

ANNUAL REPORT

2012/2013



IFPD

FOUNDATION FOR PROFESSIONAL DEVELOPMENT

building a better society through
education and development



building a better society through
education and development



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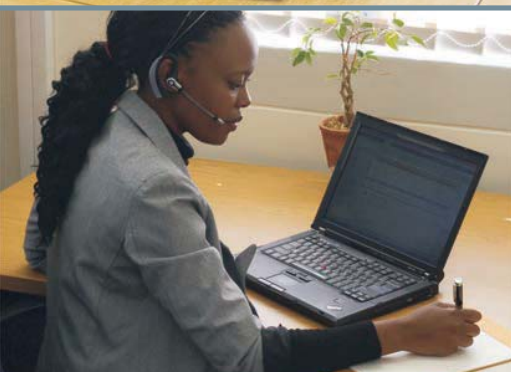
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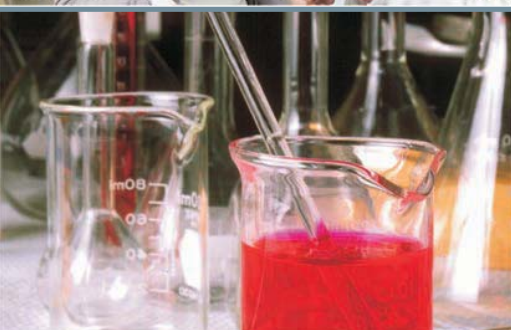


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Overview

OVERVIEW

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- ▶ MESSAGE FROM THE MANAGING DIRECTOR
- ▶ BACKGROUND
- ▶ GOVERNANCE AND QUALITY ASSURANCE
- ▶ ORGANISATION AND MANAGEMENT STRUCTURE

VISION, MISSION, VALUES AND STRATEGIC DIRECTION

VISION

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

MISSION STATEMENT

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

VALUES

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

- ▶ **INNOVATION:** FPD strives to be an innovator in society by challenging the status quo and by actively identifying opportunities to affect positive change with a view of building a better society. This is achieved by aggressively embracing growth opportunities and committing ourselves to producing leadership.
- ▶ **INTEGRITY:** FPD and its staff adhere to moral and ethical principles in all their activities. This is reflected in honest and professional conduct, personal accountability and a commitment to not abuse the resources of the organisation or its sponsors. Most of all, FPD will not compromise its institutional principles for the sake of political expedience.
- ▶ **QUALITY:** FPD strives to guarantee the excellence of all its products and services. All such services are designed to meet the current needs of its clients. Underlying this commitment to quality is a continuous drive to achieve excellence and develop the systems to reward such achievements.

- ▶ **FREEDOM TO CHALLENGE:** FPD encourages an environment where staff can voice their opinion with out fear of victimisation. Constructive critique and creative debate between stakeholders and staff are encouraged.
- ▶ **RESPECT:** Consideration for the rights of individuals and groups integral to FPD as an organisation. FPD honours the personal beliefs of its clients, its staff and its service beneficiaries.
- ▶ **SERVICE TO SOCIETY:** All of FPD's activities are dedicated to serving the best interest of society. FPD's focus is underpinned by a strong sense of social responsibility.

STRATEGIC DIRECTION

The strategic direction for 2013 is focused on developing FPD into an internationally recognised, leading African higher educational institution that can compete with the best in the world.

This will be achieved by a continuous focus on social entrepreneurship, high quality teaching and learning, research and community engagement. Inherent in this strategy is a commitment to social responsibility and ensuring that all activities of the organisation will serve to improve society in the countries where FPD works. A major shift in strategic direction that will be pursued in 2013 is increasing FPD's ability to contribute to growing the professional work force in the region through undergraduate programmes and programmes that create work place exposure. The 2013 strategic direction will continue efforts to ensure that FPD creates a working environment that will attract and retain people who want to make a difference and who are willing to subscribe to FPD's vision and values.

PHILOSOPHY

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

- Nelson Mandela

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

building a better society through
education and development

Message



MESSAGE FROM THE MANAGING DIRECTOR

FPD has now been contributing to building a better society through educational and developmental activities for 15 years and 2012 will stand out as an important year in FPD's history due a number of major achievements.

In 2012 we concluded one of our signature projects "The Positive Life Project" that allowed FPD with USAID/PEPFAR funding to partner with the public health system in the provision of AIDS treatment. Over a five year period this public-private-initiative supported treatment initiation of 235,642 PLWHAs and provided free HIV test to 1,603 905 clients. It is a positive indication of the progress the country has made in responding to service delivery needs that projects such as this can be concluded. The success of this project can be measured in the fact that facilities in the districts that FPD has supported developed sufficient capacity to provide sustainable AIDS treatment services that do not require seconded staff from FPD.

FPD was fortunate to secure a number of new USAID grants allowing us to expand our activities around the provision of technical assistance to nine district health authorities. These grants will allow FPD to partner with these districts to develop managerial capacity and improve service provision to approximately 20% of the South African population while allowing us to continue national capacity building activities through training, fellowships and the work of Africa Health Placements.

In recent years FPD has been actively expanding its activities focussing on violence as a public health priority with particular emphasis on gender based violence. In 2012 this focus received a major boost with FPD successfully competing for a USAID grant to increase services to survivors of sexual assault. This grant allows FPD to work closely with the National Prosecuting Authorities Sexual Offences and Community Affairs Unit (SOCA) to support its Thuthuzela project that provides an integrated strategy for prevention, response and support for rape victims.

2012 was also a record year for FPD's educational activities with just over 35 000 students enrolling, during the year, on our training programmes across the region. As usual generous support from our donors and sponsors allowed the majority to study at low or no cost. Regional expansion was further strengthened with the rollout of the FPD/Yale senior health manager training programme to Uganda, Malawi and Zambia with the support of the Swedish International Development Agency. Scholarships were also awarded to 500 South African health care managers on various management qualifications.

FPD has been increasing its portfolio of formal qualifications over the past few years and as result we held our largest graduation ceremony this year with 657 students graduating.

2012 was FPD's 200 000 year, not only did we support the initiation of the 200 000nd patient on AIDS treatment we also enrolled our 200 000nd student. A testimony to the organisation's growth in recent year is the fact that it took 12 years to enrol our first 100 000 students (1998 to 2009) but only three years to enrol the next 100 000 (2010 to 2012)

Expansion of capacity building activities into the basic education sector also increased in 2012 with the launch of the South African Basic Education Conference in April. This conference for the first time brought together educators, academics, activists, NGOs and policy makers in an abstract driven conference that was attended by 650 delegates. The Ed-Experience project that places student teachers in well managed schools was also launched as was the Connect-Ed campaign which engaged with high school learners to develop their ability to make safer sexual health choices for life. A training programme for educators on gender based violence in schools was also launched during the year.

Building on the success of the PEPFAR Fellowship Programme, FPD in 2012 expanded its focus on using apprenticeship models to help school leavers and undergraduates' access careers and employment through structured learnership and internship programmes in the health, IT and education sectors.

This annual report also creates an opportunity for me to express my appreciation to the more than 50 strategic partners of FPD, the sponsors and donors who have provided such generous support to FPDs students and projects and a board of directors who inspire and support FPD through their strategic vision.

But most of all I wish to extend my appreciation to my colleagues - they are the people who make the organisation what it is. Reflecting on this dedicated group of people brings to mind what Margaret Mead said: "Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has." The FPD staff are the living embodiment of this view.

Dr Gustaaf Wolvaardt

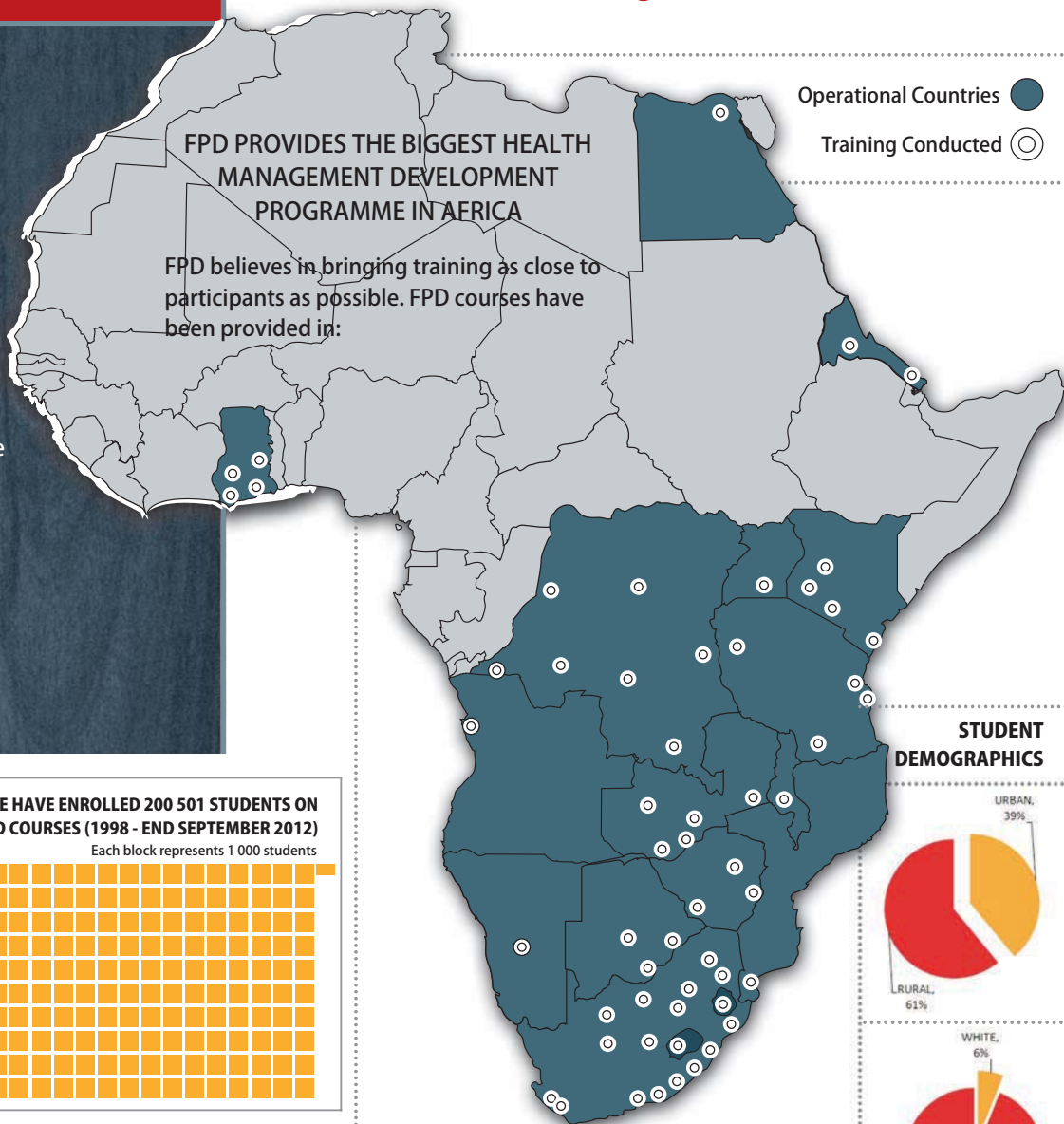
MBChB (Pret), M.Med (Int) (Pret), FCP (SA), AMP (MBS), PGCHE (Pret)

Annual Overview

our mission

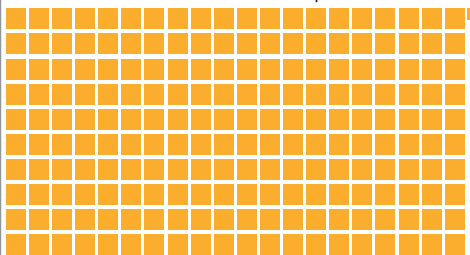
is to ensure the availability of **skilled professionals**, allied workers and managers who will be able to **deliver a service** to the public that is **affordable, evidence based and congruent** with international best practice.

- ▶ Angola
- ▶ Botswana
- ▶ Canada
- ▶ DRC
- ▶ Egypt
- ▶ Eritrea
- ▶ Ghana
- ▶ Kenya
- ▶ Lesotho
- ▶ Mozambique
- ▶ Namibia
- ▶ South Africa
- ▶ Swaziland
- ▶ Tanzania
- ▶ Zambia
- ▶ Zimbabwe

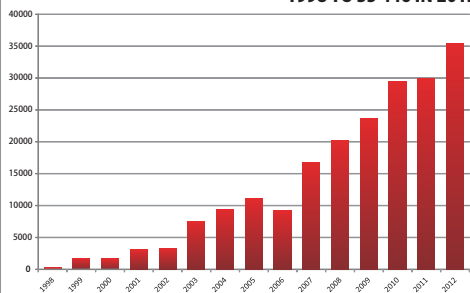


SINCE 1998 WE HAVE ENROLLED 200 501 STUDENTS ON FPD COURSES (1998 - END SEPTEMBER 2012)

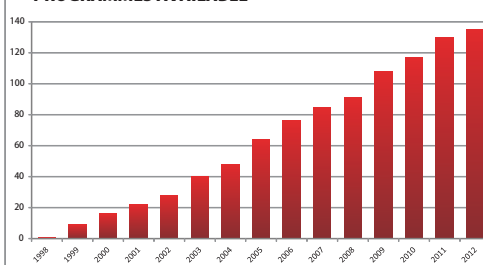
Each block represents 1 000 students



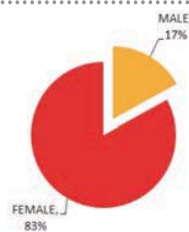
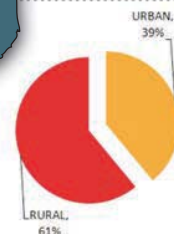
OUR STUDENT ENROLLMENT GREW FROM 72 STUDENTS IN 1998 TO 35 446 IN 2012

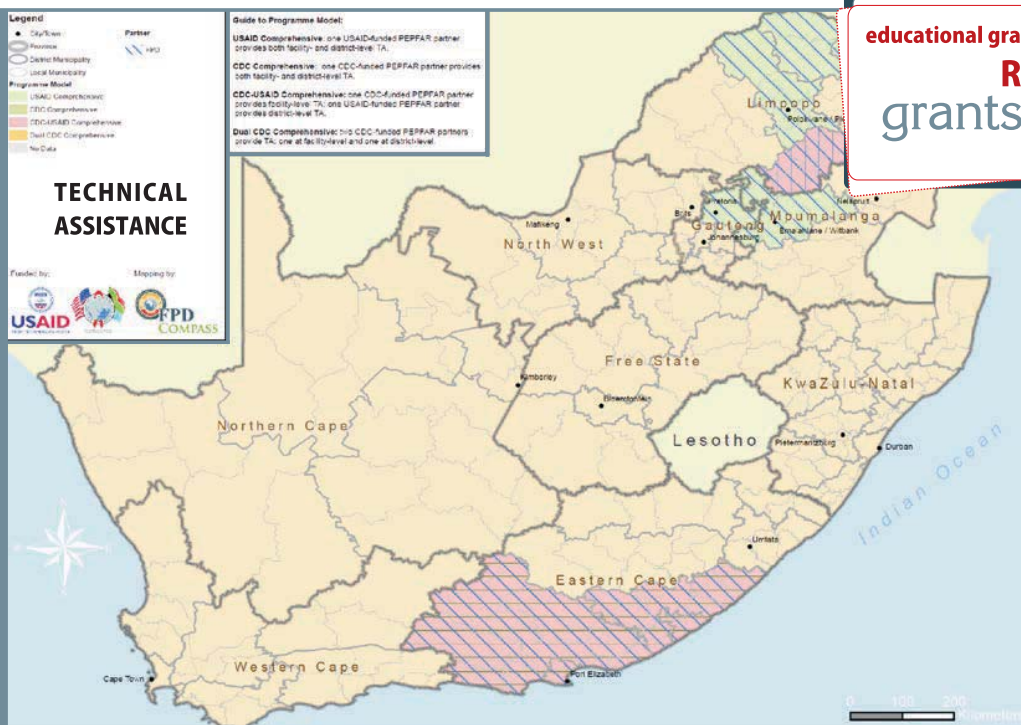


WE HAVE 135 CLINICAL AND MANAGEMENT TRAINING PROGRAMMES AVAILABLE

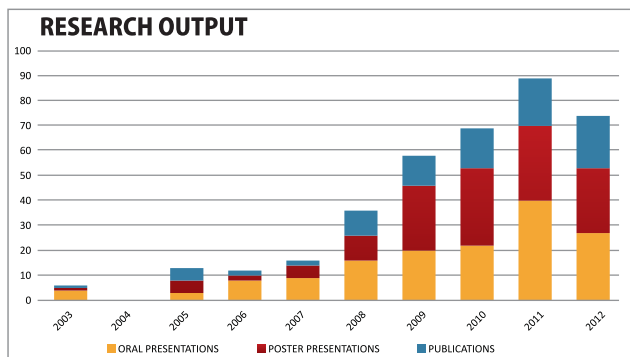
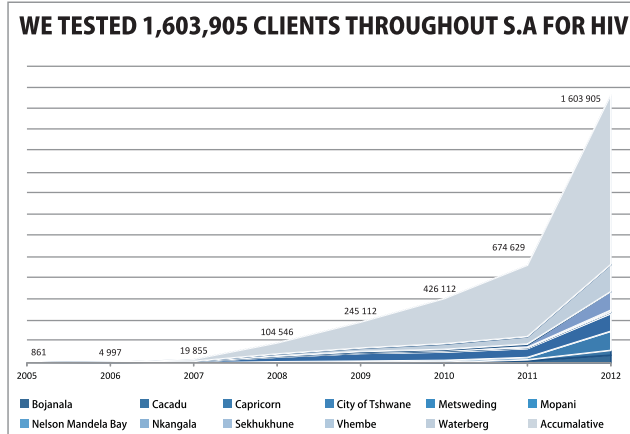
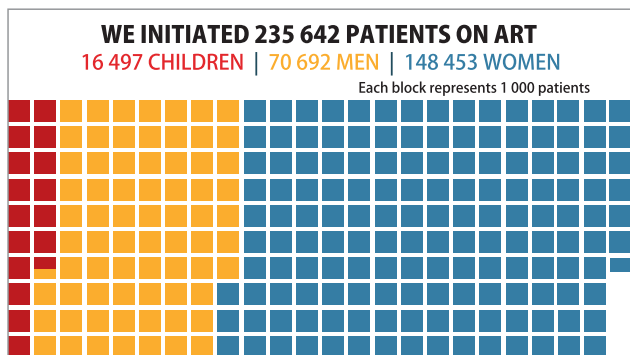


STUDENT DEMOGRAPHICS





educational grants to the value of **R300 million** provided to FPD students to date.



inspired to **Organise**
inspired to **Contribute**

LOCAL AND INTERNATIONAL CONFERENCES 2012



JOIN OUR ONLINE COMMUNITY AT
WWW.FOUNDATION.CO.ZA



Background

BACKGROUND

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

FOCUS AREAS

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

Teaching and Learning

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

Research

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

Community Engagement/Capacity Development

FPD does not follow the narrower definition of community engagement that is solely focussed on the role of students in the community. We believe that as an educational institution that attracts highly skilled social entrepreneurs we are in a position to effect positive transformation in society. The work we do in; supporting NGOs; improving access to AIDS and TB treatment and

care; gender based violence; recruiting and retaining of skilled professionals in the public health sector and strengthening public sector institutions and structures, speaks to this commitment. FPD is based on a virtual business model that places a high premium on strategic alliances with national and international partners to increase the scope and reach of our programmes. Such partnerships have been established with a wide range of academic institutions, development agencies, government, technology partners, professional associations and special interest groups.

ACCREDITATION AND REGISTRATION

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

- Advanced Certificate in Management [Adv. Cert. (Management)]
- Certificate in Practice Management [CPM]
- Certificate in Advanced Health Management [CAHM]
- Certificate in Risk Assessment & Management [CRAM]
- Diploma in Risk Assessment & Management (last intake 2012) [DRAM]
- Diploma in Advanced Health Management (last intake 2012) [DAHM]
- Higher Certificate in Management [H. Cert. (Management)]
- Postgraduate Diploma in General Practice [PG Dip. (General Practice)]
- Advanced Diploma in Aesthetic Medicine [Adv. Dip. (Aesthetic Medicine)]



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

BBBEE STATUS

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

AFFILIATIONS

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

THE FPD GROUP

THE FPD GROUP INCLUDES:

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

- Health Science Academy (Pty) Ltd (Reg. No. 1994/006219/07)
- Africa Health Placements (Pty) Ltd (Reg No 2011/128026/07)

FPD ALSO MANAGES THE FOLLOWING NGO'S:

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

FPD ACADEMIC CODE OF CONDUCT

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

FPD students are expected to treat fellow students, faculty and administrative staff with dignity and respect.

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

Governance and quality assurance structures



GOVERNANCE AND QUALITY ASSURANCE STRUCTURES

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

FPD BOARD OF DIRECTORS

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

INDEPENDENT DIRECTORS



- **MR DOUW VANDER WALT**
Chairperson
B.Com CAIB (SA) MBL, AEP (UNISA)



- **DR RAFIQ ABBAS**
Director
MBChB (UCT), FCFP (SA),
Dip Palliative Medicine (UTC),
C.I.M.E. (A.B.I.M.E.)



