collaboration has been successful on the "Comprehensive Community Based HIV Prevention, Counselling and Testing" project.

### HUMANA PEOPLE TO PEOPLE



**HUMANA**  
People to People

The organisation established its operation in South Africa in 1995 and works with disadvantaged communities to secure the improvement of their economic situation, education and health and social well-being. All the programmes involve the target communities in contributing towards their own development by establishing local structures, training and empowering them to be self-reliant and self-deciding bodies.

FPD and HPPSA entered into a very successful partnership on the sub-mission of USAID proposals. To date the collaboration has been successful on the “Comprehensive Community Based HIV Prevention, Counselling and “Testing” project.

### IMMUNE SYSTEM REGULATION (ISR)



ITH | Immune Therapy Holdings

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 ground-breaking HIV related Phase I/II Clinical Trials taking place in Pretoria, South Africa. FPD is also a shareholder of ISR.

### LONDON SCHOOL OF TROPICAL MEDICINE



In partnership London School of Hygiene and Tropical Medical and Aurum Institute, FPD began the TB Fast Track Study. The study, which uses easy, simple and inexpensive test to look for the TB germ, will be conducted at mixture of 20 Primary Health Clinics and Community Health

Clinics in both urban and rural settings and is expected to run for two and a half years. The research team and began enrolling study participants in January 2013 and enrolled the last participant in December 2014.

### 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.

### 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 coun-

tries 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).

### NETHOPE



Nethope Academy ([www.nethopeacademy.org](http://www.nethopeacademy.org)) contributes towards decreasing unemployment and IT skills

shortages in developing countries by nurturing savvy, competent IT professionals to increase their post qualification job prospects and employability. FPD has partnered with NetHope Academy to launch the Nethope IT Internship Programme in South Africa. The programme aims to address the scarcity of IT workplace skills across South Africa by training and developing young IT graduates and placing them in an IT Internship Programme. IT graduates will be provided further technical skills (over 350 hours of training) and practical experience whilst being supported by FPD and supervised by a mentor.

### YALE SCHOOL OF EPIDEMIOLOGY AND PUBLIC HEALTH



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 International 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.



## 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 postgraduate qualification 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.

### AMPATH



Ampath provides pathology related services to healthcare professional and their patients. The cooperation between FPD and Ampath was established in 2004. Ampath supports the Infectious Diseases Unit as its pathology partner, complementing and strengthening the Unit by bringing in a financial component, a national network of laboratories and microbiological experts.

### AURUM



FPD through the that'sit project, receives a sub-award from Aurum Institute to provide technical support in improving access to HIV care for TB patients with the focus on integration of care and treatment, monitoring and evaluation and increased case finding in two provinces in South Africa (Dr Ruth S Mompoti, Dr Kenneth Kaunda in North West Province and Eden district in the Western Cape).

In partnership London School of Hygiene and Tropical Medical and Aurum Institute, FPD began the TB Fast Track Study in 2012. The study, which uses easy, simple and inexpensive test to look for the TB germ, will be conducted at mixture of 25 Primary Health Clinics and Community Health Clinics in both urban and rural settings; study enrollment completed in December 2014.

### THE CENTRE FOR HIV/AIDS PREVENTION STUDIES (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 healthcare professionals on how to perform safe male circumcisions.

### CITY OF TSHWANE METROPOLITAN MUNICIPALITY (CTMM)



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 and through providing the secretariat for the Tshwane Mayoral AIDS Committee.

### DEMOCRATIC 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 three 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 Health Systems Strengthening.

During 2014, FPD's Technical Assistance Cluster provided district based technical assistance support and now closely collaborates with the following districts; Sarah Baartman (Cacadu), Nelson Mandela Bay Metropolitan Municipality, Amatole and Buffalo City.

## DEPARTMENT OF HEALTH FREE STATE



FPD operates with the Free State Department of Health within Xariep and Fezile Dabito districts to relieve the burden of stable ART patients on the health facilities and to increase retention of ART patients to 70% in care five years after treatment initiation.

## DEPARTMENT OF HEALTH GAUTENG



FPD has a long-standing relationship with the Gauteng Provincial Department of Health on developing provincial capacity through technical assistance and training. FPD is the comprehensive technical assistance partner for Tshwane/Metsweding Districts.

