



**FPD**

# Annual Report

2017|2018



Integrity

**Innovation**

Quality

Freedom to Challenge

Respect

Service to Society



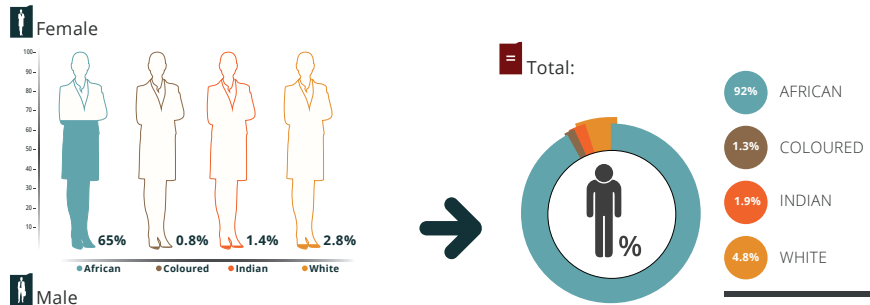
**FPD**

**Foundation for Professional Development**  
**Annual Report**  
2017|2018

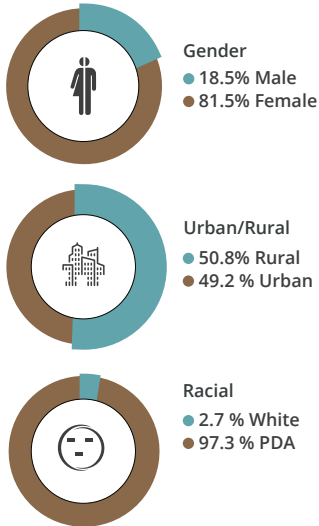
# ANNUAL OVERVIEW 2017

The **Vision** of FPD is to build a better society through Education & Capacity Development.

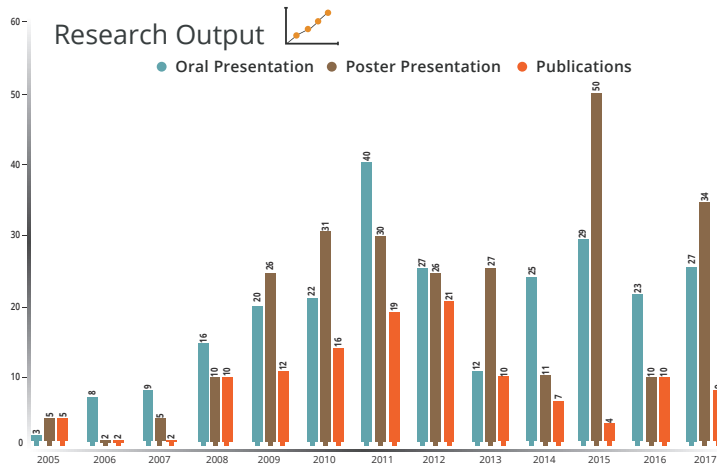
## Employment Equity Figures



## Student Demographics



FPD HAS ENROLLED **406,377** STUDENTS ON ITS COURSES (SINCE 1998)



**R636 MILLION** IN EDUCATIONAL SUPPORT HAS BEEN PROVIDED TO FPD STUDENTS SINCE 1999.

Conferences Hosted

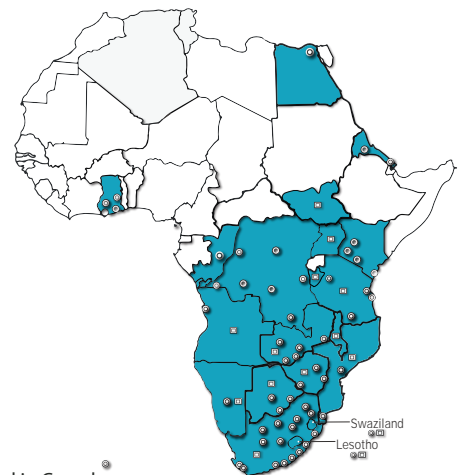


FPD's community based **HIV TESTING SERVICES PROGRAMMES** ensured that more than **1,600,000** individuals in South Africa received free **HIV** testing.

FPD believes in bringing training as close to participants as possible, FPD courses have been provided in the following countries:


**Training Conducted:**  
 ● Class Room    □ E-Learning

- Angola
  - Botswana
  - Burundi
  - DRC (all provinces)
  - Egypt
  - Eritrea
  - Ghana
  - Kenya
  - Lesotho
  - Malawi
  - Mozambique
  - Namibia
  - South Africa
  - South Sudan
  - Swaziland
  - Tanzania
  - Uganda
  - Zambia
  - Zimbabwe
- Training was also conducted in Canada




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- Message from the Managing Director
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- Organisational and Management Structure
- Start of the year function 2018

OVERVIEW

DEVELOPING PEOPLE

STRENGTHENING SYSTEMS

INNOVATION

ABOUT FPD



## Vision, Mission, Values and Strategic Direction

FPDs strategic direction aligns with our mission of catalysing social change through developing people, strengthening systems and providing innovative solutions.

### Building a better society through Education and Capacity Development

#### Vision

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

#### Mission Statement

FPD's mission is to 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 effect 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

FPDs strategic direction aligns with our mission of catalysing social change through developing people, strengthening systems and providing innovative solutions. FPD as a cause-driven organisation has been built on a model of providing high quality products and services

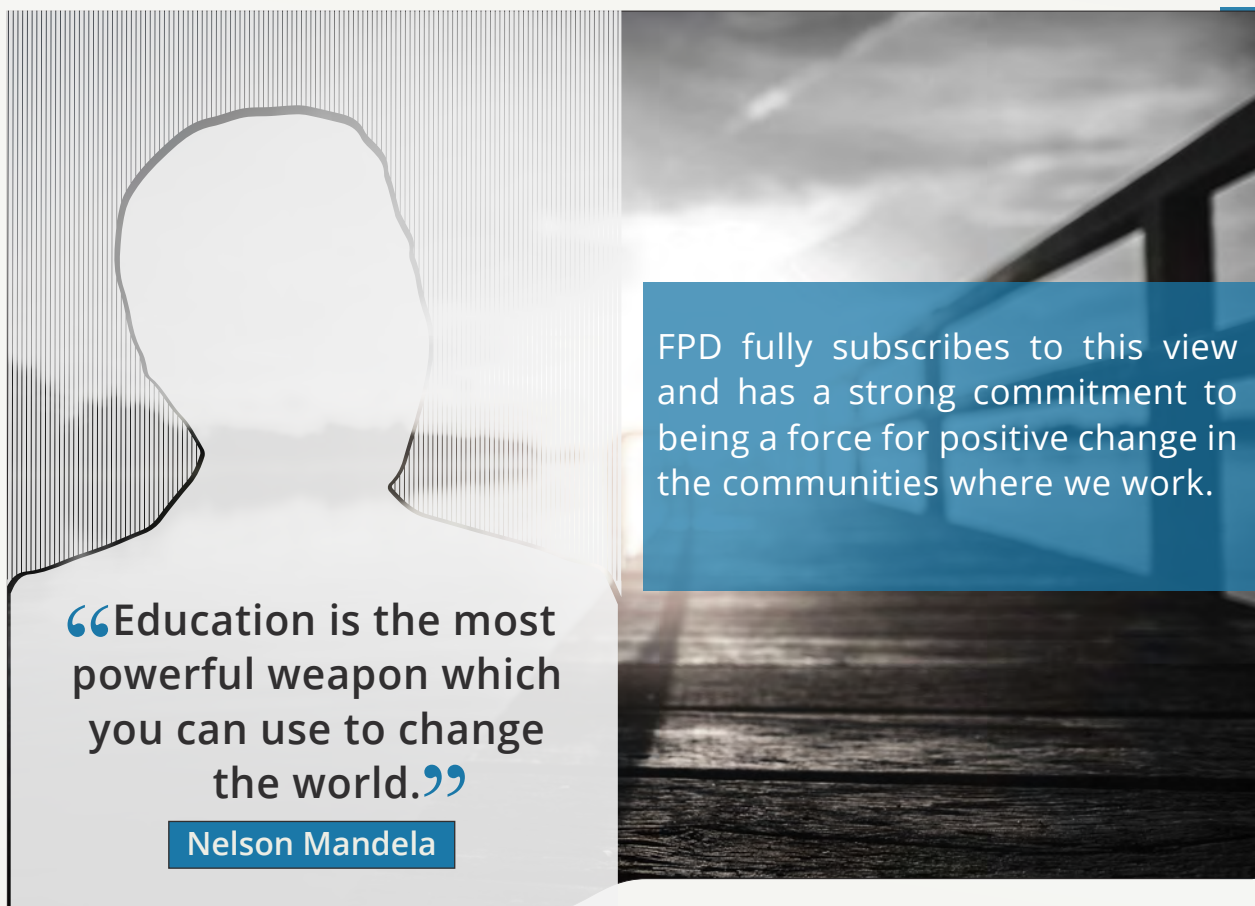
at low or no cost to the end user through accessing donor funding and sponsorship to subsidise the cost of services and products. Over the past few years, this model has been placed under pressure, due to factors such as weak local economic growth and a changing perception around the merit of providing South Africa with donor support.

To compensate for this changing business environment FPD's growth strategy in recent years has been focused on increasing its commercial income through: diversifying and increasing its range of products, strategic shareholding in subsidiaries and forming strategic partnerships to compete for donor funded projects inside and outside South Africa. Based on this focus, FPD has increased both its products, services portfolio and group structure.

This approach plays to FPD strengths in social entrepreneurship and innovation that has driven year on year growth over a 20 year period irrespective of local and international business cycles. The 2018 strategic approach is therefore designed to leverage innovation in support of growth. FPD will continue to

expand it's activities through accessing philanthropic funding and leveraging commercial income. The 2018 strategy focuses on:

- Promoting sustainability and growth by requiring all departments to contribute to the sustainability of the organisation through commercialisation of products and services.
- Ensuring product leadership through rapidly developing and bringing to market new products and services that are responsive to the needs of the market by embracing a user centric design approach.
- Increasing FPD's role as a thought leader through involvement in policy formulation and research.
- Strengthening FPD's focus on its signature initiatives in HIV/AIDS and GBV, and
- Expanding FPD's systems strengthening role.



“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

### Dr Gustaaf Wolvaardt

Innovation has driven FPD's work for 21 years and is one of our three focus areas, together with developing people and strengthening systems. Innovation is also one of our core values and underpins our vision and mission of being a force for positive change in our region. It acknowledges that we live in an imperfect society and that we can only build a better society through finding novel solutions to current and future problems.

FPD has re-dedicated its strategic focus in 2018 on innovation, this time not only on focusing on providing such solutions for our clients and the communities in which we work, but also on using innovation to reinvent how FPD conducts its business. We are embracing management science that will allow us to apply various scientific research-based principles, strategies, and analytical methods including mathematical modelling, statistics and numerical algorithms to improve the organization's ability to enact rational and accurate management decisions to solve complex problems. This will complement the other evidence-based approaches that influence FPD programme, including Action Research, which is our preferred personal and professional development methodology for managers, and Human Centered Design, which emphasizes the need to design products and services around user requirements rather than administrative requirements.

FPD's educational model has been built on innovation. We were a leader in promoting the concept of task shifting back in 1999 when we started training programmes aimed at upskilling general practitioners to compensate for severe shortages of medical specialists. This approach really came into its own in 2001 when we started large local and regional programmes aimed at preparing medical practitioners to respond to the HIV epidemic, including rapidly expanding this approach to other healthcare professions. Our educational model also introduced blended learning models that reduced time away from work by combining distance education with short, decentralised contact sessions organised where our students live and work.



FPD has re-dedicated its strategic focus in 2018 on innovation, to reinvent how FPD conducts its business.

Our focus in 2018 will be to progressively migrate all our training programmes to a blended e-learning model, where the theoretical component will be offered completely on-line. Students will have access to a customised e-learning portal allowing them to complete the theory requirement of courses at their own pace and time. The FPD online portals will provide access to digital discussion forums, to facilitate shared learning and interaction with faculty, access to video tuition and a wide range of materials, which will contribute to effective learning. E-Learning will be supplemented by short practical sessions designed to promote integration of learning that could include exposure to expert patients, practical sessions with relevant medical technology and highly interactive case study sessions with subject matter experts. We will also start experimenting with using gaming as a learning methodology and integrating virtual and augmented reality into our education offering. As part of our focus on innovation we will be launching two new schools in nursing and occupational health in 2018.

In recent years FPD has had a focus on supporting young people to successfully transition from a learning to a working environment through learnerships. Although learnerships have been demonstrated to improve employability in general, entering the job market when economic growth and business confidence is low still proves to be challenging. To support FPD learnership participants we launched an e-learning Work Readiness Programme in 2017 designed to enhance the employability of graduates by providing them with the skills to prepare for applying and competing for positions and generally develop specific skills that will enhance their attractiveness to potential employers.

The rapidly increasing FPD research portfolio has also proved to be an invaluable source for generating the new knowledge required to drive innovation, and efforts in 2018 will continue to focus on expanding the funding for innovative research and increasing our publication output. The National HIV Think Tank, that FPD hosts on behalf of the National Department of Health is now maturing in its role and is a generator of new ideas with the first behavioural economics project being approved for funding.

FPD will continue to focus on using innovation to drive system strengthening and at the end of 2017 we launched the GP Care Cell in partnership with the Gauteng Department of Health. Designed by FPD and its affiliate PPO Serve, the GP Care Cell model contracts, manages and quality assures private general practitioners to provide HIV counselling and testing services (HCT), as well as initiation and management of antiretroviral treatment for patients without medical scheme cover who find

it difficult to access treatment at public sector facilities. This project highlights the reciprocal enthusiasm among health professionals and the Department of Health for opportunities to forge collaborative partnerships between the public and private sector to solve our national healthcare challenges. This partnership is designed to expand into providing a broad range of comprehensive chronic illnesses management and starts laying the foundation for the purchase provider partnerships envisaged under the National Health Insurance.

“Innovation is one of our core values and underpins our vision and mission.”

Another system strengthening innovation developed and successfully piloted by FPD is the Community Based Counselling and Testing social franchise designed to test value-based contracting models that link remuneration to productivity, quality and outcomes. This initiative allows community-based counsellors to move from a low level stipend income model to becoming self-employed small business owners with the ability to substantially improve their income options through performance.

FPD has, through our partnerships with Qode Health Care Solutions, Glue Plus and Pioneer Solutions Studio, continued to explore the applications of information technology and mHealth across the areas in which we work. This has allowed us to introduce innovative system strengthening solutions such as an app-based system that supports and tracks case management of survivors of gender-based violence through the criminal justice system. We have also started building digital communities of practice (COPs) that allows like-minded people to collaborate across national boundaries on specific thematic issues. COPs are currently being established in such areas as health professional education, health system quality and basic literacy.

As we strive to catalyse social change through developing people, strengthening systems and providing innovative solutions it is important to recognise the incredible commitment and dedication of my colleagues at FPD. All the lofty intentions, strategies and plans developed under the strategic guidance of the FPD Board would just be dreams if not for the people who put their shoulders to the wheel and make things happen.

**Dr Gustaaf Wolvaardt**  
Managing Director



## Background

FPD fully engages in the three scholarships of higher education namely: developing people, innovation and strengthening systems.

The Foundation for Professional Development (FPD) was established in 1997 as a department in 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 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:

- **Developing People**

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 qualifications, postgraduate qualifications, short courses, in-house courses and conferences.

- **Innovation**

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.

- **Strengthening Systems**

FPD does not follow the narrower definition of community engagement that is solely focused on the role of students in the community. We believe that as an institution that attracts highly skilled social entrepreneurs, we are in a position to effect positive transformation in society. The work we do, in supporting NGOs, working with the public sector on health and education 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 organisations to increase the scope and reach of our programmes.

### 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)

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)

Higher Certificate in Practice Management  
H.Cert. (Practice Management)

Postgraduate Diploma in General Practice  
[PG. Dip. (General Practice)]

Advanced Diploma in Aesthetic Medicine  
Adv. Dip. (Aesthetic Medicine)

Postgraduate Diploma in Health Professions Education and Leadership  
PG. Dip. (Health Professions Education and Leadership)

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).

### Affiliations

- FPD is an institutional member of the South African Institute of Healthcare Managers (SAIHCM)
- FPD is a member of the Swiss South African Chamber of Commerce
- FPD is a member of the Consortium of Universities for Global Health

## The FPD Group

### The FPD Group Includes:

Foundation for Professional Development (Pty) Ltd  
(Reg. No. 2000/002641/07)



FPD Property (Pty) Ltd  
(Reg. No. 2005/014826/07)



Health Science Academy (Pty) Ltd  
(Reg. No. 1994/006219/07)



Pioneer Solutions Studio (Pty) Ltd  
(Reg. No. 2008/024971/07)



Africa Health Placement (Pty) Ltd  
(Reg. No. 2011/128026/07)



Brighter Futures Tuition (Pty) Ltd  
(Reg. No. 2014/235180/07)



Professional Provider Organisation Services (Pty) Ltd  
(Reg No. 2015/070045/07)



Glue Plus Africa (Pty) Ltd  
(Reg No. 2012/224654/07)



Maurice Kerrigan Africa (Pty)Ltd  
(Reg No. 2008/025706/07)



### FPD additionally manages the following NGOs

Foundation for Professional Development Fund  
(Reg. No. 2004/002765/08)



Dira Sengwe Conferences  
(Reg. No. 2003/002398/08)



South African Institute of Healthcare Managers (SAIHCM)  
(Reg. No. 2004/004290/08)



### FPD Academic code of conduct

FPD endorses the principles of non-racialism, non-sexism and non-discrimination. It believes that education should be accessible, affordable and relevant to the country or centre in which it occurs. FPD students are expected to treat fellow students, faculty and administrative staff with dignity and respect. As FPD offers quality educational products, it believes that its students should act with integrity and honesty when participating in and completing programmes and courses. By registering for any FPD course or programme, a student subscribes to this Code of Conduct.

**B-BBEE 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 IV Report and its recommendations on corporate governance.

### Independent Directors



**Mr Douw van der Walt**

**Chairperson**

BCom, CAIB (SA), MBL, AEP (UNISA), TGM (INSEAD)



**Dr Muzikisi Grootboom**

**Non-Executive Director**

MBChB (Natal), FCS (SA) Orth, C.I.M.E (A.B.I.M.E), Cert. in Accounting and Finance (UNISA)



**Dr Mohammed Abbas**

**Non-Executive Director**

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



**Ms Ida Asia**

**Non-Executive Director**

BCur (Hons), MA (Nursing), MBL

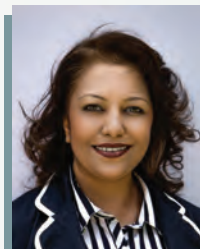
### Executive Directors



**Dr Gustaaf Wolvaardt**

**Managing Director**

MBChB (Pret), MMed (Int) (Pret), FCP (SA), AMP (MBS), PGCHE (Pret)



**Ms Veena Pillay**

**Academic Executive**

MBA, PGCHE (Pret)

### Company Secretary



**Ms Alet Bosman**

BCom (Fin Man), HED, BCom Hons (ACC), ACHM

(until December 2017)

## Programme Advisory and Quality Assurance Committee 2016/2017

### Academic Management Representatives

- Dr Elize Venter
- Mrs Suzanne Johnson
- Mrs 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
- Mr Suleiman Shaik
- Dr Riekie Smit
- Dr Liz Wolvaardt

### Faculty Representatives

- Ms Gail Andrews
- Ms Welmoed Geekie
- Ms Sunette Jordaan
- Ms Gloria Mbokotat
- 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 2017 (January to November) the committee reviewed and approved 13 research proposals.

### Mr Braam Volschenk

**Chair: Legal and Management**

Private Sector

### Prof. David Cameron

**Medical Education and Palliative Care**

Private Sector

### Dr Mitch Besser

**Medical Education and Clinical Practice**

mothers2mothers

### Ms Zimasa Sobuza

**Representative: Community**

Foundation for Professional Development: HIV Think Tank

### Mr Sonny Ncube

**Community Nursing**

Foundation for Professional Development: IHSS

### Prof. Pieter du Toit

**Education Specialist**

University of Pretoria

### Dr Nkhensani Nkhwashu

**Quantitative Research**

Foundation for Professional Development: CBCT

### Ms Nishana Ramdas

**Pharmaceutical Services**

Foundation for Professional Development

### Mr Dawie Olivier

**Research and Epidemiology**

Foundation for Professional Development

### Dr Jude Igumbor

**Research and Epidemiology**

mother2mothers

### Dr David Kalombo

**HIV**

Foundation for Professional Development: IHSS

## Participation of FPD Senior Managers 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

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

Brighter Futures Tuition (Pty) Ltd  
Chairman of the Board of Directors

Health Sciences Academy (Pty) Ltd  
Member of the Board of Directors

Health and Medical Publication Group (Pty) Ltd  
Member of the Board of Directors

PPO Serve (Pty) Ltd  
Chairman of the Board of Directors

Glue Plus Africa (Pty) Ltd  
Member of the Board of Directors

Qode Health Solutions (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

Medical Practice Consulting (Pty) Ltd  
Member of the Board of Directors

### Mr Henk Reeder

#### Chief Operations Officer

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

Brighter Futures Tuition (Pty) Ltd  
Member of the Board of Directors

### Prof. Errol Holland

#### Consultant GP Contract

Foundation for Human Rights  
Member of the Board of Directors

National District Health Services Council  
Member of the council

## Participation of FPD Senior Managers in Advisory Structures

### Dr Gustaaf Wolvaardt

#### Managing Director

Tshwane Mayoral AIDS Council (TMAC)  
Co-Chairperson

National HIV Think Tank  
Co-Chairperson

National Lancet Commission on High Quality Systems in the Sustainable Development Era  
Commissioner

### Dr Andrew Medina Marino

#### Head of Research

National TB Think Tank  
Member

### Dr Margot Uys

#### HOD: HSS

National HIV Think Tank  
Member

National TB Think Tank  
Member

National TB Key Populations TWG  
Member

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National PMTCT TWG  
Member

**Ms Cordelia Mapempeni**  
Technical Lead MCH

National PMTCT TWG  
Member

**Ms Motlatsi Diale**  
UNICEF Project Manager

National PMTCT TWG  
Member

**Mr Rick Stephen**  
Operations Manager ADH Clubs & IACT

Adherence Clubs TWG in Free State, Gauteng, Mpumalanga & Limpopo  
Member

**Mr Shaun Skidmore**  
Project Manager AC/IACT

Adherence Clubs TWG in Free State, Gauteng, Mpumalanga & Limpopo  
Member

**Mr Faith Dube**  
Project Manager Adherence Clubs GF

Adherence Clubs TWG in Free State, Gauteng, Mpumalanga & Limpopo  
Member

**Mr Barend Botha**  
Technical Advisor SCM

CCMDD TWG at District, Province & National  
Member

**Dr Nkhensani Nkhwashu**  
HOD: CBCT

National HIV Self Testing TWG  
Member

National HIV Think Tank  
Member

National HIV prevention technical working group  
Member

National HIV Nerve Centre  
Member

**Ms Thato Farirai**  
HTS Specialist

National HIV Self Testing TWG  
Member

National HIV prevention technical working group  
Member

National HIV Nerve Centre  
Member

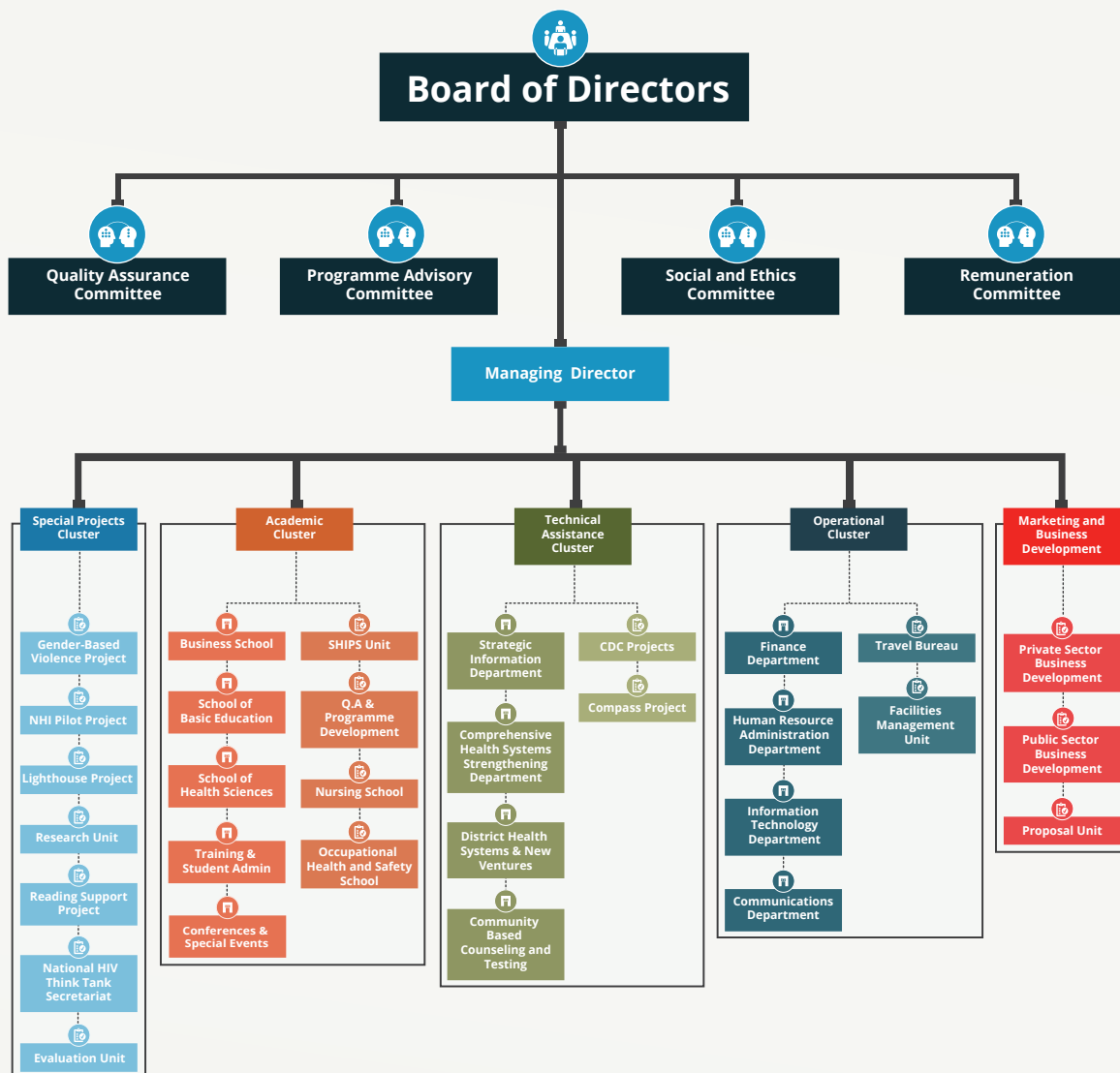




# Organisational and Management Structure

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 2018.



### LEGEND

- Governing Structure | Advisory Structure | Departments | Units and Projects |

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## 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 houses a number of FPD innovation projects and loosely functions as a health think tank with the ability to pilot, evaluate and create awareness around innovative ideas. These include:

### 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.

### Gender-Based Violence Project

This programme is a collaboration between FPD and a number of leading South Africa organizations, 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.

### NHI Pilot Project

This project is implemented by a consortium of organizations, led by FPD, including: AHP, BroadReach, Wits Reproductive Health & HIV Institute (WRHI), Right to Care and Aurum Institute and is designed to test a model of seconding doctors to provide PHC services in selected clinics in the NHI Pilot districts.

### Lighthouse Project

The Lighthouse Project aims to use an evidenced-based approach to improve healthcare and to promote efficiency gains through public-private-partnerships pilot programmes. 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.

### Programme Evaluation Unit

The FPD Programme Evaluation Unit specialises on

programme evaluations for public and private organisations across Southern Africa. The unit does not follow a "one size fits all" approach to evaluations, but rather offers evaluations that can be customised to its clients' needs and expectations.

### National HIV Think Tank Secretariat

The HIV Think Tank (TT) provides a central place for all stakeholders (government, academia, NGOs, donors, community and implementers), under the leadership of the National Department of Health (NDoH), to review epidemiological, routine monitoring and economic evidence related to the HIV epidemic, identify priority gaps, and establish consensus on appropriate next steps, including research projects and pilots of new programmes and policies. The TT also thinks proactively about what evidence needs to be collected and what pilot programmes need to be implemented to respond to the challenges that will arise three to five years in the future. Seventy-five percent of the funding received from the Bill and Melinda Gates Foundation, to fund the NHIV TT, is reserved for research and/or to fund and evaluate innovative pilot projects designed to test innovative ideas that can support South Africa in achieving the 90-90-90 targets required to achieve epidemic control.

### Reading Support Project

This project, funded by United States Agency for International Development in Southern Africa (USAID/SA), was launched on 1 November 2016 and focuses on improving language literacy skills at foundation phase level in South Africa's Limpopo and North West provinces. This system-strengthening project is being implemented in partnership with a number of leading literacy organizations: The Molteno Language Institute (MOLTENO), the South African Institute for Distance Education (SAIDE), Oxford University Press of South Africa (OXFORD SA) and an international partner, Voluntary Services Overseas (VSO). The ultimate aim of this project is to improve Foundation Phase learners' reading skills in African Home Languages (AHLs) as well as in English as a First Additional Language (EFAL).

### Proposal Unit

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

## Academic Cluster

This Cluster houses FPD's educational activities and is made up of 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 wide range of educational courses, including formal qualifications and short courses.

### School of Health Sciences

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

### Nursing School

The newly established Nursing School will focus on qualifications for Auxiliary nurses, Staff nurses and Professional Nurses.

### Occupational Health and Safety School

The Occupational Health and Safety School will provide educational programmes that are specific to Occupational Health and Safety.

### 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 Health Systems Strengthening (HSS)

HSS provides facility-level training, coaching, mentorship, quality improvement and where applicable direct services 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: identifying HIV positive patients and initiating them on ARTs, retention, and ongoing care for People Living with HIV/AIDS (PLHIV); TB/HIV/STI integration; provider-initiated counselling and testing (PICT); maternal and child health and reproductive health; ensuring community linkages and establishing "ideal clinics". Additionally, HSS provides technical, clinical and programmatic expertise to above priority health programmes through programme champions with the aim of promoting a cycle of total quality management and inculcation of best practice.

The (Integrated) Health Systems Strengthening (IHSS) department is providing comprehensive support to three districts, i.e. Tshwane, Nkangala, Capricorn and, since October 2017, Buffalo City Metro has been added to the support mix. Comprehensive support reaches out to Primary Care Clinics and Health Centres through roving mentor teams consisting of a medical doctor mentor, a nurse mentor, programmatic nurse champions, a health information coordinator, and a pharmacy coordinator (pharmacist assistant). The lack of Department of Health (DoH) data capture and HIV counsellors have necessitated a large component of these two cadres of staff employed by FPD to support and enhance services at facility level. The support is further enhanced

by programmatic experts at head office. ART Adherence Club activities, to support adherence to ART medication and care, is part of the service offering in the IHSS department. These adherence clubs operate at facility and community level. Furthermore, the decongestion of the clinics has been promoted and supported by FPD by the implementation of the Chronic Centralised Medicines Dispensing and Distribution (CCMDD) project.

### Community Based Counselling and Testing Project (CBCT)

CBCT implements community-based HIV prevention, counselling and testing programmes for reduced HIV incidence in high incident communities and key populations in South Africa. CBCT 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.

### CDC Funded Programmes

The CDC funded HIV Testing Services, Priority Population Prevention, Adherence communication Strategy and PHC modeling programmes form part of the TA Cluster. FPD manages three sub-grantees ( CareWorks, CCI and PPO Serve).