- **MS IDA ASIA**
Director
B.Cur (Hons), MA (Nursing),
MBL



- **DR MUTHEI DOMBO**
(up to December 2012)
Director
MBChCB (Cape Town)



- **DR GARY REUBENSON**
(from 1 January 2013)
Director
MBBCh, DTM&H, FC
Paed; DCH

EXECUTIVE DIRECTORS



- **DR GUSTAAF WOLVAARDT**
Managing Director
MBChB (Pret), M.Med (Int) (Pret),
FCP (SA), AMP (MBS), PGCHE (Pret)



- **MS VEENA PILLAY**
Academic Executive
MBA, PGCHE (Pret)

INDUSTRY REPRESENTATIVES

- Mr Brian Smith
- Mr Bryan Carpenter
- Ms Gizella du Plessis
- Mr Jan van Rooyen
- Ms Lucia Huyser

FACULTY REPRESENTATIVES

- Ms Gail Andrews
- Ms Gloria Mbokota
- Ms Regina Nkabinde
- Ms Sheila Zondo
- Ms Suzanne Johnson
- Ms Welmoed Geekie

COMPANY SECRETARY

- **MS ALET BOSMAN**
B.Com (Fin Man), HED, B.Com Hons (ACC)

STUDENTS AND ALUMNI

- Ms Charity Tshivhengwa
- Ms Tyamzashe-Shongwe

FPD PENSION FUND MANAGEMENT COMMITTEE

- **MS VEENA PILLAY**
Academic Executive
MBA, PGCHE (Pret)
- **MS MAUREEN FOURIE**
Head HR Administration
BMil (Human Sciences)
- **MR HENK REEDER**
Head Finance
B.Compt

MEMBERS OF THE FPD RESEARCH ETHICS COMMITTEE

- Prof David Cameron (Chairperson)
- Dr Monika dos Santos (Secretary)
- Dr Mitch Bresser
- Prof Julia Mekwa
- Ms Lilian Barlow
- Mr Braam Volschenk
- Dr Fritz Kinkel
- Ms Onthatile Ditshego
- Ms Suzanne Johnson (ad hoc)
- Dr Annie de la Querra (ad hoc)

PROGRAMME ADVISORY & QUALITY ASSURANCE COMMITTEE 2012/2013

ACADEMIC MANAGEMENT REPRESENTATIVES

- Ms Amor Gerber
- Mr Anton la Grange
- Dr Gustaaf Wolvaardt
- Ms Janine Mitchell
- Ms Veena Pillay



PARTICIPATION OF FPD STAFF IN EXTERNAL GOVERNANCE STRUCTURES

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

► DR GUSTAAF WOLVAARDT MANAGING DIRECTOR

- Dira Sengwe Conferences (Non-profit Company) - Member of the Board of Directors
- South African Institute of Healthcare Managers (Non-profit Company) - Member of the Board of Directors, (up to 31 December 2012)
- Aids Accountability International (Sweden) – Chairman of the Board,
- Africa Health Placements (Pty) Ltd- Member of the Board of Directors
- Africa Health Placements (Non-profit Company) – Member of the Board of Directors
- Tshwane Mayoral AIDS Council - Deputy Chairman
- Tshwane Growth and Development Planning Commission - Commissioner

► MS VEENA PILLAY ACADEMIC EXECUTIVE

- South African Institute of Healthcare Managers (Non-profit Company) – Voluntary Chief Executive Officer,

► MS JOANNE BRINK HEAD: EDUCATION

- African Leadership Academy Student Enterprise Board – Member of the Board of Directors

FPD INTERNATIONAL REPRESENTATIVES

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

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

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

ORGANISATION AND MANAGEMENT STRUCTURES

FPD staff is made up of a number of functional departments organised into clusters and departments reporting to the Managing Director. The structure reflected alongside will be applicable in 2013.

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 also acts as Head of the Special Projects Cluster.

ACADEMIC CLUSTER

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

► SCHOOL OF HEALTH SCIENCES

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

► BUSINESS SCHOOL

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



► **SCHOOL OF EDUCATION**

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

► **STUDENT ADMINISTRATION**

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

► **ACADEMIC OPERATIONS DEPARTMENT**

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

programme champions with the aim to promote a cycle of total quality management and inculcation of best practice.

► **STRATEGIC INFORMATION TECHNICAL ASSISTANCE**

Provides technical support and expertise to district Health Information Management and other Programmes strengthen collection, collation, reporting and use of data from routine health information systems and other relevant sources with the aim to foster a culture of evidence based decision making from the facility to district management team level.

TECHNICAL ASSISTANCE CLUSTER

The Technical Assistance Cluster has a strong focus on comprehensive health systems strengthening activities. The following departments form the cluster:

► **FACILITY BASED TECHNICAL ASSISTANCE**

Provides facility-level training, coaching, mentorship and support through a roving mentor team model with the aim to ensure improved service delivery and quality of care with key focus on antiretroviral treatment, TB/HIV/STI integration, provider initiated counselling and testing (PCT) and maternal and child health and reproductive health.

► **DISTRICT BASED TECHNICAL ASSISTANCE**

Provides expert consultancy and technical support to District Management Teams with the aim to support translation of policy into District-appropriate strategies with District-own operational plans, budgets and systems.

► **PRIORITY HEALTH PROGRAMMES TECHNICAL ASSISTANCE**

Provides technical clinical and programmatic expertise to priority health programmes (HIV, TB, MCH and Community Health) through

SPECIAL PROJECTS CLUSTER

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

► **FPD COMPASS PROJECT**

FPD Compass is a project of FPD that has traditionally been involved in the mapping of service provision and capacity building with the aim of improving community's abilities to effectively respond to HIV/AIDS. The philosophy that this is based on is that an effective response to the HIV epidemic requires a coordinated mobilisation of all resources in a specific community.

Currently Compass is undergoing a rapid shift in its strategic direction. It is continuing with the mapping component and capacity building in the form of the NGO scorecard, however; the current strategic direction of Compass is along the lines of technological innovation. The route Compass is pursuing is to become the technological innovation hub of FPD through which new technologies, specifically those in the medical space, will be conceptualised, designed and incubated. As global technologies advance at an exponential rate and penetrate the market more readily, there is a growing need for medical applications that can assist medical practitioners



FPD Technical Assistance Team
serves a population
of **11 113 178**

and the general public respond more effectively to the health needs of the community as well as information dissemination.

► SHIPS PROGRAMME

FPD offers a number of service 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 and undergraduate service learning.

► GENDER BASED VIOLENCE PROJECT

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

► FPD BASIC EDUCATION PROJECT

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

OPERATIONS CLUSTER

The Operations Cluster provides crosscutting operational support to all FPD departments, both at Head Office and at sites throughout South Africa, and includes:

► FINANCE 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.

► IT DEPARTMENT

Facilitates and coordinates the functions related to information technology.

► HR ADMINISTRATION DEPARTMENT

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

► TRAVEL BUREAU

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

► PROPOSAL UNIT

FPD's proposal unit coordinates all new grant, proposal and tender opportunities to expand outreach and growth opportunities and ensure sustainability for future periods.

FPD MANAGEMENT TEAM

■ SENIOR MANAGEMENT

Managing Director:

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

■ Technical Assistance Executive:

Ms Suzanne Johnson,
BSLA, MPH

■ Academic Executive:

Ms Veena Pillay,
MBA, PGCHE

► DEPARTMENT, PROGRAMME AND PROJECT HEADS

ACADEMIC CLUSTER

■ Head: Student Administration:

Ms Amor Gerber,
B.Com, DTE, SLP

■ Head: Quality Assurance and Academic Programme Development:

Mr Anton la Grange,
BSc (Ed), BSc (HONS), CAHM, MBS AMP

■ Head: Health Sciences:

Dr Grace Makgoka,
MBChB, Dip HIV Mang (CMSA)

SPECIAL PROJECTS CLUSTER

- ▶ **FPD Compass Project:**
Mr Riyaadh Ebrahim,
B.Com (Economics, Business Management)
- ▶ **FPD Basic Education Project:**
Ms Joanne Brink,
MBA, CA (SA), B.Comm Law
- ▶ **FPD Fellowship Programme:**
Ms Slindo Shamase,
BA, MAP
- ▶ **Conferences & Special Events:**
Mr Pieter Swart,
CMM, CMP
- ▶ **Gender Based Violence Project:**
Ms Siziwe Ngcwabe,
BA(SW), Diploma HR, Cert. EAP, CAHM

TECHNICAL ASSISTANCE CLUSTER

- ▶ **Facility Based Technical Assistance:**
Ms Hanlie van der Merwe,
B.Cur, CAHM
- ▶ **District Based Technical Assistance:**
Dr. Astrid Dearham,
MBChB, Dip HIV Man (CMSA), MMed (PHM), FCPHM (SA)
- ▶ **Strategic Information Technical Assistance:**
Ms Suzanne Johnson,
BSLA, MPH
- ▶ **Priority Health Programmes Technical Assistance:**
Dr Margot Uys,
MB.BCh, BA (Mus) Hons, HED, AHMP

OPERATIONS CLUSTER

- ▶ **Finance:**
Mr Henk Reeder,
BCompt
- ▶ **Human Resource Administration:**
Ms Maureen Fourie,
BMil (Human Science)
- ▶ **Information Technology**
Mr Kershen Naidoo
MCSE, MSDBA

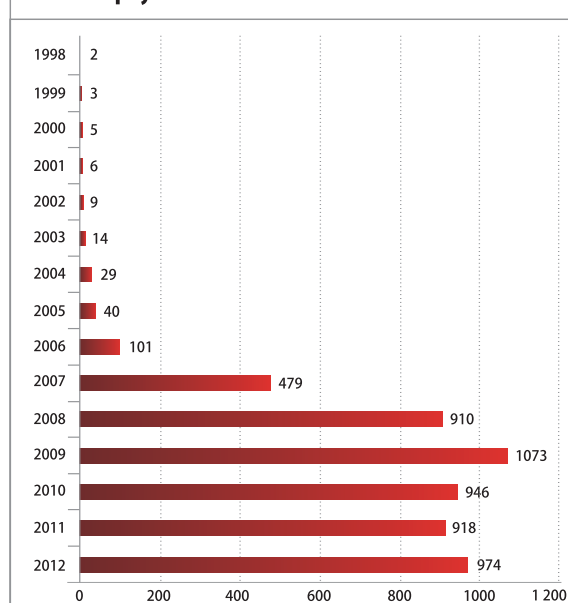
STAFF

2012 saw a major change of focus of FPD's largest donor from supporting governments AIDS programmes through direct service delivery to one of technical assistance. This change coincided with the end of a five year project that allowed FPD to second clinical and administrative staff to more than 60 government AIDS clinics. The conclusion of this project has resulted in a substantial number of staff reaching the end of their contracts with FPD. By September 2010 there were 706 employees on this grant who would be affected by this PEPFAR project coming to an end in 2013.

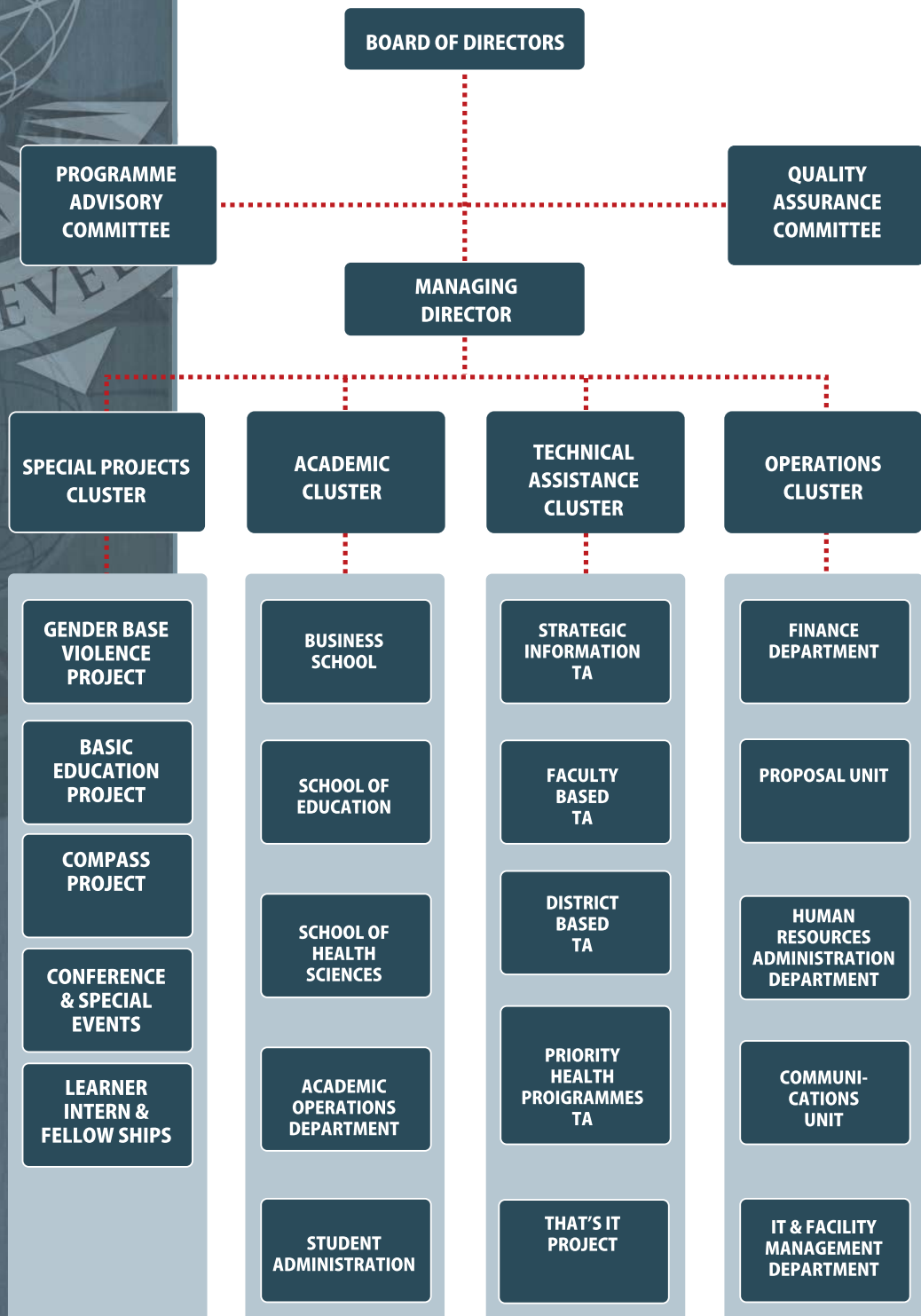
Given the large number of FPD staff that would be affected by this project concluding, FPD initiated a two year project to minimize the impact on affected staff through the following approach:

- ▶ Securing employment with government or other PEPFAR partners for 186 staff members;
- ▶ Successfully competing for new grants allowed 306 staff members to be transferred to new grants;
- ▶ Increasing 178 exiting staff members employability through enrolling them on learnership programmes;
- ▶ 150 positions were also closed through natural attrition and unfortunately 36 staff members could not be accommodated by the above measures.

Staff on payroll as on 31 December 2012



Organisational Structure



EDUCATION

Formal qualifications and short course training

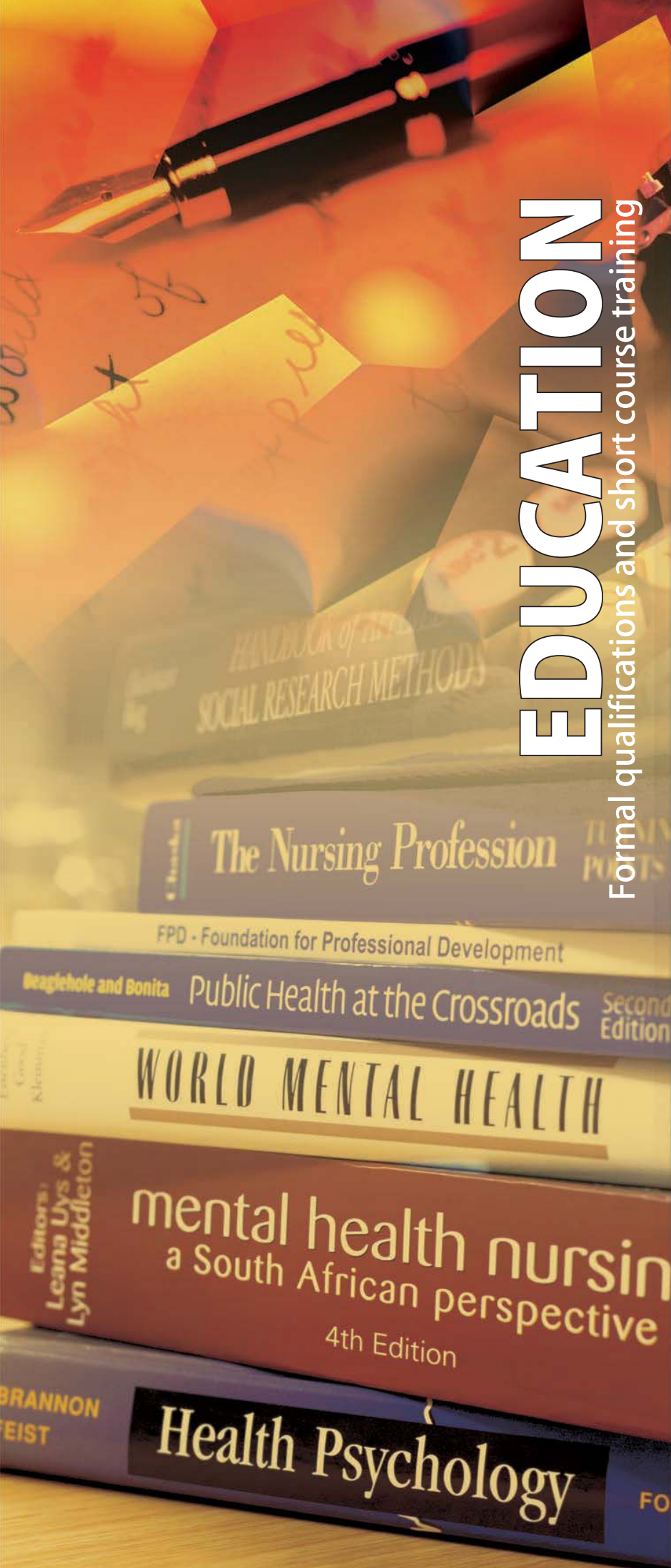
EDUCATION

Facts and Figures

Graduation

Educational offering

FPD Conferences and
Special Events



Education



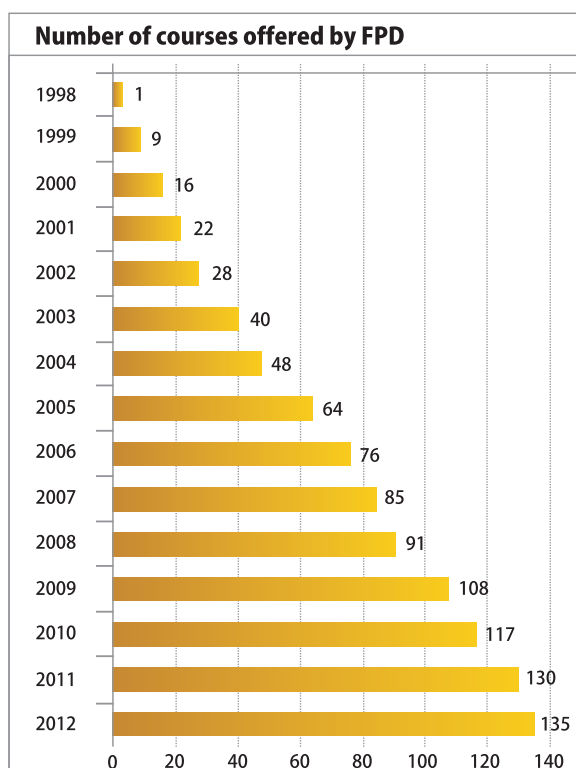
EDUCATION

TEACHING AND LEARNING FOCUS AREAS

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

CURRICULUM DEVELOPMENT

The number of separate courses offered by FPD increased from one in 1998 to over 135 by the end of 2012 as shown in the graph below.