## DEPARTMENT OF HEALTH KWAZULU-NATAL



FPD works closely with the KwaZulu-Natal Department of Health in five of their districts (Ugu, Zululand, Umkhanyakude, eThekweni, Uthungulu) to develop, test, document and scale up innovative, appropriate, equitable and sustainable CBCT models that effectively link key populations into appropriate and accessible HIV and TB prevention, care and treatment services. Within this partnership we also develop, test, document and scale up effective and locally sustainable linkage and referral systems for CBCT to appropriate community and facility-based services with documented referral through-put to HIV and TB prevention, care and treatment, as well as retention in TB, pre-ART and ART care.

## DEPARTMENT OF HEALTH LIMPOPO



FPD has a long-standing relationship with the Limpopo Provincial Department of Health on developing provincial capacity through technical assistance and training. FPD is the comprehensive technical assistance partner for Vhembe and Capricorn Districts and the district support partner for Greater Sekhukhune District.

## DEPARTMENT OF HEALTH MPUMALANGA



FPD has a long-standing relationship with the Mpumalanga Provincial Department of Health on developing provincial capacity through technical assistance and training. FPD is the comprehensive technical assistance partner for the Nkangala District.

## DEPARTMENT OF HEALTH NORTH WEST



FPD works closely with the North West Department of Health in the Bojanala district to develop, test, document and scale up innovative, appropriate, equitable and sustainable CBCT models that effectively link key populations into appropriate and accessible HIV and TB prevention, care and treatment services. Within this partnership we also develop, test, document and scale up effective and locally sustainable linkage and referral systems for CBCT to appropriate community and facility-based services with documented referral through-put to HIV and TB prevention, care and treatment, as well as retention in TB, pre-ART and ART care.

## DEPARTMENT OF HEALTH 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. The that'sit Project is the district technical assistance support partner in Eden District.

## DIRA SENGWE



This is one of FPD's oldest partnerships that has led to the very successful series of bi-annual national AIDS Conferences that has become one of the largest, if not the largest, National AIDS Conferences in the world attracting over 4 000 attendees. FPD provides the Conference Secretariat for these conferences.

## THE FOUNDATION FOR PROFESSIONAL DEVELOPMENT FUND



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, the prevention of HIV infection and to develop communities through capacity building projects.

## HEALTH AND WELFARE SECTOR EDUCATION AND TRAINING AUTHORITY (HWSETA)



FPD has for a number of years been working with the SETA around Pharmacy Assistance and Social Auxiliary Work Learnerships and other Workplace Experience Programmes.

## HEALTH AND MEDICAL PUBLISHING GROUP (HMPG)



HMPG journals reach the majority of active, practicing medical professionals in South Africa. Over 16 000 SAMA members receive either SAMJ (South African Medical Journal) or CME (Continuing Medical Education) or both.

HMPG also publishes the official journals for specialist societies and associations in South Africa. Since 2013, FPD became the sponsors of the African Health Professional Education Journal and the Strengthening of Health Systems Journal .

## 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 of 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. Since 2010, FPD and HEAIDS have been collaborating on the award winning "First things First" campaign that promotes HIV testing at Universities.

## 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.

FPD and the MRC has been collaborating over a number of years in training and treatment related to TB, especially through the that'sit Project. In 2012 this collaboration was expanded to gender based violence with the MRC becoming a partner on a USAID funded project in support of the National Prosecuting Authorities Thuthuzela Project.

## PHAKAMISA (AN ASTRAZENECA INITIATIVE)



AstraZeneca launched Project Phakamisa with the goal of creating cancer awareness amongst the public. This is done via partnerships with cancer organisations as well as training of public sector healthcare professionals in

a bid to improve volunteering, screening, testing and diagnoses of cancer. AstraZeneca supports the Breast Cancer for Health Professionals Course as part of their Phakamisa Project. It is designed to make a meaningful impact in the public sector. The aim is to support and guide healthcare professionals in addressing the needs of breast cancer patients.

## NATIONAL PROSECUTING AUTHORITY (NPA)



FPD (through a USAID grant) supports the Thuthuzela project of the NPA. Thuthuzela Care Centres are one-stop facilities that have been introduced as a critical part of South Africa's anti-

rape strategy, aiming to reduce secondary trauma for the victim, improve conviction rates and reduce the cycle time for finalising cases. The Thuthuzela Project is led by the NPA's Sexual Offences and Community Affairs Unit (SOCA), in partnership with various donors as a response to the urgent need for an integrated strategy for prevention, response and support for rape victims.