### 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.

#### HRA 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.

### Communications Department

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

### Facilities Management Unit

The Facilities Management Unit is responsible to ensure a well maintained infrastructure as well as to manage the FPD asset register and day-to-day office management.

### FPD Management Team

#### Senior Management

##### Managing Director

##### Dr Gustaaf Wolvaardt

MBChB, MMed (Int), FCP, AMP (MBS), PGCHE

##### Academic Executive

##### Ms Veena Pillay

MBA, PGCHE

##### Technical Assistance Executive

##### Mrs Suzanne Johnson

BSLA, MPH

##### Chief Operations Officer

##### Mr Henk Reeder

BCompt

### Department, Programme and Project Heads

#### Academic Cluster

##### Health Sciences

##### Dr Grace Makgoka

MBChB, Dip HIV Man (CMSA)

##### Training, Operations and Student Administration

##### Mr Anton la Grange

BSc (Ed), BSc (HONS), CAHM, AMP (MBS), Adv.Cert (M&E)

##### SHIPS Unit

##### Mrs Tiyani Armstrong

LLB, HCMt

##### Nursing School

##### Mrs Annatjie Peters

BCur (UP); BACur (UNISA); MSocSc (UFS); Diploma in Clinical Nursing, Diagnosis, Treatment and Care (UFS). RN, RM, CHN, PN, NEd, NA

## Occupational Health and Safety School

### Ms Alta Kruger

BCur Ed et Adm, RN, RM, CHN, OHN

## Academic Programme Development and Quality Assurance

### Dr Elize Venter

DEd (Didactics), MEd (Environmental Education), BSc, HED

## Special Projects Cluster

### Conferences and Special Events Department

#### Mrs Amor Gerber

BCom, DTE

### Gender Based Violence Project

#### Dr Ria Schoeman

BA HONS (UP), HED (UP), MPA (UP), PhD (UP)

### GP Tender Project

#### Prof. Errol Holland

MBChB (UCT), FCP (SA), PhD (UCT)

### PERFORM Project

#### Dr Mponana Seakamela

BA, HDipEd, BEd, MEd, PhD

### National HIV Think Tank Secretariat

#### Ms Karabo M Born (Project Manager)

BSc Hons (WITS), PGDMM (UNISA), MPH (UP)

## Technical Assistance Cluster

### Community Based Counselling and Testing (CBCT)

#### Dr Nkhensani Nkhwashu

BSc (Medical Science), MSc (Anatomy), PhD (Microbiology)

### CDC Programmes

#### Mrs Hanlie Kapp

BCur, CAHM, ACME

### Technical Assistance Health Systems Strengthening Support

#### Dr Margot Uys

MBBCh (Rand) BA (Mus) Hons, HED, AHMP (FPD-Yale)

### Technical Assistance Strategic Information (TASI)

#### Ms Bontle Zuze Mogakane

BSc Maths & Stats, HCM and AHMP Masters in Public Health

## Operations Cluster

### Finance Department

#### Mr Henk Reeder

BCompt

### Human Resource Administration

#### Ms Maureen Fourie

BMil (Human Science)

### Information Technology

#### Mr Keith Pullen

A+ N+

### Communications

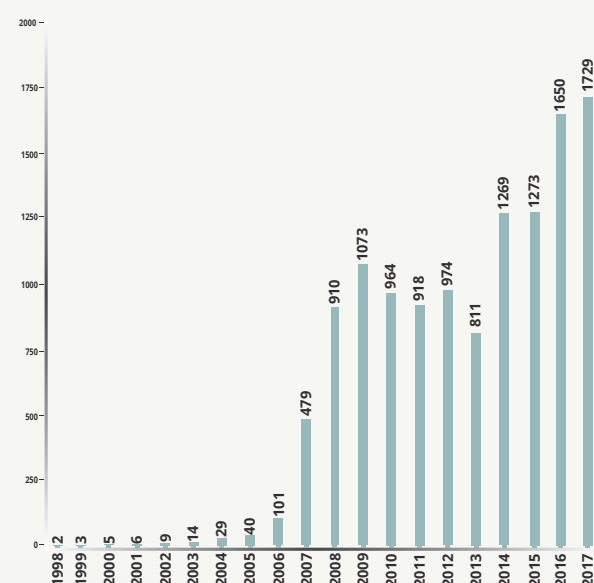
#### Ms Helga Swart

HCM, ACHM

## Staff

In 2017, 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 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 among employees.

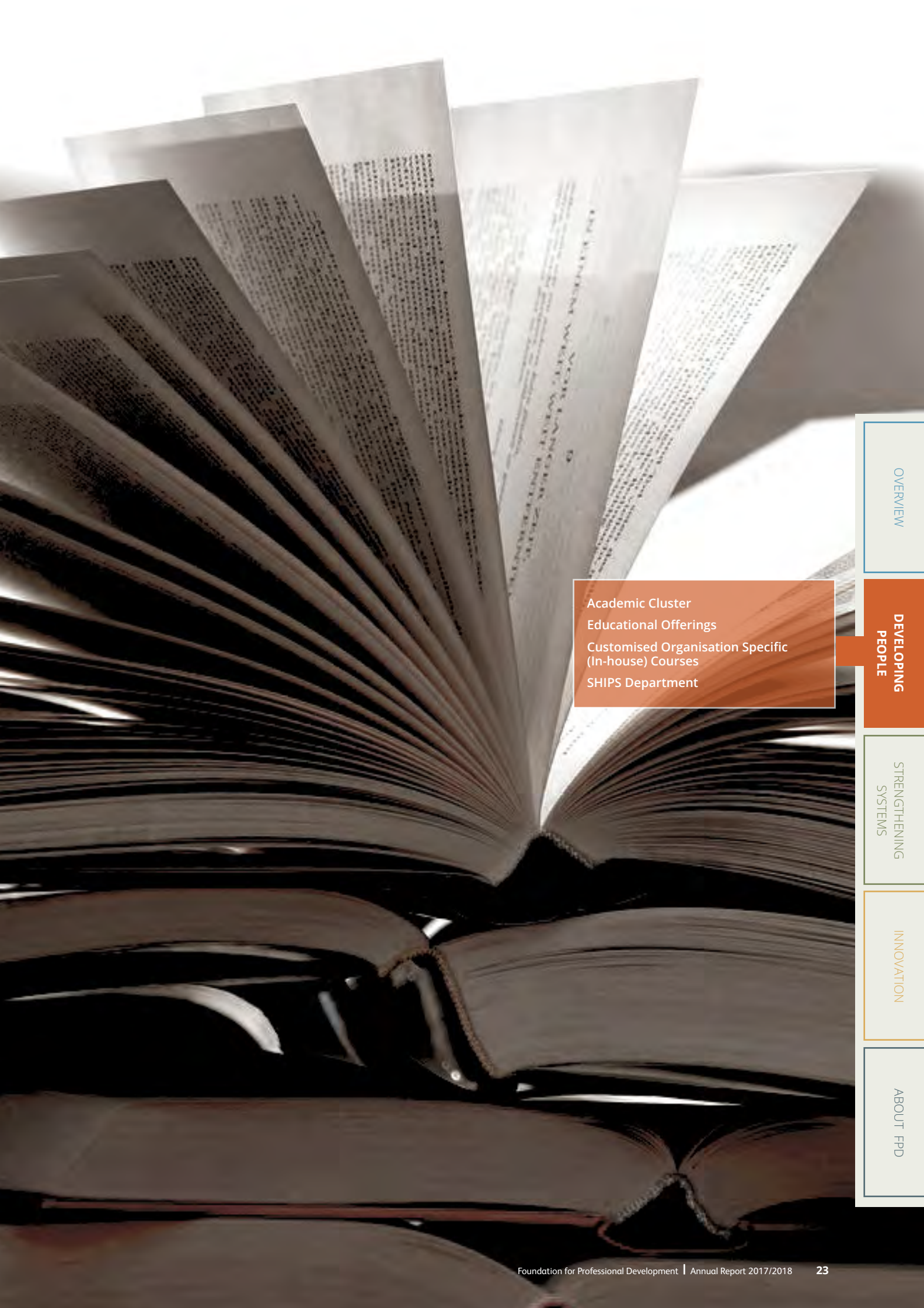
### Staff on payroll as on 31 December 2017





# Start of the year function 2018





OVERVIEW

DEVELOPING  
PEOPLE

STRENGTHENING  
SYSTEMS

INNOVATION

ABOUT FPD

Academic Cluster  
Educational Offerings  
Customised Organisation Specific  
(In-house) Courses  
SHIPS Department





## Academic Cluster

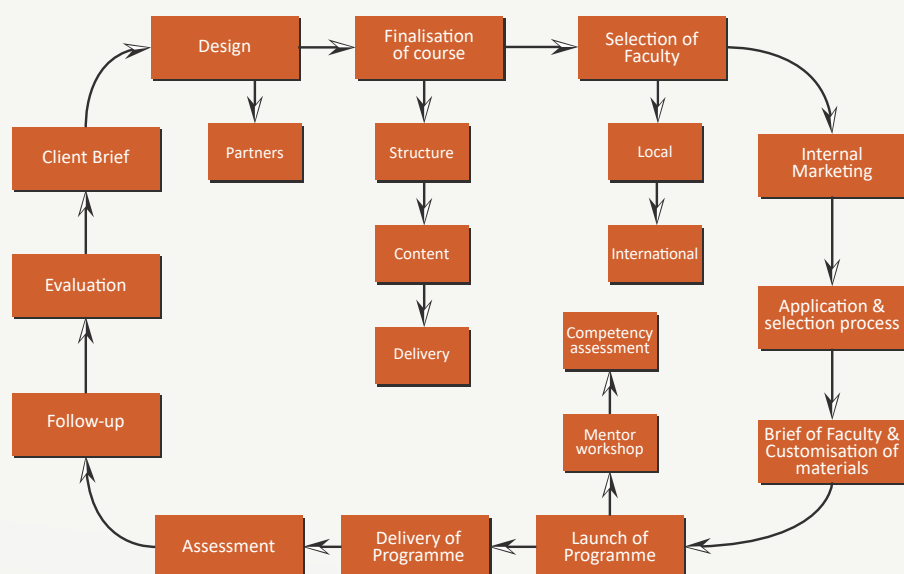
FPD is registered as a Private Higher Education Institution in terms of Section 54 (1) (c) of the Higher Education Act of 1997.

FPD's learning programmes are designed to be cutting edge and customised to meet the specific needs of our participants. Both formal qualifications and 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 168 by the end of 2017 as illustrated below. FPD has developed particular expertise in developing customised in-house educational programmes.



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 2016 - 2017:

- **Post Graduate Diploma in Higher Education Studies**  
PG Dip. (Higher Education)
- **Post Graduate Diploma in Health Education and Leadership**  
PG Dip. (Health Education and Leadership)
- **Higher Certificate in Anaesthetic Technology**  
HCert (Anaesthetic Technology)

### Short Courses

- Short course in Nurse Case Management
- Short course in Social Worker Programme (PACT)
- Short course in the Clinical Management of Allergies
- Short course in the Clinical Management of Diabetes Mellitus
- Short course in Clinical Issues in Health Risk Assessment
- Short course in HIV Counselling and Testing
- Short course in Clinical Management of Respiratory Disease
- Short course in the Introduction to Management and Leadership Practices in Basic Education
- Short course in Case Management in SA
- Short course in Programme Evaluation for Managers
- Short course in Medical Ethics
- Short course in Good Clinical Practice
- Short course in the Clinical Management of HIV/AIDS Management for HCPs
- Short course in the Clinical Management of Urinary Incontinence
- Short course in the Clinical Management of Malaria
- Short course in Gender-Based Violence for Lay Counsellors
- Short course in the Basic Epidemiology and Disease Surveillance
- Short course in Clinical Epidemiology
- Short course in the Clinical Management of Dermatology
- Short course in Medical Terminology and Anatomy

### E-Learning Courses

FPD launched its new e-learning platform with “Unlimited CPD training courses” for:

- Short course in Abdominal and Pelvic Ultrasound

- Short course in Obstetrics and Gynaecology sonar level 1
- Short course in Obstetrics and Gynaecology sonar level 2
- Short course in 3D/4D obstetrics and gynaecology sonar
- Unlimited CPD package for dieticians
- Unlimited CPD package for audiologists
- Unlimited CPD package for Oral Healthcare Practitioners
- Short course in the Clinical Management of HIV/AIDS Management for HCPs

### Highlights of 2017

- FPD obtained CHE accreditation for the Post Graduate Diploma in Health Education and Leadership.
- FPD trained 24,916 students in 2017.

### Student Enrolment

In 2017, FPD enrolled 24,916 students bringing the total number of students who have studied with FPD to 406,377.

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 program 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 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 Roving Teams of Mentors to provide comprehensive support for all the health clinics and hospitals in its allocated districts. The team consists of a doctor, nurse, social worker, information officer and data expert. Their task is to assist the health professionals and

staff to improve the outcomes of key district health indicators such as the TB cure rate, maternal and infant mortality and mother-to-child-transmission rate.

### Continuing Education 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).



### Innovation

The Academic Cluster is constantly improving its educational practices and one of its innovative approaches for 2018 is to relaunch a number of its clinical training programmes which will boast a brand new format. This format will include a strong theoretical component which will be offered completely on-line. Students will have access to a customised electronic learning portal and can complete the theory requirement at their own pace and time. In addition to this, they will have access to facilitators videos and other exciting materials which will contribute to effective learning. Once the theoretical component has been successfully completed, students will be invited to attend short practical sessions on the subject, these practical sessions can include meeting patients, experimenting hands on skills with technical medical equipment or highly active sessions with expert facilitators who will only focus on effective transfer of theory in the workplace.

One of these programmes has just been launched and is already proving to be a resounding success. The FPD has

recently introduced its sonar training programme under this blended learning approach and students have spent their practical sessions learning how to perform optimal and quality 3D/4D ultrasound by means of correct scanning techniques and image optimisation. The strategic intent is to have all FPD clinical programmes within its Health Sciences faculty offered as blended learning offerings.



## Scholarships

During 2017, 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 enroll potential students.

This reduces costs as a barrier to education. During 2017, educational grants and sponsorships to the value of R35,205,525 million were received. The total monetary value of scholarships awarded since 1998 is R636,032,975 million.

## Educational Grants (1999 - 2017)

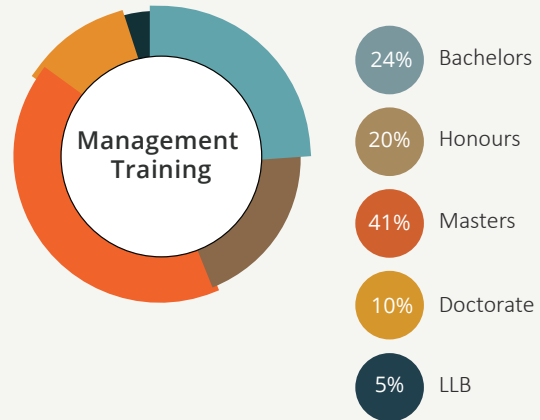


## Faculty

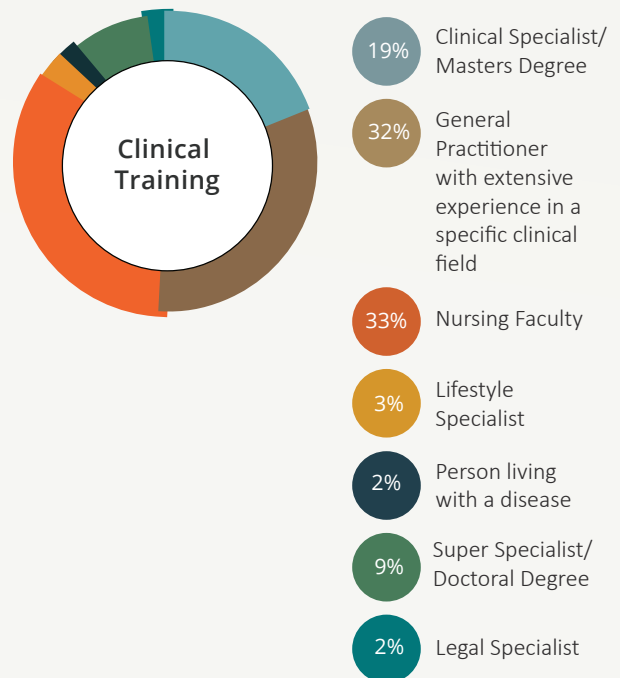
FPD employs a model of using a contracted faculty panel, which ensures access to the best faculty in the field. Most of the FPD Head of Departments also act as faculty. The following graphs provide an overview of the qualifications and expertise of FPD staff who taught on programmes in 2017.

## Faculty Qualifications

### Management Training



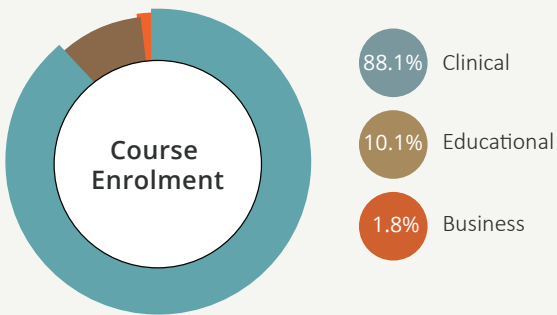
### Clinical Training



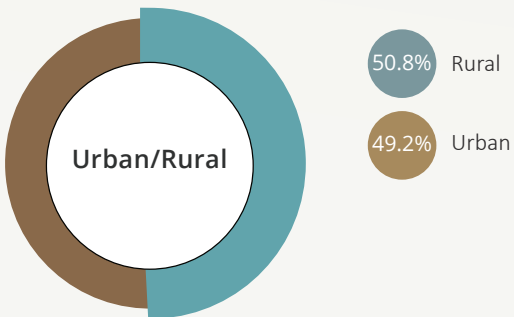
## Facts and Figures

This section provides an overview in graphic form of the demographics of students who were enrolled on FPD courses in 2017.

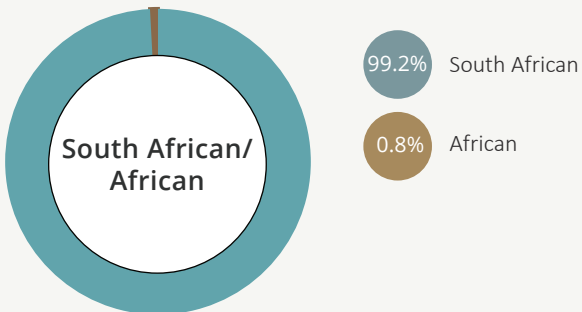
### Student Breakdown Course Enrolment



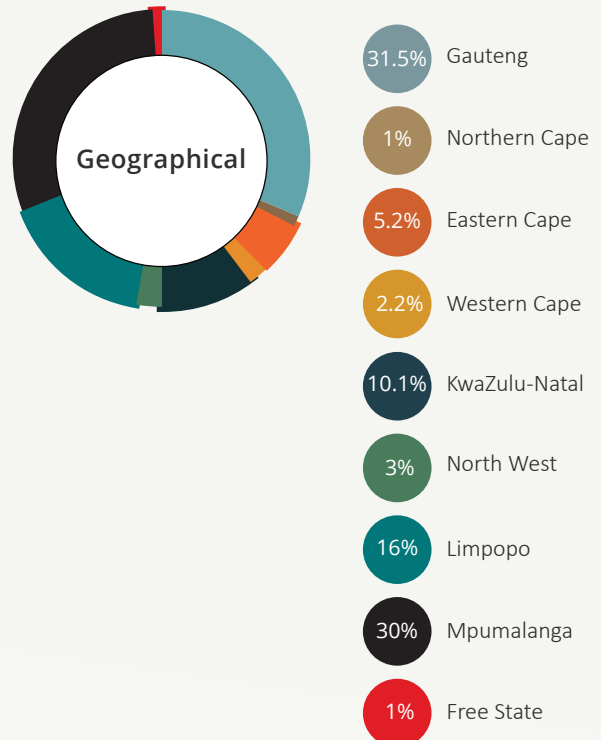
### Urban/Rural



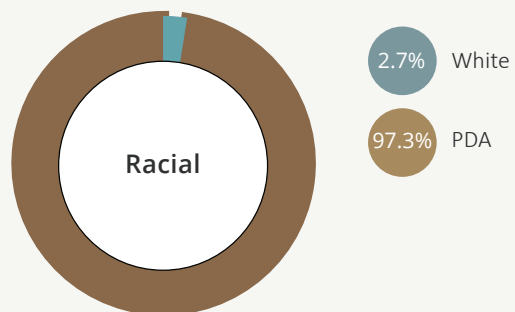
### South African/African



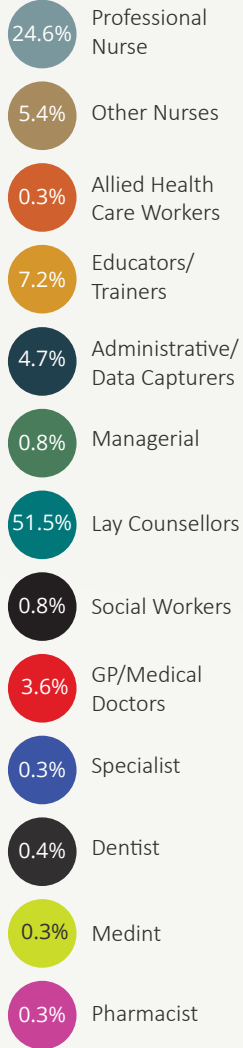
### Geographical



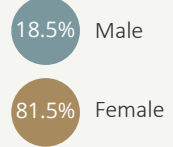
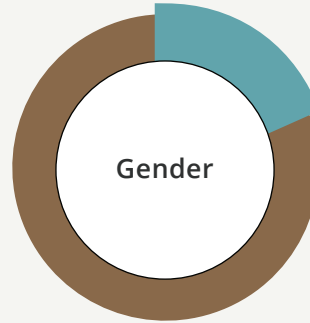
### Racial



## Professions



## Gender





## Educational Offerings

FPD has developed an innovative model to ensure education is easily accessible.

FPD's educational model is designed to reduce barriers to quality education. The majority of our students are subsidised while a blended distance learning model provides contact sessions as close to where students live and work reduces geographical barriers and limits time away from work.



### FPD BUSINESS SCHOOL

#### 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 made up 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 experts on 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 who 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

#### Management Development Short Courses

- Health Management Programme (HMP)
- Advanced Health Management Programme (AHMP)

#### Business Short Courses - Introductory Short Courses

- Short Course in Strategic Planning
- Short Course in the Introduction of Project Management

#### Business Short Courses - Other Business Short Courses

- Short Course in Finance for Public Sector Managers
- Short Course in Practice Finance for Private Practitioners
- Short Course in Resources Mobilisation and Donor Relations
- Short Course in Case Management
- Short Course in Monitoring and Evaluation
- Short Course in Advanced Project Management
- Short Course in Primary Healthcare Toolkit

#### Distance Education Management Courses

- Advanced Certificate in Health Management (Adv.Cert Health Management)
- Higher Certificate in Management (H.Cert Management)
- Higher Certificate in Practice Management (H.Cert Practice Management)
- Short Course in the Introduction to Project Management
- Short Course in Programme Evaluation for Management

#### Online

- Short course in Financial Management (Investec)
- Free Management courses for Registered Medical Students
- Higher Certificate in Management (H.Cert Management)
- Fraud Risk Management for Medical Doctors





### FPD School of Health Science

The FPD School of Health Sciences has been the leader in training healthcare professionals for many years and takes pride in being recognised as pinnacle product leaders and innovators in the healthcare industry.

### 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 while 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-aging 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

- Short Course in the Clinical Management of Allergies
- Anaesthesiology Refresher Short Course
- Short Course in the Clinical Management of Asthma
- Short Course in the Clinical Management of Breast Cancer
- Short Course in Clinical Management of Cardiovascular Disease

- Short Course in the Clinical Management of Cryptococcal Meningitis
- Short Course in the Clinical Management of Common Vascular Diseases
- Short Course in the Clinical Management of Dermatology in HIV/AIDS
- Short Course in the Clinical Management of Diabetes Mellitus
- Short Course in Diagnostic Abdominal, Pelvic and Obstetric Ultrasound
- Short Course in the Clinical Management of Attention Deficit Hyperactivity Disorder
- Short Course in Emergency Medicine
- Short Course in the Clinical Management of Epilepsy
- Short Course in Infection Control and IPT
- Short Course in the Clinical Management of GORD
- Short Course in the Clinical Management of Malaria
- Short Course in the Clinical Management of Mental Health
- Short Course in Male Circumcision under Local Anaesthesia
- Short Course in the Clinical Management of Opioid Dependence
- Short Course in the Clinical Management of Multi-drug-resistant Tuberculosis
- Short course in the Clinical Management of Prostate Cancer
- Short Course in the Clinical Management of Paediatric HIV and AIDS
- Short Course in Provider Initiated Counselling and Testing
- Short Course in the Clinical Management of Prevention of Mother-to-Child Transmission
- Short Course in Emergency Toxicology and Venemology
- Short Course in the Rational use of Antibiotics
- Short Course in the Clinical Management of Rheumatology
- Short Course in the Clinical Management of HIV and AIDS for Healthcare Professionals
- Short Course in the Clinical Management of Substance Abuse
- Short Courses in the Clinical Management of Tuberculosis for Healthcare Professionals
- Short Course in the Clinical Management of HIV and AIDS for Oral Health Practitioners
- Short Course in the Clinical Management of Metabolic Syndrome
- Short Course in the Clinical Management of Urinary Incontinence

- Short Course in the Clinical Management of Respiratory Disease
- Short course in Pre- and Post-Exposure Prophylaxis (PEP and PrEP)
- Short Course in the Update of Revised Clinical Guidelines
- Short Course Obstetrics and Gynaecology Level 1
- Short Course Obstetrics and Gynaecology Level 2
- Short Course in 3D and 4D Obstetrics and Gynaecology sonar

### Courses for Registered Nurses

- Short Course in Case Management
- Short Course in the Management of Muscular Dystrophy
- Short Course in the Clinical Management of Diabetes Mellitus
- Short Course in Nurse Initiated Management of Anti-Retroviral Therapy (NIMART)
- Nurse Mentor Short Course
- Short Course in the Clinical Management of HIV and AIDS for Healthcare Professionals
- Day Release Course in Short Course in Palliative Nursing Care for Professional and Enrolled Nurses
- Short Course in Integrated Management of HIV/STI/TB
- Short Course in the Clinical Management of Tuberculosis for Healthcare Professionals

### Multidisciplinary Courses

- Short Course in Adherence Counselling for ART
- Short Course in HIV in the Workplace
- Short Course in Good Clinical Practice (Clinical Trials)
- HIV Refresher Seminar
- Short Course in HIV Rapid Testing
- Short Course in the Clinical Management of Obesity
- Ethics Talk Minimizing Risk
- Short course in Gender-Based Violence for Lay Counsellors
- Short Course in HIV Counselling and Testing
- Short Course in the Integrated Management of Sexual and Gender-Based Violence
- Short course in the Evaluation of Permanent Medical Impairment Rating (based on AMA-6th edition)
- Short Course in Palliative Care
- Short Course in Infection Control
- Short Course in Community Health Workers Phase 1 and Phase 2
- Short Course in Provider Initiated Counselling and Testing (PICT)
- Short Course in Basic Epidemiology and disease Surveillance

- Clinical Forensic Medical Aspects of Gender-Based Violence for Healthcare Professionals
- Short course in Clinical Epidemiology

### Courses for other Healthcare Workers

- Course in Anti-retroviral Drug and Compliance for Non-Medical Professionals
- Short course in Gender-Based Violence for Lay Counsellors
- Short Course in Breast Cancer for Volunteers
- Short Course in the Introduction of HIV for Supporters, Lay Counsellors and Care Givers
- HIV Rapid Testing
- Short Course in the Introduction of TB for Supporters, Lay counsellors and Care Givers
- Short Course in HIV/AIDS Counselling, Prevention and Education for Community Workers

### Clinical Practice Support Courses

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

- Short Course in ART Register Training
- Storeman's Short Course
- Short Course in Coding (CPT and ICD 10)
- Short Course Toolkit-Starting a Successful Private Specialist Practice

### 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.

- Short Course in the Clinical Management of HIV/AIDS for Healthcare Professionals
- Short Course in ICD 10 Coding
- Short Course in Medical Ethics
- Short Course in the Clinical Management of Mental Health
- Short Course in the Medical Evaluation of Professional Drivers
- Short Course in the Clinical Management of Severe Sepsis
- Short Course in the Clinical Management of Urinary Incontinence
- Short Course in Tuberculosis for Healthcare Professionals

- Short Course in the Clinical Management of Irritable Bowel Syndrome
- Short Course in the Clinical Management of Epilepsy
- Short Course in Practice Pathology
- Short Course in Medical Terminology and Anatomy for Non-Healthcare Professionals
- Short Course in Dispensing for Doctors
- Short Course in the Clinical Management of Rheumatology
- Short Course in the Ethics of Healthcare Funding and Resource Allocation
- Short Course in the Ethics in the Healthcare Environment
- Short Course in the Ethics of Relationships in Healthcare
- Short Course in Policy, Governance and Ethics
- Short course in Palliative Nursing Care for Professional and Enrolled Nurses
- Short course in HIV Counselling and Testing
- Short course in the Introduction to Tuberculosis for Supporters, Caregivers and Lay Counsellors
- Short course in the Introduction to HIV for Supporters, Caregivers and Lay Counsellors
- Short course in Adherence Counselling for ART
- Short course in Clinical Management of Diabetes Mellitus
- Short course in Clinical Management of Respiratory Disease

#### Online Courses

- Short Course in the Clinical Management of Common Vascular Disease
- Short Course in the Ethics in the Healthcare Environment
- Short Course in the Integrated Management of STI's
- Short Course in the Clinical Management of Paediatric HIV Management
- Short Course in the Clinical Management of Cardiovascular Disease
- Short Course in the Clinical Management of Diabetes Mellitus
- Short Course in HIV Counselling and Testing
- Short Course in the Clinical Management of Tuberculosis
- Short Course in the Clinical Management of Mental Health
- Storeman's Short Course
- Short Course in the Clinical Management of Asthma
- Short Course in the Clinical Management of HIV and AIDS
- Short Course in Fertility Management
- Short Course in Clinical Management of Hypothyroidism
- Short Course in the Management of HIV-infected and HIV/Tuberculosis co-infected patients
- Death Certificate Short Course

- Short Course in the Clinical Management of Breast Cancer
- Short course in the Clinical Management of Hypertension
- Short Course in insulin resistance, inflammation and related health challenges
- Short Course in Practical Stress Management
- Short course in Palliative Nursing Care for Professional and Enrolled Nurses
- Short course in Breast Cancer for Healthcare Professionals
- FPD Unlimited CPD package for Medical Practitioners
- New York University WISE-On Call Unlimited CPD package
- FPD Unlimited CPD package for Dieticians
- FPD Unlimited CPD Package for Oral Health Care Practitioners
- FPD Unlimited CPD package for Audiologists
- FPD Unlimited CPD for Community Service Medical Practitioners



#### FPD School of Education

##### Formal Postgraduate Qualification

##### Post Graduate Diploma in Health Education and Leadership

This qualification is aimed at health professions educators and practitioners who wish to further develop their leadership, management and pedagogical knowledge and skills in a global and inter-professional context. The programme is intended to catalyse the emergence of Health Professions Education (HPE) leaders; introduce the graduates to a community of practice and build their capacity in educational research. This qualification aims to develop suitably qualified leaders in HPE to meet the increasing complexity of HPE in a fast and continuously changing educational landscape. It responds to the increasing demand for individuals with specialized knowledge and leadership skills to best educate the 21st century health professionals and ensure the delivery of quality of healthcare in Sub-Saharan Africa.