DURING THE PAST YEAR THE FOLLOWING NEW COURSES WERE DEVELOPED:

FORMAL REGISTERED QUALIFICATIONS SUBMITTED TO CHE, SAQA and DHET FOR ACCREDITATION AND REGISTRATION DURING 2012

- Advanced Certificate in Monitoring and Evaluation [Adv. Cert. (Monitoring and Evaluation)]
- Advanced Certificate in Operating Department Assistance [Adv. Cert. (Operating Department Assistance)]
- Higher Certificate in Pharmacy Technician [H. Cert. (Pharmacy Technician)]
- Bachelors in Business Administration [BBA]

COURSES FOR CLINICIANS

- Emergency Medicine
- Clinical Management of HIV and AIDS for Oral Health Practitioners
- Breast Cancer for Health Care Practitioners in Kenya

MULTIDISCIPLINARY COURSES

- Community Health Worker Phase 2

COURSES FOR OTHER PROFESSIONAL

- Gender Based Violence for Educators

E-LEARNING COURSES

- Clinical Management of HIV and AIDS for Health Care Practitioners
- Clinical Management of TB for Health Care Practitioners
- Clinical Management of Diabetes for Health Care Practitioners
- Store Persons Course
- Mental Health Course
- Clinical Management of Cardiovascular Disease
- Clinical Management of Common Vascular Disease
- Clinical Management of Asthma



- Clinical Management of STI's
- Clinical Management of Pediatric HIV and AIDS
- Medical Ethics – 4 different electives

OUTCOMES AND HIGHLIGHTS OF 2012

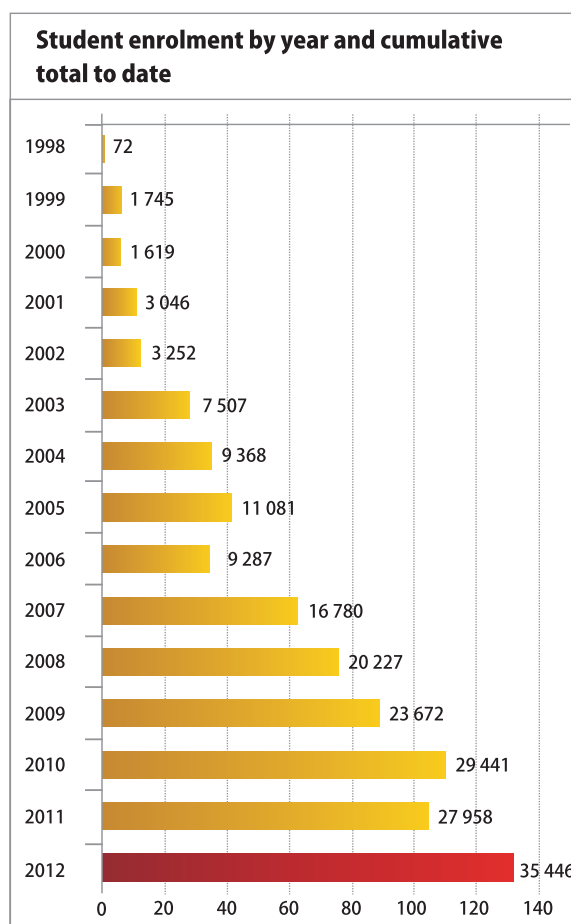
- ▶ Enrolled the 200 000nd student.
- ▶ Launched breast cancer training programmes in Kenya, supported by Astra Zeneca.
- ▶ Trained 500 Educators on gender based violence in schools, supported by SIDA.
- ▶ Trained and assessed 24 FPD clinical nurse mentors.
- ▶ Training of 90 junior doctors in district hospitals in the management of obstetric emergencies in collaboration with Prof Bob Pattinson, University of Pretoria.
- ▶ Trained 5066 community health care workers in association with the National Department of Health bringing the total number trained to date 9442.
- ▶ Launched our first group of e-learning programmes. A total of eleven on-line training programmes are currently available to students.
- ▶ Successfully registered the Advanced Diploma in Aesthetic Medicine.
- ▶ Expanded health management development in Africa with 74 Senior managers from Uganda, Malawi and Zambia being awarded scholarships on the Advanced Health Management (AHMP) programme(SIDA).
- ▶ Awarded 295 scholarships for junior management students on the Higher Certificate in Management (HCM) course (PEPFAR).
- ▶ Awarded 38 scholarships to senior managers on the Certificate in Advanced Management (CAHM) programme(PEPFAR).
- ▶ Awarded 165 scholarships for senior managers on the Advanced Health Management (AHMP) programme(PEPFAR).

- ▶ Held the largest graduation ceremony to date with **657students** graduating.

STUDENT ENROLMENT

FPD in 2012 enrolled the largest number of students to date with **35,446** students enrolments, bringing the total number of students who have studied with FPD since its launch in 1998 to **200,501**.

The graph following illustrates this growth in student numbers.



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

ALUMNI SUPPORT SERVICES

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

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

Clinical call all 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 alumni FPD courses, 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 alliance with two professional associations. FPD's sponsorship of membership fees for alumni where these associations ensures access to a wide variety of mentorship and continuing educational products such as journals and newsletters, as well as meetings.

FPD currently has arrangements to provide such support with the Southern African HIV Clinicians Society (SAHIVS) and South African Institute of Health Care Managers (SAIHCM).

SCHOLARSHIPS

During 2012, FPD continued to support efforts to promote access to education through securing educational grants from sponsors and donors for all potential FPD students.

The funding, grants and sponsorships are utilised in the form of a subsidy to enrol potential students. This reduces costs as a barrier to education. The funding, grants and sponsorships are utilised in the form of a subsidy to enrol potential students. This reduces costs as a barrier to education. During 2012, educational grants and sponsorships to the value of R89million were awarded to FPD students. R 16,5 million of this was provided outside of South Africa to Southern and Eastern African citizens in line with FPD's goal to establishing a regional presence.



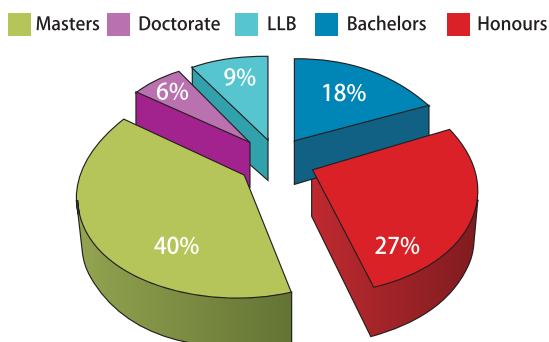
**The total monetary
value of scholarships
awarded since
1998 is R 300 000 114**

Facts and Figures

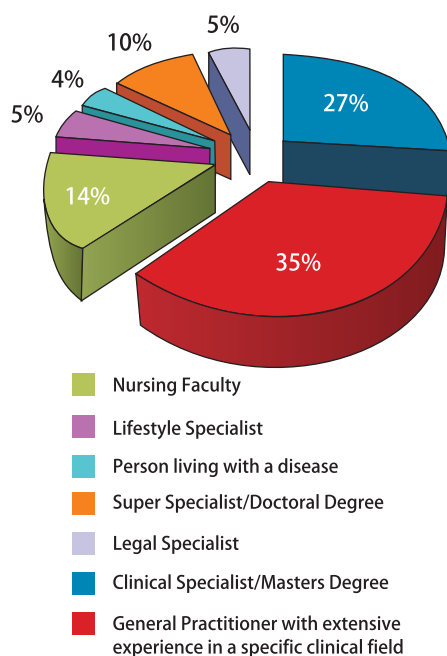
FACULTY

FPD employs a model, using a contracted faculty panel, which enables its access to the best faculty in the field. Most of the FPD department heads also act as faculty. The following graphs provide an overview of the qualifications and expertise of FPD staff who taught on programmes in 2012.

**QUALIFICATIONS OF FACULTY 2012:
MANAGEMENT TRAINING**



**QUALIFICATIONS OF FACULTY 2012:
CLINICAL TRAINING**

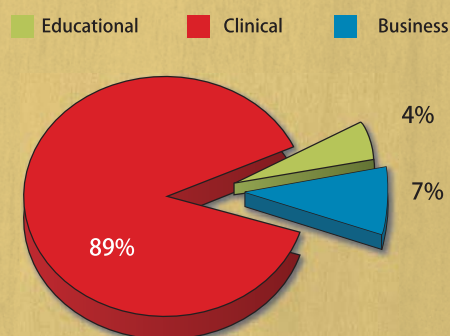


FACTS AND FIGURES

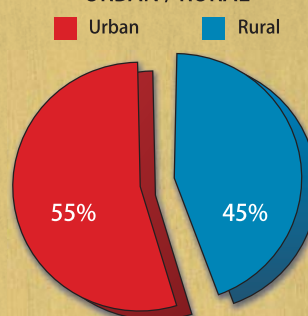
This section provides an overview in graphic form of the demographics of students who were enrolled on FPD courses during 2012.

STUDENT BREAKDOWN 2012:

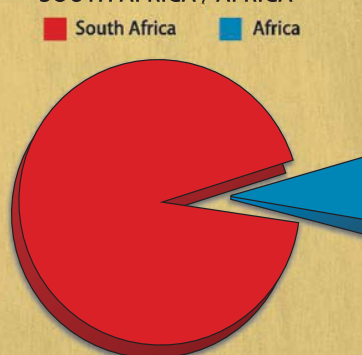
**STUDENT BREAKDOWN 2012
COURSE ENROLMENT**



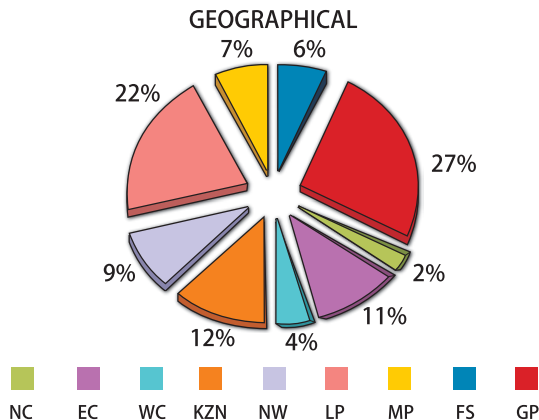
**STUDENT BREAKDOWN 2012
URBAN / RURAL**



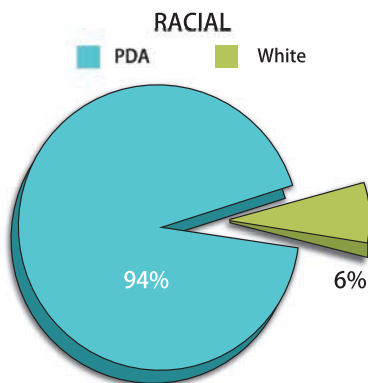
**STUDENT BREAKDOWN 2012
SOUTH AFRICA / AFRICA**



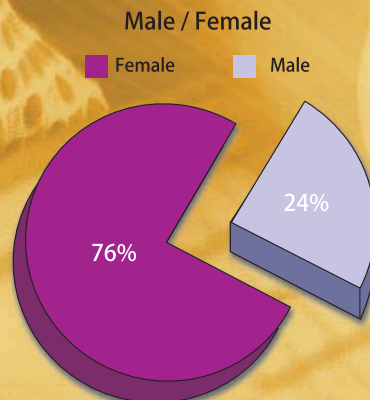
STUDENT BREAKDOWN 2012



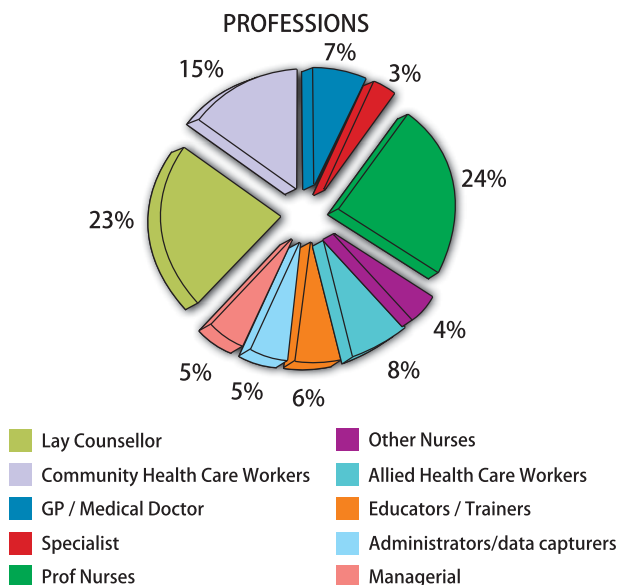
STUDENT BREAKDOWN 2012



STUDENT BREAKDOWN 2012



STUDENT BREAKDOWN 2012



FPD employs a model, using a **contracted faculty panel**, which enables its access to the **best faculty in the field**.



GRADUATION

Largest graduation to date with 657 students graduating from FPD courses



Educational offering



MANAGEMENT AND BUSINESS COURSES

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

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

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

FORMAL REGISTERED MANAGEMENT QUALIFICATIONS

► ADVANCED CERTIFICATE IN MANAGEMENT [Adv. Cert (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 their business, their specific industry, and wider global forces that impact on the management environment. Managers are motivated to develop an increased appreciation of their role as a manager and leader, whilst also developing the knowledge and skills required to assess and have an increased understanding of themselves as individuals.

► CERTIFICATE IN ADVANCED HEALTH MANAGEMENT (CAHM)

This course is an intensive management development programme, tailored to the needs of healthcare managers and professionals. This course has been specifically customised for the South African healthcare environment and focuses on developing in-depth strategic and functional management competencies.

► CERTIFICATE IN PRACTICE MANAGEMENT (CPM)

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

► CERTIFICATE IN RISK ASSESSMENT AND MANAGEMENT (CRAM)

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

► DIPLOMA IN RISK ASSESSMENT AND MANAGEMENT (DRAM) – last intake 2012

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

► DIPLOMA IN ADVANCED HEALTH MANAGEMENT (DAHM) – last intake 2012

The diploma addresses the management needs of

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

► **HIGHER CERTIFICATE IN MANAGEMENT
[H. Cert. (Management)]**

This qualification is targeted at addressing the management training needs of participants in current junior management positions, to provide them with knowledge and skills that will enable them to progress into middle management positions. The Higher Certificate in Management is structured in such a way that it gives learners exposure to apply organisational management principals on an operational, functional and strategic level.

INTERNATIONAL SHORT COURSES

► **MANCHESTER BUSINESS SCHOOL ADVANCED
MANAGEMENT PROGRAMME (MBS AMP)**

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

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

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

OTHER BUSINESS SHORT COURSES

► **ADVANCED PROJECT MANAGEMENT**

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

► **PRACTICE FINANCE FOR PRIVATE PRACTITIONERS**

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

► **FINANCE FOR PUBLIC SECTOR MANAGERS**

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

► **MONITORING AND EVALUATION**

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

► **LEGISLATIVE UPDATE SEMINARS**

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

► **RESOURCE MOBILISATION AND DONOR
RELATIONS**

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

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

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

Educational offering

► BBBEE

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

► DIVERSITY MANAGEMENT

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

► LABOUR LAW

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

► THE ULTIMATE RESCUE PLAN FOR YOUR BUSINESS

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

► PROGRAMME EVALUATION

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

DISTANCE BASED BUSINESS COURSES

► FORMAL QUALIFICATIONS CERTIFICATE IN PRACTICE MANAGEMENT (CPM)

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

OTHER MANAGEMENT SHORT COURSE

► MANAGEMENT DEVELOPMENT SHORT COURSES:

- Health Management Programme (HMP)
- Advanced Programme in Management (APM)
- Human Resource Management
- Leadership Skills
- Marketing and Communication
- Personal Effectiveness
- Project Management
- Public Speaking
- Strategic Planning



CLINICAL COURSES

FPD
SCHOOL OF
HEALTH SCIENCES

FORMAL POSTGRADUATE QUALIFICATION

► ADVANCED DIPLOMA IN AESTHETIC MEDICINE [Adv. Dip. (Aesthetic Medicine)]

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



► POSTGRADUATE DIPLOMA IN GENERAL PRACTICE (PDGP)

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

CLINICAL SHORT COURSES

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

COURSES FOR CLINICIANS

- Seminar on Starting a Successful Private Specialist Practice
- Advanced HIV and AIDS Management Programme
- Anaesthesiology Refresher
- Clinical Management of Allergies
- Clinical Management of Asthma
- Clinical Management of Breast Cancer for Healthcare Professionals
- Clinical Management of Cardiovascular Diseases
- Clinical Management of Common Vascular Disease
- Clinical Management of Dermatology
- Clinical Management of Diabetes Mellitus
- Clinical Management of Epilepsy
- Clinical Management of GORD
- Clinical Management of HIV/AIDS
- Clinical Management of Malaria
- Clinical Management of Rheumatology
- Clinical Management of Severe Sepsis
- Clinical Management of Tuberculosis
- Clinical Management of Urinary Incontinence
- Cryptococcal Management Course for Healthcare Professionals
- Dermatology in HIV/AIDS
- Destigmatisation

- Disability Assessment Course
- Diagnostic Ultrasound
- Doctors Orientation Programme
- Emergency Medicine
- Genderbased Violence for Healthcare Professionals
- Infection Control and IPT Course
- Irritable Bowel Syndrome
- Male Circumcision Under Local Anaesthesia
- Management of Opioid Dependence and Abuse
- Mental Health
- Multidrug-Resistant Tuberculosis Course
- Pediatric HIV/AIDS: Management Course
- Practice Pathology
- Prevention of Mother to Child Transmission (PMTCT)
- Rational Use of Antibiotics
- Sonar – Obstetrics/Gynecology
- Substance Abuse

COURSES FOR REGISTERED NURSES

- Basic HIV Management Course
- Case Management for Professional Nurses
- Clinical Competency of ARV Treatment Programme – CCART
- Clinical Management of Diabetes Mellitus for Professional Nurses
- Clinical Management of HIV and AIDS for Professional Nurses
- Clinical Management of Tuberculosis for Professional Nurses
- Integrated Management of TB, HIV and STI's
- Muscular Dystrophy
- Nurse Initiated Management of Anti-Retroviral Therapy (NIMART)
- Nurse Mentor Course
- Palliative Care Nursing for Professional Nurses

MULTIDISCIPLINARY COURSES

- Adherence Counselling for ART
- Clinical Management of Obesity
- Clinical Trial Management (GCP)
- Counselling & Testing
- HIV/Aids in the Workplace
- HIV Refresher Seminar
- Palliative Care
- Provider Initiated Counselling and Testing (PICT)

Educational offering

COURSES FOR OTHER HEALTHCARE WORKERS

- Anti-Retroviral Drug and Compliance Workshop for Non-Medical Professional
- Breast Cancer for Volunteers
- Counselling Survivors of Intimate Partner
- Violence in the Context of HIV/AIDS Treatment Facilities
- Community Health Workers Phase 1 and Phase 2
- HIV/AIDS Counselling, Prevention and Education Programme for Community Workers
- HIV Rapid Testing
- Introduction of HIV for Supporters, Caregivers and Lay-counsellors
- Introduction of TB for Supporters, Caregivers and Lay-counsellors
- Introduction of HIV and TB for Supporters, Caregivers and Lay-counsellors

CLINICAL PRACTICE SUPPORT COURSES

- Practice support courses address specific competencies required for successful self-employed practices not addressed in FPD business courses.
- ART Registers
- Anatomy and Physiology for Non-Healthcare Professionals
- Coding Course (CPT and ICD 10)
- How to Run an ARV Clinic
- Medical Record Keeping
- Medical Terminology and Anatomy for non HCP
- Storeman's Course

DISTANCE EDUCATION CLINICAL COURSES

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

- Clinical Management of Epilepsy
- Clinical Management of HIV and AIDS for Health Care Professionals
- Clinical Management of Rheumatology
- Clinical Management of Severe Sepsis
- Clinical Management of Tuberculosis for Health Care Professionals
- Dispensing
- Dispensing Opticians
- Ethics for Optometrists

- ICD 10 coding
- Irritable Bowel Syndrome
- Medical Ethics
- Medical Terminology and Anatomy for non healthcare professionals
- Mental Health
- Optometry Volume 1 & 2
- Practice Pathology
- Professional Drivers Permit Course
- Urinary Incontinence Management

E-LEARNING COURSES

The following courses are now offered via e-learning:

- Certificate in Practice Management
- Clinical Management of Asthma
- Clinical Management of Cardiovascular Disease
- Clinical Management of Common Vascular Disease
- Clinical Management of Diabetes for Health Care Practitioners
- Clinical Management of Epilepsy
- Clinical Management of HIV and AIDS for Health Care Practitioners
- Clinical Management of Pediatric HIV and AIDS
- Clinical Management of STI's
- Clinical Management of TB for Health Care Practitioners
- Clinical Management of Urinary Incontinence
- HIV Counselling and Testing
- Store persons course
- Mental Health Course
- Medical Ethics – 4 different electives

FPD School of Education



COURSES FOR EDUCATORS

- Course on Best Evidence in Education: Facilitator Development (Train-The-Trainers)
- Course on Best Evidence Practices in Education: Assessor and Moderator
- Managing HIV/AIDS in Schools
- Managing Violence in Schools
- Managing Violence in the Community

CUSTOMISED ORGANISATION SPECIFIC (IN-HOUSE) COURSES

FPD has developed particular expertise in developing customised educational programmes for the staff of various organisations. Organisations marked with (*) denotes 2012 clients. To date FPD has provided customised in-house training programmes for staff of the following organisations:

► PUBLIC SECTOR ORGANISATIONS

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

► INTERNATIONAL ORGANISATIONS

- UNAIDS
- WHO (Afro)
- Medical Protection Society (MPS)
- CDC
- UNICEF

► CORPORATIONS

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

► MEDICAL SCHEMES/ADMINISTRATORS

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

► HOSPITAL GROUPS

- Netcare
- Klerksdorp Hospital

► NETWORKS

- GP Net
- Spesnet
- Prime Cure

► PHARMACEUTICAL INDUSTRY

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

► NON PROFIT ORGANISATIONS

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

► MEDICAL EQUIPMENT SUPPLIERS

- Stryker South Africa
- IMPILO
- SSEM Mthembu

Create new knowledge through appropriate research

educational offering

► **CONTRACTED TRAINING PROVIDED ON BEHALF OF OTHER ACADEMIC INSTITUTIONS**

- University of Pretoria
- CIDRZ (Zambia)
- Columbia University
- Regional Training Centre Eastern Cape
- Regional Training Centre Mpumalanga
- Regional Training Centre Limpopo
- ICAP
- MRC
- UKZN*
- Walter Sisulu University
- Tshwane University of Technology
- Health Science Academy

Conferences & Special Events



FPD CONFERENCES & SPECIAL EVENTS

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

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

CORE CAPABILITIES

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

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

Conferences & Special Events

The 17th International Conference on AIDS and STI's in Africa (ICASA) which is

Africa's premier AIDS conference
will for the first time be held in South Africa in 2013
bringing 10 000 international delegates
to the country to focus on the challenges of
sustaining commitment to the AIDS
response in Africa.