## 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 operates 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, physical health of PLHIV, provision of psycho-social support and positive prevention activities of PLHV.

## SOCIETY FOR FAMILY HEALTH (SFH)



SFH is South Africa's leading non-profit, non-governmental provider of health products, services and communications and South Africa's leading social marketing organisation. Social marketing is the non-profit use of commercial marketing techniques to address public health issues. SFH was founded in 1992 as a condom social marketing organisation and since that date has distributed 1 009 300 619 condoms.

Additionally, since its inception SFH has greatly expanded the portfolio of products and services it provides to include male condoms, female condoms, lubricant, HIV counseling and testing, CD4 counts, TB diagnosis and medical male

circumcision. All of these programmes are supported by SFH behaviour change communications, marketing and training. SFH is the South African affiliate of Population Service International, the world's leading network of social marketing organisation with affiliates in 69 countries around the world.

FPD and SFH entered into a very successful partnership on the submission of USAID proposals. To date the collaboration has been successful on the "Comprehensive Community Based HIV Prevention, Counselling" and Testing project.

### SONKE GENDER JUSTICE



Sonke Gender Justice Network is a non-partisan, non-profit organisation established in 2006. Today, Sonke has established a growing presence on the African continent and plays an active role internationally. Sonke works to create the change necessary for men, women, young people and children to enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies. FPD and Sonke partner on a USAID funded project in support of the National Prosecuting Authorities Thuthuzela Project.

### SOUTH AFRICAN MEDICAL ASSOCIATION (SAMA)



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.

### 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 SAHIVCS dates from 2001, when the two organisations introduced the HIV Clinical Management Course. FPD also

enrols students as SAHIVCS members as part of the FPD Alumni Programme. SAHIVCS also organises the skill building programmes at a number of conferences that FPD organises.

### SOUTH AFRICAN INSTITUTE OF HEALTHCARE 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 older of 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 healthcare 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.

## EDUCATIONAL COLLABORATION

### UNIVERSITY OF CAPE TOWN: NATIONAL TB/HIV HOTLINE FOR HEALTHCARE PROFESSIONALS



FPD supports a toll-free telephonic advice service based at the Medical Information Centre (MIC) at the University of Cape Town. The MIC is the largest and only clinically-based medicine information centre in South Africa and is staffed by specially-trained drug information pharmacists.

The call centre currently fields about 440 calls per month. Doctors make up 55% of the callers, while 37% comes from nurses, 6% from pharmacists and 2% from miscellaneous callers.

**DIVISION OF INFECTIOUS DISEASES AND PROGRAM IN GLOBAL HEALTH, DAVID GEFFEN SCHOOL OF MEDICINE, UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA), CALIFORNIA, U.S.A.**



UCLA's David Geffen School of Medicine is a globally elite and international leader in research, medical education and patient care.

The Program in Global Health collaborates with institutions around the world for innovative interdisciplinary research to address the most pressing health issues facing today's world, including infectious diseases such as HIV, as well as the growing epidemics of diabetes, cancer, and heart disease. In 2014, FPD joined with researchers at UCLA to develop an STI screening programme of HIV-positive mothers with the aim of decreasing HIV transmission from mother to child.

**PROGRAM IN GLOBAL HEALTH, MAILMAN SCHOOL OF PUBLIC HEALTH, COLUMBIA UNIVERSITY, NEW YORK, U.S.A.**



A vital part of one of the world's greatest universities and medical centres, Columbia University's Mailman School of Public Health

pursues an agenda of education, research and service to address the critical and complex public health issues affecting The United States and the world. Since 1922, the Mailman School has been at the forefront of public health research, education and community collaboration. Addressing everything from chronic disease to HIV/AIDS to healthcare policy, the School tackles today's pressing public health issues and translating research results into action.

Since 2013, FPD has been working closely with faculty in the Global Health programme at Mailman to develop and operationalise The Rea Phela Health Study. This study aims to understand and measure the health of South Africa's healthcare workers, its impact on human resources for health and the health of all South Africans. For the past two years, FPD's Technical Assistance Cluster has also acted as a field site and provides in-country advising to Mailman MPH students completing 6-month field practicums required for graduation.

**UNIVERSITY OF KWAZULU NATAL (UKZN)**

**info4africa**



info4Africa is a programme within HIVAN which specialises in maintaining and expanding a database of over 6000 HIV-related services provides throughout the country.