##### Short Courses

- Short Course in Introduction to School Management and Leadership Practice
- Short Course in Managing HIV and AIDS in School

- Short Course in Managing Violence in Schools
- Short Course in the Introduction to HIV and AIDS for Supporters, Care Givers and Lay Counsellors
- Facilitator Train-the-Trainers Short Course
- Short Course in Financial Management
- Short Course in Parenting
- Short Course in Resource Mobilisation and Donor Relations
- In Service Training on Comprehensive Sexuality Education for Educators



### FPD Nursing School

The National Strategic Plan for Nurse Education, Training and Practice 2012/13 – 2016/17 states that the existing outputs of nursing education institutions (NEIs) in South Africa do not match the health and service demands for nurses and midwives. It further states that there is a shortage of nurses and midwives across all health services, particularly in specialised services, with declining production over the last few years. It is quite clear that this should be addressed and as a result, the FPD has decided to establish a nursing school unit. FPD will be introducing the following three qualifications:

- One-year Higher Certificate in Auxiliary nursing
- Three-year Diploma in Staff nurse
- Four-year degree in Professional Nursing and Midwifery



### Occupational Health and Safety School

The Occupational Health and Safety School is a fairly new discipline at FPD. The main purpose of establishing this school was to provide educational programmes which are specific to Occupational Health and Safety. FPD has identified short learning programmes to be developed and introduced

over the short term. Future plans include having formal qualifications for both doctors and nurses.

### MSD for Mothers Obstetric Emergency Project

The Foundation for Professional Development (FPD), in partnership with the National Department of Health (NDoH) and MSD for Mothers is leading the MSD for Mothers Obstetric Emergencies in SA project to improve maternal and infant survival by improving the quality of emergency care for pregnant mothers and/or new born babies during ambulance transit to health facilities. The three year project commenced on 9 April 2016 with the first year focusing on analysing existing procedures and data available in order to create scripted training material for all Emergency Medical Staff in the public service. Three Districts were identified to pilot the project, namely Capricorn (Limpopo Province (MMR 152/100 000), Amatole (Eastern Cape (MMR 180/100 000) and Nkangala (Mpumalanga Provinces (MMR 194/100 000).

According to the World Health Organization, South Africa still experiences very high maternal mortality rates (133/100,000) and neonatal mortality rates (41.6/1,000), despite significant progress over the past few years. It is estimated that 40% of all maternal deaths are avoidable and related to community, administrative and clinical factors. The MSD project works in direct support of CARMMA (Campaign for the Accelerated Reduction of Maternal Mortality in Africa) in terms of “improving access to skilled birth attendants and strengthening human resources for maternal and child health” and contributes to the growing body of evidence in South Africa on how significant reduction in maternal and neonatal mortality rates can be achieved by strengthening ambulance (EMS) units and their crews dedicated to maternal and neonatal response.

Within the first year of the project, reviews were done of Emergency Medical Services call-centre operator scripts for maternal emergencies and data collected on emergency maternal health services tools. The first leg of the data collection has been completed for the Nkangala District and recommendations flowing out of the report have shown the need for procedures to be put in place and training on emergency protocols and management of EMS stations.

The data collection process has now been completed in all the districts that fall within the project. This data is being collated and final results were available in early January 2018. FPD has identified expert curriculum developers who will put together this training material which will be completed by the end of April 2018.

Sponsored by





## Customised organisation Specific (In House) Course

FPD has developed particular expertise in developing customised educational programmes for the staff of various organisations. Organisations marked with (\*) show 2017 clients.

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

### Public Sector Organisations

- City of Cape Town Metropolitan Municipality
- Ministry of Health from neighboring countries
- Gauteng Provincial Treasury
- Rand Water
- Rural Development Department
- SAMRC
- South African Department of Correctional Services
- South African Department of Labour\*
- South African Local Government Association
- South African National Defence Force\*
- South African National Parks
- South African National Space Agency
- Statistics South Africa
- The South African National Roads Agency
- Various South African Local Municipalities
- Various South African Provincial Departments of Health\*

### Multilateral Organisations

- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Children's Fund (UNICEF)
- World Health Organisation (WHO Afro)

### Industry

- Anglo Gold Ashanti\*
- Anglo Gold
- Anglo Platinum

- AVIS Fleet
- BMW
- Cell C
- Clicks Group\*
- De Beers
- Eskom
- Kumba Resources
- LifeLine
- Microsoft
- Oracle
- Rand Mutual\*
- Renaissance Capital
- Spar

### Medical Schemes/Administrators

- Bestmed
- CareWorks\*
- Igolide Health Networks
- Impilo Health
- Medihelp
- Medikredit
- Medscheme
- MXHealth
- Thebe Ya Bopele
- Umed Medical Scheme

### Hospital Groups

- Netcare

### Networks

- Environmental Assessment Practitioners Association of South Africa
- GP Net
- Medicross
- NACOSA\*
- Prime Cure
- Spesnet

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## Pharmaceutical and Medical Equipment Industry

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

## NGOs and Development Organisations

- Africa Centre (KZN)\*
- Africare\*
- American International Health Alliance (AIHA)
- Aurum Institute\*
- Broadreach Healthcare\*
- CHAPS
- Community-Based Prevention and Empowerment Strategies in South Africa (COPES SA)
- Corridor Empowerment Project
- FHI360
- Health Systems Trust\*
- Impilo Medical Equipment Suppliers
- info4africa

- John Snow International
- LifeLine
- Lutheran World Relief
- Medical Protection Society (MPS)
- Red Cross
- Royal Bafokeng Administration
- Right to Care\*
- Save the Children UK
- Sizanani Outreach Center
- South African Catholic Bishops Conference (SACBC)
- St Mary's Hospital
- The Soul City Institute
- Thohoyandou Victim Empowerment Program
- Tshelang Trust
- Ulysses Gogi Modise Wellness (UGM Wellness)
- Youth Care Givers

## Contracted Training Provided on Behalf of other Academic and Research Institutions

- Centre for Infectious Disease Research in Zambia (CIDRZ)
- 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)
- University of the Western Cape
- Walter Sisulu 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.



Programmes are designed to hone the skills of school-leavers, graduate students as well as postgraduate students, to enhance their employability.

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

### Current Projects

#### Learnership Programmes

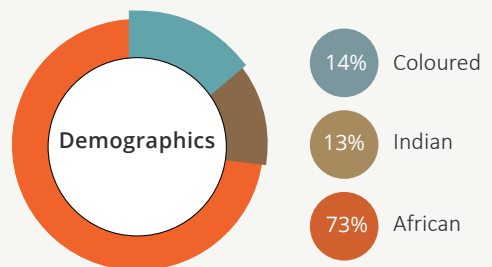
- **Pharmacy Assistant**

The Pharmacy Assistant Learnership Programme was established in 2009, to date this programme has supported over 2,370 learners at both basic and post basic level. Currently the post-learnership employment rate is at 75% for the Pharmacy Assistant programme, with demand for qualified students at Post-Basic level exceeding the number of trained students.

- **Business Administration**

In 2017, SHIPS introduced a new Learnership for disabled learners in Business Administration. Various private sector partners fund this learnership that aims to alleviate poverty among our disabled youth, by improving their employability through learnership opportunities. To date we have successfully trained 300 learners, and currently have more than 181 learners' enrolled in the business administration learnership.

#### Demographics of the Business Administration Learnership



#### Internship Programmes

- HWSETA University Graduate Internship
- HWSETA FET/TVET Graduate Internship

The SHIPS Department also rolled out two Internship Programmes funded by the Health and Welfare SETA. The objective of these programmes is to assist students to gain valuable work experience that is needed to complete their qualification and also to improve their chances of employment. In 2017 the placements for these two programmes were as follows:

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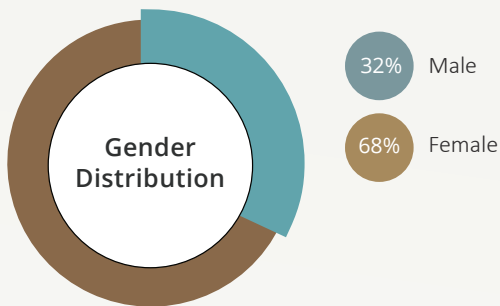
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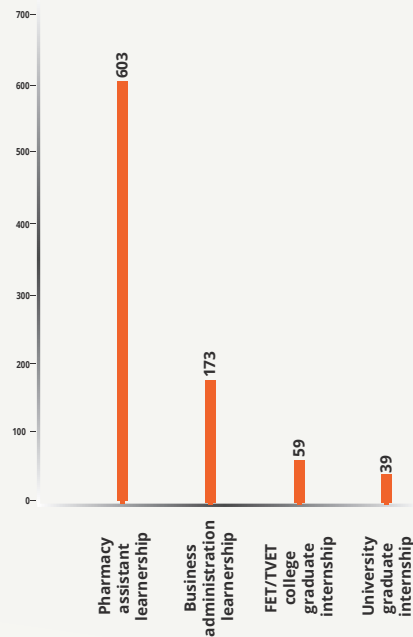
- University Graduate Internship – 39 interns placed
- FET/TVET Graduate Internship – 59 interns placed

These two programmes aim to bridge the gap between theoretical knowledge and practical application of that knowledge in newly qualified graduates. This makes the transition from classroom to workplace easier through supervised work environment exposure. These two programmes cater for youth candidates who have completed either a university degree or a registered FET/TVET qualification.

### Internship Gender Distribution



### Total Placement 2017



### SHIPS Programme Sponsors





## Innovation

“Bridging the gap between classroom and workplace”

In 2017 FPD launched its own WORK READINESS PROGRAMME (WRP). The programme was developed to promote the employability of students upon completion of their studies. At completion, graduates have the academic and technical skills needed for their chosen field of studies. However, they lack the basic work skills that are required in the workplace. One of the greatest challenges employers face is graduates’ lack of work place skills.

As a response to the problem, FPD developed the work

readiness programme. This programme will enhance the employability of graduates by providing them with the skills needed to excel in the work environment, making it easier for them to enter the labour market and be effective.

The programme consists of two learning components, distance education through e-learning, and assessments. The programme provides the graduates with a portfolio of evidence that can be utilised in future job opportunities and interviews as evidence of work-based skills and knowledge gained during the programme, creating a talent pool for future employers.



“The Work Readiness Programme was a door opener for me to explore the corporate world, because through it I was able to improve my corporate communications skills and a lot of what I did not know. This certificate has helped me land the job that I have now, and has inspired me to even further my skills as I have enrolled for the Higher Certificate in Management with FPD.”

- Boipelo Mogotsi





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Strengthening Systems  
Gender Base Violence Project



## Strengthening Systems

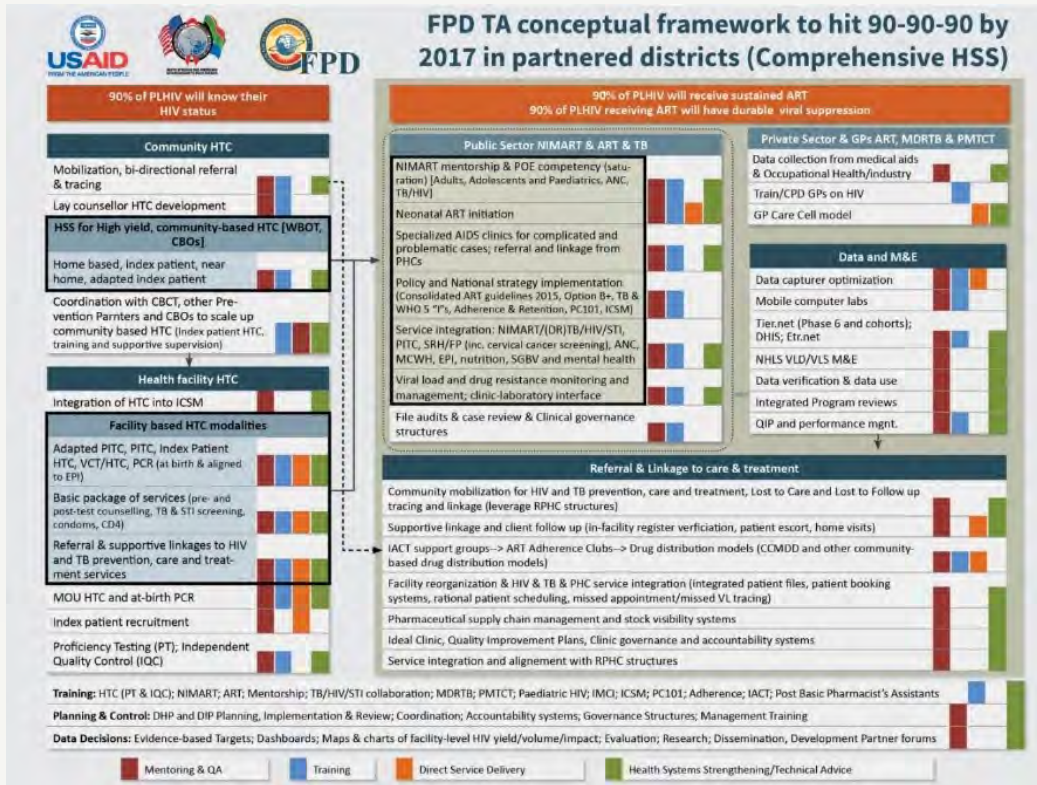
FPD is committed to social transformation by making available the expertise to address the challenges faced by the community.

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 Technical Assistance (TA) Cluster focuses its work predominantly on achieving this mandate.

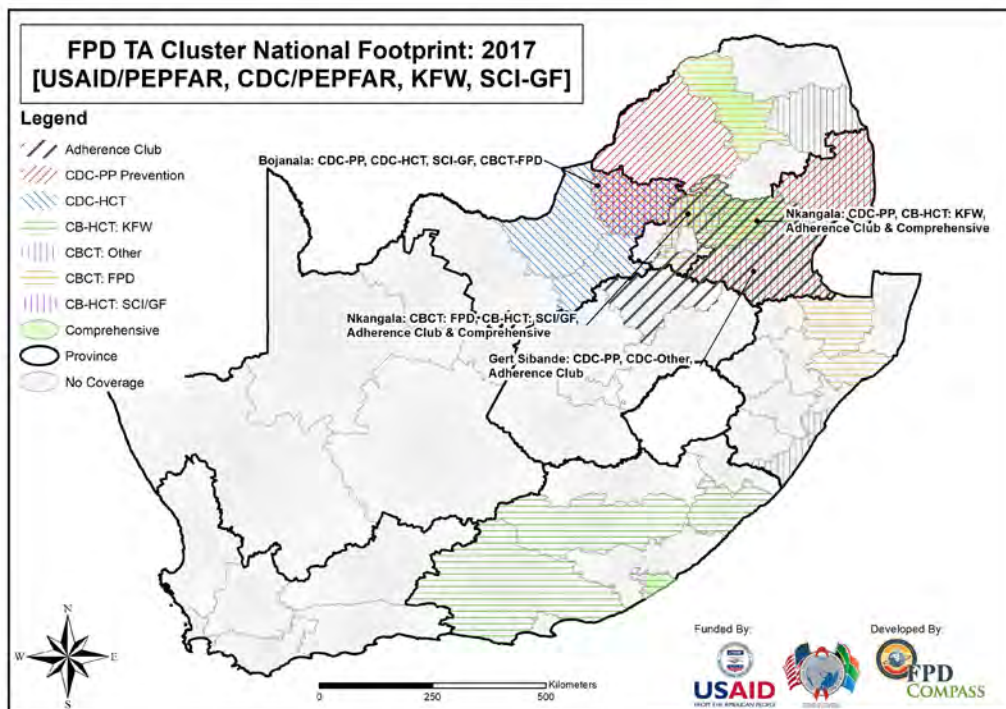


### Technical Assistance Cluster

In 2017, the TA cluster was funded by diverse funders to focus on HIV, TB, GBV and health systems strengthening. During the year we continued in our mission 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 the generous support of its donors, USAID/PEPFAR, CDC/PEPFAR, Global Fund, KFW, NHI, UNICEF and MAVC, FPD was able to make significant contributions to South Africa's national AIDS response, implementing HIV-focused projects in a total of 22 districts, seven Provinces, as well as being involved in four major research projects.



Comprehensive HSS



National Footprint 2017

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By implementing strategic and evidence-based combination interventions at community, health facility and District level and leveraging diverse funders, FPD worked to strengthen District Health Systems' (DHS) performance and build district capacity to identify, initiate, retain and maintain PLHIV on lifelong treatment. With a focus on improving coordination and programme planning between donor and SAG-funded prevention, treatment and retention, KP and OVCY programme at the community, health facility and district levels, FPD worked closely with SAG-counterparts to leverage and optimally combine evidence-based HIV and TB prevention and treatment interventions to maximize population-level impact. With a strong focus on strengthening District Implementation Plan (DIP) and District Health Plan (DHP) planning and budgeting processes, as well as promoting rational planning for human resources for health, FPD continued to support SAG to plan for maximum sustainability of FPD and other donor investments, as well as an optimal implementation of its own district-tailored case investment.

### Facility-Based TA and HSS Activities

FPD's HSS programmes were implemented under two US-AID/PEPFAR agreements: Comprehensive and Hybrid. FPD's HSS programmes are implemented by means of a TA package made up of training, mentoring and quality assurance (QA), targeted HSS interventions and expert technical advice, and HIV programme-focused, time-limited direct service delivery (DSD) at high volume/high yield sites. Both programmes continued to invest heavily in strengthening District Health Management Team (DHMT) capacity and District Health System (DHS) management systems to plan, finance, manage, implement and M&E and integrated and evidence-based HIV and TB prevention, care and treatment response that is based on population needs, national policy and best practice. The comprehensive HSS programme works in partnership with three health districts in Tshwane (Gauteng), Nkangala (Mpumalanga) and Capricorn (Limpopo), South Africa, and supports activities at community, health facility, hospital and district health management team level. The hybrid programme was a partnership with two health districts in Eastern Cape, i.e. Amatole and Buffalo City Metro and supported activities at

hospital, sub-district and district health management team level. During 2017, FPD successfully handed over activities and transitioned out of one health district, Amatole, after five years of Hybrid HSS funding. The other health district, Buffalo City Metro, was transitioned to a fully comprehensive support district through a facility and district based support package as from October 2017. In complement to the USAID/PEPFAR-funded HSS programmes, FPD also received funding from the Global Fund to implement ART adherence clubs (ACs) in five districts across three provinces. The ART ACs assisted to decongest crowded facilities, streamline ART patients' access to treatment and screening services and maintain overall high adherence and retention rates. ACs clubs have extended their operational activities to include some community based ACs. The decongestion of facilities has been further supported by the introduction of the CCMDD project and this has manifested in fast lane collection of medicines in the facilities, the distribution of medicines via ACs and the registration of private pick up points (PUPs), 80 in total.

Through our partnership with the South African government, FPD works to: develop and inform strategies to strengthen capacity of Health Districts, to realise the National Strategic Plan on HIV/AIDS and PHC Re-Engineering Strategy; to draft, implement and monitor progress against District Health Plans (DHP), District Implementation Plans (DIP) 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 approach to ensure long term sustainability and optimal integration of HIV and TB in the primary package of primary healthcare in South Africa. During 2017 FPD continued its refocus on direct service delivery activities, especially in terms of ART initiations and HIV counselling and testing as well as data capturing and verification activities. TA focused on scaling up HIV Testing Services, ART initiation in line with the new mandate for Universal Test and Treat and improved data availability and data quality.



## Innovation

### GP Care Cell Launch

The GP Care Cell pilot project was successfully launched by the Gauteng Department of Health on the 29 November 2017 in the City of Tshwane District with the keynote address by the honourable MEC for Health in the province, Dr Gwen Ramokgopa. Designed by FPD and its affiliate PPO Serve, the GP Care Cell model contracts, manages and quality assures private general practitioners (GPs) to provide HIV counselling and testing services (HCT) as well as initiation and management of antiretroviral treatment (ART) for patients without medical scheme cover who seek treatment in their practices. Under this model, the GPs can deliver a limited service package at a “one stop shop”. The aim of the pilot is to test the governance framework and then proceed with a controlled expansion of clinical services. The occasion highlighted the reciprocal enthusiasm among health professionals and the Department of Health for opportunities to forge collaborative partnerships between public and private sectors to solve our national healthcare challenges.

The novel intervention allows GP’s to identify and initiate newly diagnosed HIV positive patients onto ART themselves using State-funded pharmaceuticals, commodities and laboratory services, without referral of patients back into public sector clinics, while ensuring complete alignment with government aims, standards and protocols, and with tight governance controls. The model also uses local community pharmacies (CP) in support of GP practices that do not have dispensing licenses.

The GP Care Cell pilot aims to enrol 2,700 PLHIV in the City of Tshwane during the period of December 2017 to September 2018. Then, depending on the results, the pilot should be endorsed for replication and scale up in other districts by the National Department of Health. The GP Care Cell model has the potential to extend the reach of the healthcare system to achieve the South African Government aim to end the HIV pandemic using our combined primary care resources. The innovation is intended to evolve to provide a broad range of comprehensive chronic illness management.



GP Care Cell Launch 2017

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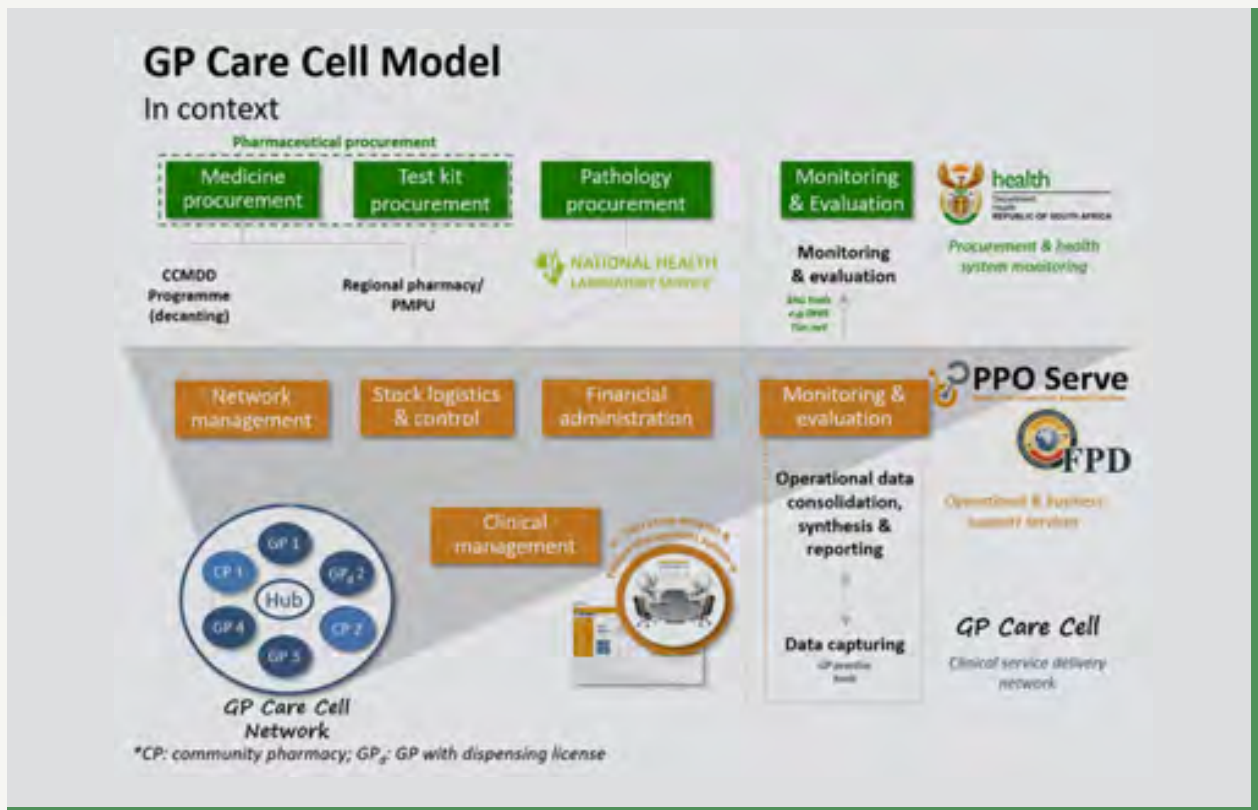
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### Key statistics from FPD's HSS programmes in 2017 include:

- Supported 308 facilities (comprehensive) and 21 hospitals (comprehensive) 15 hospitals (hybrid) with facility based TA and mentorship
- HCWs trained on Stock Visibility Systems and CCMDD: 1,205
- Trained and mentored 1,356 + 1,430 = 2,786 NIMART nurses (average of 9 trained nurses per facility)
- Supported 756 + 1,084 = 1,840 nurses to achieve NIMART competence (comprehensive)
- Retained 62,063 ART patients in Adherence Clubs (Global Fund)
- Trained Basic and Post Basic Pharmacist's Assistant Learners for the year: (Comprehensive) 182, (Hybrid) 36
- Enrolled and completed 5,071 (session 6) newly diagnosed HIV positive clients in IACT support groups (comprehensive)

- Supported 380 facilities to achieve and maintain Phase 6 tier. net status (comprehensive + hybrid) and 43 with the new TB module

### Supported the Department of Health in FPD's three Comprehensive districts (October 2016-September 2017) to:

- Test 1,151,159 clients for HIV and diagnosed 90,153 as HIV positive
- Initiate 78,305 on ART
- Support a total ART patient load of 347,221
- Maintained Viral Load Suppression at 87.3%
- Initiate more than 95% of HIV positive pregnant women on ART
- Maintain a mother-to-child transmission rate of less than 1.3%
- Enroll 268,651 clients in CCMDD with 334 public health facilities with fast lanes for quick medicine collection.



TA Cluster 2017

### Community Based HIV Testing Services

The overarching goal of FPD’s CB-HTS programmes is to implement high yield, community-based HIV counselling and testing (CBCT) services with an aim to identify People Living with HIV (PLHIV) and to effectively link them into HIV and TB care and treatment programmes. By implementing CBCT modalities in high incident communities near where people live and work, CBCT complements facility-based HIV Testing and Counselling (HTS) and reaches HIV positive community members who may not access HTS services in the health facility setting. Building on a concept described by Chang et al. CBCT is implemented using a “combination implementation” approach. Combination implementation in the context of CBCT is defined as the pragmatic, localized application of a coordinated package of evidence-based HTS modalities delivered at community level using optimised implementation and operational strategies to achieve high HIV yield and high levels of documented successful linkage to HIV prevention, care and treatment services.<sup>1</sup>

The identified high yield HTSHTS modalities for CBCT include: systematic home-based HTSHTS, index patient trailing HTS, mobile HTS (including near-home, workplace and twilight implementation models), HIV self testing (HIVST) and a social franchise model to deliver HTS (SFHTS). The latter two modalities (HIVST and SFHTS) are demonstration projects aimed to build evidence and inform strategies for scale. The CBCT combination implementation approach layers three to six complementary, high yield HTS modalities within a single sub-district with an aim to reach a maximum number of PLHIV and rapidly facilitate their entry into facility-based HIV care and treatment programmes; the program also aims to identify HIV negative individuals at high risk of HIV infection

and rapidly facilitate their entry into combination prevention programs (MMC, SRH/ FP, SGBV, and NCD).



### Innovation

#### FPD HTS Social Franchise Model

CBCT social franchise is the FPD Initiative to address barriers in achieving the UNAID’s 90-90-90 goal: 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; and 90% of all people receiving antiretroviral treatment will have viral suppression.

#### CBCT Programme

The overarching goal of the programme is to implement high yield, community-based HIV counselling and testing (CBCT) services with an aim to identify People Living with HIV (PLHIV) and to effectively link them into HIV and TB care and treatment programmes. By implementing CBCT modalities in high incident communities near where people live and work, CBCT complements facility-based HIV Testing and Counselling (HTS) and reaches HIV-positive community members who may not access HTS services in the health facility setting. Alignment to strategic priorities: The

programme is aligned to and addresses the first target of 90% of all people living with HIV knowing their status; and contribute to achieving the second target of 90% of all people with diagnosed HIV infection receiving sustained antiretroviral treatment by facilitating linkage to health services.

Under the umbrella of CBCT, FPD designed an innovative system of delivering HTS through the social franchise HTS (SFHTS) model which organizes local entrepreneurs to deliver standards-based HTS services (inclusive of a basic package of care and linkage services) under a common brand.

The SFHTS model was implemented as a pilot in Tshwane district where a district-based franchisor (FPD) is based. FPD systematize and prescribe standards for HTS, proficiency, counseling, health education, referral and linkage as well as manage and oversee the quality assurance of social-franchisees (SFs).

Possible benefits of HTS Social Franchise model are:

- Whether giving a supplier (franchisee) incentives increases uptake/new outcomes of HCT, especially the first time testers, compared those care workers receiving a constant salary
- Easily learned, and scalable (duplicable)
- Contracting those suppliers in the community working at convenient times (for the client) increases access to first time testers and those that have defaulted treatment
- Increased effort in reaching key populations and getting the positive clients
- Focused support to clients, by franchisees, increases number of clients linked to care
- A CBCT mobile data management system can be used to improve monitoring and evaluation system

The five defining components of this HTS Social Franchise model are:

- Standardized HCT services of a certain quality at all facilities in the franchise system (inclusive of

condom distribution and a basic package of care and linkage services) in line with standard

- Nominal payment for conducting an HIV test and delivering a basic package of services; a larger payment for successful linkage of HIV-positive clients to the health facility for HIV care and/or treatment is provided based on verified linkage into HIV care and/or treatment
- This remuneration model is designed to incentivise social franchisees to target populations with potential high yield and to place significant focus to promote and document successful linkage and service uptake
- Standardised branding : including brand name, logo, and tag line
- Have the autonomy to determine the most suitable (e.g. high yield) implementation sites, HTS modalities (clinic based, home-based, door-to-door, workplace etc.)
- Franchisee operates independently with minimal support on provision of HCT commodities under the franchisor's supervision

#### Remuneration model

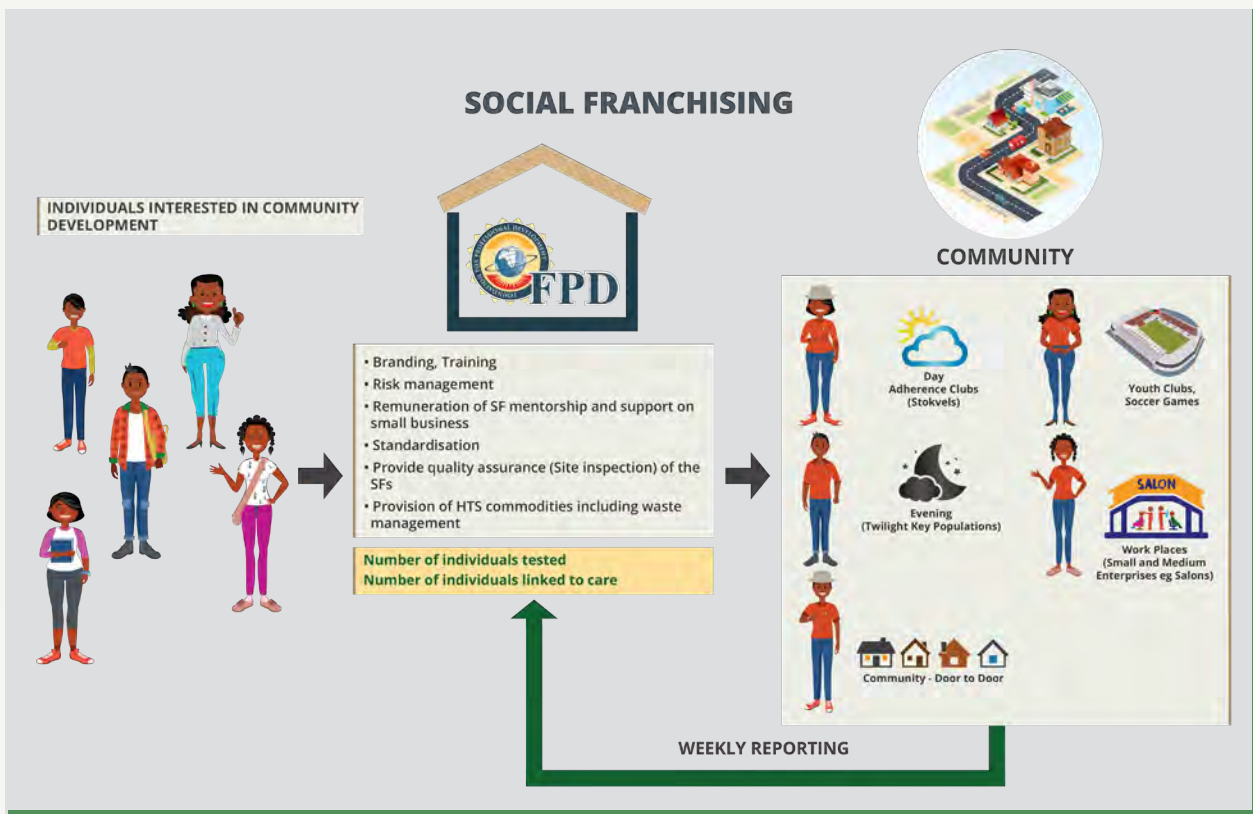
The social franchisees are remunerated based on the services they have provided. A standard rate or price is set per test provided. The pricing model is divided into two components:

- Standard price for testing
- Standard price for successful linkage to treatment and care

The current model put emphasis on linking those who have tested HIV positive to the nearest facility for initiation into ART. The social franchisee earn more money after linking the client compared to only providing testing.