THE FPD CONFERENCE ORGANISING MODEL

Being based in one of the premier private higher education institutions that play a major regional development role, gives FPD Conferences a unique advantage. This provides FPD Conferences with access to a team of highly qualified strategic thinkers and entrepreneurs allowing us to provide clients with strategic and business development advice. FPD is also in a position to take financial risk and underwrite new conferences through joint venture and risk sharing models. FPD also has a long standing relationship with Dira Sengwe the NGO that is the custodian of the South African National AIDS Conference to provide the conference secretariat to this NGO.

OUTCOMES AND HIGHLIGHTS OF 2012

In 2012 FPD organised the following events:

- ▶ South African Society of Anaesthesiology National Congress (SASA 2012)
- ▶ 1st South African Basic Education Conference (SABEC)
- ▶ Forum 2012 (The Global Forum for Health Research)
- ▶ Medical Education Partnership Initiative Workshop
- ▶ 3rd South African TB Conference
- ▶ 2nd Orphans and Vulnerable Children in Africa Conference
- ▶ The World Toilet Summit

Work also started on the following events planned for 2013:

- ▶ 6th SA AIDS Conference
- ▶ 2nd International HIV Social Sciences and Humanities Conference, which will be held in Paris France in partnership with the Association for Social Sciences and Humanities in HIV, will also be the first time that FPD organises a conference in Europe
- ▶ The 17th International Conference on AIDS and STI's in Africa (ICASA) which is Africa's premier AIDS conference will for the first time be held in South Africa bringing 10 000 international delegates to the country to focus on the challenges of sustaining commitment to the AIDS response in Africa.

Capacity Development

CAPACITY DEVELOPMENT

The educational white paper of 1997 emphasised the importance of integrating community engagement into higher education in South Africa. This white paper called on higher education institutions to demonstrate their commitment to social transformation by making available the expertise in these institutions to address the challenges faced by the community. FPD has interpreted this mandate through a focus on developing capacity in the broader South African community including government, academia and civil society and dedicates substantial funding and staff to these activities. The following departments and clusters focus their work predominantly on this goal.



FPD's Technical Assistance Cluster is the evolution of FPD's Positive Life Project, a project initiated in 2005 in response to the urgent need to rapidly establish and scale up public sector antiretroviral treatment (ART) clinics in the South African. In response to the changing HIV service environment, following the decentralization of ART services to primary health care clinics under the supervision of NIMART (Nurse Initiated and Managed Antiretroviral Treatment) nurses and the new PEPFAR Partnership Framework negotiated between the South African government and the US government, FPD's focus in 2012 shifted from supporting direct service delivery to providing comprehensive technical assistance (TA). The aim of FPD's TA is to strengthen the health systems and thereby improve HIV/TB-related health outcomes.



**FPD
TECHNICAL
ASSISTANCE**

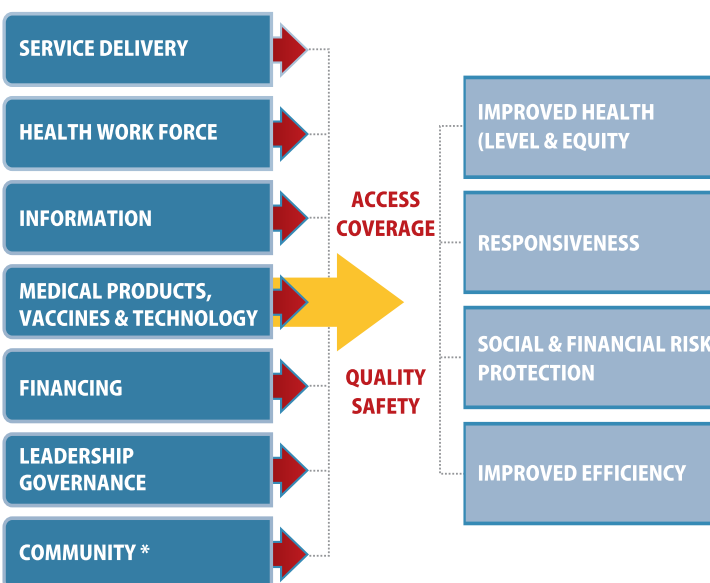
**Leadership
Human resource
Information
Finance
Service Delivery
Products and Technology
Community**

During 2012, FPD completed the transition from the Positive Life Project and phased out all direct service delivery activities and at the same time scaled up its TA staff complement in order to provide a comprehensive package of TA.

As a guide for the FPD TA strategy, FPD adopted an approach based on the World Health Organization (WHO) Health Systems Framework and systems thinking for health systems strengthening (WHO, 2010). This framework identifies six components of a health care delivery system namely: Leadership, Human Resource, Information, Finance, Service Delivery, Products and Technology. In addition to the six building blocks, FPD has adopted Community as a seventh building block.

Health systems strengthening model

SYSTEM BUILDING BLOCKS



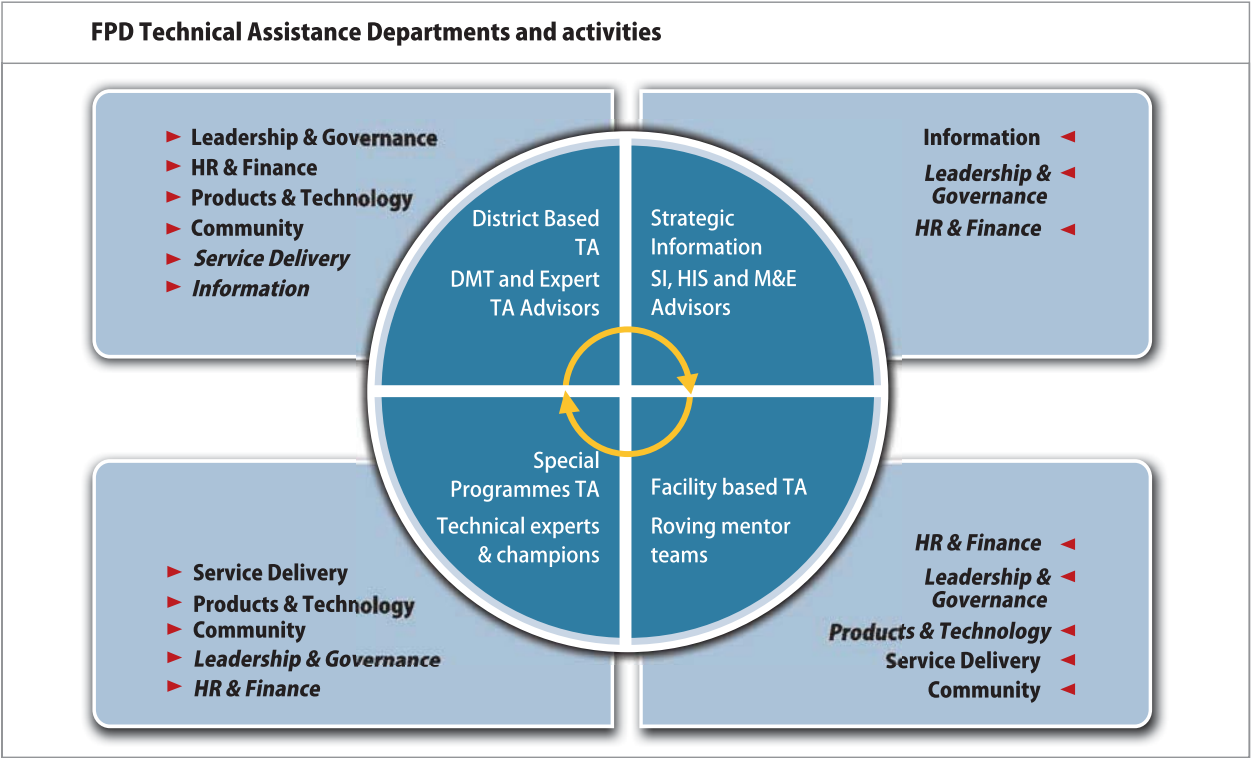


In partnership with the South African government, FPD's technical assistance approach aims to develop and inform strategies to help Districts realize the National Strategic Plan on HIV/AIDS and PHC Re-Engineering Strategy; support District and facility management draft, implement and monitor progress against District Health Plans and related work plans; and support districts to achieve and maintain targeted levels of performance for PEPFAR's priority areas. Although FPD's focus area remains strengthening HIV/TB related services, our approach is rooted in a comprehensive health systems strengthening approach from the District Management Team to the facility's service delivery.

The Technical Assistance Cluster renders comprehensive technical assistance aligned to the WHO's Health Systems Building Blocks through the following departments:

FPD provides technical assistance through four complementary work streams that are needs-driven and sustainable within the structures of the Department of Health:

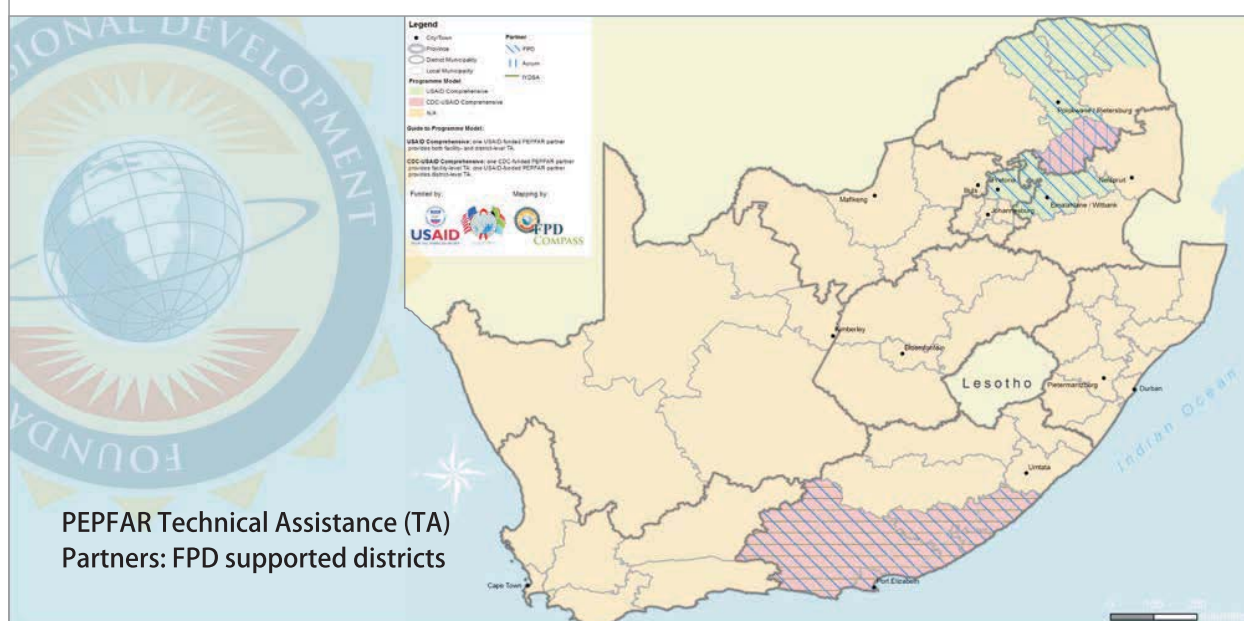
- Targeted **Educational Programs** delivered in partnership with Regional Training Centres and aligned to the District Health Plan and key priority areas.
- **Facility Based Technical Assistance** delivered through roving mentor teams and programme champions aligned to facility needs, the District Health Plan and priority programme areas.
- **District Management-Based Technical Assistance** delivered through District Management Team (DMT) TA advisors, in-house and short-term consultants and technical experts aligned to the building blocks (including focus on strategic and operations management, HR management systems, finance, community mobilization, supply chain management, lab systems, infrastructure, strategic information including M&E and Health Information Systems, etc.).
- **Sustainability and Resource Mobilization** delivered through the cluster's management structures with the aim to secure and/or leverage additional funding in support of the district health system and improved health outcomes.




OUTCOMES AND HIGHLIGHTS OF 2012

During 2012, FPD secured funding through two new grants through USAID to support comprehensive technical assistance in four districts (Tshwane/Metsweding GP, Vhembe LP, Capricorn LP, and Nkangala MP) and district level technical assistance in five districts (Greater Sekhukune LP, Amatole EC, Buffalo City EC, Nelson Mandela Bay Metro EC, and Cacadu EC). As part of the grant application process, FPD exited out of Bojanala district in NW Province.

Districts that FPD supports through the USAID/PEPFAR funded TA programme



Population distribution FPD partnered TA districts

	PROVINCE	DISTRICT	POPULATION 1	2012 LIVE BIRTHS 2
DISTRICT HYBRID	Eastern Cape	Amatole	892 637	11 793
		Buffalo City	755 200	14 766
		Cacdu	450 584	6 044
		NMM	1 152 115	18 326
	Limpopo	Greater Sekhunda	1 076 840	17 426
USAID COMPREHENSIVE	Limpopo	Capricorn	1 261 463	30 858
		Vhembe	1 294 722	26 879
	Mpumalanga	Nkangala	1 308 129	19 449
	Gauteng	Tshwane/Metsweding	2 921 488	39 659
	TOTAL FPD PARTNERED DISTRICTS ALL		11 113 178	185 200
	TOTAL SA POPULATION		51 770 560	911 353
	% TOTAL SA POPULATION		21%	20%

FPD laid a strong foundation for the next five years by completing its Technical Assistance strategy and restructuring the cluster and departments to position FPD to provide a more comprehensive approach to health systems strengthening in our partnered districts. The FPD Technical Assistance Cluster is currently funded entirely through USAID and receives support from PEPFAR. In accordance with donor requirements, the Technical Assistance Cluster operates on the PEPFAR budgeting cycle that runs from October to September.

All indicators reported below measure project output during the most recent PEPFAR year: October 2011 to September 2012. Some graphs also depict annual progress made by FPD from 2005 - 2012 in supporting department of health programme activities. The year 2012 marks the official launch of FPD's Technical Assistance grant which was celebrated at the TA Launch conference at Gallagher Conference Center on 29th-30th of October, 2013.

technical assistance grant officially launched in 2012

Performance against expanded (stretch) targets 2012

COP INDICATORS	Q 1	Q 2	Q 3	Q 4	TO-DATE TOTAL	ANNUAL TARGET	% TARGET
▶ ART start	22 242	17 635	19 153	17 993	77 023	57 720	133%
▶ ART start Adult	21 148	16 677	17 729	17 119	72 673	54 000	134%
▶ ART start Child	1 094	958	1 424	874	4 350	3 720	127%
▶ ART start Baby	195	167	209	96	667	1 120	60%
▶ ANC HAART Start	1 870	1 649	1 678	1 546	6 743	11 400	59%
▶ Current on ART	208 593	199 757	205 614	238 313	238 313	169 600	141%
▶ Current on ART Adult	194 243	185 362	191 691	223 520	223 520	156 000	143%
▶ Current on ART Child	14 350	14 395	13 923	14 793	14 793	13 600	109%
▶ ANC known HIV Status	46 308	44 218	35 974	36 865	163 365	165 000	99%
▶ ANC on HAART (ast & ST)	3 501	3 445	3 060	3 242	13 248	11 760	113%
▶ ANC AZT	7 049	6 682	5 718	5 850	25 299	17 640	143%
▶ PCR	7 741	8 249	7 034	7 200	30 224	30 000	101%
▶ HIV + Screened TB	55 419	31 201	26 600	37 543	150 763	91 200	165%
▶ HCT (excl ANC & Baby)	306 331	243 091	214 676	216 694	980 792	1 250 000	78%
▶ HCT (incl ANC & Baby)	316 575	306 734	254 263	262 244	1 139 816	1 250 000	91%



FACILITY BASED TECHNICAL ASSISTANCE

The Facility Based Technical Assistance Department focuses on strengthening South African government capacity for management and delivery of health services at the sub-district and facility levels. FPD's roving mentor teams are the facility based extension of FPD's TA strategy and are the conduit through which FPD is able to support the successful implementation of the District Management Teams' priority areas and District Health Plans. In 2012, FPD deployed 34 Roving Mentor Teams situated in seven districts (Tshwane/Metsweding, Capricorn, Vhembe, Nkangala, Cacadu and in certain sub-districts in Nelson Mandela Bay Metro and Bojanala) to provide Facility Based TA to an excess of 400 health facilities. In 2012, FPD assessed 24 new nurse mentors as competent clinical nurse mentors based on competency in knowledge of HIV, TB and STIs, consultation and physical examination, communication, counseling and negotiation skills, ART clinic registers and clinical pharmacology.



Nurse Mentor Graduation Ceremony

On account of the new grant cycles, by December 2012, FPD transitioned out of facility-based TA in Cacadu EC, Nelson Mandela Bay Metro EC, Bojanala NW, although FPD will continue to provide District-level TA in Nelson Mandela Bay Metro and Cacadu (EC) under the USAID-CDC hybrid funding model.

FPD's roving mentor team model is responsible for translating FPD's Technical Assistance strategy for Health Systems Strengthening from theory into practice at the facility and sub-district level and providing targeted support for HIV/TB-related and Maternal and Child Health programmes. Through a process of baseline and needs assessment, consultation, and a combination of teaching, coaching and mentoring.



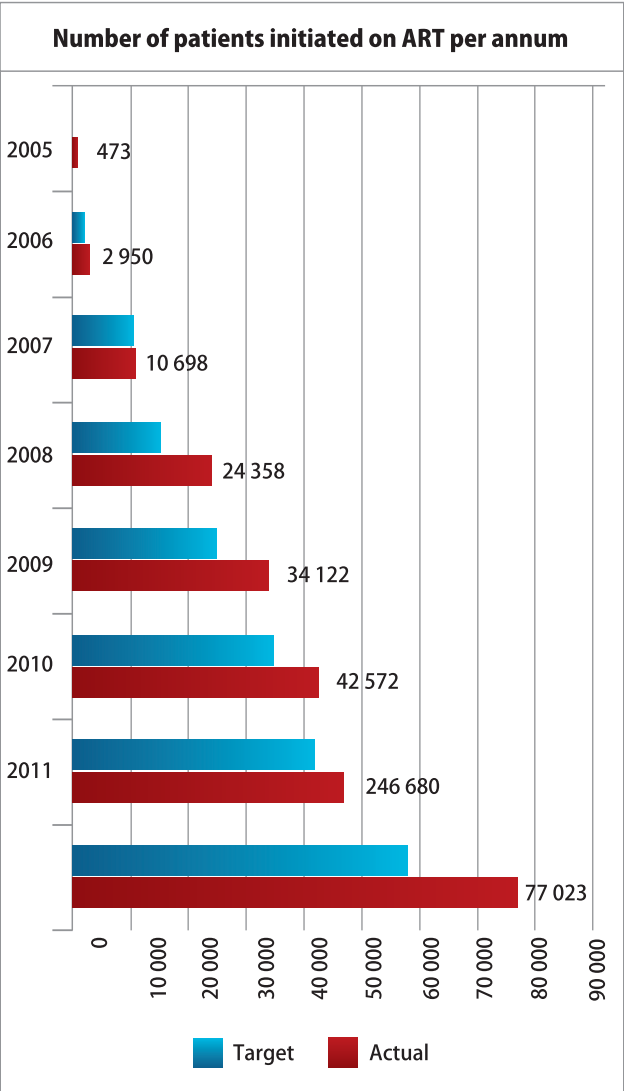
FPD's roving mentor teams help build the sustainable capacity of facility-level clinical & management staff to effectively and efficiently provide quality health services based on client needs.

On average, each Sub-District is allocated one roving mentor team comprising of a clinical nurse mentor, a health information systems mentor, a doctor mentor and a data capturer mentor; these teams are supported by PMTCT champions, TB champions and Community champions (champions have now transferred to the Special Programmes TA department). Each team partners closely with the DOH sub-district management teams and is responsible for implementing the six Health Systems Strengthening (HSS) domains and providing comprehensive facility based technical assistance and mentorship in all facilities within their catchment area.