Through info4africa, information can be obtained on HIV-related service support in any area of the country. Info4africa and FPD are developing an HIV-related service database and producing annual provincial printed directories of all HIV service providers captured.

**UNIVERSITY OF PRETORIA (UP)**



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 the Health Sciences Faculty at UP takes place around the Infectious Diseases Unit, ART clinics at two of the University's teaching hospitals (Steve Biko Academic Hospital and Kalafong Hospital) and the Department of Family Medicine.

- » An evaluation of the quality of care provided at the three NIRMART facilities in the Greater Tzaneen Municipal Area: An action researched project.
- » Antiretroviral therapy programme outcomes in Tshwane District: a five year retrospective study.
- » Pre-antiretroviral therapy patient loss to care in three South African public health facilities: Implication for pretreatment care.
- » Characteristics of adult patients who are lost to follow-up in antiretroviral roll out clinics in Gauteng, South Africa.

# SPONSORS & DONORS

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National Pathology Support Services



AstraZeneca



# PEOPLE AT FPD

## TOP AND SENIOR MANAGEMENT



Dr GG Wolvaardt



Ms VD Pillay



Ms SM Johnson

## MIDDLE MANAGEMENT & EXPERIENCED SPECIALISTS



Ms JM Africa



Ms L Badenhorst



Dr R Barnard



Ms E Barnard



Mr IC Barry



Ms OD Bebensee



Ms EK Bilankulu



Ms DG Blom



Mr MH Bopape



Ms KM Born



Ms A Bosman



Mr BP Botha



Prof DA Cameron



Ms LM Chuene



Ms RP Dagada



Ms GC Devereux



Ms JI Ebonwu



Mr R Ebrahim



Ms TL Farirai



Ms MM Fourie



Mr RG Galetti



Mr TW George



Ms AA Gerber



Ms MN Gingqini



Mr G Guloba



Ms S Harilal



Ms EM Helfrich



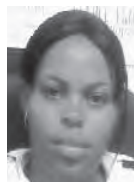
Ms CO Iloabanafor



Ms B Kapp



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Ms MR Kekana



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Ms SD Lebelo



Ms DM Lebeloe



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Ms NP Legodi



Ms MJ Lesufi



Ms TR Mabasa



Ms MS Mabasa



Ms SR Mabela



Ms RN Mabunda



Dr SM Mabusela



Ms TE Madzhia



Ms DJS Mafafo



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Ms P Lempe



Ms MC Lesufi



Ms U Losi



Ms Z Luwaca



Mr FJ Mabasa



Ms MZ Mabeleng



Ms TA Mabena



Mr KJ Mabila



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Mr E Machebele



Ms EF Machoga



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Ms YF Shugu



Ms S Sihlali



Mr BD Sihlangu



Ms K Singh



Ms RZ Skhosana



Ms FB Slaven



Ms SD Smalberger



Ms JS Steyl - Van Niekerk



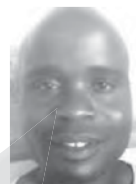
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Mr CK Tladi



Mr M Tshabalala



Mr L Tshipala



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Ms I Van der Merwe



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Ms L Mlanjeni



Ms SM Moetanalolo



Ms M Mofokeng



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Ms M Mokgetle



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Ms LS Monyamane



Mr MT  
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Ms BA Moroka



Mr JT Morwaswi



Mr TG Motsatsi



Ms JM Motswaledi



Ms M Mthimunye



Mr P Ndikuyeze



Ms LR Ndou



Ms N Ndudula



Mr MM  
Nemakonde



Mr SR Ngobeni



Mr ML Ngwenya



Ms PP Nkuna



Mr A Nkwadi



Ms BF Nxumalo



Ms MS Phaleng



Ms R Pillay



Ms M Pitsoane



Mr TM Rafedile



Ms MS Rambuda



Ms T Rambuda



Ms MC  
Ratshitanga



Ms T Roderick



Ms ME Sekele



Mr KPL Setwaba



Mr B Sithole



Mr EH Smith



Ms I Swart



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Ms SN Kunene



Ms MN Kutase



Ms NM Kwetepane



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Ms MD Legodi



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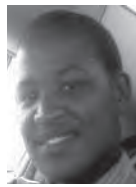
Ms BT Letseka