#### Results achieved in COP 16

- A total of 19 franchisees
- Tested 42,697 individuals
- 10.2% positivity



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**Key statistics from FPD's USAID/PEPFAR CBCT programme (Oct 2016 - September 2017) include:**

- 622,018 clients tested for HIV.
- 51,657 PLHIV diagnosed with HIV
- District HIV positivity rates ranged from 6.3% to 15%

During 2017, FPD expanded its CB-HTS capacity through securing funding from three new donors. Through these new funding schemes, FPD expanded CB-HTS to cover a total of twenty districts and six provinces.

- USAID/PEPFAR  
Community-based HIV testing targeting high HIV burden communities and populations; 13 districts (Tshwane, Bojanala, COJ, Sedibeng, Capricorn, Mopani, Ehlanzeni, Gert Sibande, eThekweni, Ugu, King Ce, Zululand, Buffalo City) working with SUBs: SFH, HPPSA.

Uthungulu, Zululand, Buffalo City) working with SUBs: SFH, FHI360, HPPSA

- SCI/GF  
Community-based HIV testing and Sexual Reproductive Health and Family Planning targeting adolescent girls and young women; two districts (Tshwane, Bojanala).
- KFW/NDOH  
Community Based Organisation capacity development for HTS, TB, STIs, NCDs and community-based HIV Testing Services for priority populations; five districts (Nkangala, Nelson Mandela Bay Health District, OR Tambo, Chris Hani, Sarah Baartman) working with SUBs and consortium members: HPPSA, KI, SEAD, and CCI.
- CDC/PEPFAR  
Programmatic implementation and TA for HIV/AIDS and TB Prevention, Care and Treatment Services (CDC) : HIV Testing Services, Priority Population Prevention and below-the-line adherence communication strategy in

support of 90-90-90; seven districts (Bojanala, Dr. KK, NMM, Ehlanzeni, Gert Sibande, Nkangala & Waterberg) working with SUBs: Careworks & CCI.

## UNICEF

During 2016, FPD continued to work on a tender to assist UNICEF with providing support to provinces, districts, and facilities to close gaps in the Prevention of Mother-to-Child Transmission of HIV (PMTCT) continuum of care to contribute to the Last Mile Reach for Elimination of Mother-to-Child Transmission of HIV (EMTCT). The tender, allocated in April 2015, ended in March 2016 but was extended until December 2017. Through this work, FPD supported the Technical Working Group (TWG) meeting, supported the PMTCT symposium at the SA AIDS conference in Durban in June, submitted monthly data for action reports, provided monitoring and evaluation support, and facilitated yearly stock-take workshops in each of the provinces, with a focus on those with the highest PMTCT rate. The stocktake workshops started in Limpopo and KZN in November and December 2016 and were continued at the beginning of 2017 with the last conducted in the Free State in February 2017.

## Centers for Disease Control and Prevention

Programmatic implementation and Technical Assistance (TA) for HIV/AIDS and Tuberculosis (TB) Prevention, Care and Treatment Services throughout the Health System in South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR).

FPD secured funding on 29 September 2016 from CDC to implement this comprehensive programme over a period of five years. FPD is the prime recipient with CareWorks and Centre for Communication Impact (CCI) and PPO Serve as sub recipients. FPD secured additional funding for the implementation of PHC-modelling demonstration programme in year two of this grant. The programme aims to implement priority population prevention (PP\_Prev) and community-

based HIV Testing Services (HTS) with an aim to identify People Living with HIV (PLHIV) and effectively link them into HIV and TB care and treatment programmes and link Prevention Yield into prevention programmes. The second goal is to develop and test a scalable below-the-line communication strategy to promote ART patient adherence and retention in support of the 90-90-90. The third goal is to explore the optimal path to an effective and efficient model for delivering core PHC services to district populations.

FPD and CareWorks provide HTS and PP\_Prev services in ten sub-districts (seven districts) of three provinces while CCI works with National Department of Health in close collaboration with the PHILA national communication strategic team to develop the adherence communication strategy for people who live with HIV and health care workers. Key statistics from CDC's HTS and PP\_Prev programmes include:

- 71,367 clients tested for HIV
- 3,368 PLHIV diagnosed with HIV
- District HIV positivity rates ranged from 4% to 17%
- 34,536 clients reached through prevention programmes



CCI created the #Zenzele (The Future Is Ours) brand under which they developed three adherence pamphlets and five adherence related videos. Messaging is distributed via social media platforms as well as a dedicated website ([www.thefutureisours.co.za](http://www.thefutureisours.co.za)). CCI is implementing an adherence mentor demonstration model in Nkangala and Ekurhuleni. Two hundred and fifty four mentees are enrolled and mentored by 20 mentors. The demonstration model will be expanded to four additional facilities during year two of the grant. The mentee programme is supported with an M-Health platform which connects mentees to mentors and allows information and support push messaging.

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## Gender-Based Violence Project

The objective of this project is to improve service provision and community awareness of services for survivors of sexual assault in South Africa.

The objective of this programme is to improve services provision and community awareness of services for survivors of sexual assault in South Africa, which struggles with one of the highest rates of gender-based violence in the world.

### Gender-Based Violence Projects

The Increasing Services for Survivors of Sexual Assault in South Africa (ISSSASA) Project funded by USAID, PEPFAR and MACAIDS is a collaboration of leading South African organisations – Foundation for Professional Development, The Soul City Institute, Sonke Gender Justice Network and the South African Medical Research Council. The objective of this project is to improve service provision and community awareness of services for survivors of sexual assault in South Africa, which struggles with one of the highest rates of gender-based violence in the world. The government of South Africa's fight against sexual and gender-based violence is spearheaded by the Sexual Offences and Community Affairs (SOCA) unit of the National Prosecuting Authority (NPA) within South Africa's Department of Justice and Constitutional Development. USAID has worked with the NPA/SOCA since 1999 to establish the Thuthuzela Care Centre (TCC) model. TCCs provide a comprehensive portfolio of services to survivors of GBV, including emergency medical care, psychosocial counselling, post-exposure prophylaxis (PEP), HIV testing and counselling, and assistance with case reporting and court

preparation in an integrated and victim-friendly manner. The TCC model seeks to streamline the care process for GBV survivors by establishing effective linkages between various service providers and government stakeholders, and to improve legal services by reducing time-to-court and increasing the conviction rate. The ISSSASA Project came to an end in June 2017 and celebrate its many successes through summary reports, publications and presentations.

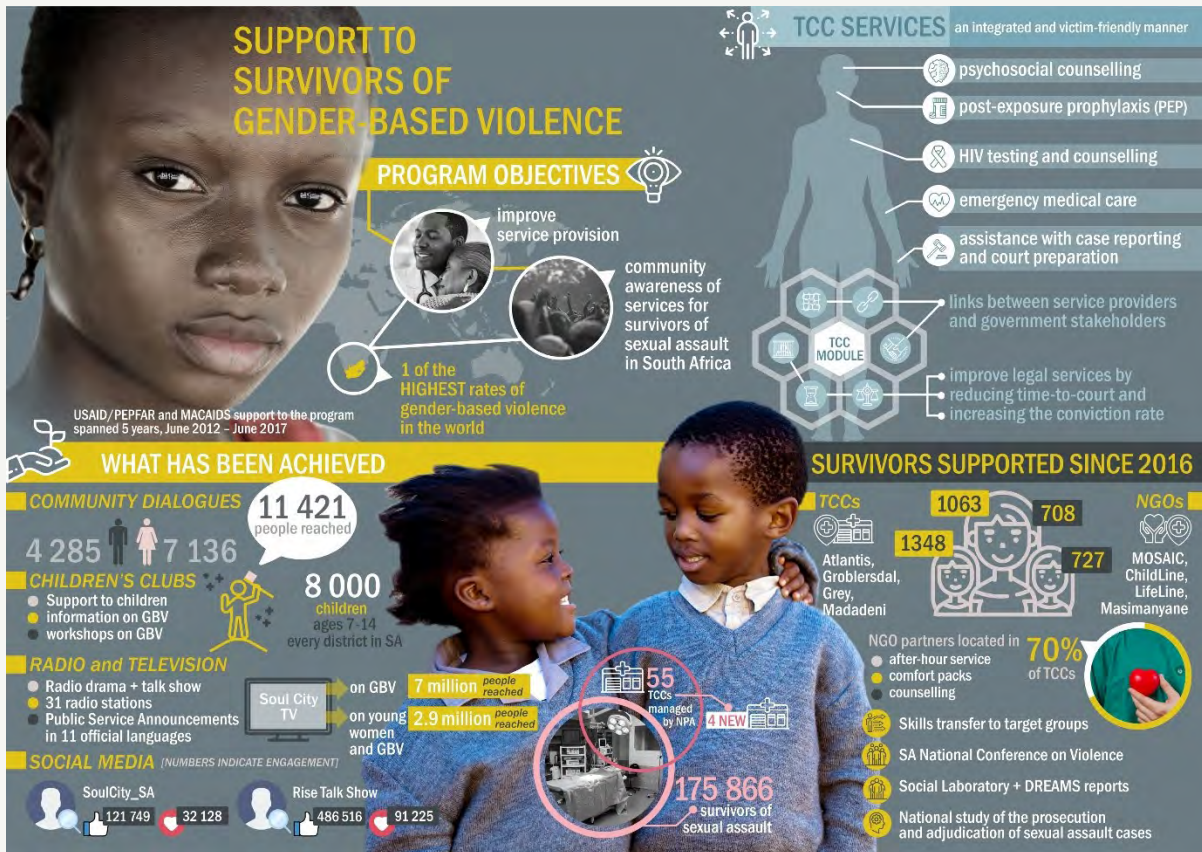
### The highlights of 2017

FPD participated in the Department of Justice and Correctional Services' Forum with the objective to Review and evaluate the 10 years response of the Sexual Offences Act (2007). This was a national event where government and civil society came together to find ways in which performance of the system is currently assessed as well as a step-by-step evaluation of the criminal justice system's response from reporting through to sentencing. At the 30 October 2017 event the Department of Justice utilised exclusively research emanated from the ISSSASA project in plenary to set the scene as discussion topics in break-away group discussions. FPD and its partners will in effect directly contribute to the amendment of Sexual Offences Act.

Rapid Assessment and Gap Analysis of post-violence care services at health facilities in four districts: Ethekwini: North, South & West; Umkhanyakude: Hlabisa & Matubatuba; City of Johannesburg: Sub-District A, and Johannesburg: Sub-Districts D, E & G were conducted, the reports published and distributed to stakeholders. The main lessons

learned on post-violence were discussed with the Department of Health for implementation. FPD's Training Unit facilitated

the training of nurses and doctors of the districts and a total of 958 professionals have been trained in the DREAMS Project.



Summary of the project highlights

The South African Medical Research Council completed the Rape justice in South Africa, a study that formed part of the ISSSASA project. The MRC found that in 2012 a total of 8.6%

of offenders in national rape cases were found guilty and sentenced, with Gauteng province the worst with only a 6.2% conviction rate for sexual offences.

	Total cases		Accused arrested or charged at court*		Cases accepted for prosecution**		Trial started		Guilty of sexual offence***	
	N	%	N	%	N	%	N	%	N	
<b>National</b>	<b>3952</b>	<b>57.8</b>	<b>2283</b>	<b>34.5</b>	<b>1362</b>	<b>18.5</b>	<b>731</b>	<b>8.6</b>	<b>340</b>	
<b>Province :</b>										
<b>KwaZulu-Natal</b>	481	54.5	262	33.9	163	16.1	76	10.2	49	
<b>Mpumalanga</b>	480	49.4	237	31.5	151	18.0	87	6.9	33	
<b>Eastern Cape</b>	503	61.2	308	41.7	210	21.4	107	9.9	50	
<b>Western Cape</b>	463	61.3	284	28.9	134	18.0	83	9.9	46	
<b>Limpopo</b>	409	63.8	261	38.4	157	16.2	65	6.4	26	
<b>Free State</b>	444	55.2	245	35.8	159	22.7	109	12.6	56	
<b>North West</b>	443	62.3	276	31.6	140	9.9	42	4.5	20	
<b>Northern Cape</b>	253	68.0	172	48.2	122	35.7	87	11.5	29	
<b>Gauteng</b>	476	50.0	238	26.5	126	16.3	75	6.5	31	
<b>Tracking Justice study: Gauteng 2003</b>	2 064	50.5	1036	33.4	690	17.3	358	6.2	127	

Tests for statistical significance of difference among provinces: \* p=0.002, \*\* p=0.008, \*\*\* p=0.06

National and provincial attrition rates: MRC study

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## Bumb'Ingomso Project (Buffalo City Metro GBV Project)

FPD is partnering with Masimanyane Women Support Centre in a three year project to provide training to medical doctors, nurses, other health and social care practitioners in the public sector on gender-based violence and forensic medicine in Buffalo City Metro. In order to identify where post-violence care services are available in Buffalo City, identify what is/is not working, identify available structures, and assess services against a comprehensive package of post-violence care services FPD developed and conducted a rapid assessment and gap analysis: Post-violence care services at public health facilities and NGOs in Buffalo City Metropolitan.

The rapid assessment has been approved by the inhouse FPD Research Ethics Committee, as well as the NHRD and the provincial and district Departments of Health. This rapid assessments and gap analysis results will contribute to the improvement of the services delivered at facilities. It will contribute to better informed decision-making about the functioning of healthcare facilities, foster an environment of excellence at service delivery level and promote greater accountability for performance of facilities. The Department of Health has been briefed and their full cooperation has been obtained. Based on the preliminary report the first training

will be scheduled for December 2017, and early 2018.

## Orphan and vulnerable children Gender-Based Violence (OVC GBV) Project

The aim of this USAID and PEPFAR funded project is to support partners in preventing and responding to gender-based violence (GBV) in child and adolescent populations, with the specific target group children who have been sexually assaulted and their parents/care givers. This is an evidence-based intervention, drawing on the post-violence care services models of both the Thuthuzela Care Centre Model and the DREAMS work FPD has been doing the past year; including the Department of Justice's specialised Sexual Offences Courts. The objectives of the project are to implement a GBV case management system at NGO level through the adaptation of an existing GBV case management system. The intention is to strengthen case management including screening and assessment tools, which improves referral to and provision of specialised services for children; secondly to ensure appropriate psychosocial support for child survivors of sexual assault and their families. The purpose is to aid in the recovery and healing of the child victim and their immediate family/care giver affected by this trauma; and lastly to source and procure appropriate resources for children to use at the sexual offences courts.



### Innovation

Together with its partners ChildLine Mpumalanga and the Networking AIDS Community of South Africa (NACOSA) FPD has commenced working in key PEPFAR districts in Mpumalanga, KwaZulu-Natal and the Western Cape. Qode has been assisted to modify the GBV case management system for the partners.



## GBV Project Sponsors



## GBV Project Partners



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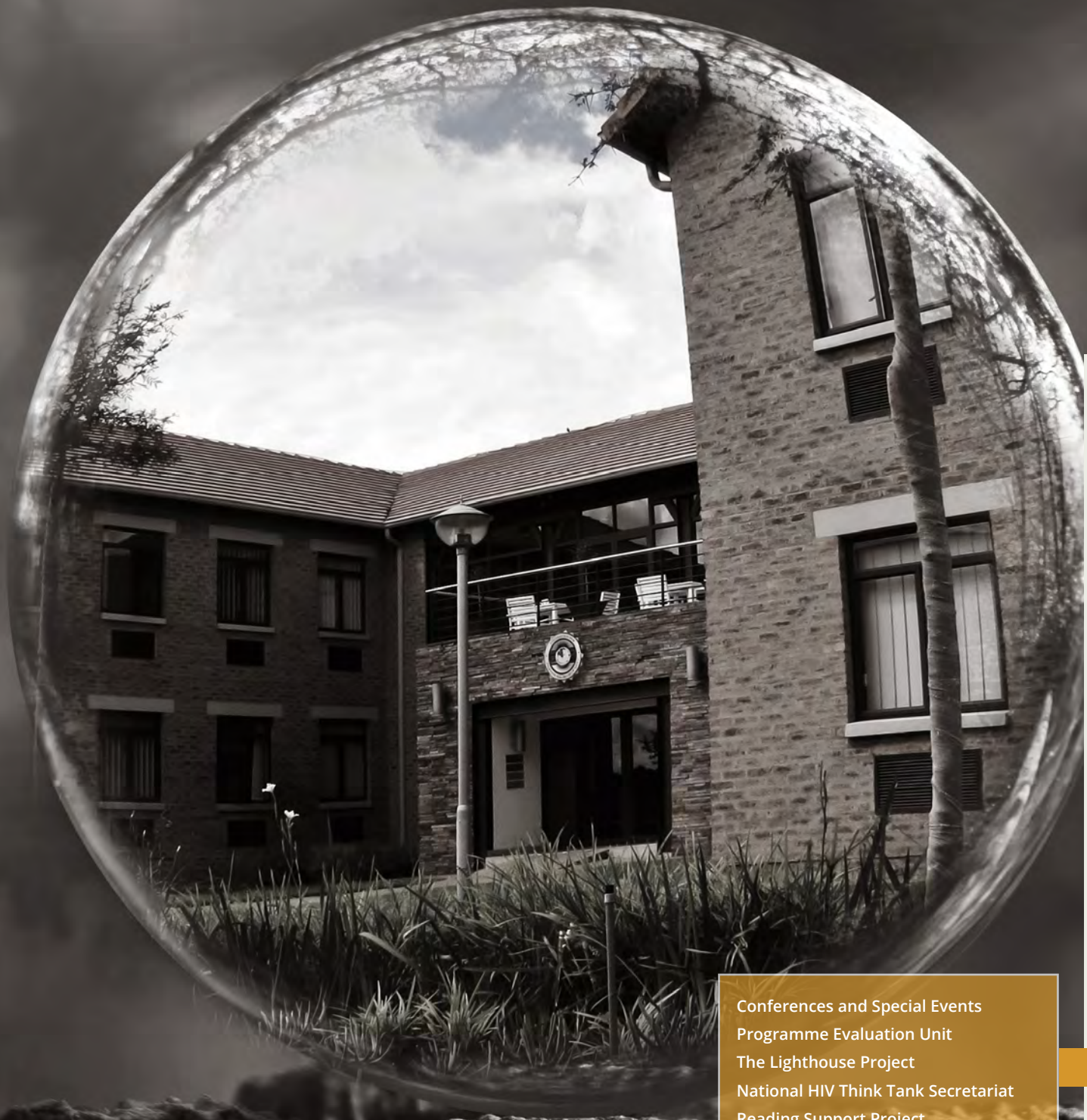
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- Programme Evaluation Unit
- The Lighthouse Project
- National HIV Think Tank Secretariat
- Reading Support Project
- NHI Pilot Project
- Epidemiology and Research Unit
- Research Output 2017



## Conferences and Special Events

FPD Conferences and Special Events Department is a business unit supported by skilled people operating advanced information technology systems and database platforms.



The XIII International AIDS Conference was a watershed event and catalysed the global movement to make AIDS treatment affordable.

### 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 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 organize 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 International AIDS Conference launched South Africa into the international convention market.

Building on this heritage, the Conferences and Special Events Department annually organises 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 clients 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 providing 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 56 major conferences and events, attended by 185,200 people collectively. These events contributed in excess of R824m to South Africa's economy and generated direct employment for 6,200 people.

In 2017 FPD organised the following events:

8<sup>th</sup> South African AIDS conference

2017 HEAIDS Conference

9<sup>th</sup> Child Trauma Conference

4 x Bonitas Upskilling Seminars

Up-and-coming Conferences in 2018:

5<sup>th</sup> SA TB Conference

1<sup>st</sup> Health Communication Conference

2<sup>nd</sup> SA Violence Conference

1<sup>st</sup> Medical Technology Innovations Expo



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## Programme Evaluation Unit



The Unit specialises in the evaluation of health, gender-based violence and education/academic programmes and

performs staff satisfaction and customer surveys and impact evaluations. The types of programmes that the unit has experience in evaluating are illustrated.

The benefits of performing an evaluation are as per below:



### Services

- Training programmes and/or short courses.
- New Innovations.
- Direct service interventions.
- Community mobilisation efforts.
- Advocacy activities.
- Social marketing campaigns.
- Administrative systems.
- Surveillance systems.



### Benefits

- Determine if a project/programme met its targets.
- Determine the impact of a programme.
- Identify potential problems.
- Identify areas that need quality improvement.
- Improve strategic planning.
- Provide formative assessments to conceptualise future programmes.
- Provide empirical evidence of the efficiency, effectiveness, relevance and sustainability of a programme.

 <b>Type of programme</b>	 <b>Name of Project</b>	 <b>Organisation</b>
Direct service intervention	FHI360 Capacity development and support project	USAID & FHI360
	GP Project	Department of Health
	DREAMS Rapid Assessment and Gap Analysis of post-violence care services (eThekweni, UMkhanyakude and City of Johannesburg)	DREAMS
	Ward Based Outreach Teams assessment in Capricorn, Tshwane and Nkangala	Department of Health
	Masimanyane Rapid Assessment and Gap Analysis of post-violence care services in Buffalo City	KFW
	Capacity assessment of Community Based Organisations	KFW
Training intervention	MSD for Mothers impact evaluation	MSD
	Training in the Management of Asthma	GlaxoSmithKline
New innovation	Social Franchising HIV Counselling and Testing model	USAID
Service mapping	Mapping of Early Childhood Development, Schooling and Youth Work Readiness innovations in South Africa	Standard Bank Tutuwa Community Foundation



### Unit's Expert Fields

Public Health	Law	Social Sciences	Applied Psychology	Research Methodology	Accounting/ Finance
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## The Lighthouse Project

Emphasis is given to exploring public-private-partnership models that could support the development of an NHI.

The Lighthouse Project ultimately aims to improve equity, efficiency and effectiveness in healthcare delivery through identifying Policy-Practice-Implementation-Impact-Gaps (PPIIGs) that adversely influence health policy reform objectives.



### Lighthouse Project

To address these gaps the Lighthouse Project identifies evidence based solutions through developing case studies (of best practices) or through pilot projects that are thoroughly evaluated. In developing pilot projects emphasis is given to exploring public-private-partnership models that could support the development of an NHI. Originating from this process the Lighthouse Project develops policy proposals through a consultative process of engaging stakeholders including policy makers. Additionally the Lighthouse Project is exploring models to develop district system observatories making use of ICT systems and big data analysis that will guide interventions and provide evidence of results.

### Highlights from 2017

The project made progress in implementing the recommendations originating from the Community Service Summit held in the City of Tshwane on the 22nd April 2015 that was co-hosted by the Foundation for Professional Development (FPD), the National Department of Health (NDoH), the University of Cape Town (UCT) and the Africa Health Placements (AHP). One of the recommendations were to address the state and availability of descent accommodation for Community Service professionals. The issues raised by the Eastern Cape DoH were; that the Department of Health struggles to attract and retain health professionals due to lack of decent or suitable accommodation in semi-urban, urban and rural facilities; the current rentals paid by the department are in many instances are above market related rates; the current condition of existing accommodation, in semi-urban, urban and rural facilities pose serious health and safety risks to the Department's employees; and these problems adversely affect Health Service Delivery in the Province. A partnership between the Eastern Cape DoH, NDoH, SAMA (JUDASA), FPD and Aurecon was established and a pilot project was suggested to address these issues. Various engagements to place in 2017 and the pilot project were handed over to the NDoH and Aurecon to execute.



Save the date invite: Seminar Doctors for PHC

In March, 2017 The Lighthouse project, in collaboration with the GP Contracting Project, successfully hosted a Doctors for Primary Healthcare Symposium. The symposium was hosted by FPD and the National Department of Health. The symposium focused on all categories of health professionals, but mainly on doctors’ roles in a multi-disciplinary public sector primary healthcare (PHC) team. The symposium set out to achieve the following objectives: to review studies on the placement of doctors in a public sector PHC setting; to identify models and strategies to optimise the role of doctors in a multi-disciplinary team; to identify knowledge gaps and areas for research. The NDOH described the way forward. Firstly, in the area of Human Resources

Management and Development, each team member’s role in a multi-disciplinary team should be clarified and guidelines developed for the implementation of this model. Secondly, in terms of Information Management, outcome data should be relevant to all levels of healthcare (DHIS) and facilities should have the autonomy to collect and use their own data to improve service delivery. Thirdly, community outreach initiatives, such as doctors conducting home-visits, should be considered and weighed against the cost implications. Lastly, PHC doctors’ feelings of disempowerment should be explored and understood.

The GP Care Cell Pilot Project launched at the end of 2017 and discussed under the system strengthening section of this annual report will be one of the largest Public-Private-Initiatives designed test a potential NHI implementation model.

FPD, in partnership with PPO Serve, is also developing various models for PHC delivery networks that could help determine future NHI contracting practices. These models explore how to construct multidisciplinary PHC teams using public and private sector service providers combined in a delivery network. In 2018 these models will be documented and a limited pilot project will be implemented using both a private and a public sector primary care facility as the base for the envisaged delivery network.

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## National HIV Think Tank Secretariat



### National HIV Think Tank Secretariat

The HIV Think Tank (TT) provides a central place for all stakeholders (government, academia, NGOs, donors, community and implementers), under the chairmanship of the National Department of Health (NDoH), to review epidemiological, routine monitoring and economic evidence related to the HIV epidemic, identify priority gaps, and establish consensus on appropriate next steps, including research projects and pilots of new programmes and policies. The TT also thinks proactively about what evidence needs to be created and what pilot programmes need to be implemented to respond to the challenges that will arise three to five years in the future. Seventy-five percent of the funding received from the Bill and Melinda Gates Foundation, to fund the NHIV TT is reserved for research and/or to fund and evaluate innovative pilot projects designed to test innovative ideas that can support South Africa in achieving the 90-90-90 targets required to achieve epidemic control.

NHIV TT convened quarterly and delegates tasks to a number of Expert Working Groups

(EWG)s tasked with developing either policy briefs or initiating pilot projects. Currently two EWG have been established namely, the HIV Prevention EWG and the Testing and Treatment EWG. These EWGs convene on a monthly/bimonthly basis.

In 2017 the Testing and Treatment EWG established the Unique Identifier and Community Health Worker (CHW) Thematic groups, which are working on contributing to policy briefs. The CHW Thematic group has contributed to the Implementation planning phase of the WBPHCOT Policy by convening task teams to work on the following aspects: M&E Framework for the policy, Good Practices Compendium of CHW work across South Africa, Research on NCD & HIV comorbidities and a harmonisation guideline to assist provinces in implementing the new WBPHCOT Policy.

The Prevention EWG has approved a compelling pilot project which focuses on closing the intention gap of men who express a willingness to access VMMC services but do not follow through on this intention. This pilot project will be implemented in 2018 and funded by the NHIV TT project. The EWG is further working on finalising a HIV Prevention Cascade designed to set prevention targets focusing on HTS, condom use and MMC. This EWG has also established a thematic group focusing on documenting “what works in HIV prevention”.



Linkages To Care Colloquium

In 2017 the NHIV TT convened the Linkages to Care Colloquium that was held in Pretoria on 1 November 2017 at FPD. The event was hosted by the NHIV TT in partnership with CDC and USAID. The Colloquium was attended by representatives from the National Department of Health (NDOH), USAID, CDC, NHIV TT members and PEPFAR District Support Partners (DSPs).



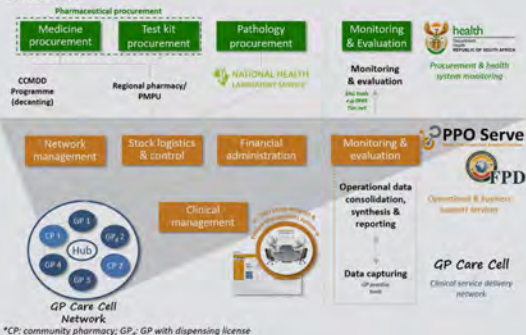
### Innovation

Pilot Programmes in implementation phase

GP Care Cell

For more information please see page 47

#### GP Care Cell Model In context



### Project Sponsor

BILL & MELINDA  
GATES foundation

### Project Partner



### Project Implementor



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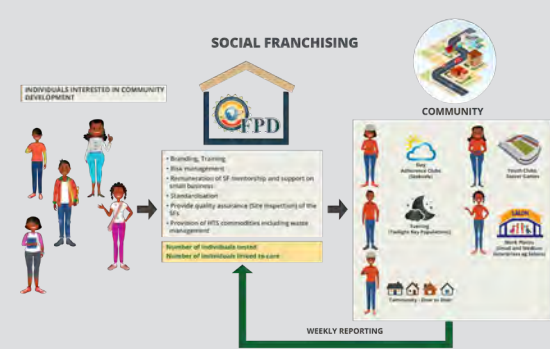
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FPD HTS Social Franchise Model

For more information please see page 49





## Reading Support Project



### Reading Support Project

This four-year project funded by United States Agency for International Development in Southern Africa (USAID/SA) was launched on 1 November 2016 and focuses on improving language literacy skills at foundation phase level in South Africa's Limpopo and North West provinces. This system-strengthening project is being implemented in partnership with a number of leading literacy organisations: the Molteno Language Institute (MOLTENO), the South African Institute for Distance Education (SAIDE), Oxford University Press of South Africa (OXFORD SA) and an international partner, Voluntary Services Overseas (VSO). The ultimate aim of this project is to improve Foundation Phase learners' reading skills in African Home Languages (AHLs) as well as in English as a First Additional Language (EFAL).

The project is built around three key interventions:

- A professional development programme for Curriculum Advisors and school-based Heads of Department (HODs) to develop their capacity to act as literacy coaches.
- A leadership and management development programme aimed at school principals and their deputies designed

to create an environment that supports literacy development in schools.

- The provision of a comprehensive Learner Teacher Support Material (LTSM) package.

Activities in 2017 focused on:

- Establishment of project initiation structures/processes
- Consultations with key role-players
- Identification of the pilot district
- Implementation of the pilot project in the Dr Ruth Segomotsi Mompati District in the North West Province

The leadership and management development component of the project aimed at school principals and their deputies is being implemented by FPDs School for Basic Education and during 2017 FPD successfully registered a short course on School Management and Leadership Practice with the South African Council for Educators (SACE) while FPD's subsidiary, Pioneering Services Solutions (PSS), ensured that all the materials developed can be offered through an e-learning methodology. One hundred and eighty three out of a possible 206 primary school principals/deputies in Dr RSM district were enrolled on this platform by May 2017. A major obstacle encountered with this aspect of the project was the lack of computer literacy among school principals and deputy principals which is being addressed through computer literacy training.