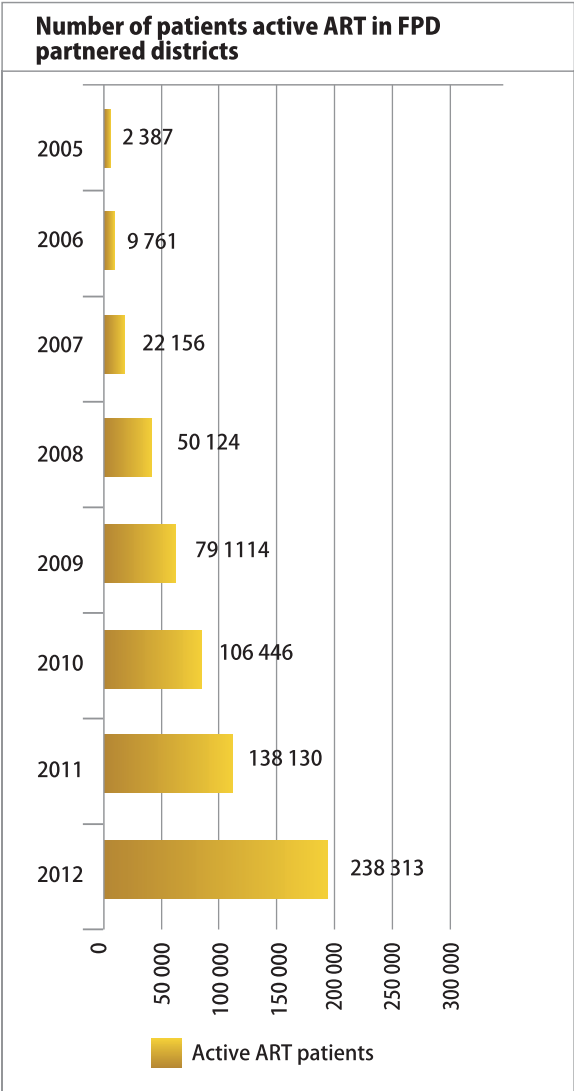


Through the roving mentor team, FPD has noted a rapid increase in Nurse Initiated and Managed ART (NIMART) in its partnered districts with in excess of 90% of the facilities in the partnered districts initiating adults which in turn calculated to a 65% increase in total ART initiations in comparison to 2011. Preliminary evaluation of the roving mentor teams highlight that mentoring is a slow but effective process. Mentorship has been documented to increase a facility-based staff's capacity to initiate and manage adults and children and babies on antiretroviral treatment, improve stock management of dispensaries, improve data quality of patient registers and the District Health Information Systems (DHIS), improve patient record keeping and file management, and increase compliance with policies (especially in terms of INH, ART initiation, PMTCT and TB). As facility staff's HIV/TB-related clinical skills are built, FPD is finding that its roving mentor teams are playing integral roles in strengthening facility and community level systems including service integration, quality improvement initiatives, establishing support groups, improving referral networks between the facilities and community-based organizations as well as within the health system, support to clinic committees, support with mobilization and awareness campaigns, health talks and outreach activities with the aim to increase patient access of PHC services.





Number of patients initiated on ART compared to target



Cumulative patients still active on AIDS treatment



First Things First Campaign

FPD provided continued project management and technical assistance to Higher Education AIDS (HEAIDs) a body of the National Department of Higher Education in support of the second national First Things First (FTF)

campaign. The primary objective of First Things First is to mobilize a mass HIV Counseling and Testing (HCT) campaign at tertiary institutions across South Africa. This initiative aims to (develop a culture amongst students whereby regular testing and knowing one's status becomes a normal part of student life; create an environment whereby stigma attached to HIV testing is substantially reduced or eliminated; and promote sustainability of HCT programmes and referral networks at Universities by providing HCT training to campus staff to increase their capacity to administer HCT and manage student referrals.

FTF Achievements during 2012 include:

- Endorsement of a social compact to increase access to HIV counseling and test for students and staff at institutions of higher learning, through private partnership by Ministries of Health and Higher Education at the 2012 FTF launch.
- Launch of a year-long campaign (the second FTF campaign) targeting all students and was extended to supporting staff.
- Launch of successful FTF campaigns at 21 universities (and 99 campuses, 19 of which were reactivated from 2011).
- Launch of FTF at seven FET colleges (and 25 campuses, 1 of which was reactivated from 2011).
- Training of staff on campuses on HIV Counselling and Testing to ensure continued capacity of university and FET campuses capacity to provide on-going access to HCT.
- Testing 66496 students , of which 7,314 (11%) were reported as first time testers.
- Transferring the management of the campaign to HFAIDS.

IACT

The Integrated Access to Care and Treatment (IACT), originally known as the Basic Care Package (BCP) grew directly out of needs identified by people living with HIV/AIDS (PLHIV) for more meaningful support immediately after diagnosis. Too many PLHIV are lost to the health care system between the time of diagnosis and the commencement of ART. While healthy at the time of their diagnosis, their CD count is too often very low when they return to the facility. The key objective of IACT (BCP) is to promote early recruitment and retention of newly diagnosed people living with HIV/AIDS in care and support programmes.

Partners in the design of the BCP included SA Partners based in the Eastern Cape: Eastern Cape Provincial Department of Health; Masihlanganeni Network of People Living with HIV and AIDS; Eastern Cape Regional Training Centre, and the Justice Resource Institute – Health Division. Africare provided PEPFAR funding from CDC South Africa, through a 6-year sub-contract to SA Partners for further development and implementation of the BCP.

Example of pledge wall



FPD became an IACT Implementing Partner in 2010 and is one of several partners at a provincial level during 2012, FPD conducted 13 IACT workshops, trained 197 support group facilitators on IACT and trained 25 FPD roving mentors on IACT. Based on reported data, trained IACT facilitators support 199 facilities, have registered 472 people for closed groups and 333 for open group sessions. Preliminary evaluations of IACT support groups indicate that 37% of participants have completed the six-session IACT curriculum. A formal evaluation study is planned for 2013.

TB/HIV Health Care Worker Hotline

FPD supports a free telephonic advice service based out of the University of Cape Town. The call centre currently fields on average 500 calls per month with 53% from doctors, 31% from nurses and 7% from pharmacists. The call centre forms an additional layer to FPD's mentorship strategy in that it offers free expert technical advice to health care professionals across all nine provinces on HIV/TB related issues to health care providers.

During 2012, the top queries related to:

➔ Adverse drug reactions

20%

➔ Initiating ART

10%

➔ Switching ARTs

7%

➔ Patients with TB

8%

WHAT WE DO

Toll-Free National HIV & TB Health Care Worker Hotline

Are you a doctor, nurse or pharmacist?

Do you need clinical assistance with the treatment of your HIV or TB patients?

Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline



**0800 212 506 /
021 406 6782**

Alternatively send an SMS or
"Please Call Me" to 071 840 1572

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

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

What questions can you ask?

The toll-free national HIV & TB health care worker hotline provides information on queries relating to:

- HIV testing
- Post exposure prophylaxis: health care workers and sexual assault victims
- Management of HIV in pregnancy, and prevention of mother-to-child transmission
- Antiretroviral Therapy
 - When to initiate
 - Treatment selection
 - Recommendations for laboratory and clinical monitoring
 - How to interpret and respond to laboratory results
 - Management of adverse events
- Drug interactions
- Treatment and prophylaxis of opportunistic infections

- Drug availability
- Adherence support
- Management of tuberculosis and its problems

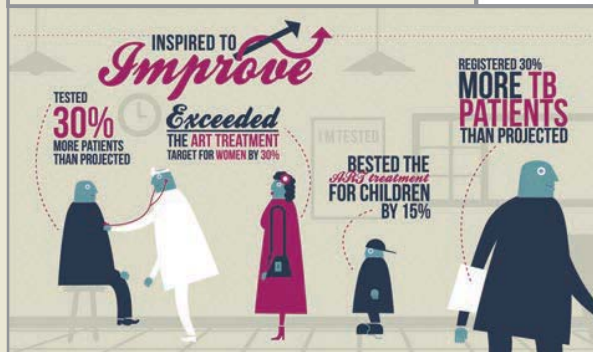
When is this free service available?

The hotline operates from Mondays to Fridays 8.30am – 4.30pm.

Who answers the questions?

The centre is staffed by specially-trained drug information pharmacists who share 50 years of drug information experience between them. They have direct access to:

- The latest information databases and reference sources
- The clinical expertise of consultants at the University of Cape Town's Faculty of Health Sciences, Groote Schuur Hospital and the Red Cross War Memorial Children's Hospital



COMMUNITY ORIENTATED PRIMARY CARE (COPC)

Re-engineering of the primary health care sector is a corner stone of the South African health sector reform, initiated in 2009. In 2010, the Gauteng Province DoH adopted Community Oriented Patient Care (COPC) as the model for re-engineering primary health care in Tshwane District. In the first phase, COPC has now been established in 9 high priority areas (municipal wards).

COPC is built around health posts. The health post is conceptualised as a “nerve centre” from which a health team (a health post manager and CHWs) drives and coordinates community based primary health care interventions in all four health priority areas (HIV/TB, M&CH, chronic/non-communicable diseases and violence/injury), inter alia, and social/community development. The services focus on health promotion, prevention and early detection of diseases, and treatment support to individuals and families in defined communities and are timely sustained. The health care team links people and their families to the health and social care systems. Ultimately COPC works towards an enabling environment in the community and empowered individuals.

A comprehensive assessment of the health and social status of the individuals in the community is the starting point for COPC in order to prioritise interventions and subsequently evaluate outcome. During the first half of 2011 seven health posts have been established that started conducting health status assessments in October 2011. Additional two health posts have been established during 2012. By end of September 2012 almost 50,000 individual health status assessments in these first seven wards have been done and captured using mobile phone technology. These achievements were made possible through collaboration between the Gauteng Department of Health (Tshwane District Office), the University of Pretoria (Dept. of Family Medicine) and FPD. FPD's contribution through the Technical Assistance Cluster was to fund 7 health post managers, 54 Community Health Workers, support the establishment of health posts, train CHWs and to fund the mobile phone system used to capture the information of the health assessments, provide TA to assist the

conceptualization of COPC, M&E framework and to undertake the preliminary evaluations of the programme.

SEDIBA HOPE

Jeffery Borns, the USAID/SA Mission Director, officially opened Sediba Hope Medical Centre on 2 May 2012.

The project was made possible by the partnership between PEN, FPD, USAID and PEPFAR. The vision of Sediba Hope Medical Centre is to provide affordable health care to people living and/or working in the inner city of Tshwane. It is a public-private partnership where the centre provides medical services to private patients, as well as uninsured individuals especially from most at risk populations.

The profits from the private patients will go towards funding the health care for those community members who cannot afford it Through the new USAID grant,

FPD has secured funding for two years to provide support to Sediba Hope to develop this cross subsidization model.





DISTRICT MANAGEMENT FOCUSED TECHNICAL ASSISTANCE

In response to the PEPFAR realignment process and the new partnership framework between the South African and American governments, FPD created a department to assist the district management teams with strengthening of management systems. This department's mandate is to effect a technical assistance model that supports the National Department of Health's priorities, shifting from the traditional model of delivery of direct services like infrastructure (provision of park homes, refurbishment and renovation of health facilities) as well as provision of clinical human resources to government. Technical assistance to the government is seen as a more empowering model that ensures sustainability of services by minimising over-dependence on the diminishing PEPFAR support. Investment in health system strengthening has been identified by both the WHO and the SAG as an effective method that enables SA to progress towards the Millennium Development Goals.

The SSD team consists of advisors in Public Health; Supply Chain Management; Infrastructure; Lab systems; Strategic and Operations Management and Finance; HR management; and Action Research. FPD's in-house and external TA consultants work closely with the district management teams to ensure that quality, equitable services are provided that are based on evidence-based interventions and implemented with maximal efficiency. The technical assistance services are determined by the needs expressed by the partnered districts and involve a combination of training, mentoring and provision of consultancy-like services to the district health management teams.

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

HIGHLIGHTS OF 2012:

Since the department was created in 2011, District TA has provided the following technical assistance to the districts.

- ▶ **Leadership and Governance** – Supporting the compilation of District Health Plans (DHP) and expenditure reviews; facilitating and supporting aspects of strategic plans related to the National Health Insurance (NHI) and streams of PHC Re-engineering strategy; providing individualized and group sessions for district managers doing Action research as a component of management courses; facilitating collaboration between different health authorities within districts and provinces to ensure more integrated, resourceful planning.
- ▶ **Service delivery** – developing a comprehensive mental health strategy that encompasses training to different health care worker groups; support group facilitation; creating awareness of mental health for vulnerable groups such as those that are HIV-infected and improving mental health literacy amongst communities. Infrastructural technical assistance to improve Infection control in facilities was provided. Partnerships with well-established institutions and organisations have also culminated in:
 - 1) the introduction of quality improvement initiatives that can be sustained with the support of the FPD roving mentor teams and introduced in district management offices over time and
 - 2) exploring effective referral systems with districts.
- ▶ **Health workforce** – the placement of HR fellows through the Fellowship programme in each of the districts has contributed to a variety of HR deliverables at district level, including developing job descriptions and district management organograms; establishing vacancy gaps; designing Performance management plans; conducting employee satisfaction surveys and supporting aspects of a doctors' induction programme.

- ▶ **Information** – Encouraging the use of data to support strategic planning; promoting the use of dashboards
- ▶ **Medicines, vaccines and technologies** - providing technical assistance to enable systems at facilities and depots that will ensure a continuous supply of drugs and supplies at facilities and monitoring the supply chain integrity through collaboration with key stakeholders
- ▶ **Financing** – Supporting the process of district health expenditure reviews; identifying managers at district and facility levels to receive further financial management training
- ▶ **Community** – supporting the development of advocacy, communication and social mobilisation strategies in different areas such as mental health and ward-based outreach teams

PRIORITY HEALTH PROGRAMMES TA (Technical Assistance focussing on priority health programmes)

Priority Health Programmes TA is the newest department in the cluster and was formed towards the end of the year in recognition of a gap in FPD's TA strategy. This department focuses on programmes that run vertically and cross cutting between district management and facility level; such as those focussing on TB/HIV, Maternal and Child Health and Community Health. Priority Health Programmes TA works to ensure correct implementation of existing and new policies, to provide technical expertise to inform appropriate district-level strategies and facility-level best practice as a standard of care. As such, Special Programmes assumes the Cluster's Total Quality Assurance role with key focus on TB/HIV, Maternal and Child Health, and the PHC re-engineering programmes.

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



The that'sit project established in 2005 in partnership with the MRC is a comprehensive TB and HIV project, that has developed a model of care that provides holistic integrated medical care to patients. Its activities,

encompass counselling and testing, TB screening to HIV positive patients on a regular basis, mentoring in clinical care, introduction of ARTs at peripheral primary care clinics, adherence support and patient tracing, pharmaceutical support to ensure continuous drug supplies, recording and reporting activities, technical support to the TB programme as well as monitoring and evaluation and research activities to ensure that best practices are adhered to.

It targets communities to increase awareness and decrease stigmatisation, it provides Health Care Worker training in all aspects of TB and HIV care, including PMTCT and breastfeeding, and informs the Department of Health on nutritional needs and interventions required by patients. It provides overall systems support by the analysis of patient flow systems adherence to infection control principles and the introduction of a systematic approach to recording and reporting.

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

Laboratory and pharmaceutical support have been targeted to ensure fast turnaround times and an uninterrupted supply of pharmaceutical drugs for the care of patients. It has also embarked on a programme of creative therapies directed towards work-related stress debriefing for health care workers in order to minimise burn-out and provide the required emotional support to the workforce.

HIGHLIGHTS AND OUTCOMES OF 2012

Presently, 143 primary care clinics and their patients are directly benefiting from the programme and more than 45 ART clinics are supported by that'sit. More than 35 000 patients have been enrolled in ART care since 2006 and approximately 120 000 patients are receiving counselling and testing yearly through this programme.. More than 30 000 TB patients have been enrolled in comprehensive integrated TB and HIV care. Currently over 40 000 PLWH are screened yearly for TB. The programme embarked on positive branding to counter-

act dual stigmatisation and supports World TB Day and World Aids Day activities throughout the supported provinces.

Systems support is further enhanced through the support of the implementation of a three-tiered national information system. In addition considerable attention is given to data collection and recording as well as reporting in support for the National TB control programme. To this end the programme has organised a national TB monitoring and evaluation workshop in conjunction with the NDOH TB programme and the Desmond Tutu Care Centre from the University of Stellenbosch.

that'sit has a proven track record with a tangible impact on the National TB Control Programme (NTCP). In all the supported districts these indicators have increased dramatically. In the Potchefstroom, a Kagisano and Molopo sub-districts in the North West province treatment outcomes have increased with more than 30% since 2007 and in other supported sites the treatment outcomes have increased with at least 10%. The results are that the National target of 85% for treatment outcomes is now within reach of all supported districts. Defaulter rates have decreased across all supported districts and all TB/HIV collaborative activities have increased to a percentage in the high eighties.

STRATEGIC INFORMATION

Technical Assistance in respect to Health Information Management and Monitoring and Evaluation (M&E) M&E activities focus on strengthening South African government's data management systems (3 Tier, DHIS, etr.net, etc.) and the use of quality epidemiological and program information to inform planning, policy, and decision-making; improving SI management and use, appropriateness of M&E frameworks, quality of data and its collection, analysis and dissemination for decision-making. It is a cross-cutting department that engages with the District Management Team (through District TA) and facilities (through the roving mentor teams).

M&E and Health Information advisors are responsible for supporting the District Health Information and M&E offices to strengthen availability and access to quality health information from the District Management Team to the facility level for both South African government and FPD. They provide focused technical assistance to DoH and FPD alike to ensure appropriate M&E is linked to all major activities.

In partnership with public sector FPD in 2012 has:

- ▶ supported initiation of 77 000 PLHWA on ART
- ▶ catalysed the testing of 66 000 students through the 1st things 1st campaign
- ▶ supported more than 1 million HIV tests





HIGHLIGHTS FROM 2012

► NDoH's 3 Tier strategy:

In 2010/ 2011 the National Health Council (NHC) and National Health Information Systems of SA (NHISA) developed a three tiered strategy to strengthen routine and clinical monitoring of ART data. The 3 Tier ART Strategy comprises of a paper-based (Tier 1), non-networked (Tier 2) and networked system (Tier 3) for patient monitoring in line with the WHO's 3 Tiered ART M&E strategy. This strategy was selected for implementation to standardise ART monitoring nationally with a system that best suits the varied needs of facilities, sub-districts, districts and provinces and the resources available to manage the systems. During 2012, FPD was one of the primary trainers on the Tier systems and trained 280 individuals on how to implement and use the paper register (Tier One) and trained 450 individuals on Tier.net (Tier Two). To-date, FPD has supported the districts to implement Tier.net at 176 facilities. FPD is also part of the technical working group to prepare

SmARTer (Tier Three) for implementation and seconded five consultants (a user guide writer, a business analyst, a solutions architect, and two software developers) to UCT to support the finalization and "shrink wrapping" of SmARTer for implementation in a pilot district in 2013.



FPD secured funding from various donors including USAID/PEPFAR in excess of R1 billion for the next five years

► **District Health Information System (DHIS):**

During 2012, FPD seconded five M&E PEPFAR fellows to district Health Information Management (HIM) offices in order to support the district HIM with extra hands. In partnership with HIM officers, FPD's M&E advisors worked with facility and district staff to improve DHIS data quality, data flow and data completeness. To this end, FPD trained 347 staff members on DHIS and piloted the launch of six information hubs (information offices situated in Community Health Centres) in Vhembe District to facilitate data validation and quality at the facility level and to expedite the flow of data from facilities to the district HIM offices. Initial findings from the Information Hub pilot have shown that it has successfully improved data flow between facility and district HIM and identified additional need for training on DHIS data elements and data management tools (e.g. registers).

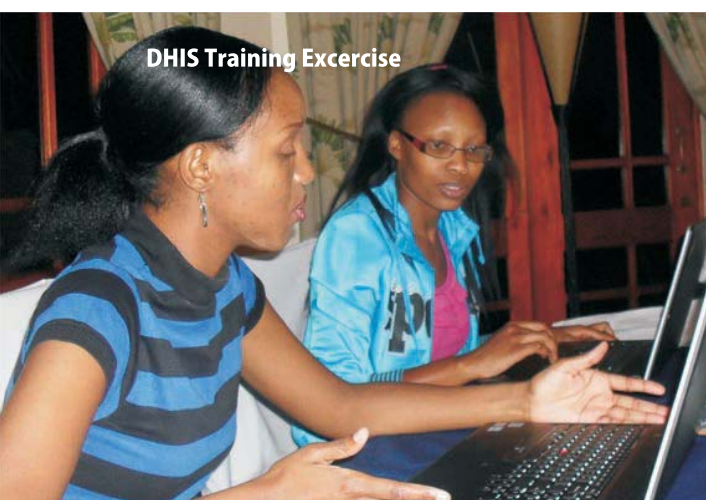
In addition, using DHIS data, FPD co-facilitates quarterly performance reviews for FPD roving mentor teams and key district counterparts (HIM, HAST, PHC, area managers) with the aim to use DHIS data to drive performance reviews and actions at the facility, sub-district and district level. Through these reviews, FPD has noted improvements in data quality and programme performance in the following areas: paediatric ART initiation, Total Remaining on ART, ANC first test rate, ANC CD4 test rate, ANC AZT initiation rate, ANC HAART initiation rate, INH, PCR positivity, baby cotrimoxazole. Performance reviews and district dashboards have been adopted as standard tools to monitor district and sub-district performance.