Ms LM Letshoene



Mr R Mabaso



Mr MS Machaka



Mr AL Madigoe



Ms S Madolo



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Mr U Magalela



Mr SP Mahlangu



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Ms LK Mahlangu



Ms MX Mahlangu



Ms EP Mahlatsi



Ms MM Maila



Mr TC Mailula



Ms NG Majoka



Ms WM Makama



Ms KA Makgatho



Ms LM Makgeta



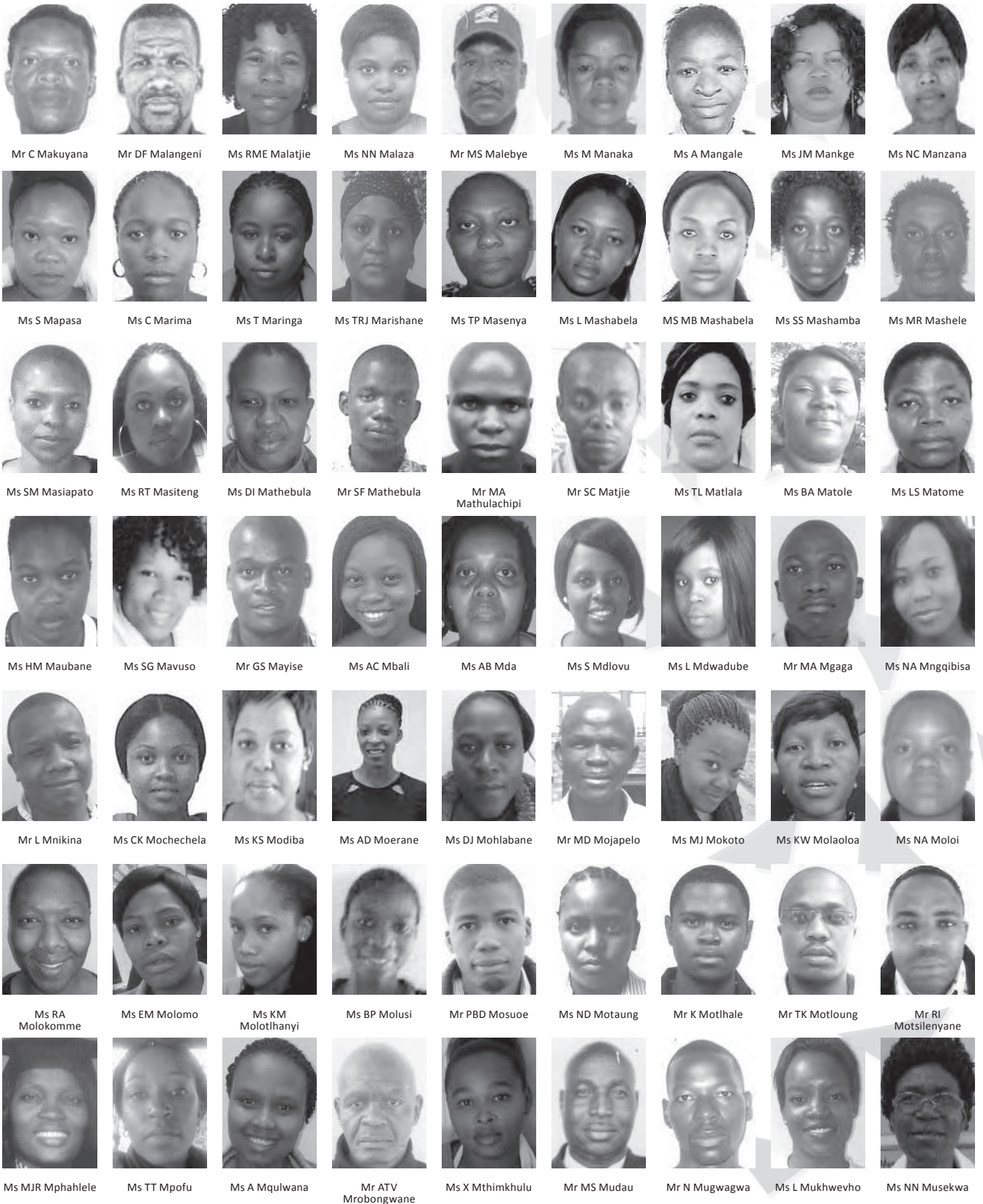
Ms QT Makhado



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Mr T Ndlovu



Ms MC Ndlovu



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For calls within South Africa, please replace +27 with (0) followed by the number.

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