The professional development programme for Curriculum Advisors and school-based Heads of Department (HODs) to develop their capacity to act as literacy coaches is being implemented by Molteno and Oxford University Press South Africa and the two organisations merged their respective programmes into a single educational programme that covers both the teaching of African home languages and English as an additional language. Molteno was also successfully registered with SACE as a service provider. The preliminary registration of 137 Foundation Phase HODs took place in June 2017.

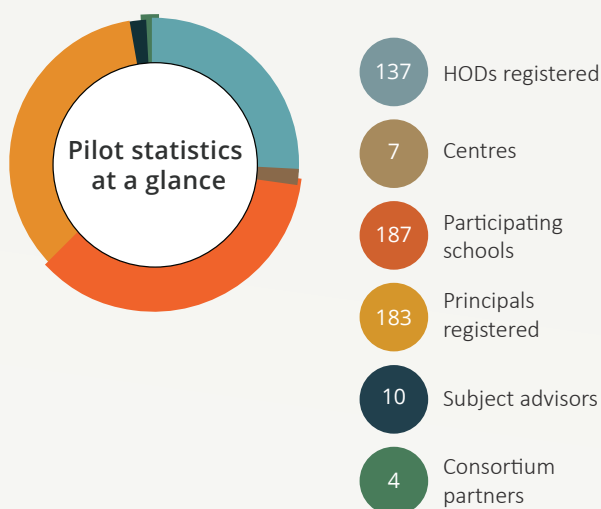
The provision of a comprehensive Learner Teacher Support Material (LTSM) package is the responsibility of the South African Institute for Distance Education (SAIDE) which has worked on preparing the ground for the acquisition of Learning & Teaching Support Material (LTSM) for all the foundation phase classes in the pilot district. They have worked closely with Molteno to audit available LTSM in schools to ensure that they print the right quantities and avoid duplication. SAIDE has finalised the printing of materials and LTSM packages have been distributed to schools via the three sub districts (Naledi, Kagisano Molopo and Taung). The balance of the LTSM for the North West is in storage to be distributed early in 2018 in line with the roll-out plan.

Voluntary Service Overseas (VSO) contributes to this project through the recruitment and placement of volunteers to manage Professional Learning Communities (PLCs). VSO faced serious challenges with regard to securing visas for international volunteers and had to switch to local volunteers and to date six volunteers have been placed in the district.

Eight Education Development Support Centres (EDSC) were audited for the purpose of establishing PLCs, and seven have subsequently been established. All the volunteers have been successfully attached to the PLC centres.

**Pilot statistics at a glance:**

- 4 consortium partners
- 7 Professional Learning Community Centres established
- 10 subject advisors
- 137 Departmental Heads pre-registered
- 183 Principals pre-registered
- 187 Participating schools



Planning from 2018 onwards will incorporate the lessons learnt from the pilot, collaboration arrangement with current interventions in targeted districts and some modifications to the project plan.

**Project Sponsor**



**Project Partners**



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## NHI Pilot Project



### NHI Pilot Project

The NHI Pilot project supports an initiative by the National Department of Health (NDOH) that ensures that every Primary Health Care (PHC) clinic has a doctor on site on either on a full time or part time basis. The project focuses

on a model whereby PEPFAR District Support Partners (DSPs), who currently work in eight NHI pilot districts, collaborate as a consortium to provide the required services to the NDOH. The consortium comprises the Foundation for Professional Development (FPD) who acts as the lead agency, Broad Reach, Aurum, Right to Care, the Wits Reproductive Health & HIV institute (WRHI) and African Health Placements (AHP), the latter responsible for recruitment. The pilot programme, launched in October 2014, is scheduled to come to an end in March 2018.

NHI District	Province	District Support Partner
Dr Kenneth Kaunda	North West Province	WRHI
Gert Sibande	Mpumalanga	Broadreach
OR Tambo	Eastern Cape	Aurum
Thabo Mofutsanyana	Free State	Right to Care
Tshwane	Gauteng	FPD
UMgungundlovo	KwaZulu-Natal	Aurum
Umzinyathi	KwaZulu-Natal	Aurum
Vhembe	Limpopo	FPD

NHI Pilot Districts

The doctors' role within the clinics included quality control, checking laboratory results, conducting patient consultations, clinical

governance and mentoring and training. The timeline shows the number of doctors actively managed by FPD over the pilot project period:



To understand the impact of the seconded doctors data was collected over various periods. Doctors saw a total of 504 825 patients over an 18 month period (July 2015 to December 2016). The number of patients doctors saw per day varied over different periods ranging from an average of 12.3 patients per day, to 16 patients per day. Ideally we would have expected doctors to see around 20 plus patients per day. However it must be taken into consideration that seconded doctors see the more complicated cases, which generally take longer to deal with. Additionally, the absence of a booking system that would ensure patients are seen in the late afternoon, negatively impacted the productivity of the doctors.

The Central Chronic Medicine Dispensing and Distribution (CCMDD) Programme is one of the interventions implemented to decrease the huge number of patients attending healthcare facilities. It involves the referral of medically stable patients to receive their monthly chronic medication without having to visit the clinic. This is not only more convenient and less costly for the patient, it decreases congestion at primary healthcare facilities. In total, 179,121 patients were referred to receive their medication through this programme.

Medical Male Circumcision (MMC) is one of the leading interventions in the fight against the spread of HIV. Doctors first had to undergo training to carry out this procedure, and only five of the eight districts had trained doctors. From July 2015 to December 2016, 1,264 MMCs were performed across the five districts (Dr Kenneth Kaunda, Gert Sibande, OR Tambo, Umzinyathi and Vhembe). It was observed that where doctors have been trained, they have not been optimally used in National MMC Campaigns. The fact that doctors were able to do some VMMC procedures highlights the potential role that PHC clinics can play in increasing access to VMMC. To optimise this role an active campaign of demand creation would be required linked to high volume circumcision days at the respective clinics.

Auditing the files of patients seen by professional nurses was actively promoted as an important way of improving the quality of patient care at clinics. The key aspects of the audit included ensuring that the appropriate clinical management procedures were applied, identifying important clinical interventions, and identifying patients with important clinical conditions who have been lost to follow-up. 44,508 files were

audited from July 2015 to December 2016, an average of 8.4 files per doctor per day.

Mentoring clinic staff is an effective measure to heighten awareness of management principles of common and important health and medical problems at primary healthcare clinics. Mentorship is provided through a discussion at patients' bedside on a one-to-one basis and formal in-service training. From July 2015 to December 2016, 14,601 mentor sessions were conducted by doctors.

The outcomes of the project discussed above provide evidence of the significant contributions made by doctors in improving the quality of services at primary healthcare clinics. It was noticed that, especially in remote and rural areas, where access to the services of a medical doctor was a novelty, patients quickly came to understand the rotation schedule of the doctors who usually only spent one day a week at a specific clinic, resulting in patients commuting between clinics to gain access to the visiting doctors services.

One of the recommendations originating from this pilot project is the importance of implementing a booking system for all routine consultations with health care professionals. Such a booking system would improve the productivity rate of these expensive human resources and although the project attempted to facilitate a booking system this was not successful due a lack of support from district and clinic management.

The final recommendation coming out of the pilot project is that there is a definite need for doctors at the primary care level. However, the role of doctors should be optimised around clinical management and governance. Ideally in each clinic the doctor should be mandated to establish, coordinate and manage the activities of the multi-disciplinary team of healthcare professionals.

### Project Partners







## Epidemiology and Research Unit



### Epidemiology and Research Unit

FPD's Epidemiology and Research Unit was established in 2014, and is tasked with applying rigorous, epidemiologic methods to study, advance, and inform public health programmes and policy development. The Research Unit has a strategic focus on the following research areas:

- Prevention of Mother-To-Child Transmission of HIV (PMTCT)
- STI screening during pregnancy
- HIV prevention in adolescents
- TB case finding and the TB continuum of care
- Mental health
- Social determinants of health, with a specific focus on stigma

Our strategic goals are to:

- Develop and conduct rigorous scientific and epidemiologic research
- Advance evidence-based policy recommendations
- Develop local, regional and international partnerships that bring expertise to bear on issues of South African public health importance.

- Cultivate current and next generation public health researchers and epidemiologists through training and mentorship
- Contribute to the global body of scientific knowledge that directly informs public health programmes and policy

During 2017, FPD received funding from the U.S. NIH and USAID to:

- Investigate STIs in HIV-positive pregnant women and the impact on MTCT of HIV
- Determine the acceptability and feasibility of home-based TB case finding and testing using the new GeneXpert Omni instrument
- Evaluating an intervention integrating economic strengthening and HIV prevention programmes for vulnerable youth
- Leverage community-based platforms to improve access and adherence to PrEP
- Validate TB stigma measures to assess the impact of stigma on TB outcomes

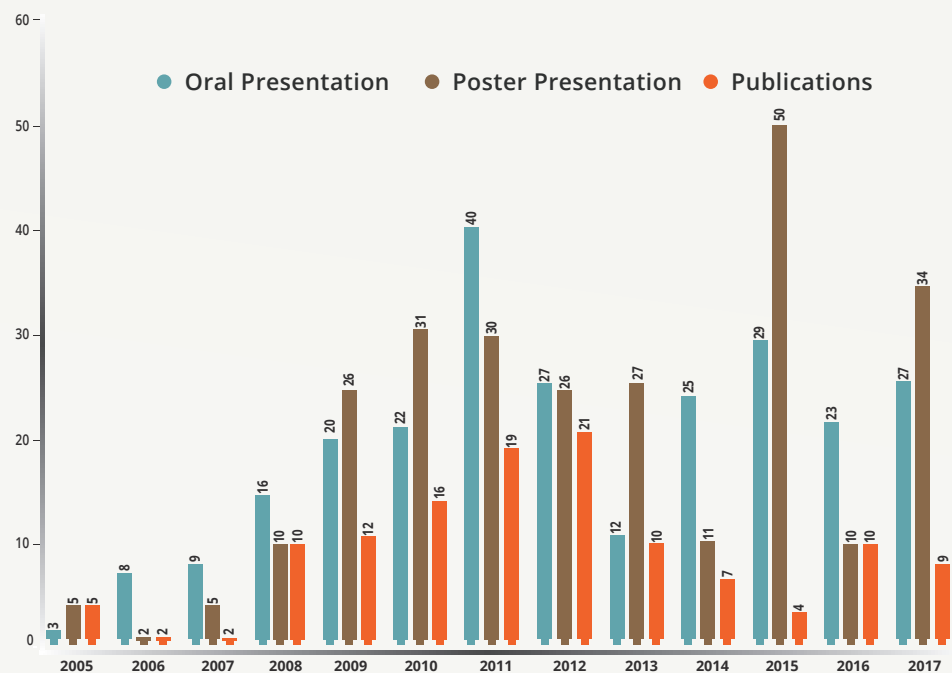
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# Research Output 2017

## Research Output 2017



### Peer-reviewed Publications

- Price CM, Peters RPH, Mudau M, Olivier D, De Vos L, Morikawa E, Kock MM, Medina-Marino A, Klausner JD. **Prevalence and Detection of Trichomonas Vaginalis in Human Immunodeficiency Virus-Infected Pregnant Women.** Sex Transm Dis (In Press)
- Kweza PF, van Schalkwyk C, Abraham N, Claassens MM, Medina-Marino A\* **Estimating the magnitude of missed pulmonary tuberculosis patients by primary health facilities, South Africa.** Int J Tuberc Lung Dis (In Press; \*Senior/Corresponding Author)
- Ebonwu J, Mumbauer A, Uys M, Wainberg ML, Medina-Marino A\* **Determinants of late antenatal care presentation in rural and peri-urban communities in South Africa: a representative, cross-sectional study.** PLOS One (Accepted; \*Senior/Corresponding Author)
- Peters RPH, Mudau M, Liteboho M, de Vos L, Klausner JD, Kock MM, Medina-Marino A\* **Laboratory reproducibility of Xpert® CT/NG and TV testing as performed by nurses at three primary healthcare facilities in South Africa.** J Clin Microbiol. 2017 Oct 11. pii: JCM.01430-17. doi: 10.1128/JCM.01430-17 (\*Senior/

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- Holland E, Olivier D, Louwrens C. **Training needs for primary healthcare clinics in National Health Insurance pilot districts**. Strengthen Health Systems (2017)
- Jones M, Cameron D. **Evaluating 5 years' NIMART mentoring in South Africa's HIV treatment programme: Successes, Challenge and future needs**. DOI:10.71 96/SAMJ.2017.v107i10.12392

### Oral Presentations

- A Medina-Marino, P Kweza, C van Schalkwyk, N Abraham, M Claassens. **Estimating the Magnitude of Missed Pulmonary TB Cases by Primary Health Care Clinics, Buffalo City Metropolitan Health District, Eastern Cape Province, South Africa**. 48th Union World Conference on Lung Health. Guadalajara, Mexico (2017)
- A Medina-Marino, A. Mumbauer, T. Fariraj, L.-G. Bekker,

S. Johnson, N. Nkhwashu. **High uptake of community-based HIV testing by adolescent girls and young women aged 15-24: Implications and Synergies for PrEP Roll Out?** 9th International AIDS Society on HIV Science: Paris, France Abstract TUAC0201 (2017)

- Medina-Marino A, Mudau M, Remco Peters P, De Vos L, Olivier D, Joseph Davey D, Mkhwanazi E, McIntyre JA, Klausner JD. **Acceptability and Feasibility of Integrating Diagnostic STI Screening in Antenatal Care Services**. 8th South African AIDS Conference. Durban, South Africa (2017)
- Mudau M., Medina-Marino A, De Vos L, Olivier D, Joseph Davey D, Peters RP, Adachi K, McIntyre JA, Wang X, Klausner JD. **Chlamydia trachomatis, Neisseria gonorrhoeae and Trichomonas vaginalis Colonization among HIV-Exposed Neonates in South Africa**. 8th South African AIDS Conference. Durban, South Africa (2017)
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- Makgoka G., **Developing and piloting a quality assurance tool for facilitators of clinical courses**. South African Association of Health Educationalists (SAAHE), Potchefstroom, South Africa (2017)
- Venter E., **21st Century Competency Curriculum Model for the Masters in Public Health degree**. South African Association of Health Educationalists (SAAHE) Potchefstroom, South Africa (2017).
- Wolvaardt G., **Secrets of successful fundraising - fostering social accountability through implementing donor funded projects**. World Summit on Social Accountability, Hammamet Tunisia (2017)
- Wolvaardt G., **Association Finance and Fundraising Panel Discussion**. 2nd Annual Education Conference (AfSAE). Sandton South Africa (2017)
- Slaven F., **HIV and depression: A scoping review of**

**the South African literature.** 5th Southern African Students' Psychology Conference (2017)

- Dunné F, Aidan C, Bosha E, Schoeman R, Carty C. R **in support of civil society strengthening in the gender-based violence sector in South Africa.** Brussels, Belgium (2017)
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- Bosha E, Monqo N, Majambe S, Mzilikazi S, Sidloyi L , Connolly A, Schoeman R, Carty C. **Leveraging social media to raise awareness of gender-based violence and sexual health services: evidence of use from a national survey in South Africa.** Lilongwe, Malawi (2017)
- Bosman A., **Using social media to track whether health management programme alumni benefited from their qualifications.** South African Association of Health Educationists (SAAHE) Potchefstroom, South Africa (2017).
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- Kojima N, Mudau M, Joseph Davey D, Feucht U , Peters RP ,De Vos L, Olivier D, Mkhwanazi E, James A. McIntyre JA, Jeffrey D. Klausner JD, Medina-Marino A, **Prenatal and postnatal prevalence of *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis* among HIV-infected, pregnant women in South Africa.** 13th International AIDS Impact Conference Cape Town South Africa (2017)
- Medina-Marino A, **Global Health Grand Rounds.** Vanderbilt Institute for Global Health (2017)
- Kodi KE, Mawarire R, Ngwepe P, Shamu S, Medina-Marino A, Bezuidenhout C, Jansen A, Murry K, Burke H. **Refusal to treat STI positive adolescents (14-17 years) in Health Care Facilities.** Public Health Association of

South Africa (PHASA) Conference, Johannesburg, South Africa (2017)

- Rwafa T, Shamu S, Christofides N, **Relationship power and HIV sero-status: An analysis of their relationship among low-income urban Zimbabwean women.** SVRI Forum Scientific Committee (2017)
- Shamu S, **Mental ill health and factors associated with men's use of intimate partner violence in Zimbabwe.** Sexual Violence Research Initiative Forum (2017)
- Shamu S, Abrahams N, Shamu P, Temmerman M, Kuwanda L, Shefer T, Zarowsky C, **Does a history of sexual and physical childhood trauma contribute to HIV infection risk in adult pregnant women?** Sexual Violence Research Initiative Forum (2017)
- Shamu S, Munjanja S, Zarowsky C, Shamu P, Temmerman M, Abrahams N. **Intimate partner violence (IPV), forced first sex (FFS) and adverse pregnancy outcomes in a sample of Zimbabwean women accessing maternal and child health care.** SVRI Conference Brazil (2017)
- Medina-Marino A, Kweza P, van Schalkwyk C, Abraham N, Claassens M. **Estimating the Magnitude of Missed Pulmonary TB Cases by Primary Health Care Clinics, Buffalo City Metropolitan Health District, Eastern Cape Province, South Africa.** 48th Union World Conference (2017)
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- Shamu S, Suglia S, Kweza P, Paul S, Dugan S, Carlson C, Mootz J, Temmerman M, Wainberg M. **Male involvement in antenatal care HIV testing and counselling: Exploring barriers from the viewpoint of**

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**health workers in Nkangala District, South Africa.** 8th South African AIDS Conference. Durban, South Africa (2017)

- Mahlalela N, Johnsons S. **Feasibility and acceptability of a mobile phone intervention to improve post-rape service delivery in South Africa.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Mudau M, Andrew Medina A, De Vos L, Olivier D, Joseph Davey D, Peters R, McIntyre JA, Wang X, Klausner JD, **Prevalence of *Chlamydia trachomatis*, *Neisseria gonorrhoea* and *Trichomonas vaginalis* among HIV-Infected Pregnant Women in South Africa** 8th South African AIDS Conference. Durban, South Africa (2017)

### Poster Presentations

- De Vos L, Mudau M., Olivier D., Mkwazazi E., Klausner JD., Sweetland A., Wainberg M., Medina-Marino A. **Screening for Prenatal Depression among HIV Positive Pregnant Women Attending First Antenatal Care in Pretoria, South Africa.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Olivier D., Mudau M., Shamu S., Medina-Marino A., De Vos L., Joseph Davey D., Klausner JD. **Disclosure of STI Results and Intimate Partner Violence during Pregnancy among HIV-infected Pregnant Women in South Africa.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Joseph Davey D., Medina-Marino A., Mudau M., De Vos L., Olivier D., McIntyre JA., Peters RPH, Jeffrey D. Klausner. **Behavioural risk factors among HIV-infected pregnant women with a sexually transmitted infection in South Africa.** 9th International AIDS Society on HIV Science: Paris, France (2017)
- Mudau M., Medina-Marino A., De Vos L., Olivier D., Joseph Davey D., Peters RPH., McIntyre JA., Wang X., Klausner JD. **High prevalence of asymptomatic sexually transmitted infections among HIV-infected pregnant women in South Africa.** STI & HIV World Congress, Rio de Janeiro, Brazil (2017)
- Mudau M., Medina-Marino A., De Vos L., Olivier D., Joseph Davey D., Peters RPH., Adachi K., McIntyre JA., Wang X., Klausner JD. ***Chlamydia trachomatis*, *Neisseria gonorrhoeae* and *Trichomonas vaginalis***

**colonisation among HIV-exposed neonates in South Africa.** STI & HIV World Congress, Rio de Janeiro, Brazil (2017)

- Joseph Davey D., Medina-Marino A., Mudau M., De Vos L., Olivier D., Peters RPH., McIntyre JA., Klausner JD. **Risk factors associated with sexually transmitted infections among HIV-infected pregnant women in South Africa.** STI & HIV World Congress, Rio de Janeiro, Brazil (2017)
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- Price C., Olivier D., de Vos L., Ngwepe P., Mudau M., Steyn J., Biundo A., Peters RPH., Kock MM., Medina-Marino A., Klausner JD. ***Trichomonas vaginalis* in human immunodeficiency virus-infected pregnant women: prevalence, detection, and application of PCR cycle-threshold values.** STI & HIV World Congress, Rio de Janeiro, Brazil (2017)
- Kojima N., Mudau M., Joseph Davey D., Feucht U., Peters RPH., De Vos L., Olivier D., Mkwazazi E., McIntyre JA., Klausner JD., Medina-Marino A. **Neonatal incidence of *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis* at time of delivery among HIV-infected, pregnant women in South Africa.** AIDS Impact 13th International Conference, Cape Town, South Africa (2017)
- Jansen A., Mkwazazi E., Bezuidenhout C., Bezuidenhout J., Ngwepe P., Kodi KE., Mawarire RM., Shamu S., Medina-Marino A., Murry K., Burke H. **The impact of implementing Monitoring and Control Systems on data quality and the Triple Bottom Line: Finances, Human Resources and Society.** International Conference on AIDS and STIs in Africa, Abidjan, Côte d'Ivoire (2017)
- Mawarire RM., Bezuidenhout J., Kodi KE., Jansen A., Ngwepe P., Shamu S., Medina-Marino A. **Effectiveness of using a electronic data collection tools to track and retain youth participants in a randomized control trial.** Public Health Association of South Africa (PHASA)

Conference, Johannesburg, South Africa (2017)

- Shamu S., Nkhwashu N., Fairai T., Goluba G., Mudau M., Kuwanda L., Johnson S. **Couple Testing in Community HIV Testing Services in 13 districts in South Africa.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Lammie S., Paul S., Medina-Marino A., Olivier D., Dugan S., Wainberg M., Sweetland A. **Assessment of mental health care services provided in 10 TB treatment clinics in Buffalo City Metropolitan municipality, South Africa.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Kweza PF., Paul S., Dugan S., Carlson C., Mootz J., Wainberg M., Suglia S., Temmerman M., Shamu S. **Reasons for partner non-disclosure of HIV status during antenatal care (ANC): Primary Health Care providers' perspective in Nkangala District, South Africa.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Bosman A. **Improving maternal and infant survival through ESMOE training.** South African Association of Health Educationalists (SAAHE) Potchefstroom, South Africa (2017)
- Makgoka G, **From the best clinical practice to the most appropriate practice for facilitators of short courses in HIV/SIDS, TB and STIs.** South African Association of Health Educationalists (SAAHE) Potchefstroom, South Africa (2017)
- Makgoka G, **Improving the rollout of ARVs through NIMART training for professional nurses.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Schoeman R, Jordaan S, Erasmus Y, Slaven F, **Rapid assessment and gap analysis for post-violence case service provision at public health facilities in two South African provinces.** Public Health Association of South Africa (PHASA) Conference, Johannesburg, South Africa (2017)
- Bosman A, Makgoka G, Pillay V, Venter E, Louwrens C, **Training public sector emergency medical staff to deal**

**with obstetric emergencies.** Public Health Association of South Africa (PHASA) Conference, Johannesburg, South Africa (2017)

- Louwrens C, Klapwijk J, **Evaluation of the Ward-based Outreach Teams in Capricorn, Tshwane and Nkangala.** Public Health Association of South Africa (PHASA) Conference, Johannesburg, South Africa (2017)
- Schoeman R, Jordaan S, Slaven F, **Services delivered by NGOs at Thuthuzela Care Centres: Increasing service delivery capacity.** Public Health Association of South Africa (PHASA) Conference, Johannesburg, South Africa (2017)
- Louwrens C, **Internal consistency and exploratory factor analysis of the Subjective Career Success Inventory.** South African Association of Health Educationalists (SAAHE) Potchefstroom, South Africa (2017).
- Bosman A, Stephen R, **Using Adherence Clubs to support ARV adherence and the 90:90:90 targets.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Schoeman R, Jordaan S, Slaven F, **NGO involvement at Thuthuzela Care Centres: lessons learned.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Bosman A, **Appointing General Practitioners to strengthen HIV care in the NHI pilot districts.** 8th South African AIDS Conference. Durban, South Africa (2017)
- Johnson S, Thuthuzela Voices: **Findings and recommendations from a pilot project using an anonymous e-governance survey tool on a USSD mobile phone platform to report client satisfaction at governmental post-rape services in Tshwane district, South Africa)** 8th South African AIDS Conference. Durban, South Africa (2017)
- Mahlalela N, **Feasibility and acceptability of a mobile phone intervention to improve post-rape service delivery in South Africa.** SVRI Forum Rio Brazil (2017)

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## FPD Staff Award 2017

In 2017, 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

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.

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 five times on a specific programme during the course of the year.



Sr Martha Thomo - Nkosi

Sr Thomo - Nkosi taught on various clinical short courses which included FPD's range of Counselling courses. She achieved an overall average rating of 4.89 out of 5 and taught a total of 10 times during 2017.



Mrs Lucia Huyser

Lucia facilitated on the Introduction to Financial Management Module which form part of the Higher Certificate in Management and the Financial Management module of the ACHM. She facilitated seven times during 2017 and her overall average rating was 4.85 out of 5.

### FPD Emerging Researcher Award



Mr Maanda Mudau

As an academic institution, FPD is committed to contributing to new knowledge through research. During 2017, Maanda's research outputs equated to one peer reviewed publication, one oral publication and three poster presentations ensured that he walked away with the FPD emerging researcher award. The FPD Award for Emerging Researchers is awarded based on an external evaluation by leading South Africa scientist.

#### Award for Excellence in Community Engagement

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



Mr Paul Mothotse

Paul has served his community through regular interaction with people we were working with, tribal authorities and other local CBO's. He always ensured that we, CBCT as a district team, honour bookings we had and always rendered health presentations as requested by external parties. He has been given some good feedback from his presentations as he would be requested to perform his presentations at different levels. He has partnered with Limpopo Premiers Office, Public Works, SA Post Office, Anglo Platinum Mine, Polokwane Municipality, ESKOM, Thakalang CBO and they recognised his engagement in the community.

#### Values Award

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.



Ms Elizabeth Masuku

Elizabeth is always prepared to walk the extra mile. She has diligently followed up on outstanding issues and kept to time-lines and target dates. She is cognizant of the extreme pressure of the USAID environment and has assisted to alleviate the pressure by attention to detail, meeting of deadlines and consistently doing the tasks requested of her, within or out of her scope of work.

#### Innovation Award

The FPD Innovation award recognises a staff member who introduced an innovation that changed what or how FPD does things.

Candidates are nominated by staff and the winner is identified through a voting process.



Dr Gustaaf Wolvaardt

Gustaaf is a leader who practices and lives all the FPD values, however, upon reflection, I believe that it is within the innovation framework where he excels. FPD's history is one of humble beginnings, a small department within an established

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organisation. It is through sheer innovation coupled with strong leadership that he has grown FPD to the point where it has earned an impeccable reputation of being front runners in its own right. Gustaaf has demonstrated how innovation changes and improves a current standing of an organisation, this has led to increased employment and longevity in all its business areas. "Business as usual" is not a term used by FPD employees, he has taught us that nothing can be usual, we have to improve and innovate, it is the unusual that succeeds.

### **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. Internal promotion, based on staff development, has always been part of this culture.

Support were also rendered to conference participation and short course attendants.

During 2017, FPD supported 492 pharmacy assistant learnerships.



## FPD Affiliates



### Africa Health Placements (AHP) 2017

#### The Problem

Lack of doctors and poorly functioning hospitals result in poor health outcomes.

#### The Solution

Keeping this front of mind, AHP underwent a transformation in 2017. AHP continues to work to get doctors into hospitals – its primary focus of the past 12 years that has seen over 4,200 health workers placed. However, as of 2018, the organisation will not just place and replace doctors, but will also offer a “global health experience” support programme to equip these doctors and their colleagues to improve the functioning and culture of health facilities.

#### The Model: AHP Global Health Experiences

AHP’s global health experience offers three tracks:

- improving clinical competencies for practicing in underserved environments
- supporting doctors to act as agents of change from within the system; and
- networking and lifestyle opportunities to strengthen the resilience and the experience of doctors who serve the underserved.

This support platform makes the services of a number of expert organisations in this field available to doctors – such as FPD’s clinical short courses, the Rural Doctor Association of Southern Africa’s annual conference, and more. AHP has also packaged its own proprietary material on leading a patient-centric culture and managing health teams for the benefit of

participating doctors.

Going forward, facilities receiving AHP doctors should see improved clinical outcomes, higher functioning systems and improved retention of higher functioning teams.

Participating doctors will receive an “AHP Global Health Fellowship” certificate, a transcript of all work completed in all three of the aforementioned tracks, as well as a reference letter to assist with their future careers.

AHP’s new approach also positions the organisation to charge doctors a fee for the experience provided. Combined with the philanthropic support that it already receives for its work, the organisation is well positioned to scale up in the coming years.

#### Replication and then Scale

In 2017, AHP grew the number of countries in which it has made placements to six across Africa: South Africa, Swaziland, Lesotho, Malawi, Kenya and Tanzania. AHP is in discussion with partners in Zimbabwe, Zambia and Uganda to do the same in 2018. An African expansion strategy is central to the organisation’s expansion plans.

Within South Africa, AHP is exploring how it can take the same platform offered to its placements and adapt it to the needs of other doctors transitioning into practicing in underserved environments. This includes Community Service Officers, as well as South Africans who have studied medicine abroad and are returning home. Furthermore, AHP is exploring establishing joint ventures and subsidiaries in wealthier markets (such as in the US) to do the same.

AHP is also taking one element of its offering – how to create a patient-centric culture – and, as part of the PEPFAR programme, working to implement this across all Ideal Clinics in South Africa.

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## Key Results and Impact

Since 2006, AHP has placed over 4,200 health workers (mostly doctors) in six countries. Each doctor has been employed and salaried by a local health provider and has had an average length of service of over 2 years. These doctors have conducted over 34 million consultations with patients in underserved (mostly rural) settings.

However, doctors are more than clinicians. Although they are trained as technical experts, they are expected to lead the facilities in which they work, coordinating teams of people, resources, equipment and systems. AHP doctors are no different. For example, an AHP doctor working in a paediatric ward in a rural KZN hospital implemented an observation chart for early detection of the deterioration of patients. This reduced paediatric mortality in the ward by 75% over 6 months.

AHP is capturing the essence of such interventions in its global health experience support.



## Pioneering Solutions Studio (Previously Medical Practice Consulting (MPC))

At Pioneering Solutions Studio (Pty) Ltd (PSS), 2017 was a year of investing in the future. Strategic investments were made in association with GluePlus Africa (Pty) Ltd (GPA) (a sister company of PSS), through the incorporation of group companies to ensure the long-term sustainability of software and innovation projects in the larger FPD Group. PSS also made significant investments in the development of a second generation Professional Development Platform “Gecko”, which will see numerous industries enter the world of online professional development in 2018 through a scalable, cloud-based technology solution.

### 2017 Highlights: Strategic incorporation of PSS group companies

PSS and GPA partnered with Right to Care NPO (RTC) to bring developing countries a turnkey solution in clinical and health management software. All health, non-educational related software developed by PSS,

GPA and RTC has from August 2017 been available under the Qode Health Solutions (Pty) Ltd (Qode) brand. Qode has rapidly expanded during quarter 3 and 4 of 2017 to offer solutions in four developing countries outside of South Africa.