► **Technical support and advice to data capturers**

FPD identified the need for a forum for data capturers to discuss queries and provide area specific support, advice and camaraderie. FPD established a closed-group Health Information group on facebook - URL <http://www.facebook.com/groups/420887491301112/>. Currently the group has 131 users and daily activity. Mostly, the forum provides an opportunity for data capturers to ask questions about inclusion/exclusion criteria, data sources and validation rules and discuss programmatic policy guidelines as they are implemented in their facilities. It also provides a forum for FPD and Districts to provide feedback on larger quality data quality concerns, data gaps and/or verification exercises.

► **Mobile computer labs**

Using forex savings from FPD's USAID grant, FPD established three mobile computer labs to strengthening health information management and improve the quality and availability of information within the district for decision making. The mobile computer labs comprise of a large mobile container pulled by a "horse" (mac truck) containing one facilitator's station with projector, screen and white board, twenty work stations, a central server with wireless network connectivity, solar power panel solutions and secure storage area. The mobile computer labs were launched in four provinces (Mpumalanga, Gauteng, Limpopo and Eastern Cape) in November and December 2012. Currently, the mobile computer labs provide a forum for training on systems like DHIS, tier.net, etr.net and basic computer literacy and a platform for tier.net back capture, data cleaning and validation exercises.



DHIS Training Exercise



Mobile computer lab bookings and the training schedules are managed in partnership with district Department of Health and are available for view and support request through FPD's website at:

<http://www.foundation.co.za/Technical-Assistance/technical-assistance.html>.

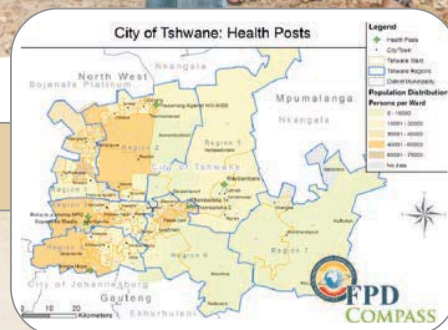
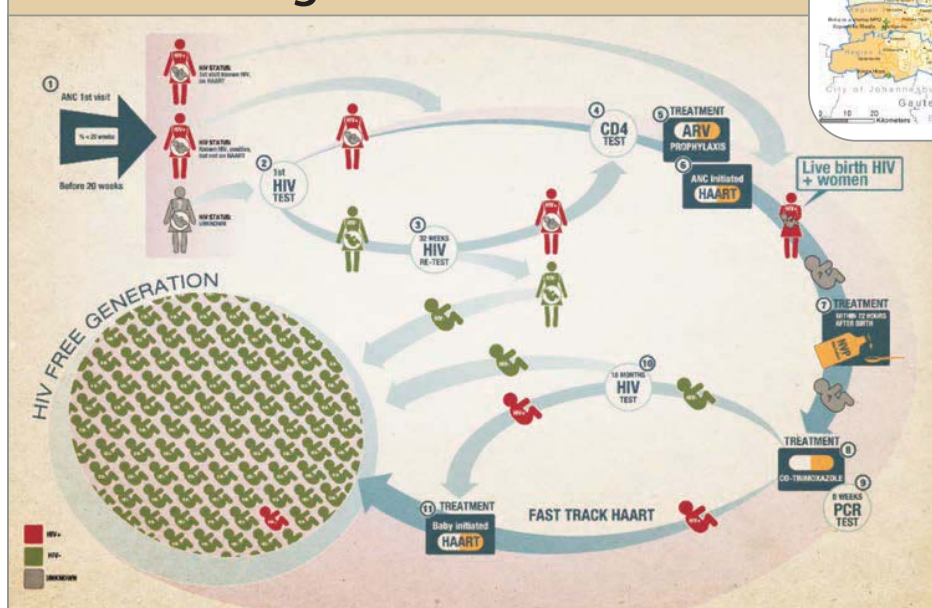
Strategic Information tools

Part of FPD's SI support includes utilization of GIS mapping technology through FPD's COMPASS project to visually maps services needs to support District planning and strategy formulation. Other SI innovations included introduction of the PMTCT barometer to support facilities, sub-districts and districts visually see where they are performing (and under-performing) the PMTCT indicator cascade.



Picture Vhembe Farms and COPC Maps

PMTCT Programme Barometer



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

an African solution to African challenges in health care, business and education



AHP
AFRICA HEALTH
PLACEMENTS
WWW.AHP.OTG.ZA

AFRICA HEALTH PLACEMENTS: HEALTH FOR AFRICA, POWERED BY PEOPLE

Africa Health Placements is a human resources solutions and services organisation that has been changing the face of public health in southern Africa, creating new outcomes for healthcare facilities that might otherwise be defunct by now. We define ourselves as “social profit” because our work, while mostly donor-funded, delivers profit in terms of improved healthcare and social indicators.

THE NEED AND MISSION

With 20% of the world's population, sub-Saharan Africa languishes with only 2% of the world's physicians. Attracting and retaining health workers is critical to solving the massive public health issues in this region. AHP aims to enhance the healthcare system in Africa through providing human resources solutions and services. Recognising the value of relationships, we conduct our work through people networks that allow us to mobilise resources within Africa and across the world.

EXPERTISE AND SERVICES

At AHP we believe in quality people – like the professionals we employ to work in local hospitals. Our internal team comprises a set of highly qualified professionals, driven to make a difference in HR in health. The team profile includes professional recruiters, HR specialists, doctors, nurses, professors, researchers, administrators, marketers and business professionals.

- **Health Workforce Planning:** Developing health workforce plans, tools and systems to ensure accurate HRH information is available so that healthcare workers are placed where they are needed the most.

Workforce planning includes drafting national and district-level health workforce plans and developing national and district-level health workforce planning systems and tools. Facility profiling and HR needs assessments are performed and HR prioritisation plans are developed.

- **Recruitment:** Recruiting management, clinical professionals and support staff for rural and urban government and NGO facilities and facilitating the registration of foreign-qualified doctors and nurses.

AHP was spun-off as two separate legal entities in 2012.

AHP's staffing model starts by making sure management can effectively handle the recruitment process, and then moves on to seeding health teams with foreign-qualified skills. Once in place, local health workers and junior doctors are recruited. Finally, facility management is supported towards self-sustainability. Health workers are sourced through creative award-winning marketing campaigns involving local and international advertising and conference attendance, as well as tapping a growing social network through online portals, alumni and a massive health worker and manager database. AHP, as an independent organisation, is ideally placed to assist public sector staffing because we are not bound by the political and promotional protocols of government, and because we can specialise in providing the most professional recruitment services necessary to make the biggest impact possible. Since 2005, AHP has assisted with the placement of 2 457 healthcare professionals – 1 548 foreign-qualified and 909 local candidates – in southern Africa. By September 2012, 220 healthcare professionals had been placed.

- **Workforce Support:** Orientation and ongoing support for health workers, with a focus on rural areas.

Orientation includes clinical, cultural and logistical support. Health worker support programmes are aligned with government policies, and focus on improving retention through addressing frustrations around logistics, relationships and isolation, particularly in rural areas. AHP organises relevant, locally held continued professional development (CPD) sessions for all health worker cadres. District and facility-based induction programmes are also developed.

- **HRH Systems Consulting:** Extensive monitoring and evaluation, as well as research on HRH aspects.

This allows AHP to advise on policies to address HRH needs and draft and implement plans to execute policies around HRH. AHP also assesses and improves recruitment and registration systems. Furthermore, skills are transferred in health workforce planning, recruitment and workforce support.



HIGHLIGHT AND OUTCOMES OF 2012

► Expansion of Rural Doctors' Support Programme

The Rural Doctors' Support Programme experienced significant growth at the beginning of 2012. After its successful launch in three districts in the Eastern Cape in 2011, it was expanded to five additional districts in 2012: Tshwane in Gauteng, Vhembe and Capricorn in Limpopo, Cacadu in the Eastern Cape and Nkangala in Mpumalanga. The programme was halted in Tshwane in May due to lack of buy-in from district officials.

Dedicated Practice Managers in each district develop relationships with doctors and other medical staff and organise regular CPD sessions to improve the knowledge and skills of healthcare professionals and reduce professional isolation. Practice Managers also assist doctors with administrative and HR problems, and assist managers with minor equipment repairs and purchases.

► South African Nursing Council breakthrough

After struggling to build a relationship with SANC for years, AHP finally signed a memorandum of understanding with the council in May. This is a major breakthrough as it has historically taken very long to register foreign-qualified nurses. The aim of the agreement is to improve nurse staffing in rural areas, while maintaining the standard of nursing and midwifery care which SANC is mandated to uphold. SANC and AHP will work together to bring more nurses to South Africa and to place these resources where they are needed the most.

► Moving towards sustainability

AHP launched as a separate legal entity at the beginning of 2012. The main objective of this move is about AHP making an even bigger stride towards achieving its vision through its mission. Two companies were registered in March. AHP Recruitment Foundation NPC (whose name was changed to Africa Health Placements NPC) is the

donor-funded arm. Africa Health Placements (Pty) Ltd is the for-profit entity in which all profitable work takes place. The shares in this company will be held by a number of shareholders, the two main being the NPC (so that profits are available to the NPC for its non-profit work) and the Foundation for Professional Development (who will bankroll and support any profitable ventures AHP takes on in exchange for a share of the profits).

COMPASS PROJECT



Since 2007, the FPD Compass Project has been engaged in activities to assist communities to respond effectively to health and social situations. The objective of the FPD Compass Project is to provide mapping information for the purpose of either referral or strategic planning within government, civil sector, private sector and academic institutions.

Core Capabilities of the Compass Project include:

► Mapping and Research

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

► Information and Resource Provision

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

► Organisational Development and Capacity Building

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

HIGHLIGHTS AND OUTCOMES OF 2012

- **HIV Service Directories** - Over 125,000 copies of the HIV service directory have been distributed over the past five years through a joint project with HIVAN at the University of KZN. Compass has geo-located over 18,000 healthcare service providers in South Africa.
- **Online Interactive Mapping Tool-**
<http://compass.mapservice.co.za>
This tool has been developed through a corporate partnership with MapIT, a leader in GIS mapping in Southern Africa. This tool assists to find a service based on your location, use the tool to refer your clients and understand who else is providing services in your community.
- **Online Epidemiological Calculator-**
<http://www.foundation.co.za/epicalculator>
The tool looks at the need for ART, PMTCT, HCT interventions in the area, as well as estimating the number of orphan and vulnerable children in an area. The purpose of this tool is to create estimations of need that can be used for benchmarking and planning purposes, as well as for calculating how to scale-up activities in the area.
- FPD Compass supported the **Tshwane Mayoral AIDS Council (TMAC)** by providing secretariat support to the Council since 2009.
- **NGO Scorecard** - This tool was created for the NGO sector to assist in rating the organisational capacity of NGOs. The purpose of this tool is to help NGOs assess where their strengths and weaknesses are, and build the credibility of the NGOs.
- **Circle of Services** – This model focuses on connecting sites such as health clinics or schools with health, social and educational resources to improve their referral systems. This model works through creating partnerships with the surrounding community NGOs and was expanded to schools in 2012.



FPD SHIPS

The FPD SHIPS Department was established in 2012 to draw from the expertise developed by FPD through the PEPFAR Fellowship Programme in successfully transitioning students from academia to the workplace. The department has designed a number of programmes designed to hone the skills of post graduate students, graduate students as well as school leavers to enhance their employability through work place experience opportunities by placing them with FPD, PEPFAR partners and the public and private sector institutions.

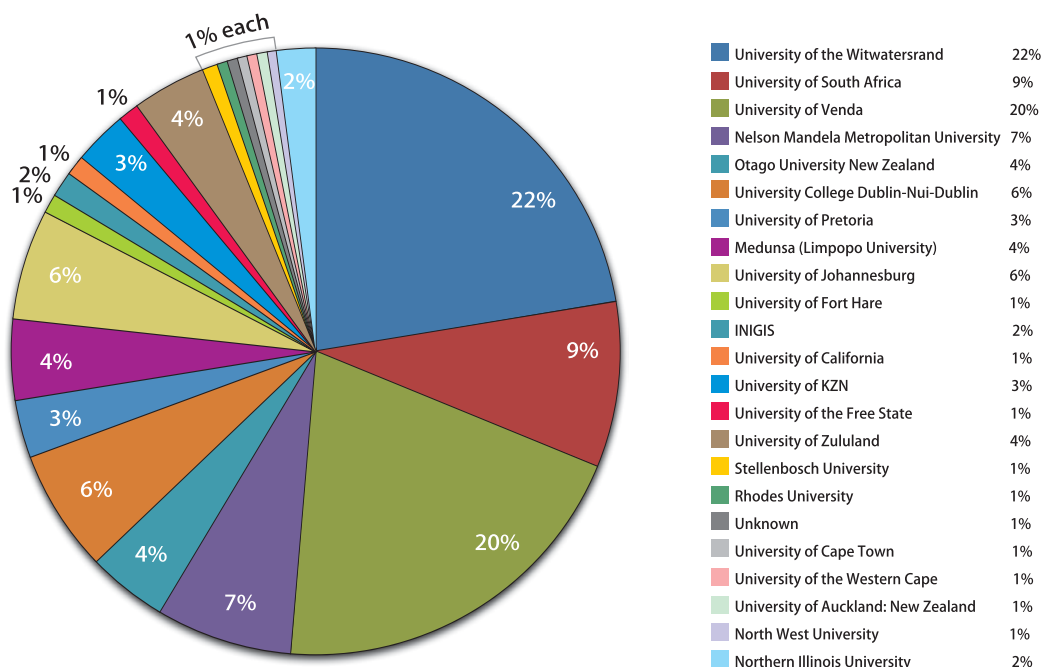
An expansion of the former PEPFAR Fellowship Programme, this department has expanded to include a variety of placements that allow a logical translation of newly acquired theoretical skills to real world practice within the South African workplace context. The SHIPS Department achieves this by equipping students and graduates with the scarce skills that they need by placing them with host organisations to gain practical experience; whilst building the capacity of South Africa. This is done by offering learnership, internship and fellowship opportunities.

HIGHLIGHTS AND OUTCOMES OF 2012

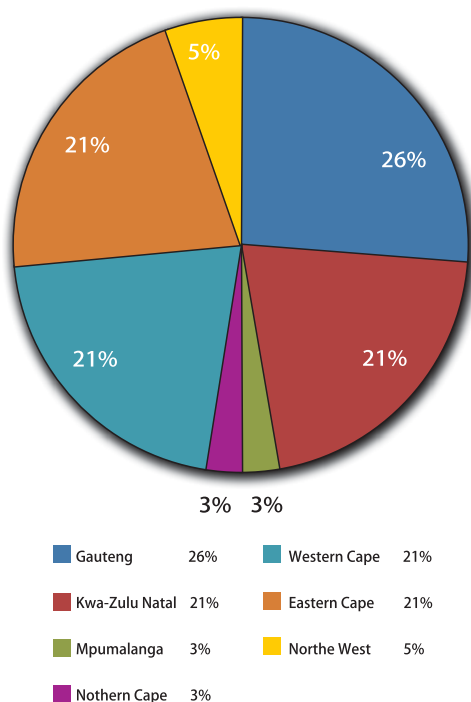
The PEPFAR Fellowship Programme that was started in 2006 places newly qualified masters degree graduates in an AIDS service environment, to date this programme has placed 204 fellows. A total of 67 PEPFAR Partners – national and local government entities – as well as NGOs were directly and indirectly provided with technical postgraduate student scarce-skill assistance in 2012. The number of appropriate applications received for the 2012 fellowship intake totaled 186 again demonstrating the popularity of this programme amongst masters degree graduates. The scarce-skills employment rate for fellows – by the end of 2012, since inception – is 75%. The employed fellows were absorbed within their host organisations, accepted outside job offers, or decided to further their studies.

Academic institutions from which PEPFAR Fellows were recruited in 2012

Overall Distribution by University Cop 06 - Cop 11



Geographical Distribution Cop 11



The internship programme started in 2012 trained and placed 35 interns' (both in the education and information technology sectors). 9 schools hosted student learners and 6 organisations placed I.T. interns. The 705 internship applications received for a limited number of intern slots speaks to the challenges faced by new graduates to enter the work environment.

The learnership programme that was established in 2009 with the placement of 48 learners expanded to 239 in 2012 bringing to 316 the total number of learners supported to date. Post learnership employment rate is at 100%.

By creating an online network for Previous Fellows, Interns and Learners via the website and the alumni management programme FPD SHIPS can also measure its success related to scarce skills retention rates and follow the careers of individuals.

FPD PROPOSAL UNIT

As FPD receives no stipend from the government, it is critical to its success the ability to find alternative sources of revenue. FPD's strength lies in its ability to successfully

write funding proposals. However, this progress needed to be streamlined and improved upon. As such the Proposal Unit was established in 2012 to enhance the efficiency and effectiveness of FPD to compete for donor funding. The development of the Proposal Unit was a strategic move by the executive management to guarantee the future sustainability of FPD and its projects.

HIGHLIGHTS AND OUTCOMES OF 2012

2012 was a successful year with FPD successfully securing funding from various donors including USAID /PEPFAR totaling in excess of \$1 billion (US dollars) for the next five years.

FPD BASIC EDUCATION PROJECT

The FPD Basic Education Project was started in 2010 to address some of the key challenges in the Basic Education (i.e. schools) sector where FPD's unique approach to training and capacity-building in the public health sector would prove valuable. Many of the internal challenges in the basic education sector are similar to that of the health sector – lack of management, leadership, skills and operational systems. External factors such as poverty, violence and HIV affect learners and teachers alike and contribute to low morale and retention amongst staff and poor learner outcomes. FPD Basic Education aims to build skills and management capacity in the Basic Education sector to ensure that districts and schools are functioning well and providing quality services as organisations, and that they are provided with the necessary support to deal with many of the external factors affecting schools.

Activities include:

- **ORGANISATIONAL CAPACITY DEVELOPMENT**

The project supports capacity development in the public basic education sector through; Organisational needs assessment, management training, coaching and mentoring for schools and districts and consulting and TA for Districts.

- **DEVELOPMENT OF PROFESSIONAL DEVELOPMENT PROGRAMMES AND SHORT COURSES**

The Basic Education Project supports the FPD School of Education to develop customised professional

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

- **PRACTICAL PLACEMENT EXPERIENCE FOR STUDENT TEACHERS**

Working with the FPD SHIPS Department the Basic Education Project has developed the Edu-Experience internship programme that provides practical experience through full-time student teacher placements for B.Ed and PGCE distance-education students in well operating schools.

- **BUILDING PLATFORMS FOR COLLABORATION.**

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

HIGHLIGHTS OF 2012

The following key projects were started in 2012:

- **CONNECT-ED** is an innovative school's campaign that addresses specific Life Orientation (LO) Syllabus outcomes and complements the regular class work that should be performed. It uses the concept of education combined with entertainment to deliver key messages to learners. The Gauteng Department of Education has approved the program for public schools.
- **The SA Basic Education Conference**, hosted at the Durban ICC 2-4 April 2012, had a cross-cutting theme of "opening the doors to quality education for all". This was the first abstract driven conference held in South Africa that focussed on the basic education sector and was attended by 700 delegates.

INCREASING SERVICES FOR SURVIVORS OF SEXUAL ASSAULT PROGRAMME (ISSAP)

This program is a collaboration of leading South Africa organizations – Foundation for Professional Development, The Soul City Institute, Sonke Gender Justice Network and the South African Medical Research Council – aiming to enhance the



role of Thuthuzela Care Centres in tackling South Africa's epidemic of gender-based violence and sexual assault. The TCC program itself, although considered a model of good practice, needs in many respects to be enhanced and scaled up. This will be achieved not only through the establishment of new TCCs, but also by linking existing ones to ongoing GBV initiatives, strengthening inter-sectoral collaboration and widening the multi-disciplinary approach. This will include health, legal and law enforcement practitioners, and supporting the continuity of care by bringing together community-level role players. These role players deal with survivors face-to-face on a daily basis, that will assist to better understand each other's roles in the process. Our approach aims to fulfil two main objectives: – Raising public awareness around Thuthuzela Care Centres, and – Expanding and improving the services of TCCs. To meet the second objective, expanding and improving services at Thuthuzela Care Centres, the following activities will be undertaken: The first of these revolves around creating greater public awareness of the centres and increasing the uptake of TCC services, within a wider approach to raising awareness and prevention.