- **The Foundation for Sustainable Innovation (Pty) Ltd**

The Foundation for Sustainable Innovation (Pty) Ltd (FSI) is a company that was incorporated between PSS, GPA and other strategic partners to offer a home to innovative projects that would require the support of software houses to flourish. Through this initiative, FSI in association with FPD, launched a Code Academy during October 2017 which will see thousands of young Africans gain access to Microsoft® Certifications. The FSI/FPD Code Academy is a certified Microsoft® Dreams Academy and will start 2018 by offering over 11 international Microsoft® certifications to bright young minds.

- **Property Skillz Invest 108 (Pty) Ltd**

PSS Group needed to provide a working environment that is conducive to collaboration, innovation and all things creative to ensure the maturation of investments made during 2017. Property Skillz Invest 108 (Pty) Ltd (PSI), a property company, was incorporated for this purpose. Yet another successful venture between PSS, GPA and other strategic partners, saw the acquisition of our first office building in the Old Farm Office Park in Faerie Glen, Pretoria. At the date of this report, further investigations were already underway to acquire a further two office buildings in the Old Farm Office Park to support the rapid growth of PSS, Qode and FSI.

## Launch of the Gecko Professional Development Platform

The Medical Practice Consulting (MPC) Online Medical Education Platform was modularised, optimised for advanced cloud-hosting integration and re-developed on a Microsoft® technology stack to a standalone Professional Development Platform that can now be rapidly deployed across multiple professional industries. Generation II of our Professional Development Platform has been dubbed “Gecko” and will

be rolled out during 2018 to support the development of professionals in the following industries:

- Financial Services Industry (finEDonline);
- Veterinary Sciences (vetEDonline);
- Natural Sciences (natEDonline) and
- Sports Sciences (sportsEDonline).

The expansion of Gecko will see PSS' client base of 26,000 healthcare professionals grow to a multi-profession client base which is expected to double during 2018.



### Health Science Academy (HSA)

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

The pharmacy workforce is a critical part of any health system, and planning for an adequate South African pharmacy workforce is important if high quality pharmaceutical services are to be delivered to the whole population. This includes the production of pharmacists and pharmacy support workers, and the optimal use of existing pharmacy personnel. It is estimated that there are 14,522 pharmacists in South Africa and an additional 820 who are presently serving their community service year.

All areas of pharmacy practice in the country report shortages: community, hospital, industry, and academia, with vacancy rates for pharmacists of up to 76% reported in the public sector in one province.

Due to the shortage of pharmacists, pharmacy mid-level workers, mainly pharmacist's assistants, play an important role in the provision of pharmaceutical services in the country. The South African Pharmacy Council's vision for 2030 include 24,000 pharmacists and 22,000 pharmacy support personnel being registered and serving the health needs of South Africans.

It is estimated that there are presently 3,324 learner basic and 2,358 learner post basic pharmacist's assistants busy studying to achieve their qualification. The Pharmacy Council is presently finalising the curriculum for the inclusion of the qualifications for pharmacist's assistants at NQF level 4 (basic) and NQF level 5 (post-basic) as part qualifications into Pharmacy Technician (PT) at NQF level 6. HSA is well placed to provide the requisite training with the assistance of FPD for NQF level 6 education.

### Expertise and Services

- Pharmaceutical Sector Training

More than 1,500 learners were active in the National (basic) and Further Education and Training (post basic) Pharmacist's Assistance programme. A steady increase in the number of learners was observed during the period under review. The termination date of the course has also been extended by the South African Pharmacy Council and QCTO until 30 June 2019, with the teach-out period ending 30 June 2022.

As pharmacists are now allowed to provide HIV self-testing kits to patients, HSA has completed a course to provide the necessary information to pharmacists to meet the legal requirements for the provision of these tests.

- Dispensing for Healthcare Professionals Course

This course is based on the recommended standard for the dispensing course for prescriber's in terms of Act 101 of 1965 as amended, which was developed by the South African Pharmacy Council, in consultation with the other statutory health councils. Licensing with the relevant authority as a dispensing healthcare professional can only take place once the certificate is awarded. There is a notable increase in the number of nurses who enroll for the Dispensing course, which consists of four days of practical training and one day for assessments and practical exams. Doctors follow a distance course to address the theoretical aspects and then attend contact assessment sessions in different centres around the country.

- Industry Courses

Industry courses include Medicine Registration in South Africa, Good Manufacturing Practice (GMP) as well as immunisation and injection techniques.

The Medicines Registration Course has been fully updated to the latest requirements and guidelines of the Medicines

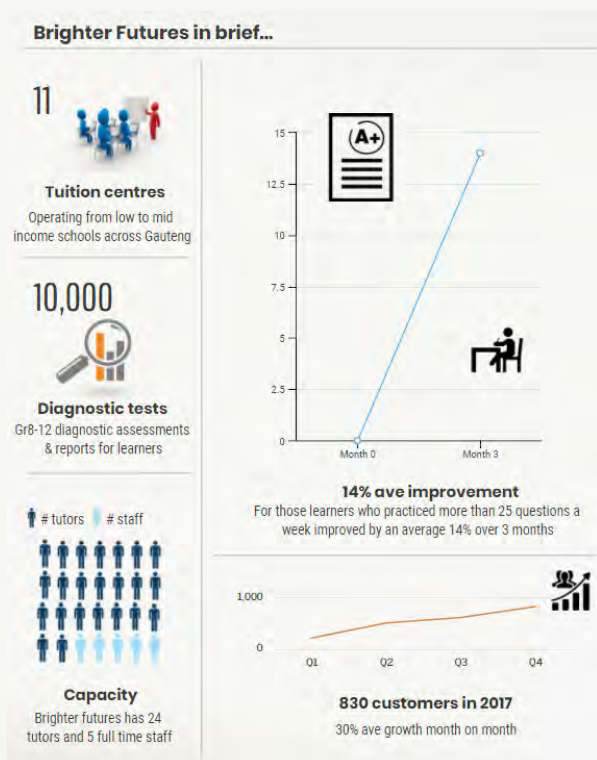
Control Council including the most recent views on devices and complementary medicines. It also includes the changes to the regulations of Act 101 of 1965 recently published. The target audience has been expanded to include the regulatory assistants as well.

HSA also addresses the needs of the Quality Assurance personnel within the pharmaceutical industry with a distance course named Quality Management Systems (QMS), as well as a course covering the writing and maintenance of Standard Operating Procedures (SOPs).

An exciting new course has been introduced addressing the practical aspects of bio-availability and bio-equivalence.



## Brighter Futures Tuition



In South Africa only 44% of matrics wrote maths in 2016 and of those, only 51% passed. Yet we have a chronic shortage of skills like engineers and technicians and a 25-30% unemployment rate, 70% of whom are youth. This mismatch of demand and supply attests to some of the problems we

face in the education system. Research shows that learning gaps that begin in the early years of schooling compound into larger learning deficits as learners progress through the system. Unless these gaps are addressed as early as possible, learners will not be able to master key maths (or other) skills, which then means that many learners are unable to access decent career opportunities.

Brighter Futures aim to change this by providing an affordable (~R300/month), technology-driven extra maths programme – to improve learners’ maths (and in future other subjects) results so that they can access better tertiary and career opportunities. Grade 8-12 learners attend our classes to get support from our tutors and practice extra maths questions on our Everythingmaths website, which they can access for free at home as well. Parents get regular feedback on their child’s progress via sms or email.

Brighter Futures partners directly with low-to-middle income schools so that we can work closely with the maths department to target the key maths gaps that we and the schools are identifying.

Brighter Futures tuition sessions are conducted in a small group setting of 10 learners. Learners bring or borrow a mobile device to their session to practice maths exercises using “Intelligent Practice ©” technology which enables each learner to work at their own pace and level of understanding. The technology’s ability to adapt the level of difficulty of each question for each learner is unique and helps to build learners’ confidence and motivation. Our young dynamic tutors, mostly 3rd year engineering, actuarial, teaching and business students, are on hand during the session to target their support where learners need it most.

### 2016 & 2017 Highlights:

- We opened 11 new centres, operating within our partner schools: Athlone Girls High; Dowerglen High; Birchleigh High; Midrand High; Rand Girls School; Florida Park High; Maryvale College, Curro Thatchfield, Glenvista High and recently Mcauley House.
- We have achieved over 30% average growth over all 11 centres in 2017, with over 800 customers in total by end of the year.
- We have provided indirect support through diagnostic maths assessments to over 10,000 learners across Gauteng.

### 2016 & 2017 Highlights:

- Those learners who have practiced regularly on our programme (25+ exercises per week) have improved by over 14% within 3 months.
- Some feedback from our customers directly:

Vanie from Kempton Park

Karabelo joined Brighter Futures in May and her interest in maths is now much greater than before. I see the improvement in the June exams already.

Sibusisiwe from Athlone Girls

Privilege went from 25% in her June exam to 75% in October cycle tests. I think it was a combination of hard work from Privilege and the tutor's support. Thank you!

Maureen from Edenvale

Kamo went from 38% in June to 76% in his October test. I cannot thank Brighter Futures enough! Kamo really enjoys Maths now, and is looking forward to taking Grade 10 pure maths.

### Our plans for 2018

- To open another ~10 centres in middle income schools in Gauteng.
- To sell our diagnostic assessment tool to schools for all learners and all grades. This diagnostic tool will provide detailed individual reports with insights into each learner's gaps and weak areas across the curriculum, with suggested remedial actions based on each learner's gaps. A class report that identifies the gaps for the learner cohort, along with suggested remedial actions that will provide teachers with a sense of what areas to focus on.
- To use the diagnostic results to build targeted interventions or "bootcamps" that focus on specific weak areas identified in the centres we operate in. For example we've developed a Grade 8 bootcamp that targets multiplication, factors, fractions and spatial understanding gaps where learners have not mastered content and concepts from Grade 3-7 (primary school).



### PPO Serve

#### Introduction

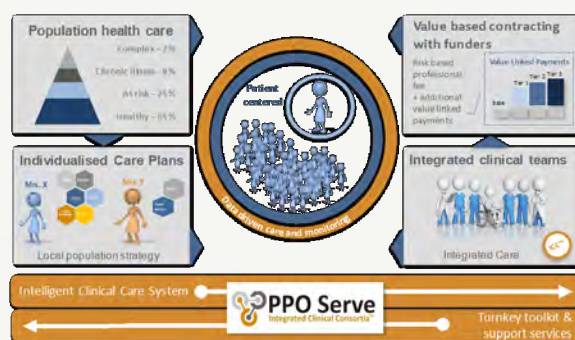
PPO Serve (Professional Provider Organisation Services) is a company that creates new local healthcare systems that work for both patients and doctors, with the aim of making quality healthcare more affordable and accessible to all South Africans. Private healthcare is becoming increasingly unaffordable for the majority of South Africans. This is due to a fragmented service model and the absence of remuneration models that fund value.

PPO Serve develops multidisciplinary teams, called Integrated Clinical Consortia™ (ICC™), which provide comprehensive healthcare in systems for the people they serve. This population medicine approach can transform the private healthcare system into one that can treat far more people at a much lower cost. The ICC™ teams are owned by the working clinicians, with PPO Serve supplying the support services and easy to use toolkits and an IT system to enable them to work together in teams. The healthcare IT system is called the Intelligent Care System, and is a patient-centric individual management system with clinical workflow processes that enables a clinical team to manage a patient according to the patient's specific needs and based on one consolidated Care Plan. The result is consistent documentation and standardisation of care to comply with best evidence based practice.

#### How do we achieve this?

The methodology is based on four pillars, supported by intelligent technology and management tools:

### PPO Serve Methodology



PPO Serve Methodology

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- Integrated Multidisciplinary teams  
 The ICC™ is an integrated clinical teams that is owned and managed by the working clinician. Production is vastly improved in terms of both quality and costs because of organised, supported teamwork with standardised procedures and data driven continuous improvement. Work life balance is also much improved.
- Population Value based contracting  
 Funding in a Value Contract replaces “fee for service” reimbursement where clinicians must work and earn alone, and compete with other clinicians with whom they ought to be collaborating. Medical Schemes pay clinicians in teams based not on the quantity of services provided but instead on evidence based process improvements, patient satisfaction and quality outcomes.
- Population healthcare  
 Enrolled local patient populations are linked to the team, who take accountability for their care and get rewarded for excellence. The team focus is to be concerned with promoting good health status; identify and manage high risk patients and undertake projects to address local issues.
- Individualised care plans  
 Patient-centred care is based on proactive care plan customized for their needs and preferences. Protocols are evidence based, and tasks are role specified in systematic work flow that tracks, monitors and alerts; resulting in quality outcomes.

These pillars are enabled by an Intelligent Care System and turnkey management and operational support. The methodology leads to better care for populations, more satisfactory experience for individuals and for clinicians and is more affordable. PPO Serve offers a solution that delivers quality care because the clinicians are in control.

The methodology manifests in a number of different products shown in the illustration.

## PPO Serve Products



**All products are designed for high quality at low cost using the PPO Serve methodology**

PPO Serve Products

Population healthcare products focus on providing ongoing care for a population in a specific geographic region. Examples include the Alberton Pioneer ICC™ that currently offers care to members of Discovery Health and Keyhealth Medical Schemes. The team includes a multidisciplinary team of GPs, and consulting specialists including physicians and paediatricians; and associate allied healthcare professionals including social workers, OTs and physiotherapists. The ICC employs a Clinical Director and nurse-care coordination nurses. The team remuneration is linked to the value they produce for the scheme’s population.

The GP Care Cell is a donor-funded project that offers a one-stop-shop for working HIV patients who currently do not access care through government clinics.

Episode Care products provide holistic services for a defined episode of care, such as maternity. The Birthing Team offers an end-to-end package that covers antenatal visits, the birth and 6 weeks follow up, for a fixed all-inclusive amount for women without medical aid.

During the product development process, software products have been developed to support PPO Serve projects. Where feasible, these are commercialised as standalone entities. This includes the Intelligent Care System, and an episode grouper (jointly developed with Insight Actuaries) that can be used to analyse clinical claims and summarise clinical information.

### Highlights for 2017

- Alberton Pioneer ICC™ successful first 18 months of operation with the first value contract payment due.
- The GP Care Cell product is in development within the Tshwane Metro, with a planned launch once the Gauteng Health Department gives final approval.
- The first Birthing Team was launched on the 22 June 2017 at the Netcare Rand Hospital in Johannesburg Berea; the second Birthing Team was launched on the 26 October 2017 at the JMH City Hospital in Durban Berea. The third and fourth Birthing Teams are in development and will be launched in 2018 in Pretoria and Cape Town
- An episode care product has been developed for Wits Donald Gordon MediClinic (WDGMC) in their Surgical Transplant unit.
- The Intelligent Care System has been fully deployed in The Birthing Team and the GP Care Cell products, and will be implemented in Alberton Pioneer ICC™ and WDCMC before the end of this year. Discussions with Qode are underway to include it in the services available to Pefpar projects in sub-Saharan Africa.
- Episode Grouper now fully developed and marketed with the first paying clients projected for January 2018.



### Glue Plus Africa (GPA)

For GluePlus Africa (Pty) Ltd (GPA), 2017 is highlighted as a year of strategic alignment with technology and innovation projects within the greater FPD Group. GPA's corporate strategy and course was set as that of a boutique investment house in health and social innovations, with a primary focus

on technology-driven solutions. Strategic investments were made in association with Pioneering Solutions Studio (Pty) Ltd (PSS) (a sister company of GPA), through the incorporation of group companies to ensure the long-term sustainability of software and innovation projects in the larger FPD Group.

### Highlights for 2017

- **Qode Health Solutions (Pty) Ltd**  
GPA and PSS partnered with Right to Care NPO (RTC) to bring developing countries a turnkey solution in clinical and health management software. All health-related software developed by GPA, PSS and RTC has from August 2017 been available under the Qode Health Solutions (Pty) Ltd (Qode) brand. Qode has rapidly expanded during quarter 3 and 4 of 2017 to offer solutions in four developing countries outside South Africa.
- **The Foundation for Sustainable Innovation (Pty) Ltd**  
The Foundation for Sustainable Innovation (Pty) Ltd (FSI) is a company that was incorporated between GPA, PSS and other strategic partners to offer a home to innovative projects that would require the support of software houses to flourish. Through this initiative, FSI in association with FPD, launched a Code Academy during October 2017 which will see thousands of young Africans gain access to Microsoft® Certifications. The FSI/FPD Code Academy is a certified Microsoft® Dreams Academy and will start 2018 by offering over 11 international Microsoft® certifications to bright young minds.
- **Property Skillz Invest 108 (Pty) Ltd**  
GPA needed to provide a working environment that is conducive to collaboration, innovation and all things creative to ensure the maturation of investments made during 2017. Property Skillz Invest 108 (Pty) Ltd (PSI), a property company, was incorporated for this purpose. Yet another successful venture between GPA, PSS and other strategic partners, saw the acquisition of our first office building in the Old Farm Office Park in Faerie Glen, Pretoria. At the date of this report, further investigations were already underway to acquire a further two office buildings in the Old Farm Office Park to support the rapid growth of the FPD Group.

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## Maurice Kerrigan Africa

### Company Overview

Maurice Kerrigan Africa consistently delivers to our clients the highest level of quality and service excellence in training interventions. Our learning solutions are unique and practical. Unique because we studiously apply building blocks of learning in a measured process. Practical in that we always integrate our interventions with your organisational needs, culture, style, and processes and procedures.

We follow the integrated approach because history, and our own experience, has confirmed that short skills training works best when delegates recognise the context and are able to relate what they are learning to scenarios that take place in the workplace. Also, learning is cemented when delegates are easily able to practice behaviours and skills in a context similar to their workplace.

Our vision and mission reflect our passion for achieving successful training interventions and making a real difference in the skills and lives of people attending our programmes.

- **What we do**

Develop excellent communication skills that give people confidence and skills to address others with clarity and poise so that they are perceived as competent, confident, trustworthy and approachable.

Develop effective intra- and inter-personal skills, to create strong, self-assured individuals who are motivated and ready to do their best. Also, develop relationship building skills that make for positive perceptions about you and that lead to great teamwork and contribution efforts. Well-crafted and purposeful interpersonal communication makes a difference internally and externally with your customers and suppliers and therefore quality written and face-to-face communication has become a much sought-after commodity in the modern business environment. Interactions must be purposeful rather than a default activity. Our skills courses guide delegates to understand and implement best practice standards in communication skills and intra-interpersonal skills.

Develop leadership skills among supervisors, managers and business managers, that accelerates their ability to build trust among others, empower strong teams and grow business networks within and around their organisation. These leaders will develop a mind-set that allows new leadership styles to emerge in your organisation. We help leaders to grow as strong, authentic individuals who can create vital teams that align to the purpose of your organisation.

We have demanding clients who want to see measurable results and that is exactly the way we like it. This philosophy has led to long term partnerships with all our clients. Our uncompromising commitment to measurable results and quality in all we do, coupled with our sensible and practical approach to any implementation challenge, is, we believe, what makes us unique and ensures you a return on your investment.

We will customise the content of any of our programmes to suit your specific requirements. Such dedicated company programmes would incorporate your unique company and individual needs. This approach affords you and your team the benefit of being able to reference and contextualise skills in your environment and address specific challenges.

During the past financial year, the company performance has remained stable and we look forward to a year of growth in 2018.

### Key products delivered during 2017

#### Effective Speaking & Presentation skills

The ability to present is an enormous benefit in the workplace. Presentations help us to make compelling, persuasive arguments more effectively than any other communication tool at our disposal. Presentations give you time and room to make your case and, with help from your voice, face, and gestures, convince people that they should respond to your call to action. A well-crafted presentation achieves audience impact despite the multitude of distractions you are competing with.

During our Effective Speaking & Presentation skills programme, we examine in detail the use of key communication elements that enable the creation and delivery of high impact presentations and speeches. This programme deploys a highly evolved and practical learning solution which ensures that you will become the most effective presenter you can be, by discovering and cultivating your own natural speaking style.

## The Sales Professional

Your organisation relies on a sales team of talented humans who are faced with extraordinary challenges daily. Their challenge is to develop skills to build trust and ability to communicate authentically so that good relationship management takes place and clients lean toward a decision in favour of your product or service. In today's marketplace people buy from people they can build relationships with, so you need to have the skills to make the right impression, seal the deal and live the values of a sales professional.

As a sales professional, you are responsible for the generation of income for the business. It is within this context that, for the duration of this programme, we will provide the critical skills to enable you to deliver on expectations.

## Personal Mastery and Emotional Intelligence

The ability to manage oneself appropriately and proactively in all circumstances can lead to success in all spheres of life. A high level of self-awareness and management of emotions in an intelligent and powerful manner, i.e. self-mastery, can optimise individual performance and relationships with others. It is about being proficient in relating to others in meaningful ways and being able to capitalise on relationships by enhancing motivation, inspiration, collaboration and influence.

This programme is intense and emotionally demanding and will require you to engage in honest introspection and to open your mind to a new, revitalised and focused mode of thinking. Our goal is that this programme will leave you energised and inspired to move forward towards your goals with a more positive and enlightened approach to your life.

## Coaching for Performance

The single most important performance enhancing skill any leader-manager can practice, is coaching. Coaching is the catalyst to achieving breakthrough performance through people

Our Coaching for Performance programme develops a clear understanding of the processes, benefits, pitfalls and

criteria for effective coaching. The coaching tools provided in the toolkit are utilised in personal coaching during the programme, so that each delegate experiences the use of, and growth from, application of different tools.

## Service Excellence

Service excellence is an attitude and it begins and ends with your people. Therefore, it requires more than a streamlined customer service department or a slogan on a wall poster.

Our Service Excellence programme develops among your team members the attributes, attitudes and skills aligned to those of a service champion. Delegates will improve their skills and techniques to connect and build rapport with customers and clients. The ability to regulate and manage behaviour during service interactions results in a balance between assertiveness and responding appropriately to ensure that both the customer as well as the organisation's needs are met.

## New Product Launches – 2018

### The Social Innovator

The ability to work effectively in today's world of work requires different approaches to problem solving and making decisions. This programme is designed for people working in organisations that are moving forward, and developing to fit the modern economy. Key outcomes will be that delegates understand how to be a social innovator and effect real change on any scale. This programme will give delegates the practical tools and examples to do so. Delegates will understand how to work with interesting tools and methods to make an impact on intractable problems, and, to create and innovate alternatives that may diminish or mitigate these problems. Delegates will gain skills to enable them to harness diverse resources to make changes to these problems. Innovative and productive decision-making processes will be explored as well as how to put these to effect to make change happen.

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## Proposal Unit

### Proposal Unit

As part of FPD's continued ability to identify opportunities, the Proposal Unit serves to identify, coordinate and submit tenders and proposals to various agencies, both local and international. This allows FPD to diversify its sources of revenue and work flow.

The Unit provides the following services to FPD:

- Provides overall project management of the proposal development process
- Provides administrative support during the proposal writing process
- Reduces the workload of staff by assisting with research, proof reading and editing as well as providing templates and examples of well-written proposals
- Submits the final, professionally - presented proposals on behalf of the proposal development team.

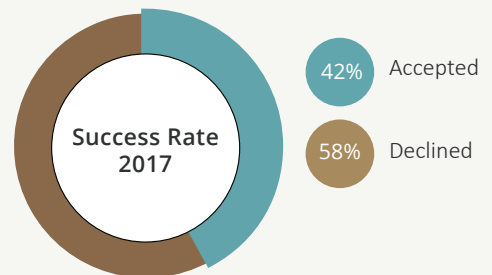
It is extremely important for any organisation to have good support services to succeed in their business.

At FPD our support services play a critical part in maintaining our operations and allow the organisation to deliver the highest quality service to our clients.

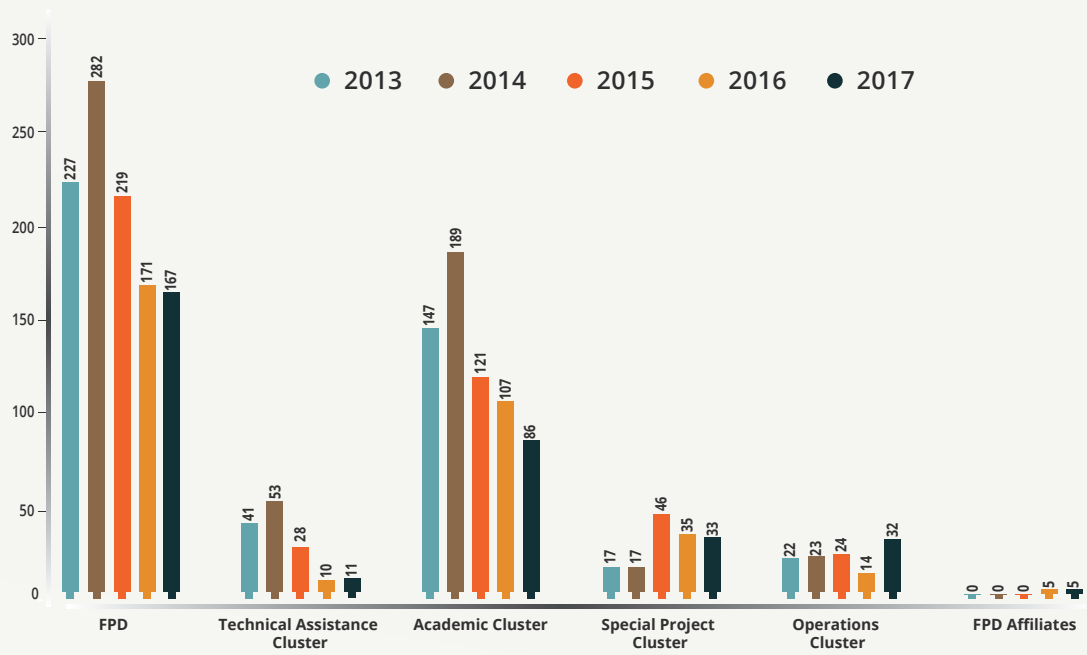
This year saw a downturn in the number of proposals submitted, influenced by the current climate within South Africa that has affected all areas of business. The Proposal Unit still managed to submit over 150 proposals. This is close to the number of proposals submitted in the previous year.

While not as successful as 2016, this year saw FPD's third best year in number of proposals accepted (this is over the last 5 year period)

As at the end of 2017, the Proposal Unit has submitted 167 proposals.



## Proposal 2017 Figures



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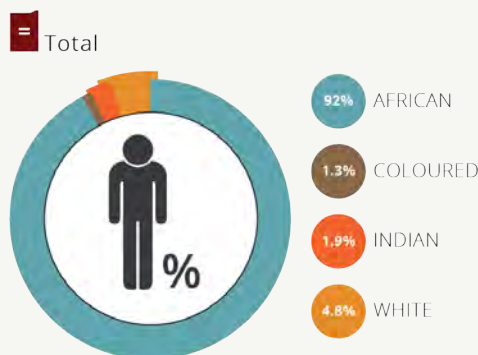
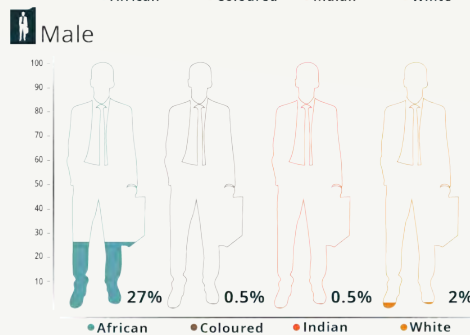
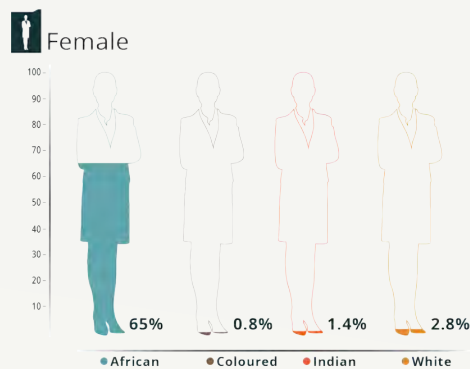
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# Human Resources Administration Department

HRA maintained excellent employment equity results during 2017.



FPD had an average of 1810 employees of whom 96% was from previously disadvantaged groups. The annual turnover rate was lower than 9%. A total of 53 employees received long service awards.

A total of 334 performance bonuses were paid

out with an average performance rating of 70%. Twenty-nine employees forfeited their bonuses due to disciplinary action that was taken against them. FPD was involved in five CCMA conciliation cases.

One hundred and thirty Head Office employees participated in the Wellness Day on 12 April 2017. Seventy-five units of blood were donated during the year.

The following external reporting was done:

- January 2017 - EE Report to the Department of Labour
- January 2017 - SkillSmart Quarterly Report for PEPFAR
- January 2017 - Statistics SA Quarterly Report
- April 2017 - Statistics SA Quarterly Report
- April 2017 - Workplace Skills plan to HWSETA
- April 2017 - Annual Training Report to HWSETA
- April 2017 - BBBEE Report to mPowerRatings
- May 2017 - SkillSmart Quarterly Report for PEPFAR
- July 2017 - Statistics SA Quarterly Report
- August 2017 - SkillSmart Quarterly Report for PEPFAR
- October 2017 - Statistics SA Quarterly Report
- November 2017 - SkillSmart Quarterly Report for PEPFAR

The HRA team is looking forward to implement the Sage X3 People HR Information System in 2018. Processes like the administration of recruitment, on boarding, performance management and training and development will be automated.



# Finance Department

The department is proven by a history of unqualified statutory and clean donor audit reports from inception.

FPD's Finance Department successfully manages the compliance and financial resources of various DONOR funded activities, including, but not limited to USAID, CDC, Global Fund and KFW Development Bank.

### Finance

2017 was the most successful financial year for FPD to date, diversifying revenue streams and maximising effectiveness.

Customised reporting modules were designed to process and match reporting requirements to relevant funders to effectively manage and report on large scale programmes in multiple currencies at flexible and required intervals.

The strength of the FPD finance department is proven by a history of unqualified statutory and clean donor audit reports.

The FPD Finance Department offers consultancy and support services, which include full financial processing, monthly reporting and payroll services to various companies and organisations. As part of these services, FPD provides:

Full pay-roll administrative functions on the National Department of Health's NHI pilot project in support of General Practitioner and Pharmacy Assistants



Full pay-roll administration function for the Deloitte Learner-ship programme in conjunction with the FPD SHIPS unit



Full scope of financial and pay-roll services to both commercial and NPOs



Pay-roll Administration services



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## Travel Bureau

Travel Bureau offers the most competitive rates, while remaining independent enough to pay personal attention to our client's travelers.



The Travel Bureau operates as a joint venture partner with XL Turners Travel, and is a self-funding business unit with the purpose of assisting FPD as well as external clients with travel management services.

The Travel Bureau specialises in corporate travel management and conference destination management solutions and is dedicated to ensuring our client's business gets the maximum value for their corporate travel budget. In collaboration with XL Turners Travel's powerful position in the industry, we are able to ensure that we offer the most competitive rates from air-lines, car rental companies and hotels while remaining independent enough to pay personal attention to our client's travelers.