Overall management responsibility for the project rests with FPD, supported by its team of qualified and experienced managers. The partner organizations will appoint project managers, who will work with an FPD project coordinator tasked with coordination between the partners and overall coordination of training operations and monitoring and evaluation. The success of the project will be ensured by the regular reporting on a combination of process, outcome and impact indicators for each of the activity areas. This will be achieved by drawing on FPD's successful track record in managing large-scale and technically and operationally complex health sector projects. Our partners, bring in nationally and internationally experienced experts in public awareness projects of scales ranging from the grassroots community level to national mass-media campaigns, as well as expertise in research and advocacy. Overall, the project builds on long-running activities of well-established and financially sound organizations, which will ensure the programs sustainability.



ISSSAP Project Team



RESEARCH

RESEARCH

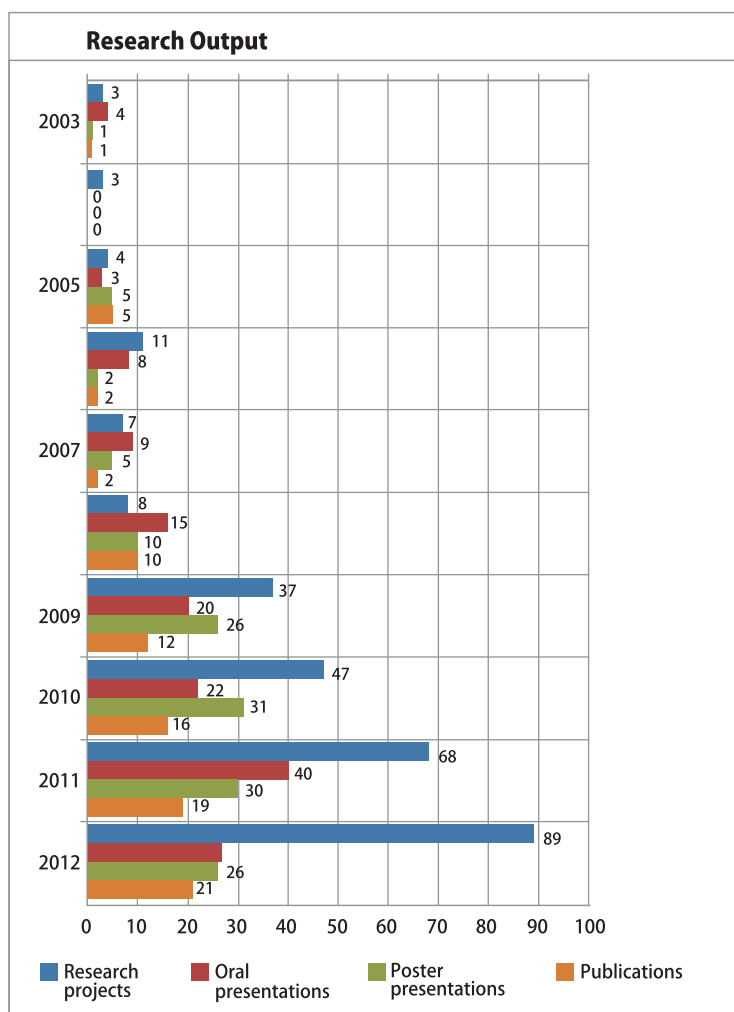
Research Focus Area 2012

Research Projects

Conference Participation

Research focus area 2012

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



RESEARCH PROJECTS

FPD staff were involved in the following research projects during 2012:

TECHNICAL ASSISTANCE CLUSTER PRIORITY HEALTH PROGRAMMES TA

'Advocacy communication and social mobilization.' How community involvement and healthcare practices will improve TB indicators in Engcobo and Sakhisizwe Subdistricts. MD Mgulwa, MUys

'Monitoring and evaluation of TB/HIV patient appointment system.' Improving treatment adherence by monitoring and evaluating adherence in TB/HIV patient appointment system in Primary Health Care Facilities in Sakhisizwe and Ngcobo Sub-Districts. ZMphathi, MUys

'Monitoring and evaluation of TB indicators in clinics.' How utilization of data by clinic managers can lead to improved TB/HIV indicators. BMkhize, E Webb Mazinyo, MUys

'Down referrals: treatment outcomes of TB/HIV patients.' Follow-up of Transferred Out and Down referral HIV+ and TB patients in Dr RSM District, North West Province. EZ Barnard, A Masiela, N Abraham, E Webb Mazinyo, MUys

'Translating HIV/AIDS policy into practice.' Knowledge, attitudes and behavior of health care workers in response to HIV/AIDS policy implementation. L Badenhorst, S Moyakhe, N Abraham, E Webb Mazinyo, MUys

'Knowledge, attitude and behaviour of nurse initiation of IPT.' Missed opportunities to initiate eligible HIV+ patients on IPT in Potchefstroom, North West Province. E Montalama, E Webb Mazinyo, N Abraham, MUys

'TB program recording and reporting challenges and successes.' Survey of TB Programme Indicators and efforts to strengthen recording and reporting activities. B Kegikilwe, MUys

'Adherence to concurrent tuberculosis treatment and HIV antiretroviral treatment regimens among people with TB disease and HIV in South Africa.' Co-Adherence of TB and ART Patients. E Webb Mazinyo, L Kim, S Masuku, JL Lancaster, R Odendaal, MUys, LJ Podewils, ML Van der Walt



'Nutrition needs of children on antiretroviral treatment.' Nutritional assessment of children between 6-14 years receiving ARV's in the Knysna sub-district. B Wilkinson, N Abraham, E Webb Mazinyo, B Volschenk, M Uys

'Mobile health services: TB screening and HIV counseling and testing initiatives and follow-up — Western Cape, 2010-2011.' Follow-up of patients who accessed health services on mobile units. M Maritz, N Abraham, E Webb Mazinyo, B Volschenk, M Uys

'One patient, many systems: surveillance of persons co-infected with Tuberculosis and HIV — Western Cape, South Africa, 2011, 2012.' N Abraham, E Webb Mazinyo, M Uys

'Creative therapeutic strategies for HIV/AIDS counselors and community care workers.' Using creative methods to support TB/HIV care workers. E Webb Mazinyo, A Dos Santos, C Lotter, M Uys

'Mobile phones to strengthen the impact of lay community health workers' services in South Africa: Assessing health-outcomes, interoperability and cost-effectiveness.' Cell phone technology use by TB/HIV Community Health Workers. A, Odendaal, B Volschenk, E Webb Mazinyo, M Uys

'Counseled and tested: a study of the social, psychological and behavioral aspects of HIV testing and counseling in community-based settings.' Knowledge, attitude and perceptions of people testing at 'that's it' mobile clinics. M Maritz, N Abraham, E Webb Mazinyo, B Volschenk, M Uys

'Sick and tired: impact study of service delivery on providers' coping strategies, burnout and use of support services.' E Webb Mazinyo, N Davids

'Translating policy into practice: using clinic and workflow assessments to identify successes, challenges and opportunities in facility-based operations.' Clinic and workflow analysis in Eden District, Western Cape Province. E Webb Mazinyo, B Volschenk, M Uys

STRATEGIC INFORMATION TA

'PMTCT barometer and dashboard.' Measuring the flow of PMTCT programme indicators. S Johnson

'TB fast track - Clinical Randomised Control.' S Johnson, HF Kinkel

'HAART calculator to project needs for C7T.' District HAART calculator to project need for ART, CD4 counts and HIV counselling and testing. S Johnson

'Rapid assessment response study: drug use and HIV/AIDS risk in prison populations: South Africa.' Prison population - HIV/substance use/mental health best practice integration study. M dos Santos, F Trautmann

'PLHIV stigma study.' Index used to measure levels of stigma experienced by PLHIV in four provinces in South Africa at FPD supported sites. M dos Santos, S Mellors, A du Toit, GG Wolvaardt, E van der Ryst

'Substance abuse amongst adolescents in Zeerust.' Programme evaluation study relating to relevant role players in the Zeerust district, and the examination and evaluation of policy documents. I Mohase, M dos Santos

'Mental health and HIV prevention intervention study.' Randomized clinical trial investigating mental health status and biological measures (CD4 count, viral load and ARV adherence) at baseline, 6-month and 12 month follow-up. M dos Santos, D Foxcroft, E Sorell, G Oskrochi, D Trathen

'Substance use among adolescents in Kenya.' Explorative study providing evidence based data on adolescents' experiences in familial, institutional and other environmental, personal and psychological variables that predispose, precipitate and perpetuate use and abuse of substance within a familial environment and the subsequent effects this has on adolescents. R Kiiru, M dos Santos

'The Rorschach Inkblot test as measure of psychodynamics in PLHIV.' The study seeks to investigate the

psychodynamics of people living with HIV, and to explore how this information could be used to strengthen therapeutic interventions and service delivery. M dos Santos

'Narcissism in psychopathology.' The construction a psychoanalytically based theory of the key processes that underlie narcissism and how it manifests as co morbid in a wide variety of seemingly different forms of psychological disorders. D Wilson, M dos Santos

'Unmasking narcissism and its impact on climate and environmental change: steps to a healing ecology of mind.' UNESCO/WSSR Report call. Critique discussion concerning human psychodynamics and functioning (in particular narcissism) related to climate and environmental change. D Wilson, M dos Santos, S Kornik, A Scheibe

'Assessing the Enneagram Theory of personality in predicting consistent condom use in sex workers.' This research aims to assess the applicability of Enneagram theory of personality in predicting behavioural determinates of consistent condom use among female sex workers of Ethiopia, and to develop relevant policy recommendations. B Woldeyesus, M dos Santos

'Locus of control, self-efficacy and personality characteristics as a predictor of persistent traffic accidents: the case of motor vehicle drivers in Addis Ababa.' The general aim of the study is to investigate the relationship between locus of control, self-efficacy, personality characteristics and their contribution to traffic accidents among motor vehicle drivers in Addis Ababa. ET Mulatu, M dos Santos

SYSTEMS STRENGTHENING TA

'Improvement of data quality for the PMTCT programme in Mutale sub-district of Vhembe.'

'Patient satisfaction survey.' To determine how patient satisfaction surveys can be used as a tool to improve quality care and service in FPD supported DOH facilities. D Blom

Improvement in data quality to assist programme managers to focus on key obstacles to improving clinical care for pregnant women interacting with the PMTCT programme. This action research was undertaken to improve the quality of data for PMTCT programme in Mutale sub district of Vhembe. T Mamphodo

'Improvement of Co-Trimoxazole and PCR uptake rate for HIV exposed babies around 6 weeks at Bungeni PHC local facilities in Makhado Municipality within Vhembe District.' The purpose of the project is to explore the knowledge and understanding of health care workers on the management of an HIV exposed baby around 4 to 6 weeks with the view to determine the rate and associated factors to the low co-trimoxazole uptake rate and improve it for better. MP Phamphie

'Improving efficiency at the clients' first contact point at Elim Hospital.' The study addresses factors that influence a person's experience at the hospital first point of contact, namely; the time spent waiting, the physical environment and clients experience of compassion during this time. E Vosloo

'Reduction of long waiting time for patients in Lebowa kgomo Hospital.' This study reports the outcome of action research undertaken at Lebowa kgomo District hospital to reduce the length of waiting time for services in outpatients and related departments. MC Mbuyane

'Improving information management system in order to influence data reliability pertaining to mental health clients' compliance to follow-up care at E Lekganyane Clinic.' This study was undertaken to improve information management system in order to influence reliability in data pertaining to mental health clients' compliance to follow-up care at E Lekganyane Clinic in Capricorn District. M Motaung

'Improving efficiency through monitoring and review of Hospital performance indicators according to Standards and Norms as set out by the National Department of Health.' This action research study seeks to improve or find new ways of improving efficiency through monitoring and reviewing of indicators against

inspire to create knowledge

the national targets or norms. Quantitative data analysis has been used to confirm the assumption that the poor efficiency outlook was as a result of poor health information management. HKTshehla

'Improving early attendance at Ante Natal Clinic in Tshwane Health District.' The intension of this study is to increase awareness by educating communities about early ANC attendance so that we can improve maternal and neonatal health outcomes. KE Letebele-Hartnell

'Improvement of Asset Management in Tshwane Health District.' The study was undertaken as a measure to streamline asset management procedures, particularly maintenance and procurement procedures in Tshwane Health District. DP Malahlela

'Improvement of data quality collected through the use of hand-held device for COPC programme in Tshwane health District.' This study investigated the efficiency of a hand-held data capturing device used by community health workers in Tshwane Health District to capture demographic data. L Mamabolo

'Back to Basics – Improving infection control measures against Tuberculosis (TB) at Stanza Bopape Health Centre – Tshwane District.' This pilot study was undertaken as part of larger technical assistance strategy adopted by the Foundation for Professional Development (FPD) for the strengthening health systems in the PEPFAR partner districts to improve on the measures of infection control against TB in the facilities. S Vosloo

'The role of the Human Resource programme in the retention of health care professionals in Vhembe District, Limpopo Province in South Africa.' This exploratory study was undertaken to identify support programmes available to assist employees cope with work related stress and their likelihood to seek employment elsewhere outside the district. M Hlongwa

FACILITY BASED AND DISTRICT BASED TA

'Implementation of the counselor mentorship

programme.' Does introducing a mentorship program increase quality service delivery by HIV counselors? Hvd Merwe

'Patient satisfaction survey.' To determine how patient satisfaction surveys can be used as a tool to improve quality care and service in FPD supported DOH facilities. D Blom

PRIORITY HEALTH PROGRAMMES TA

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

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

'PAP smear audit 2.' File assessment in ARV clinics about the frequency of PAP smear screening for cervix cancer. HF Kinkel, S Memon

'EWI study.' Are EWI applicable and what do they tell us? HF Kinkel

'BMI in HIV.' Assessing the prevalence and incidence of obesity in individuals prior to and on ART. HF Kinkel, S Memon

'Liver test abnormalities in HIV patients.' Assessment of the prevalence of hepatic abnormalities in HIV positive individuals prior to treatment and how hepatic abnormalities are worked up. HF Kinkel, S Memon

'APTIMA I (COPC).' Is APTIMA (self applicable cervix cancer screening) applicable in COPC. HF Kinkel, S Memon

'Survey pap practice in ART providing sites (Tshwane).' How is Pap smear referral practice in ART providing sites in Tshwane? HF Kinkel, S Memon



'Survey pap practice in ART providing sites (other FPD sub districts).' How is Pap smear referral practice in ART providing sites? HF Kinkel, S Memon

'APTIMA II (ART).' Is APTIMA (self applicable cervix cancer screening test) advantageous compared to Pap in ART clinics. HF Kinkel, S Memon

'Kekana gardens evaluation.' Evaluation of COPC as a measure to detect HIV and TB in the community - the example of Kekana Gardens. HF Kinkel

'CANSa campaign.' Evaluation of the CANSa campaign - does it make a difference? HF Kinkel

'COPC data.' Are the data generated by hand held devices plausible. HF Kinkel

'XPHACTOR.' GenXpert algorithm. HF Kinkel

'FGI COPC.' Implementation of COPC in Tshwane. HF Kinkel, S Memon

'Modelling CHW workforce needs.' Can quality COPC provided under current assumptions? HF Kinkel

'Assessing service quality of consultations.' How can service quality be assessed in consultations. HF Kinkel, S Memon

'Conceterualizing COPC.' Description of Tshwane health post model. HF Kinkel

'COPC and TB (I).' Practice of TB tracing and F/up in COPC. HF Kinkel

'COPC and TB (II).' Evaluation of COPC regarding outcome and impact on TB. HF Kinkel

'An evaluation of students' perceptions of learning in Clinical Learning Centres based at district hospitals.' S Memon, Louw JM, Bac M, Hugo JFM

'Pre-antiretroviral therapy patient loss to care in three primary health care facilities using NIMART in Tshwane district, South Africa: implications for pre-treatment care.' M Vincent, F Senkubuge, HF Kinkel

SPECIAL PROGRAMMES CLUSTER

PEPFAR Fellowship

'PEPFAR Fellowship Programme SA: a unique scarce skills capacity building and retention strategy for HIV/AIDS service organizations within SA (marketing and branding activity).' J Mitchell, S Jordaan, G Wolvaardt

'PEPFAR Fellowship Program monograph series (COP06-COP08).' J Mitchell, T Herbert, S Quinton Smith

'Study on root cause identification related to differences in post-placement retention rates.' J Mitchell, S Jordaan, T Herbert, S Quinton-Smith

'Providing information, technical support and facilitation of PEPFAR fellow abstract submission to relevant SA conferences.' J Mitchell, S Jordaan, S Osman, S Quinton-Smith

'Determining need for HIV services at municipal level through epidemiological estimates.' J Mitchell

AFRICA HEALTH PLACEMENTS

'Community service officers survey.' Study on the experiences of doctors during their annual CS year; their intentions regarding working in SA (rural v urban); their immigration intentions; and how their experiences during their CS year may be enhanced to benefit the SA public sector in the long-run. K Muwoki

'To conduct exit interviews with FQDs to evaluate the experiences during their work placement in rural South Africa.' The objective of the exit interviews is to assess the AHP doctor's year in their placement. The questionnaire aims to assess clinical experiences, relationships with other staff, patients etc. The findings will inform AHP's work and identify the support gaps and how to improve AHP processes to ensure FQDs are adequately prepared and supported throughout their placement. K Muwoki

inspire to create knowledge

OPERATIONS CLUSTER

Human Resources

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

IT Department

'To increase the research output of the IT department.' Measure the IT helpdesk services. K Naidoo

'Enhancing the IT communications for staff who travel.' Improving communication methods for access to systems and increasing staff literacy for IT systems. K Naidoo

ACADEMIC CLUSTER

'Co-ordinators and faculty to work on a project to improve completion rates.' Improving communication between FPD staff, faculty and students to increase completion rate A Gerber

'Sending monthly updates to provincial managers on nurses completion (or not).' Improving nurse completion rates on courses by involving district and provincial managers A Gerber

'Sending a "ghost" student to workshops to evaluate quality and standard of FPD training.' Measure the quality of FPD training events by sending 'ghost' students to evaluate all aspects of the training A Gerber

'To review the results of the introduction on action research on the 2009-2010 intake.' V Pillay

'To monitor and QA anchors more closely in order to

improve stands of FPD anchors.' Improving the quality of FPD anchors by having training interventions and stricter evaluations for anchors. V Pillay, A Gerber

'Are students being coerced into HIV testing? Ethical considerations related to offering incentives for HIV counselling and testing at tertiary institutions in South Africa.' This is a reflection of the award winning First Things First Campaign to encourage students to be tested for HIV. D Cameron, H van der Merwe

'The Recall of Lost to Follow-Up Pre-Antiretroviral Therapy Patients in the Eastern Cape and the impact of mentoring on patient care.' The impact of a 3-month visit by an expert mentor in Graaff Reneit. M Jones, M Stander, M v Zyl, D Cameron

'Barriers to effective pain management in palliative care at selected resource-limited hospice settings in the vicinity of the University of Limpopo, Medunsa Campus.' An audit of pain control in terminal patients living in peri-urban townships. P Lentsoane, JC Meyer, N Schellack, D Cameron

'The quality and acceptability of a brief onsite training course for health professionals prior to the introduction of routine laboratory screening for cryptococcal meningitis.' D Cameron, M Roy, K Benedict, T Chiller, A la Grange, H Swart, A Gerber

'Cryptococcal meningitis: knowledge, attitudes and beliefs among adults living with HIV/AIDS in South Africa.' M Roy, K Benedict, T Chiller, D Cameron

'Phased implementation of screening for cryptococcal disease in South Africa.' A new laboratory test has enabled HIV+ patients be be screened for cryptococcal infection before they develop meningitis. NP Govender, V Chetty, M Roy, T Chiller, D Cameron, et al.

Treatment, Care & Support Department

'Patient satisfaction survey.' To determine how patient satisfaction surveys can be used as a tool to improve quality care and service in FPD supported DOH facilities. D Blom



PUBLISHED ARTICLES

MANAGING DIRECTORS OFFICE

G G Wolvaardt, P du Toit. 'Action research-driven professional development: developing transformational health care managers and creating learning organisations.' South African Journal of Education.

TECHNICAL ASSISTANCE CLUSTER

Priority Health Programmes TA

S Auld, L Kim, E Webb, L Podewils & M Uys. 'Completeness and concordance of TB and HIV surveillance systems for TB/HIV coinfecting patients in South Africa.' The International Journal of Tuberculosis and Lung Disease.

G Louwagie, B Girdler-Brown, R Odendaal, T Rossouw, S Johnson, M Van der Walt. 'Missed opportunities for accessing HIV care among Tshwane tuberculosis patients under different models of care.' The International Journal of Tuberculosis and Lung Disease.

Strategic Information TA

M Mokoka, S Rataemane, M dos Santos. 'Disability claims on psychiatric grounds within the South African context: a review.' South African Journal of Psychiatry.

M dos Santos. 'Healing the dragon: heroin use disorder intervention and recommendations for policy advancement.' New Voices in Psychology.

M dos Santos, S Mellors, E van der Ryst, G Wolvaardt, A du Toit. 'The people living with HIV stigma index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa.' SAHARA Journal (under final review).