The Travel Bureau offers the following services to FPD and external clients;

- Marine Travel
- Leisure Travel
- Travel Consultation and Advice
- Airline Reservations and Ticket Issue
- Hotel Reservations
- Car Rental Bookings
- Cruise Reservations
- Rail Reservations

- Coach Reservations
- Passport Assistance
- Obtaining Visas
- International Driving Permits
- Travel Insurance
- Foreign Exchange
- Preparation of Itineraries
- Frequent Flyer Management
- Incentives
- Group Travel
- Conferences
- After-Hour Services
- Document deliveries via courier service
- Travel Policy
- ISO 9001 Quality Control
- Management Reports
- Sales Support Service
- Individual Profile Management
- Supplier Corporate Agreements
- Theatre Reservations

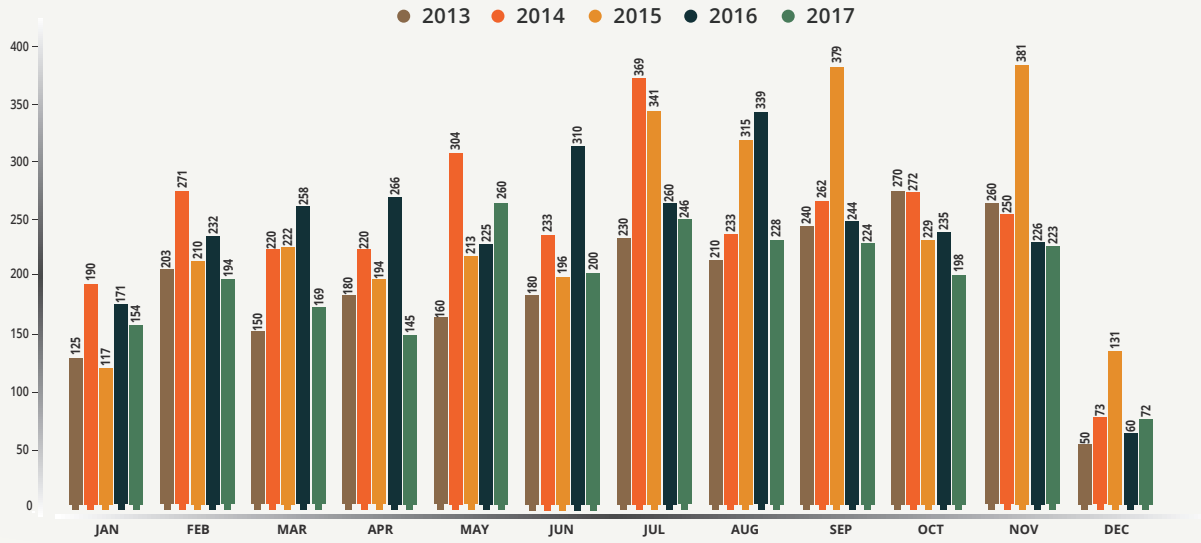
One of the biggest accomplishments for 2017 was the appointment of SAFRI as our newest client, for Travel Management Services. Since 01 June 2017, the Travel Bureau is SAFRI's official Travel Management Service supplier.

Another highlight of 2017 was being the in-house travel management supplier for the following conferences:

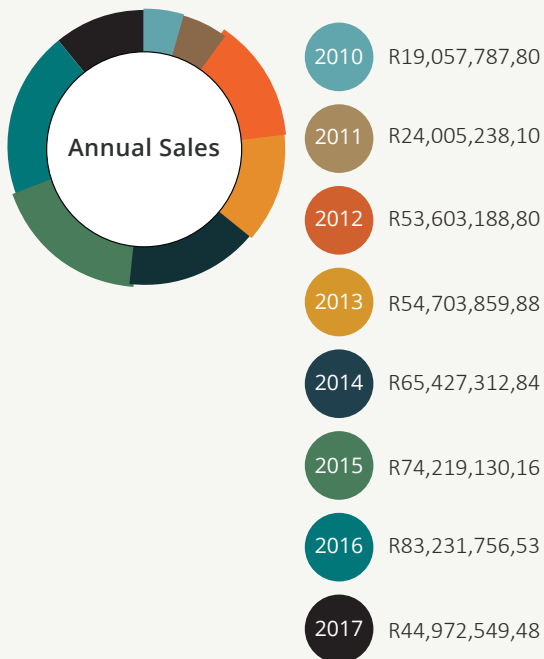
- 8<sup>th</sup> SA AIDS Conference, 2017
- 9<sup>th</sup> Child Trauma Conference, 2017
- HEAIDS Conference, 2017

In the year 2017, the Travel Bureau processed a total of 2,313 orders and had a total of R44,972,549.48 sales.

## Number of orders 2017



## Annual Sales 2017



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## Communication Department



### FPD COMMUNICATIONS

The Unit provides the following services to FPD and the FPD Group:

- Design and desk top publishing of all visual materials within FPD.
- Media liaison during conferences.
- Web administration for all conferences.
- Management and distribution of press releases.

More than 200 media representatives attended conferences securing television and radio interviews with various broadcasting networks.

### Conference Support

During 2017, the Communications Department was responsible for media liaison and media coverage during three conferences that took place during June. We, collectively, had over 200 media representatives attending these conferences and were able to secure television and radio interviews with various broadcasting networks to cover these events. Print and electronic media also covered the conferences substantially.



### Media Launches

MSD for Mothers Obstetric Emergencies SA Initiative  
 MSD for Mothers Obstetric Emergencies SA Initiative which aims to advance maternal and

infant survival by improving the quality of emergency care for pregnant mothers and/or new born babies during ambulance transit to health facilities.



Delegates: MSD for Mothers Launch

### GP Care Cell

The GP Care Cell, located in Atteridgeville, west of Pretoria, was launched by Gauteng Health MEC, Dr Gwen Ramokgopa together with the Foundation for Professional Development (FPD) and Professional Provider Organisation (PPO) Services. It aims to expand access to uninsured People and Adolescents Living with HIV who are currently missed by the public sector ART programme due to access-related barriers at public sector clinics. During the event Dr Gwen Ramokgopa said: “It is a project that can help us to reach more people as we look for the missing population in terms of prevention and treatment. This partnership can be used to build the model of national health insurance that all South Africans want.”

This event was covered, among others, by the Pretoria News, The Record and All Africa.



Delegates: The GP Care Cell

FPD was recognised by the Cambridge University Student’s Union, as one of the “Leaders in Learning”, in their publication *Innovation 800*, which tells the story of eight centuries of innovative thinking.

Featuring contributions from industry pioneers and commentators, as well as informative features, engaging insights and expert advice for students and alumni, *Innovation 800* connects students, innovators, educators, recruiters and the wider world of business.



Innovation 800



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## Strategic Partnership

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

These partnerships include:

### International



### CLINICAL CARE OPTIONS®

#### 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 among HIV providers around the world.

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.



Columbia University/ New York State  
Psychiatric Institute  
Columbia University Medical Center (CUMC)

provides global leadership in scientific research, health and medical education, and patient care. CUMC plays a leading role in global health issues, in particular, capacity building. In collaboration with The New York State Psychiatric Institute (NYSPI), CUMC and NYSPI provide world-renowned care and treatment, and conduct research in global mental health.

In 2017, FPD's Research Unit and NYSPI entered into a collaboration to support global mental health research and capacity development in five Southern African countries, including Botswana, Malawi, Zambia, Mozambique and South Africa. Funded through a major research grant from the U.S. National Institutes of Health, this 5-year project will support implementation science research in Mozambique that aims to assess different models of community mental health service delivery. This project will also fund pilot research teams from the five African countries to develop the capacity for implementation science research projects in their home countries.



### FHI360

FHI360 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 resulted in the “Comprehensive Community Based HIV Prevention, Counselling and Testing” and “Capacity Development and Support Programme (CDS)”. The CDS is a five-year award that aims to strengthen the organisational management, technical capacity and sustainability of local non-governmental organisations (NGOs) and South Africa Government (SAG) departments for an improved, expanded and sustained country-led response to HIV and AIDS. CDS is led by FHI360 and implemented with support from consortium partners, Foundation for Professional Development (FPD) and Deloitte South Africa.



ITH | Immune Therapy Holdings

### Immune System Regulation (ISR)

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.

The University of Manchester  
Manchester  
Business School



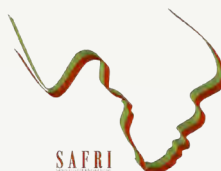
### Manchester Business School (MBS)

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 (since 1998) in offering an international management short course for health managers in South Africa.



### mothers 2 mothers

mothers2mothers is an NGO based in Cape Town, South Africa that helps to prevent mother-to-child-transmission of HIV and keep mothers healthy. mothers2mothers trains, employs and pays nearly 1,500 new mothers living with HIV in seven African countries to provide education and support to women just like themselves. These “Mentor Mothers” become professional members of health delivery teams - working alongside doctors and nurses to serve the needs of HIV-positive pregnant women and new mothers and to help fill the gaps in critically understaffed health systems. mothers2mothers currently reaches 20% 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).



### Sub-Saharan Africa-Faimer Regional Institute (SAFRI)

The Foundation for the Advancement of International Medical Education and Research (FAIMER) promotes excellence in international health professions education through programmatic and research activities. By working to advance health professions education in sub-Saharan Africa, SAFRI supports FAIMER’s mission of improving global health by improving education. The FPD joined forces with SAFRI in the curriculum development and Council of Higher Education (CHE) accreditation of the Post Graduate Diploma in Health Professions Education and Leadership. This qualification aims to develop suitably qualified leaders in Health Professions Education (HPE) to meet the increasing complexity of HPE in a fast and continuously changing educational landscape. It is in response to the increasing demand for individuals with specialized knowledge and leadership skills in order to best educate 21st century health professionals and ensure the quality of healthcare in Sub-Saharan Africa.

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## Global Health Institute

### University of California Global Health Institute

The UC Global Health Institute (UCGHI) is a UC-wide initiative that stimulates, nurtures, and promotes global health research, education, and collaboration to advance the University’s global health agenda. In 2016/2017, FPD’s Research Unit was selected as one of 20 partner sites across 17 countries to support global health research and to train the next generation of global health leaders. In this capacity, the Research Unit integrates medical and PhD students, as well as postdoctoral fellows into its research endeavours as a means to supporting their intellectual and scientific development.



### University of California Los Angeles (UCLA)

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.

Since 2014, FPD’s Research Unit has been collaborating with researchers at UCLA to develop and implement an STI screening programme of HIV-positive mothers with the aim of decreasing HIV transmission from mother to child. This project has proven fruitful - both in identifying and treating pregnant women for STIs and in scientific output. Work coming from this project is currently leading to the development of a five year research plan to improve diagnostic screening for STIs during pregnancy, and in informing global guidelines relating to the screening and management of STIs during pregnancy.

# Yale

### 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 1960s 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 organized 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 among members and improve relationships among 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.



### Africa Health Placements

AHP, an FPD and Rural Health Initiative joint venture, was established as separate, not for profit legal entity during 2012. AHP(NPC) and FPD will continue to collaborate closely on recruitment and retention of highly skilled health care workers AHP forms part of the consortium’s that are implementing the

NHI Pilot Project to ensure that Primary Healthcare Clinics have doctors on site and specifically focuses on recruitment.



#### Anova Health Institute

The Anova Health Institute is dedicated to improving health with particular emphasis on HIV. Anova is strengthening and supporting the public healthcare system through technical assistance. Providing capacity building, clinical expertise and facilitating health technology expansion. Anova and FPD's Epidemiology and Research Unit are working together to make significant contributions to the existing body of knowledge around HIV.



**THE AURUM  
INSTITUTE**

#### Aurum Institute

The Aurum Institute is a public-benefit organisation with over 19 years' experience in leading the response, treatment and research efforts to eradicate TB and HIV. Aurum has been working alongside government, the mining industry, among NGO's and in communities to better understand the epidemics to provide real solutions and to improve the health of people and communities living in poverty through innovation in global research, systems, and delivery. Aurum is part of a consortium of partners that are implementing the NHI Pilot Project to ensure that Primary Healthcare Clinics have doctors on site.



Imagine It Differently.

#### Broadreach

BroadReach has partners with governments, multinational health organisations, donors and private sector companies in more than 20 countries to improve the health and wellbeing of underserved populations. BroadReach was until September

2017 part of a consortium's of partners that are implementing the NHI Pilot Project to ensure that Primary Healthcare Clinics have doctors on site.



#### Careworks

CareWorks is a private HIV management company based in South Africa and is fully accredited with the Council for Medical Schemes in SA. CareWorks make a tangible impact, particularly in the workplace, on the degenerative effects that HIV & AIDS, as well as TB, have on individuals, organizations and South Africa as a whole. CareWorks is an implementation partner of FPD in the Programmatic implementation and Technical Assistance (TA) for HIV/ AIDS and Tuberculosis (TB) Prevention, Care and Treatment Services throughout the Health System in South Africa.



#### Centre for Communication Impact (CCI)

CCI is a South African not for profit company (NPC), established in 2004. CCI has expertise in applying communication and development theory, qualitative and quantitative research methods, organisational development and governance, and financial and grant management to achieve impactful and sustainable public health communication solutions. The organisation has extensive experience working in partnership with government departments, funders, civil society sectors, not-for-profit partners and the private sector to design, implement, monitor and evaluate award-winning and impactful national communication programmes. CCI is an implementation partner of FPD in the Programmatic implementation and Technical Assistance (TA) for HIV/AIDS and Tuberculosis (TB) Prevention, Care and Treatment Services throughout the Health System in South Africa.

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### ChildLine Mpumalanga

The Childline Mpumalanga (CLMPU) office was launched 13 years ago in 2003 to provide for the needs of children in Mpumalanga. The Childline toll free number operates 365 days a year. Childline provides telephonic counselling and where necessary and appropriate, links children with services they require for rescue and/or assistance in and around their areas. The organisation focuses its programmatic efforts on the most vulnerable children in the province. FPD and CLMPU are delivering a psycho-social service model to child victims GBV that covers the child victim as well as the parents/care givers.



### 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 coordinates 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.



### Critical Care Academy

Critical Care Academy provides a comprehensive, effective and professional quality educational service in life support

training. FPD and Critical Care Academy have partnered to offer a number of life support training programmes.



### Democratic Nursing Organisation Of South Africa (DENOSA)

In addition to its advocacy role in 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 2017, FPD's Technical Assistance Cluster provided district based technical assistance support with the following districts; Amatole district and Buffalo City Metro. FPD also provides community-based testing in Buffalo City Metro, Sarah Baartman, Nelson Mandela Bay Metro and OR Tambo.



### Department of Health Free State

FPD operates with the Free State Department of Health within Fezile Dabito district 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 in developing provincial capacity through technical assistance and training. FPD is the comprehensive technical assistance partner for Tshwane Districts. FPD also provides community-based testing in Sedibeng, City of Johannesburg and City of Tshwane and supports ART adherence programmes in Tshwane and Sedibeng.



### health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

### Department of Health Kwazulu-Natal

FPD partners with the KwaZulu-Natal Department of Health to provide community-based testing and linkage services in Ugu, Zululand, Umkhanyakude, eThekweni, Uthungulu.



LIMPOPO  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

### DEPARTMENT OF EDUCATION

### Department of Education Limpopo

The partnership between FPD and the Limpopo Provincial Education Department is relatively new and was occasioned by the funding that FPD secured from USAID to introduce a Reading Support Project to support and promote reading literacy in African Home Languages and English as First Additional Language in the Foundation Phase Schools. The project offers targeted support to Curriculum Advisors and school based Departmental Heads to enhance their skills and competencies in the teaching of literacy at Foundation Phase level (Grades 1-3). In addition, principals/ deputies are also provided with the necessary training to enable them to introduce and sustain strategies that would create environments that are conducive to the promotion of reading and literacy practises/cultures in their schools. The final component of the intervention revolves around the provision of appropriate Learning and Teaching Support Materials (LTSM) packages to participating schools to support reading activities. This partnership started in November 2016 and is intended to continue up to the end of 2020. FPD is leading a consortium made up of Molteno Institute, the South African

Institute for Distance Education (SAIDE), Oxford University Press - South Africa (OUP-SA) and Voluntary Services Overseas (VSO) to implement this project.



### Department of Health Limpopo

FPD has a long-standing relationship with the Limpopo Provincial Department of Health, developing provincial capacity through technical assistance and training. FPD is the comprehensive technical assistance partner for Capricorn Districts and provides community-based testing in Mopani, Capricorn and Waterberg districts.



MPUMALANGA  
PROVINCIAL  
GOVERNMENT

### Department of Health Mpumalanga

FPD has a long-standing relationship with the Mpumalanga Provincial Department of Health, developing provincial capacity through technical assistance and training. FPD is the comprehensive technical assistance partner for the Nkangala District. FPD also provides community-based testing in Nkangala, Gert Sibande and Ehlanzeni and supports ART adherence programmes in Nkangala and Gert Sibande.



### Education and Sport Development

Department of Education and Sport Development  
Departement van Onderwys en Sportontwikkeling  
Lefapha la Thuto le Tihabololo ya Metshameko  
NORTH WEST PROVINCE

### Department of Education North West

The partnership between FPD and the North West Provincial Education Department is relatively new and was occasioned by the funding that FPD secured from USAID to introduce a Reading Support Project to support and promote reading literacy in African Home Languages and English as First Additional Language in the Foundation Phase Schools. The project offers targeted support to Curriculum Advisors and school based Departmental Heads to enhance their skills and competencies in the teaching of literacy at Foundation Phase level (Grades 1-3). In addition, principals/deputies are also provided with the necessary training to enable them to introduce and sustain strategies that would create environments that are conducive to the promotion of reading and literacy practises/cultures in their schools. The final

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#### Department of Health North West

FPD partners with the North West Department of Health to provide community-based testing and linkage services in Bojanala and Ngaka Modiri Molema Districts.



#### Department of Justice and Constitutional Development

The complexities of working with victims of sexual violence require specialised intervention on the part of all stakeholders, and this includes the courtroom environment in which they are required to testify. To ensure that victims are treated with fairness and respect for their dignity and privacy, they require support services that are delivered with sensitivity and care. Together with USAID FPD is supporting government to make sexual offences courts child friendly.



#### 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, 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 healthcare, education, the prevention of HIV infection and to develop communities through capacity-building projects. FPD has partnered with the Fund to implement the National HIV Think Tank project.



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



#### Hospice Palliative Care Association of South Africa

Since its inception HPCA has adopted a collaborative

approach in working with other community organisations and government structures. This commitment to working together with other organizations with whom they share a common goal by sharing expertise and resources has been incorporated into the current strategic plan. FPD and HPCA have been in partnership since 2008. This collaboration's aim is based on training professional nurses to become palliative care specialists through a one year Palliative Care course.



**HUMANA**  
People to People

#### Humana People to People South Africa

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 who contribute 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.



**MOLTENO**  
INSTITUTE FOR LANGUAGE AND LITERACY  
EST. 1974

#### Molteno

Molteno brings to the Consortium 42 years experience in promoting literacy in African languages and an extensive record of training and coaching district CAs and HODs using a combined training and mentorship approach as well as established relationships with national and provincial DBEs. Molteno is a consortium partner of FPD's USAID Reading Support Programme.



#### National Department of Health

The National Department of Health (NDOH) has embarked on a programme of increasing the presence of doctors in primary

healthcare clinics on either full time or part time. FPD, as lead agency, together with BroadReach, Aurum, Right to Care, the Wits Reproductive Health & HIV institute (WRHI) and African Health Placements (AHP) forms the consortium that will be responsible for providing the required services to the National Department of Health.



NATIONAL PROSECUTING AUTHORITY  
South Africa

#### 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 finalizing 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.



**NACOSA**

#### The Networking HIV and AIDS Community of Southern Africa (NACOSA)

NACOSA is a network of over 1,500 civil society organisations working together to turn the tide on HIV, AIDS and TB in Southern Africa. NACOSA promotes dialogue, builds capacity with accredited training, mentoring and technical assistance and channels resources to support service delivery on the ground. NACOSA works in partnership many other public and private sector partners at all levels – from international agencies and national government, right through to sub-district services and small, community groups. FPD and NACOSA are working in partnership in the OVC and GBV programmes of the PEPFAR and USAID supported districts, supporting vulnerable children and their families through psycho-social support and system strengthening.

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### Oxford University Press Southern Africa

Oxford University Press SA bring 100 years of in-country support in developing the ability of educators to teach reading. They do not only publish materials but also support teachers through teacher training workshops, and on-line support platforms. Oxford University Press SA is the first choice of thousands of teachers across South Africa for teaching resources. Oxford SA is a consortium partner of FPD's USAID Reading Support Programme.



### 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.



### PPO Serve

PPO Serve (Professional Provider Organisation Services) is a private company that creates new local healthcare systems that work for both patients and doctors, with the aim of making quality healthcare more affordable and accessible to all South Africans. Private healthcare is becoming increasingly unaffordable for the majority of South Africans. This is due to a fragmented service model and the absence of remuneration models that fund value. PPO Serve develops multidisciplinary teams, called Integrated Clinical Consortia™ (ICC™), which provide comprehensive healthcare in systems for the people

they serve and are paid based on the value they deliver. PPO Serve supplies the support services and easy to use toolkits and an IT system to enable them to work together in teams. During 2017, FPD worked closely with PPO Serve to conceptualise and implement the following two innovations: 1) FPD's GP Care Cell model to contract and manage private GPs and community pharmacies to initiate uninsured PLHIV outside public sector clinics; and 2) an Ideal Clinic modelling project in line with the vision for NHI. Both projects will be piloted in 2018.



### Right to Care

Right to Care is supporting and delivering prevention, care, and treatment services for HIV and associated diseases. They work with government and communities to find pioneering solutions to build and strengthening public healthcare. Right to Care is part of the consortium's of partners that are implementing the NHI Pilot Project to ensure that Primary Healthcare Clinics have doctors on site.



Partners for a healthier nation

### 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 organization 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 counselling 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.



### Soul City Institute

Soul City Institute is a Social Justice organisation that focuses on young women and girls, and the communities they live in. The organisation a pillar of strength, support and hope for a new dawn, and an organisation that ensures that young women and girls have equal access to resources that enable them to self-actualise and reach their full potential and take their rightful place in society. The organisation promotes a just society and ensures equal treatment and respect for basic human rights. Soul City contributed to the ISSSASA project by creating greater public awareness of the Thuthuzela Care Centres and increasing the uptake of TCC services, within a wider approach to raising awareness and prevention.



### South African Institute for Distance Education (SAIDE)

Saide has 23 years of experience in distance education programmes for educators and developing open educational resources including material development. Saide’s African Storybook Initiative, is a digital library of over 600 unique storybooks for early reading, which are openly licensed supplementary readers in all SA official languages designed to support home language and English First Additional Language reading instruction. Saide is a consortium partner of FPD’s USAID Reading Support Programme.



### 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 projects and a number of educational projects aimed at SAMA members.



### South African Medical Research Council (SAMRC)

The South African Medical Research Council (SAMRC) was established in 1969 with the aim to deliver on a mandate to

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promote the improvement of the health and the quality of life of the population of South Africa through research, development and technology transfer. The MRC has undertaken a national assessment of sexual assault case withdrawals related to the poor prosecution rate of rape cases in the criminal justice system as part of the Increasing Services to Survivors of Sexual Assault in South Africa (ISSSASA) Project.



#### The South African National AIDS Council (SANAC)

The South African National AIDS Council (SANAC) is a voluntary association of institutions established by the national cabinet of the South African Government to build consensus across government, civil society and all other stakeholders to drive an enhanced country response to HIV, TB and STIs. In the absence of a government coordination body, SANAC convenes a Technical Working Group on GBV of development partners, government civil society and other stakeholders. This is currently the only forum where organisations in the GBV field can meet and share information.



#### 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 enrolls 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)

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 adapted 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 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.



#### South Africa Society Of Occupational Medicine (SASOM)

SASOM is a Professional Society, registered as a special interest group with the South African Medical Association and is affiliated to the International Commission of Occupational Health. SASOM entered into a partnership with FPD to offer a series of online training programmes on occupational health and safety to healthcare workers.



### VSO

VSO recruit and manage teams of international and local school management and language teaching experts and have experience in supporting education programmes in 16 countries to improve learning outcomes including literacy. VSO is a consortium partner of FPD’s USAID Reading Support Programme.



### Wits Reproductive Health and HIV Institute (WRHI)

The Wits Reproductive Health and HIV Institute (WRHI) was established in 1994 to support the new South African government formulate and implement new national policies around sexual and reproductive health and is part of the Faculty of Health Sciences and the largest research institute of the University of the Witwatersrand. WRHI is part of the consortium of partners that is implementing the NHI Pilot Project to ensure that primary healthcare clinics have doctors on site.

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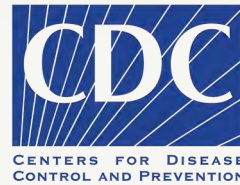




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IN PARTNERSHIP TO FIGHT HIV/AIDS

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## People at FPD

### Top and Senior Management



Dr GG Wolvaardt



Ms SM Johnson



Mrs VD Pillay



Mr HJ Reeder

### Middle Management and Experienced Specialist



Dr GJ Abiodun



Mr AR Adonis



Mrs TD Armstrong



Mr L Banzana



Ms OD Bebensee



Mr CW Bezuidenhout



Ms EK Bilankulu



Mr D Bizani



Ms DG Blom



Ms KM Born



Ms A Bosman



Mr BP Botha



Ms SR Buthelezi



Ms TE Chauke



Mrs TT Chiduku



Dr A Combrink



Dr RJ Davin



Ms L De Weerd



Ms GC Devereux



Ms MM Diale



Mr ET Du Toit



Mr P Du Toit



Ms NC Duba



Mr F Dube



Ms TL Farirai



Mrs L Fataha



Ms MM Fourie



Ms AA Gerber



Mr G Guloba



Ms MM Gumede



Ms MI Hanong



Mr TT Hoveka



Mrs CO Iloabanafor



Mrs NP Kantyo



Mrs B Kapp



Ms MR Kekana



Ms S Kellerman



Mr M Kentane



Dr NM Kgopong



Dr MF Kindoki



Ms A Kruger



Mr W Kruger



Dr PF Kweza



Mr AM la Grange



Ms SD Lebelo



Mrs DM Lebeloe



Ms L Ledingwane



Mrs NP Legodi



Mr AM Lesele



Mrs MJ Lesufi



Mr MS Lwana



Mrs SR Mabela



Ms SMF Maema



Mr SK Magagane



Ms CNK Maginindane



Mr MP Mahlaela



Mrs FS Mahlangu



Dr GRM Makgoka



Mr HC Makhathisa



Mr MK Makhavhu



Ms MJ Makhura



Ms PG Makobeni



Ms BL Makopo



Ms MP Makwela



Mrs TN Malgas



Mrs B Maluleke



Mr MF Mamadi



Ms TJ Manaka



Ms R Manaka



Dr TF Manthata



Mr ML Manthata



Mrs LH Manxiwa



Mrs ME Manzini



Ms C Mapempeni



Ms NE Mapitsa



Mrs KY Marule



Mr MJR Masango



Ms MC Masemola



Dr TD Masenya



Ms MT Mashaba



Dr MC Mashamba



Mr FP Masilela



Mr G Masondo



Ms SST Masutha



Ms MM Matabane



Ms EPM Mathabe



Mr JK Matlala



Mrs T Matlala

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Mrs NM Matlou



Mrs ME Matsepe



Ms SS Matumba



Dr NP Mavuso



Mr PD Mawasha



Ms ZM Mayana



Ms B Mbanjana



Mrs J McGarry



Ms N Mchiza



Dr LB Mditshwa



Dr AGA Medina-Marino



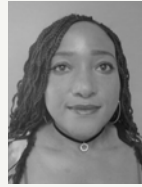
Mr MD Mgulwa



Ms NS Mkasi



Mr ES Mkwanazi



Ms ML Mlambo



Mrs N Mlokoti



Dr NB Mlondzo



Dr ASR Mmekoa



Mr J Mmekwa



Ms S Mngcozelo



Mrs LM Mnisi



Mr VJ Mnisi



Dr MJ Moabelo



Mrs MA Mochaki



Mr MI Modiba



Mrs MN Modiba



Ms P Modiba



Ms MP Moepye



Mrs BS Mogakane



Dr MR Mohlahlana



Mrs J Mokoena



Mrs R Molate



Ms LC Molelekoa



Mr C Moller



Ms R Monare



Ms TE Montalama



Ms RS Monyela



Mrs NC Motlana



Mr MI Motloutsi



Dr L Motsilili



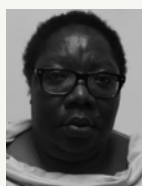
Mrs GL Msi



Ms N Mtande



Mr M Mudau



Ms KA Mudau



Dr HL Mukhari



Mrs A Mulder



Dr R Mulumba



Ms AE Mumbauer



Mr GJ Mvuma



Ms NP Mzana



Ms NP Mzobe



Ms K Nair



Mrs DK Ncongwane



Mrs MN Ncube



Mr SS Ncube



Mrs NP Ndimba



Mrs LS Nematoka



Mr RR Netshitongwe



Ms CM Ngoepe



Ms NS Ngoza



Mrs CM Ngwenya



Mr PD Ngwepe



Ms N Nkambule



Dr NP Nkhwashi



Mrs DP Nkosi



Ms TM Nkuna



Ms KC Nkuna



Mr AL Ntontela



Ms MN Ntuli



Mr DH Olivier



Mr IB Opio



Mrs RM Overmeyer



Mrs AC Peters



Dr TL Phaladi



Mr TC Phalatse



Mrs MM Phatlane



Dr RK Pila



Mr K Pillay



Mrs ZC Pretorius



Mr KKE Pullen



Mrs M Raluswina



Ms SL Ramaila



Ms N Ramdas



Mr JM Ramphisa



Mr MI Rampilo



Mr PS Rangoato



Mr MS Rasekgotoma



Dr MS Rashopole



Mrs LC Roelofsen



Ms L Rossouw



Ms PV Sakala



Dr RE Schoeman



Dr MA Seakamela



Ms PL Sebone



Ms PJ Seforo



Mrs TM Sefufu



Mrs MD Sehuba



Mr MP Selepe



Dr S Shamu



Mrs MS Shiburi



Ms R Shiviti



Ms NP Sibanyoni



Ms IM Sitole



Mr SR Skidmore



Prof. JA Slabbert



Mr JD Slabbert



Ms PP Sodo



Mr N Somwahla



Mr RJ Stephen



Mrs JY Swanepoel



Mr NH Swanepoel



Ms H Swart

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Dr FS Tema



Ms NM Thantsa



Ms MF Tsolo



Dr MA Uys



Mrs A Van Dyk



Dr I Van Staden



Dr EJ Venter



Mr ALA Vinagre



Dr CA Visser



Dr MS Vlug



Ms E Webb Mazinyo



Mrs K Wolfaardt



Mr GM Wolvaardt



Ms PF Wongama



Dr CF Yssel



Ms VV Zele



Mrs NM Zuma

### Junior Management and Skilled Staff



Ms TB Bambo



Ms JE Bezuidenhout



Ms NLA Booi



Ms ST Bopape



Mrs NS Chiloane



Mr MA Clarke



Ms LA de Vos



Mrs NO Dlamini



Mr D Du Bruyn



Mrs M Engelbrecht



Mr M Essa



Mr T Gaba



Ms T Gaofetoge



Mr AP Gbore Oluwa



Mrs EK Gindra



Mr MR Govender



Mrs K Govender



Ms NM Hatang



Ms C Hira



Mrs N Hlengwa



Ms A Jansen



Mr CJ Jansen van Vuuren



Mrs EF Josiah



Ms CL Joyce



Mr MA Kekana



Ms MP Kgaphola



Mr IJG Kgosiemang



Mrs GN Khoza



Ms TV Khumalo



Ms MM Khunou



Mrs S Khupakonke



Ms KE Kodi



Mr KSF Kouakou



Mrs MM Kubayi



Mr MA Lediga



Mrs MD Lekala



Mr WL Leggau



Mr MS Lesufi



Ms MN Lewele



Ms AM Losper



Mr CP Louwrens



Ms P Lukhele



Mr SM Lukhozi



Mr L Luwaca



Ms Z Luwaca



Ms YZB Mabamba



Ms SH Mabanga



Mr KJ Mabasa



Ms NT Mabasa



Mrs TA Mabena



Mr V Mabirimisa



Ms MP Mabogo



Mr E Machebele



Mr MS Machete



Ms EF Machoga



Mrs LM Maenetja



Mr CT Mafilika



Mrs H Mafuyeka



Ms MV Magafane



Mr KT Mahasela



Ms NB Mahlalela



Mrs ES Mahlangu



Mr NG Mahlangu



Ms W Mahlanyana



Ms DM Mahlase



Ms NC Makatu



Mr JP Makgamatha



Ms NS Makhubo



Ms MQ Makwela



Mr TJ Malema



Mrs B Maluleke



Mrs NPS Mampuru



Ms P Manilall



Ms NN Manqele



Mrs ZL Maoka



Ms N Masakane



Mr LE Maseko



Mrs MP Mashaba



Mr MZ Mashaba



Ms P Masia



Mr AH Masilela



Mrs R Masingi



Ms TE Masuku



Mrs NA Mathabatha



Mr JP Mathabathe



Ms TN Mathabathe



Mr ER Mathekga



Mr LJ Mathibela

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Mrs ZN Mathibela



Ms M Mathode



Ms R Matodzi



Ms RCI Matsepe



Mr S Maunatlala



Mr RM Mawarire



Ms TK Mawayi



Mr K Mjamba



Ms HN Mkhombo



Mr E Mkhonto



Ms L Mlanjeni



Ms LT Mnisi



Ms MM Moalamedi



Mrs GM Mobe



Ms MA Mohale



Ms ER Moima



Ms TN Mojapelo



Mr NH Mokaba



Ms KC Moke



Mrs GA Mokoena



Mr TL Mokou



Mrs NB Mokwena



Mrs TD Molapo



Mr LS Molebalwa



Ms NL Molebatsi



Mrs A Molefe



Mrs TP Molise



Ms L Monyemoratho



Ms BA Moroka



Ms MF Mothiba



Mr PLR Mothotse



Mr KB Motshwane



Ms FVM Motsogi



Mr A Mtembi



Mr GH Mthembi



Ms L Mtshabi



Mr C Mulder



Mr FM Munyai



Ms MP Munzhedzi



Mrs N Naidoo



Ms PP Nakene



Ms N Ndamase



Mr P Ndikuyeze



Ms MB Ndimande



Ms A Ndlovu



Ms N Ndwambi



Mrs E Nel



Mr MM Nemakonde



Mrs NP Nene



Ms DR Netshishivhe



Mr S Ngqobe



Ms EN Ngwenya



Ms MM Nhlanguwini



Mr SA Nkabinde



Mr Z Ntantiso



Mrs BF Nxumalo



Mrs C Odendaal



Ms NS Paul



Ms M Payne



Ms DL Phiri



Ms NT Photo



Mrs M Pieterse



Ms P Pinzi



Mrs M Pitsoane



Mr GE Podile



Mrs BD Pretorius



Mrs L Pullen



Mrs T Qwabe



Ms AP Ralikhwatha



Mr LF Raphadu



Ms LT Raphaela



Ms MM Rapodile



Mr S Ravele



Ms SD Sebopela



Ms KR Segakweng



Ms MP Sekhu



Ms DKP Shibiti



Mr MGM Shikwambana



Mr TN Shikwambana



Ms LF Shongwe



Mr O Sibhoko



Mrs IM Sigidi



Ms NN Sithole



Ms TZ Sithole



Ms RZ Skhosana



Mr N Slabbert



Ms FB Slaven



Mrs SD Smalberger



Ms AM Smith



Ms Z Sobuza



Mr EM Thulare



Mr TP Tiro



Mr CK Tladi



Mr T Tsatsi



Mr MU Tshabalala



Mrs U Tshazibana



Ms MC Tshenuwani



Mr A Tutton



Mrs I Van der Merwe



Mrs GW Van der Walt



Mrs JS Van Niekerk



Ms Z Van Rensburg



Ms L Van Wyngaardt



Ms NS Vilakazi



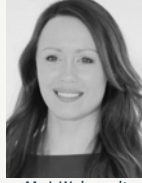
Mr HO Vukeya



Ms IB Vuma



Ms JS Wansink



Ms L Wolvaardt



Mrs TH Wright



Mr TF Xaba



Mrs TM Zuzani

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## Administrative and Support Staff



Mrs MT Agida



Mrs EN Al Mamun



Mr BW Alset



Mr T Aphane



Ms M Aphane



Ms IS Baloi



Ms NN Baloyi



Ms MI Baloyi



Mr SM Baloyi



Mr D Baloyi



Ms MP Baloyi



Ms NJ Baloyi



Ms PL Baloyi



Mr RA Baloyi



Ms CM Baloyi



Mrs TG Baloyi



Mr WK Baloyi



Ms CT Bapela



Mr BB Bashele



Ms LR Batela



Ms TM Bates



Mr S Beja



Ms N Blessie



Mrs DR Blok



Ms S Bobotyana



Ms SB Bokaba



Mr MA Bopape



Ms TM Bopape



Ms NP Boqwana



Mr CSL Borman



Mr TS Boroko



Ms PF Botha



Ms ZS Buhali



Ms P Buqekile



Mrs RM Buthane



Ms KG Buthelezi



Ms NN Buthelezi



Mr NP Buthelezi



Ms NS Buthelezi



Mr MP Buthelezi



Ms PJ Cele



Ms MC Chabalala



Mrs SK Chauke



Mrs SR Chauke



Mr BK Chego



Mr MK Chewe



Mr ZS Cheze



Ms BM Chilenge



Ms N Chili



Mr PR Chubisi



Mr MA Chuene



Ms AF Daantjie



Ms YR Damba



Ms T Danca



Ms N Dayimani



Mrs NF De Koker



Mrs C de Lange



Ms L De Villiers



Mr JM Dhladhla



Mr SP Dhludhla



Ms GKS Diala



Ms TM Dikgale



Mr SD Dikobe



Ms T Dikobe



Ms JP Dladla



Ms TI Dlamini



Ms N Dlamini



Ms TW Dlamini



Ms NC Dlamini



Ms BC Dlamini



Ms FNF Dlamini



Mr TH Dlamini



Mr LSA Dlangalala



Mr NNS Dlangalala



Ms S Dlangamandla



Mr SC Dlodla



Mr S du Plessis



Mrs H du Plessis



Ms I du Plessis



Mr EG Dube



Ms GN Dube



Ms ME Duma



Ms SL Duma



Mrs B Dyakop



Ms A Dyandyi



Ms A Emete



Ms TM Fandeso



Ms TN Figlan



Mr I Fihla



Ms LN Flank



Ms JJ Francis



Ms ST Fundama



Ms LY Gama



Ms YS Gantsho



Mr D Gausi



Ms S Gebe



Mr SL Gobodo



Ms Z Goli



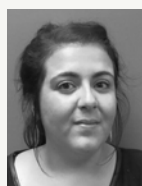
Mr RS Gordon



Mr J Gounder



Ms PZ Gqeba



Mrs NB Grobler



Mrs N Gulu



Ms T Gumede



Ms MM Hamese



Ms SM Hamese



Mrs SM Handi



Ms CL Hansen



Ms MLE Hlalele



Ms TE Hlangwana



Ms MM Hlatshwayo



Ms NS Hlatshwayo

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Mrs CH Hlatshwayo



Ms MR Hlekane



Mrs NP Hlongwane



Ms PLT Hlungwani



Ms AN Holiday



Ms A Honono



Mr TJ Hoshu



Mr OJ Jabari



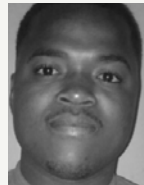
Mrs EP Jako



Mrs E Jansen van Vuuren



Ms FK Jiyana



Mr NH Jiyane



Mr MS Jobe



Mr MR Joubert



Mr T Jumo



Ms E Kabini



Ms PN Kabini



Ms SZ Kabini



Ms BK Kambula



Ms NQ Kambule



Mrs SK Karsten



Mr AE Keebaye



Ms P Kepeyi



Mrs TO Kerai



Mr TF Ketsise



Mr M Khakhathiba



Mr JM Khalo



Mr IL Khanyile



Mrs S Khaula



Ms CN Kheswa



Ms SN Khethani



Ms TS Khoeli



Mr AE Khoza



Ms IV Khumalo



Mr BL Khumalo



Ms JK Khumalo



Ms TZ Khumalo



Ms SSO Khumalo



Ms NSP Khuzwayo



Ms TP Khuzwayo



Ms NE Kobuoe



Ms SE Kokela



Ms TB Komane



Ms KP Komape



Ms MH Komapi



Ms LN Kubeka



Mrs JM Kubeka



Ms MB Kubhai



Ms ME Kubyana



Mrs NJ Kubyane



Ms ZMC Kunene



Mrs PBS Kunene



Ms EN Kunene



Ms NT Kunene



Ms SN Kunene



Mrs MN Kutase



Ms Z Kute



Mr L Kute



Ms A Kwayimani



Ms MM Kwele



Mrs NM Kwetepane



Ms N Lamani



Mr TH Langa



Ms DC Lebepe



Ms ET Lebepe



Ms ML Lebepe



Ms NN Lebotsa



Mr MW Ledwaba



Ms MD Legodi



Ms N Lehutso



Ms MPL Lekalakala



Ms SB Lekitlane



Mr TB Lengweng



Mr JM Lenyeki



Ms MT Leputhing



Ms O Leshaba



Mr NG Letseka



Ms NS Letshaba



Mrs LM Letshoene



Ms ME Letsoalo



Mr SL Letsoalo



Mr L Likhanya



Mr S Lindeque



Ms Z Lowting



Ms AB Lubisi



Ms PM Lubisi



Ms LC Lukhele



Ms BE Lusenga



Ms MA Maakane



Ms TC Mabadahanya



Ms Y Mabadi



Ms MV Mabalane



Ms E Mabasa



Mr KG Mabena



Ms BL Mabena



Ms NE Mabena



Mrs NF Mabena



Ms SA Mabena



Ms M Mabesele



Mrs TR Mabinane



Ms NR Mabokela



Ms TA Mabunda



Mrs NC Mabunda



Ms T Mabusu



Mrs N Mabuza



Mr SP Mabuza



Mrs KG Machabaphala



Mr MD Machaka



Ms ML Macheke



Ms MC Madevana



Ms ZH Madide



Ms AZ Madikani

OVERVIEW

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Ms L Madisha



Ms XB Madondile



Mr P Madyibi



Mrs N Maenetsa



Ms RI Maeyane



Ms B Mafa



Mr KL Mafele



Ms BA Mafoko



Mr NH Mafu



Ms T Magada



Ms S Magafane



Mrs RS Magagane



Ms ME Magalefa



Mr MI Magawu



Ms B Magazi



Ms GP Magoa



Ms RK Magome



Ms N Maguada



Mrs NS Magubane



Mr S Mahashe



Ms HM Mahlaba



Ms JM Mahlaela



Ms VP Mahlangu



Ms SN Mahlangu



Ms SS Mahlangu



Mrs FL Mahlangu



Ms IR Mahlangu



Mrs JM Mahlangu



Mrs KJ Mahlangu



Ms LB Mahlangu



Mrs MS Mahlangu



Ms NP Mahlangu



Ms PM Mahlangu



Ms SZ Mahlangu



Ms TM Mahlangu



Mrs AP Mahlangu



Mrs EN Mahlangu



Ms MX Mahlangu



Mrs MR Mahlare



Ms MA Mahlase



Ms TR Mahlasela



Mrs N Mahlatjie



Mr SS Mahlatsi



Ms EP Mahlatsi



Ms MM Maila



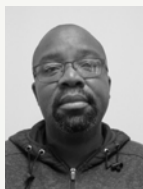
Mr MV Maimela



Ms JM Maja



Ms VT Makaleng



Mr HC Makena



Mrs MT Makgamatha



Ms KA Makgatho



Ms MC Makgobola



Ms TN Makhalantshetshe



Mr TA Makhavhu



Ms NN Makhoba



Mr MLW Makhura



Mr CK Makhutudisa



Mrs FB Makinana



Mr MY Makinana



Ms LD Makinita



Mrs EM Makofane



Mr RC Makonqo



Ms NH Makubu



Ms MM Makuoane



Ms SD Makuwa



Mr C Makuyana



Ms CY Makwakwa



Mr MA Makwela



Ms C Malabela



Ms SB Malahla



Mrs AC Malaka



Mr DF Malangeni



Mrs RME Malatjie



Ms KC Malaza



Mr MS Malebye



Ms IF Maledi



Ms LS Maleka



Ms MD Maleka



Mrs AL Malele



Mr MP Malemela



Mr TD Malemela



Mr SE Mali



Ms B Malobola



Ms N Maluleke



Mr JN Maluleke



Mrs JS Mamakoko



Mrs N Mamashela



Ms MM Mametja



Mr TS Mampa



Ms D Mampholo



Ms M Manaka



Ms MA Manamela



Mr SM Manana



Mr TP Manana



Ms SE Manana



Mrs MJ Mangena



Ms DT Mangwane



Ms P Mangwane



Ms JM Mankge



Ms DP Manzimakulu



Mr TA Maoka



Ms SC Mapatlakane



Ms A Mapekula



Ms JB Mapheto



Mrs MMRR Maphoto



Ms NZ Maphumulo



Mrs WPB Maphumulo



Ms TE Mapotela



Mr XE Maqwele



Mrs C Marima



Mr G Maringa



Ms TP Maroba

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Mrs MC Marobe



Mr PV Marumo



Ms EM Marwane



Ms S Masango



Mrs RK Masedi



Mr MA Masehela



Mr IL Maseko



Ms N Maseko



Ms SN Maseko



Ms MF Masemola



Mrs MJ Masemola



Ms MS Masemola



Mr P Masemola



Mr MM Masemola



Mr RD Masenge



Ms B Mashaba



Ms ML Mashaba



Mr DC Mashaba



Ms BG Mashaba



Ms IT Mashaba



Ms RT Mashaba



Ms L Mashabela



Ms MB Mashabela



Ms TC Mashaku



Ms TV Mashavane



Mrs MR Mashele



Ms BJ Mashiane



Ms EP Mashiane



Mrs MM Mashiane



Ms DM Mashigo



Mr BM Mashile



Ms SM Mashilo



Mrs SN Mashiloane



Mrs MM Mashiloane



Ms MT Mashiya



Mr AM Masilela



Ms MM Masilela



Ms AT Masilo



Ms SL Masina



Ms J Masingi



Ms RT Masiteng



Ms O Masiza



Ms EM Masoanganye



Mr R Masopha



Ms LM Matabane



Ms ET Matabula



Ms NE Matee



Ms TP Mathabela



Ms R Mathada



Ms L Mathebula



Ms F Mathebula



Mr TN Mathebula



Mr L Mathebula



Ms TG Mathebula



Ms DI Mathebula



Mrs MS Mathedimusa



Mr J Mathelela



Mrs SL Mathelele



Ms NB Mathenjwa



Mr KM Mathibela



Ms KL Mathibela



Mr MAJ Mathibela



Ms MN Matiwane



Ms PM Matjeke



Ms IM Matjila



Ms PK Matlakala



Ms TL Matlala



Ms DM Matlawa



Ms MC Mathaba



Ms LS Matome



Mr S Matroko



Mr L Matsepane



Ms MP Matshi



Ms GN Matunjwa



Ms MA Maumela



Ms JN Maunatlala



Ms SG Mavuso



Ms NW Mavuso



Ms M Mayaba



Ms N Mayeki



Ms BV Mayekiso



Ms P Mayekiso



Mr PMC Mazibuko



Ms MP Mazibuko



Ms NA Mbadlanyane



Ms MS Mbaola



Ms DG Mbatha



Mrs SN Mbethe



Mr M Mbexeshi



Mr PT Mbokane



Ms SM Mbokane



Mr SM Mbokazi



Ms SP Mbonani



Ms WH Mbonani



Ms F Mbopha



Mrs NE Mboweni



Mr KG Mboyana



Ms NTN Mchunu



Ms FP Mdletshe



Ms CN Mdliu



Ms N Mdoda



Ms JP Mdziba



Mrs NA Meken



Ms CM Mello



Ms JI Menyuku



Ms VM Merile



Mrs SL Meyer



Mr BR Mfolo



Ms S Mfunzi



Mr MN Mgyai



Ms CH Mgeni



Ms V Mgeni

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Mrs ZN Mgeni



Ms MM Mgqatsa



Ms N Mgulwa



Ms A Mhlaba



Mr S Mhlanzi



Ms SB Mhlehliswa



Ms SN Mhlongo



Ms VP Mitchell



Ms LF Mkafulo



Ms MN Mkhabela



Ms CB Mkhathswa



Mr H Mkhawana



Mrs ZB Mkhize



Mr SM Mkhize



Ms NP Mkhondo



Ms GZ Mkhwanazi



Mr NP Mkhwanazi



Mr TJ Mkhwanazi



Ms TD Mkhwebane



Ms N Mlityalwa



Mr BL Mokoti



Mr MS Mmotla



Ms LD Mngomezulu



Ms TP Mngomezulu



Ms EC Mngomezulu



Ms NT Mngqibisa



Ms NA Mngqibisa



Ms ZN Mnguni



Ms M Mnguni



Ms SM Mnguni



Ms CN Mnguni



Ms AR Mnika



Ms E Mnisi



Ms J Mnisi



Mrs ZS Mnisi



Ms P Mntuyedwa



Mrs M Mntwana



Ms S Mnyamana



Ms KM Moaludi



Ms CK Mochechela



Ms LB Moeng



Ms SM Moetanalo



Mrs LS Moffat



Ms PP Mofokeng



Ms T Mogakane



Mr KA Mogale



Ms AM Mogale



Ms NG Mogale



Mr JT Mogashane



Mr E Mogatosi



Ms TN Mogofe



Ms BJ Mogola



Mrs CM Mogotlane



Ms KDJ Mohale



Ms DJ Mohlabane



Ms MC Mohlala



Ms MV Mohlala



Ms MG Mohlala



Mr P Mohlamonyane



Mr JS Mohoaduba



Ms OL Mohoroe



Ms PO Moifatjane



Mr MJ Moilakgomo



Mr MD Mojapelo



Ms FM Mokale



Mr TJ Mokatsane



Mrs M Mokgetle



Ms SJ Mokhonwana



Mr MV Mokoatedi



Ms LE Mokoena



Ms MD Mokoena



Ms IM Mokoena



Ms LK Mokoena



Mrs DS Mokone



Ms ME Mokoni



Ms LF Mokonyama



Ms MJ Mokoto



Mr P Mokwena



Ms DP Mokwena



Ms WP Mokwena



Mr TFH Mokwena



Ms MB Mokwena



Mr MD Molalathoko



Ms TG Molefe



Ms TV Molefe



Mrs M Molefe



Ms TG Molefi



Ms M Molele



Mrs NH Molepo



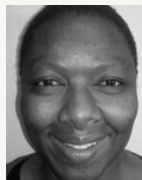
Ms M Molobela



Mrs N Moloelang



Ms NA Moloi



Mrs RA Molokomme



Mr KL Molomo



Ms L Moloto



Ms LM Moloto



Ms MP Monareng



Mr TE Mongaula



Ms PMM Mongaula



Ms MH Monguni



Ms A Mongxolo



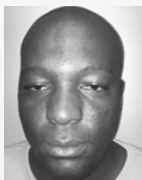
Ms LS Monyamane



Mr MT Monyamane



Ms NJ Monyebodi



Mr DP More



Mrs HE Moreo



Mrs SL Moreti



Mrs CM Moretsi



Mr AJ Moroe



Ms LN Moropa



Mrs KE Mosehle



Mr PF Moshidi

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Mr PF Moshupja



Ms N Mosi



Ms KT Mosibane



Mr PBD Mosuoel



Ms JP Mota



Ms KM Motau



Ms NP Motau



Ms NL Motha



Mr LB Mothapo



Mr JK Mothemane



Mr JN Mothupi



Ms S Motileng



Mr K Motja



Mr BF Motla



Mr TW Mothabi



Mr TK Motloung



Ms MF Motloutsi



Ms MM Motloutsi



Ms RP Motsamai



Ms TH Motsatsing



Mr DL Motsepe



Mr XAM Motshegoa



Mrs TJ Motshegoa



Ms KH Motsoko



Ms N Npakati



Ms SA Mpalala



Mr T Mpane



Mrs CR Mphahlele



Ms ML Mphegoane



Ms TM Mpofo



Ms TT Mpofo



Ms HA Mpungose



Mr NM Mpungose



Ms LS Mpya



Ms MA Mqabe



Ms T Mqulato



Mr ATV Mrobongwane



Ms NS Msibi



Ms GB Msimanga



Ms HB Msimango



Mr ML Msimango



Ms P Msiza



Ms S Msiza



Ms MK Msiza



Mrs SS Msiza



Mr TD Msiza



Mrs TC Msiza



Ms VB Mthelo



Ms NL Mthembu



Ms BC Mthembu



Ms NL Mthembu



Ms HG Mthethwa



Mrs TT Mthethwa



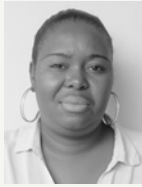
Ms GN Mthimkhulu



Mrs M Mthimuny



Ms NB Mthimuny



Ms TS Mthimunye



Mr M Mthombeni



Ms JS Mtimunye



Ms AS Mtshali



Ms SP Mtshali



Ms TT Mtshali



Ms NE Mtshula



Mrs AN Mtshweni



Mrs BE Mtsweni



Mr LM Mtsweni



Ms BP Mtubu



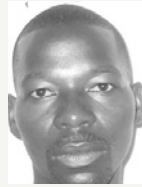
Mr EE Mudau



Ms TP Mudau



Mr TS Mudugwe



Mr N Mugwagwa



Ms T Mukomafhedzi



Ms L Mukweho



Mr N Mvimbi



Mr XS Myeni



Ms B Mzaca



Mr Y Naki



Mr N Nana



Mr LE Nani



Mrs K Nazo



Ms SM Ncanana



Ms M Ncasinga



Ms N Ncedani



Ms PT Ncongwane



Ms XM Ncumani



Ms BB Ndaba



Ms SC Ndala



Ms DN Ndhlovu



Ms V Ndimba



Mr TE Ndlazi



Ms NP Ndlebe



Mr N Ndlovu



Mr T Ndlovu



Ms LP Ndlovu



Mr NW Ndlovu



Mr MG Ndomo



Ms AC Ndou



Ms NM Ndwandwe



Ms N Ndzantsi



Mrs NB Nene



Ms TR Netshifhefe



Ms T Neuvhirwa



Ms VB Ngapo



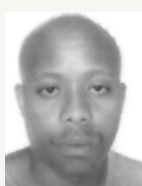
Ms BM Ngatane



Ms N Ngcanga



Ms Y Ngcawa



Mr L Ngcelwane



Ms NB Ngcobo



Ms Z Ngcungwa



Ms NN Ngidi



Ms N Ngobe



Mrs MC Ngobeni

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Mr SR Ngobeni



Ms TW Ngobeni



Ms RM Ngobeni



Ms M Ngobese



Ms ZZ Ngobese



Ms ZA Ngobese



Mr EJ Ngomane



Ms H Ngqiniso



Ms FL Ngozoa



Ms KL Ngumba



Mr BS Ngubane



Ms SK Nguta



Mr LM Ngwenya



Ms ST Ngwenya



Ms NN Ngwenya



Mrs Z Ngweentsha



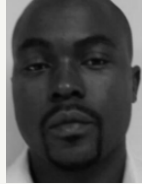
Ms V Nhamango



Mrs GC Nhaposse



Mrs LP Nhlumayo



Mr TD Njokweni



Ms TN Nkabinde



Mrs ES Nkabinde



Ms SN Nkadameng



Mr M Nkambule



Ms M Nkambule



Ms N Nkebana



Mr O Nko



Mr MK Nkoana



Ms RE Nkoana



Mrs B Nkoko



Ms L Nkomo



Mr SG Nkomo



Ms BP Nkonki



Mr BS Nkosi



Ms CT Nkosi



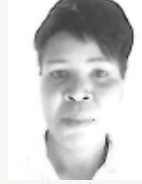
Ms HM Nkosi



Ms TA Nkosi



Mrs BS Nkosi



Ms LL Nkosi



Ms ME Nkosi



Ms PB Nkosi



Ms TY Nkosi



Ms HM Nkosi



Mrs MJ Nkosi



Ms MZ Nkosi



Ms TC Nkosi



Ms BL Nkosi



Mrs TN Nkosi



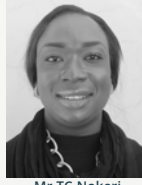
Ms PP Nkuna



Ms BE Nkuna



Ms MM Nkwane



Mr TC Nokeri



Ms RN Nomtshongwa



Ms NZ Nopulula



Ms O Nqabeni



Ms MA Nqulu



Ms B Ntantiso



Ms M Ntenga



Ms TE Ntjwana



Ms S Ntozini



Mr XT Ntsele



Mr SS Ntshalintshali



Mr SBR Ntshalintshali



Ms N Ntshangase



Mr Y Ntshinka



Ms TD Ntshwane



Ms NP Ntsomishe



Ms S Ntuli



Mr IN Ntuli



Mrs IS Ntuli



Mrs KL Ntuli



Mrs LN Ntuli



Mrs ST Ntuli



Ms TN Ntuli



Ms N Ntunja



Mr NJ Ntwagae



Mr M Nxadi



Ms ND Nxodo



Ms A Nxonki



Ms NBG Nxumalo



Mr L Nyaluza



Mr SE Nyanda



Ms GZ Nyawo



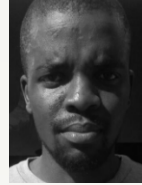
Ms LP Nyawo



Mr SSG Nzuzo



Ms T Nzuzo



Mr LN Nzuzo



Mr TT Nzuzo



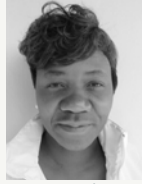
Ms BC Olebogeng



Mrs JM Oliphant



Ms N Pala



Ms T Palani



Ms SL Pete



Ms B Phadi



Ms M Phaho



Ms MP Phaka



Ms TR Phakoago



Ms ME Phalane



Mr T Pharamela



Ms G Phiri



Ms ME Phitsane



Mrs SM Phoko



Ms ET Phosa



Ms LSP Phosa



Mr PM Ponyane



Ms L Poyo



Ms A Pupa



Ms KL Putu



Mrs M Qebeyi



Ms L Qeqe



Ms T Qhawe



Ms NP Qondela

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Ms BP Quluva



Mr MD Rabalao



Mrs AL Rabali



Ms MA Radebe



Ms NJ Radebe



Mr TM Rafedile



Ms EM Rafedile



Ms MA Rahube



Mrs DI Ramaphakela



Ms MB Ramathemela



Ms DM Ramatlo



Ms MS Rambuda



Ms T Rambuda



Mrs MS Ramodike



Ms AS Ramokgadi



Ms ML Rampedi



Mrs RM Ramphela



Ms C Ramputle



Mrs RM Rapatsa



Ms AM Raphela



Ms MP Rasegwalo



Mrs S Rasethe



Ms NB Rasi



Mr VM Rasodi



Mr ZS Rathebe



Ms MB Ratlhagana



Mr R Ratshirumela



Ms MC Ratshitanga



Ms CE Rigney



Ms T Roderick



Ms LC Rwaqu



Ms Z Sawuti



Ms MJ Seabi



Mrs LR Sebe



Mr KD Sebelebele



Mr TL Sedibe



Mr T Sedumedi



Ms T Seerane



Ms AK Sefala



Mr SS Sefiti



Ms SM Sehlohole



Ms MIB Seisa



Ms ME Sekele



Mr MY Sekgale



Mrs MH Sekhala



Ms SP Sekhula



Mr MP Sekomane



Ms MM Sekuba



Mrs JBS Seloadi



Ms RS Seloane



Mrs AN Seloane



Ms PL Selotlego



Ms MM Semela



Ms SJ Sengoatsi



Mrs MM Senwamadi



Mr KKN Sere



Ms RM Sereko



Mrs ND Serudu



Ms MS Setata



Mr KPL Setwaba



Mr PM Shabalala



Ms TM Shabangu



Ms BL Shabangu



Ms NE Shai



Ms KB Shaku



Mrs LA Shakwane



Ms SF Shandu



Ms YH Shelembe



Mrs SD Shiba



Mr KM Shilubane



Ms JR Shipalane



Ms TV Shoko



Ms MM Shole



Ms S Shologu



Ms W Shwaye



Mr DM Sibambo



Mr CM Sibanyoni



Ms NF Sibanyoni



Mr PS Sibanyoni



Mr TS Sibanyoni



Mrs B Sibanyoni



Ms BP Sibanyoni



Ms ZE Sibanyoni



Ms TM Sibeko



Ms ZL Sibeko



Ms NR Sibisi



Mr IT Sibiya



Mr S Sibiya



Ms NG Sibiya



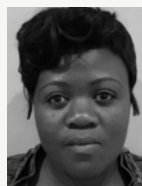
Mr NA Sibiya



Mr ME Sibuyane



Ms N Sibuyi



Ms ZA Sigudla



Mrs N Sihele



Ms LM Sihlangu



Mrs EM Sikhosana



Ms VT Sikhosana



Mrs EB Sikhosana



Mrs M Sikhosana



Ms N Sikiti



Ms N Sikoti



Ms NS Silo



Mr WM Simelane



Mrs HT Simelane



Ms S Sinani



Ms GC Sindane



Mr SD Singh



Ms BN Sitanya



Ms VE Sithole



Ms NG Sithole



Ms SH Sithole



Mr B Sithole

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Ms KQ Sithole



Ms NP Sithole



Mr GS Skhosana



Ms LL Skhosana



Ms LN Skhosana



Mrs MM Skhosana



Ms NI Skhosana



Ms TT Skhosana



Ms JJ Skhosana



Ms LN Skhosana



Mr NS Skhosana



Ms TV Skhosana



Mrs LQ Skhosana



Ms M Skhosana



Ms PE Skhosana



Ms TSB Skhosana



Ms ES Skhosana



Mr EH Smith



Ms A Sobekwa



Ms N Sobuza



Mr MR Soci



Ms EL Sodi



Ms M Sofe



Ms B Somhlaho



Ms S Somienze



Ms PZ Soyingwa



Ms TT Stofile



Ms ZR Sulman



Ms TC Swapi



Ms I Swart



Mr MC Tapala



Mrs GM Taukobong



Ms TC Tembe



Mr O Tetana



Ms TM Thaba



Mr SW Thabethe



Ms KP Thauge



Ms VP Thela



Ms B Theledi



Ms BV Themba



Ms LB Themba



Ms DD Thibedi



Ms NE Thomo



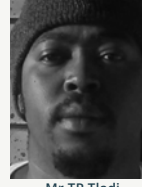
Ms ML Thukwane



Ms TL Thwala



Mrs DM Titus



Mr TP Tladi



Mrs MV Tlhomelang



Mr LB Tlongoane



Ms SN Tlou



Mr TJ Tlou



Ms S Tom



Ms MK Tshabalala



Mrs BJ Tshabalala



Ms S Tshabalala



Ms JI Tshabangu



Ms FC Tshabangu



Mrs CE Tshabangu



Mr MA Tshaisi



Ms LL Tshilande



Mrs SM Tshotlang



Ms T Tshotyana



Mr KL Tsima



Mr GB Tsoari



Ms TR Tsotetsi



Mrs A Tutani



Ms SP Twala



Ms B Tyhali



Ms LP Tyhotyho



Mr S van der Merwe



Ms L van Niekerk



Mr A van Zyl



Ms HL Vilankulu



Ms HE Vinkhumbo



Mr F Walters



Ms NC Xalabile



Ms NB Xamtwana



Ms B Xanywa



Ms SP Xulu



Mr FM Xulu



Mrs M Zikhali



Mr N Zingela



Mr MJ Zondi



Ms BF Zondo



Ms TF Zulu



Ms FP Zwane

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## Enquiries

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The Willows  
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0184

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When dialling from outside South Africa, the International dialling code for calling is +27.

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

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Fax Number: +27 (0) 12 807 7165

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Emalahleni, 1035

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### Technical Cluster

#### Technical Assistance Cluster

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E-Mail: helgas@foundation.co.za