D Wilson, M dos Santos, Saul Kornik, Andrew Scheibe. 'Unmasking narcissism and its impact on climate and environmental change: steps to a healing ecology of mind.' UNESCO/WSSR 2013 report (under review).

Facility Based and District Based TA

H van der Merwe, D Cameron. 'Are students being coerced into testing for HIV? Ethical considerations related to offering incentives for HIV counselling and testing at tertiary institutions in South Africa.' South African Journal of Bioethics and Law. October/November 2012.

Special Programmes TA

H-F Kinkel, S Dittrich, B Baeumer, T Weitzel. 'Diagnosis of imported schistosomiasis: evaluation of eight serological test.' Clinical and Vaccine Immunology.

H-F Kinkel, S Memon. 'COPC in Tshwane District, South Africa: Assessing the first phase of implementation.' African Journal of Primary Health Care & Family Medicine

H-F Kinkel, A Adelekan, T Marcus, G Wolvaardt. 'Assessment of service quality of public antiretroviral treatment (ART) clinics in South Africa: a cross-sectional study.' BMC Health Systems Research.

N Bam, T Marcus, J Hugo, F Kinkel. 'Conceptualizing Community Oriented Primary Care (COPC) – the Tshwane, South Africa, health post model.' African Journal of Primary Health Care & Family Medicine.

S Memon, Louw JM, Bac M, Hugo JFM 'An Evaluation of students' perceptions of learning in Clinical Learning Centres based at District Hospitals.' African Journal of Health Professional Education (under review).

SPECIAL PROJECTS CLUSTER

Compass Project

A Gerritsen, J Mitchell, B White. 'Provision and need of HIV/AIDS services in the City of Tshwane.' South African Medical Journal.

Africa Health Placements

S Kornick 'Foreign doctors hold out a lifeline.' Mail & Guardian, 25 April 2012.



Conference Participations

ACADEMIC CLUSTER

DA Cameron, A Gerber, H Swart, J Mutyabule & M Mbatha. **'Nurse-Initiation and maintenance of patients on antiretroviral therapy in South Africa: an exploration of key barriers and enablers.'** South African Medical Journal. February 2012, Vol. 102, No. 2

M Jones, M Stander, M van Zyl, D Cameron. **'Recall of lost-to-follow-up pre-antiretroviral therapy patients in the Eastern Cape: Effect of mentoring on patient care.'** South African Medical Journal, September 2012, Vol. 102, No. 9

DA Cameron. **'Eating right -stay active.'** Africa Nursing Practice Review, July/August 2012. P. 3

DA Cameron. **'Stop smoking – good for you.'** Africa Nursing Practice Review. May/June 2012, p.3

DA Cameron. **'The best good news we've had in decades – MRC rapid mortality surveillance report 2011.'** Africa Nursing Practice Review. September/October 2012, p3

NP Govender, V Chetty, M Roy, S Olandoyinbo, T Maotoe, WE Stephens, Z Pinini, D Spencer, WDF Venter, W Jassat, D Cameron, G Meintjies, T Mbengashe, Y Pillay. **'Phased implementation of screening for cryptococcal disease in South Africa.'** South African Medical Journal. February 2012, Vol. 102, No. 2

CONFERENCE PRESENTATIONS

Oral Presentations

Managing Director's Office

GG Wolvaardt. **'FPD experiences in strengthening health districts.'** SA Basic Education Conference, 2-4 April 2012, Durban: South Africa.

GG Wolvaardt. **'Provider choice a key success factor for**

the NHI.' SAMA Conference, 5 - 7 July 2012, Emporers Place. Kempton Park: South Africa.

GG Wolvaardt. **'Using a fellowship programme to transition masters degree students into the workplace.'** HELTASA Conference, 28 -30 November 2012. Stellenbosch: South Africa.

TECHNICAL ASSISTANCE CLUSTER

Priority Health Programmes TA

S Auld, L Kim, E Webb, L Podewils, M Uys. **'One patient, many systems: an evaluation of management and monitoring of persons co-infected with tuberculosis and HIV — Western Cape, South Africa.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

BM Kegakilwe, M van der Walt, M Uys. **'Effective ways of integrating TB/HIV services to improve recording and reporting practices and national TB/HIV indicator targets during 2006 – 2010 in Kagisano and Molopo Rural Sub-Districts, North West Province.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

M Maritz, B Volschenk, E Webb. **'Mobile services in George, Western Cape Province: an impact study on TB screening and HCT initiative; 2010 – 2011.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

B Wilkenson, B Volschenck, E Webb & M Uys. **'Food garden manuals and the transfer of gardening knowledge and skills to community members in a semi-rural sub-district.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

E Webb, L Kim, S Masuku, J Lancaster, R Odendaal, M Uys, L Podewils, M van der Walt. **'Adherence to concurrent tuberculosis (TB) treatment and HIV antiretroviral**

Conference presentations

treatment (ART) regimens in South Africa —North West Province, 2008–2010.' 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

E Webb, A Dos Santos, C Lotter, M Uys. **'Sick and tired: using creative therapeutic strategies for HIV/AIDS counselors and community care workers.'** Strategies to overcome poverty and inequality: towards Carnegie III, 3-7 September 2012. Cape Town University: South Africa.

M Uys, E Webb. **'That's it: together there is hope!'** Strategies to overcome poverty and inequality: towards Carnegie III, 3-7 September 2012. Cape Town University: South Africa.

Strategic Information TA

M dos Santos, V Ganesan, D Wilson. **'Mental health co morbidity in people living with HIV in Africa – a review and call for action.'** BIT's 2nd Annual World Congress of Microbes, 30 July – 1 August 2012. Guangzhou: China.

M dos Santos. **'Healing the dragon: heroin dependence recovery. Treatment and policy recommendations.'** 30th International Congress of Psychology, 22-27 July 2012. Cape Town International Convention Centre: South Africa.

M dos Santos. **'Psychiatric co morbidity in people living with HIV in South Africa – an explorative and prevention intervention study.'** 6th Annual International Conference on Psychology, 28-31 May 2012. Athens: Greece.

M dos Santos, F Trautmann, R Palakatsela et al. **'Rapid Assessment Response (RAR) Study: drug use and health risk: Emthonjeni Correctional Centre, Pretoria, South Africa. Towards policy advocacy and advancement within the prison sector.'** Joint Phasa/Rudasa Conference, 5-7 September 2012. Bloemfontein: South Africa.

S Johnson. **'Self reported ART adherence ratings as a tool to estimate and improve adherence to ART.'** Joint Phasa/Rudasa Conference, 5-7 September 2012. Bloemfontein: South Africa.

S Johnson. **'HIV Self Efficacy scores as a tool to estimate and improve adherence to ART.'** Joint Phasa/Rudasa Conference, 5-7 September 2012. Bloemfontein: South Africa.

System Strengthening TA

S Vosloo. **'Back to Basics - Improving infection control measures against Tuberculosis (TB) at Stanza Bopape Health Centre - Tshwane District.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

Priority Health Programmes Technical Assistance

H-F Kinkel. **'Using mobile GMS phones to capture health status assessments in COPC. Is data plausible?'** ICT4Health Conference, 12 September - 13 September 2012, Cape Town, South Africa.

SPECIAL PROJECTS CLUSTER

Compass Project

J Mitchell. **'Circles of service: Schools as the central referral point for HIV community mobilisation in Soshanguve and Tembisa, Gauteng Province.'** SA Basic Education, 2-4 April 2012. Durban International Convention Centre: South Africa.

A Gerritsen, JS Mitchell. **'Estimating the need for orphaned and vulnerable children services in the City of Tshwane Metropolitan Municipality 2011.'**

OVC Conference 2012, 30 October - 2 November 2012. Gallagher Convention Centre, Midrand: South Africa.

A Gerritsen, J Mitchell. **'Estimating the need for orphaned and vulnerable children services in the City of Tshwane Metropolitan Municipality 2011.'**

OVC Conference 2012, 30 October - 2 November 2012. Gallagher Convention Centre, Midrand: South Africa.

Basic Education Project

J Brink. **'District capacity strengthening -preliminary research.'** SA Basic Education Conference, 2-4 April 2012, Durban International Convention Centre: South Africa.

J Brink. **'Collaborating in education around systemic change.'** SA Basic Education Conference, 2-4 April 2012, Durban International Convention Centre: South Africa.

PEPFAR Fellowship

A Spyrelis. 'Our children in crisis: an analysis of child abuse cases at the sunlight safe house in Johannesburg.' 30th International Congress of Psychology, 22-27 July 2012. Cape Town International Convention Centre: South Africa.

M Tshaman. 'The Dynamics of Tuberculosis Treatment Adherence at Tshilidzini Hospital in Vhembe district (a pilot project).' 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

OPERATIONS CLUSTER

Human Resources

A Bosman. 'Challenges in enrolling staff on learnerships in HIV/TB clinics.' 3rd SA TB Conference, 12-15 June 2012, Durban International Convention Centre: South Africa.

ACADMEMIC CLUSTER

M Jones, M Stander, M van Zyl, D Cameron. 'Recall of lost-to-follow-up pre-antiretroviral therapy patients in the Eastern Cape: Effect of mentoring on patient care.' 3rd South African TB Conference, 12-15 July 2012, Durban.

POSTER PRESENTATIONS

Managing Directors Office

AM Swart, BS Chisholm, G Wolvaardt. 'Analysis of queries received by the South African National HIV & TB Health Care Worker Hotline between March 2008 and February 2012.' XIX International AIDS Conference, 22-27 July 2012. Washington DC: United States of America.

TECHNICAL ASSISTANCE CLUSTER

Priority Health Programmes TA

E Montalama, E Webb, M Uys. 'Knowledge, attitude and behaviour of nurses initiating Isoniazid Preventative Therapy (IPT) in Potchefstroom, North West Province: 2011.' 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

CONFERENCE PRESENTATIONS

L Masenyetse, M van der Walt, S Masuku, M Uys. **'Investigating survival of tuberculosis patients co-infected with Human Immunodeficiency Virus receiving both antiretroviral and directly observed treatments in KwaZulu Natal province.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

B Mkhize, E Webb, M Uys. **'Increasing TB awareness and infection control practices amongst taxi users in rural uThukela district – Umtshezi Local Municipality Kwa-Zulu Natal – 2011.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

L Badenhorst, C Smit, N Mfene. **'Quality Improvement program ssessemnt: 2-month smear conversion in Potchefstroom, North West Province, South Africa.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

E Webb, L Kim, S Masuku, J Lancaster, R Odendaal, M Uys, L Podewils, M van der Walt. **'Adherence to concurrent tuberculosis (TB) treatment and HIV antiretroviral treatment (ART) regimens in South Africa — North West and Western Cape Provinces, 2008–2010.'** 43rd Union World Conference on Lung Health, 13-17 November. Kuala Lumpur: Malaysia.

STRATEGIC INFORMATION TA

M dos Santos, F Trautmann, BR Palakatsela, FC Mahaye, MN Khoza. **'Rapid Assessment Response (RAR) study: drug use and health risk: Emthonjeni Correctional Centre, Pretoria, South Africa. Towards policy advocacy and advancement within the prison sector.'** XIX International AIDS Conference, 22-27 July 2012. Washington DC: United States of America.

M dos Santos. **'Psychiatric co morbidity in people living with HIV in Africa an explorative and prevention intervention study.'** Joint Phasa/Rudasa Conference, 5-7 September 2012. Bloemfontein: South Africa.

Facility Based and District Based Technical Support

S Vosloo. **'Back to Basics – Improving infection control measures against Tuberculosis (TB) at Stanza Bopape**

Health Centre – Tshwane District.' Phasa/Rudasa Conference, Bloemfontein, 5 – 7 September 2012.

MP Phamphe. **'Improvement of Co-Trimoxazole and PCR uptake rate for HIV exposed babies around 6 weeks at Bungeni PHC local facilities in Makhado Municipality within Vhembe District.'** Phasa/Rudasa Conference, Bloemfontein, 5-7 September 2012.

M Hlongwa. **'The role of the Human Resource programme in the retention of health care professionals in Vhembe District, Limpopo Province in South Africa.'** Phasa/Rudasa Conference, 5 – 7 September 2012.

M Jones, M Stander, M van Zyl, D Cameron. **'The recall of lost to follow up pre-antiretroviral therapy patients in the Eastern Cape and the impact of mentoring on patient care.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

Priority Health Programmes Technical Support

S Memon, H-F Kinkel. **'Pap smear referral practices in public ART clinics in Tshwane, South Africa: how regularly are HIV positive female patients screened for cervical neoplasia?'** XIX International AIDS Conference, 22-27 July 2012. Washington DC: United States of America.

AM Swart, BS Chisholm. **'Analysis of queries received by the South African National HIV & TB health care worker hotline between March 2008 and February 2012.'** XIX International AIDS Conference, 22-27 July 2012. Washington DC: United States of America.

H-F Kinkel, T Marcus, N Bam, J Hugo. **'Community Oriented Primnary Care (COPC) in Tshwane, South Africa: Is it feasible to render comprehensive and affordable primary care services?'** University of Pretoria, Department of Family Medicine, Mini-conference, 16 November 2012. Pretoria: South Africa.

H-F Kinkel, S Memon. **'Prevalence of overweight and obesity in HIV infected individuals up to five years on antiretroviral treatment (ART) in South Africa: a**

retrospective, cross-sectional study. SA HIV Clinicians Society Conference, 25 - 28 November 2012. Cape Town: South Africa.

H-F Kinkel, S Memon. **'Cervix cancer screening practice in public ART providing facilities in Tshwane District: A situational analysis.'** SA HIV Clinicians Society Conference, 25 - 28 November 2012. Cape Town, South Africa.

SPECIAL PROJECTS CLUSTER

Compass Project

AAM Gerritsen, J Mitchell, B White. **'Provision of HIV/AIDS and TB services within the City of Tshwane Metropolitan Municipality 2011.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

J Mitchell. **'Do repeat-testers bias HIV prevalence data? Evaluating South African mobile HIV counselling and testing (HCT) units as a data source for HIV disease surveillance.'** Joint Phasa/Rudasa Conference, 5-7 September 2012. Bloemfontein: South Africa.

J Mitchell. **'Locating public health services: The application of GIS mapping to build government capacity through public-private partnerships in South Africa.'** Joint Phasa/Rudasa Conference, 5-7 September 2012. Bloemfontein: South Africa.

Basic Education Project

J Brink. **'Providing practical experiences through student-teacher internships.'** Education Week, 2-4 July 2012. Sandton Convention Centre: South Africa.

PEPFAR Fellowship

BA Pududu, G Fatti, A Grimwood, E Mothibi. **'Addressing the quality gap in PMTCT services in low-resource settings through a health systems strengthening approach: an evaluation of PMTCT 'Nurse Quality Mentors' in three South African provinces.'** XIX International AIDS Conference, 22-27 July 2012. Washington DC: United States of America.

M Mogotsi. **'Challenges faced by patients on TB/HIV treatment adherence at Mohlakeng (Randfontein).'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

Africa Health Placements

J Strydom **'Retaining junior doctors in rural, public health after community service.'** SAHIVSOC Conference, 26-28 November. Cape Town: South Africa.

ACADEMIC CLUSTER

V Pillay. **'Does the introduction of Action Research in a management development programme help develop self directed managers?'** XIX International AIDS Conference, 22-27 July 2012. Washington DC: United States of America.

G Makgoka. **'Improving the clinical competence of primary care nurses to initiate antiretroviral therapy in infants and children through experiential learning and mentoring.'** 3rd SA TB Conference, 12-15 June 2012. Durban International Convention Centre: South Africa.

Research Reports

TECHNICAL ASSISTANCE CLUSTER

Strategic Information TA

M dos Santos. **'Chapter 4 in: Operational guidelines for HIV, STIs and TB programmes for key populations in South Africa.'** National Department of Health.

D Wilson, M dos Santos, Saul Kornik, Andrew Scheibe. **'Unmasking narcissism and its impact on climate and environmental change: steps to a healing ecology of mind.'** UNESCO/WSSR 2013 report (under review).

Priority Health Programmes TA

H Kinkel. **'Evaluation report - Project: Well woman campaign.'** June 2012.



ABOUT FPD

ABOUT FPD

Other Activities

Strategic
Partnerships

Sponsors & Donors

The People of FPD

Awards and Staff Developments

In 2012, FPD again acknowledged individuals and FPD staff, through a series of awards, who have contributed substantially to FPD's work

AWARD FOR EXCELLENCE IN TEACHING



MS SUSAN RAMATSEA

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. Ms Ramatsea is a facilitator on our HIV, TB and Adherence Counselling for ART clinical programmes and her total average rating was 4.79 out of 5. The teaching days differ for each type of programme. FPD has primary secondary and tertiary faculty on each programme and they have a specific percentage that they are allowed to teach. Another criteria for this award was that they had to teach more than 5 times on a specific programme during the course of the year.

AWARD FOR RESEARCH EXCELLENCE



DR FRITS KINKEL

As an academic institution we are committed to contributing to new knowledge through research. In 2012, FPD research outputs equated 89 research projects, 21 publications and 53 conferences presentations. The FPD award for excellence in research is awarded based on an external evaluation by leading South Africa scientist. All research outputs in 2012 were reviewed and the best out-put was selected. The award for research excellence was awarded to Dr Frits Kinkel.

AWARD FOR EXCELLENCE IN COMMUNITY ENGAGEMENT



MS KGOMOTSO KEENE



MR NICKY SWANEPOEL

In response to President Jacob Zuma's call on the 1st of December 2009 to "act decisively and act together", Innovative Medicines South Africa (IMSA) and the Foundation for Professional Development (FPD) planned and implemented a mass HIV Counseling and Testing campaign at 17 Higher Educational Institutions across South Africa during 2011.

Based on lessons learned, the campaign was extended to 2012 where all 22 HEI's and 7 FET's participated. The vision was to significantly contribute to the ambitious HIV Counseling and Testing (HCT) target set in the NSP (National Strategic Plan), while providing an example of how private public partnerships can make an invaluable contribution to reach NSP goals.

The FTF campaign was highly successful under the leadership of Kgomo Tso Keene and Nicky Swanepoel during 2012; reached close to 100 000 students of which 66 496 were tested. This is an improvement of 45500 compared to the previous year.

VALUES AWARD



MS SUZANNE JOHNSON

Ms Johnson has conceptualised the new structure for the Technical Assistance cluster has managed to inspire the team to "buy into" the new Technical Assistance model through a process of involvement and encouragement. She is constantly thinking of ways of encouraging everyone to develop ways that bring FPD values into focus in the work that they do.

The launch of the new TA strategy was a great success. She involved others and made her whole team feel encouraged. A good example of this was the session she organised around the achievements of all the various teams in the TA Cluster and how FPD's values were demonstrated by their achievements. She is not afraid to speak out when she feels differently about a proposal, but she challenges ideas and does not attack the person with the idea.

Her style of leadership displays all of FPD's values. Her focus is on achieving the best result for our districts rather than just wielding power. She encourages personal development in her team yet she is willing to confront issues that are causing interference with FPD's task.

STAFF DEVELOPMENT

FPD has always been an organisation that places high emphasis on promoting a performance driven culture. This has been achieved by actively recruiting highly talented individuals and building job descriptions around their unique skills and strengths. Internal promotion based on staff development has always been part of this culture. Support has ranged from supporting formal post graduate studies at masters level to conference participation and short course attendants.

In total 771 staff members participated in educational activities in 2012 . Emphasis was placed on developing managerial competence and 31 staff members were enrolled on management development programmes. Staff participation in educational activities stretched from senior management to support staff. Of the staff supported by FPD, 88% were from disadvantaged groups.

As a substantial number of FPD staff were employed in direct service delivery roles , working as councillors or administrative support were placed in clinics where the treatment project was drawing to a close FPD has since 2011 been offering such staff the opportunity to complete learnerships as Pharmacist Assistants or Social Auxiliary Workers to improve their employment prospects.

During 2012 FPD enrolled 100 staff members on pharmacy assistant learnerships and 149 on the auxiliary social worker learnerships

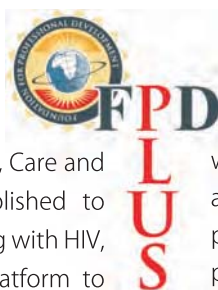


"TO BE INSPIRED IS GREAT, TO INSPIRE IS INCREDIBLE"

Inspire to
LIGHT A FIRE

Safe Space & Forum for Staff Living with HIV

FPD PLUS



FPD Plus is an initiative of the FPD Treatment, Care and Support Department that has been established to provide a safe "space" and forum for staff living with HIV, or affected by HIV. FPD Plus provides a platform to discuss issues that are relevant to HIV diagnosis, discuss issues related to the place of work and share strategies of dealing with HIV. A confidential e-mail address (fpdplus@foundations.co.za), moderated by a staff member living with HIV, has been created for communication and information sharing. FPD Plus also authors a "Positive Voices" section in the organisational newsletter and is exploring the possibility of setting up a bureau that will train and support FPD Plus members to facilitate workplace programmes in the corporate world.

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

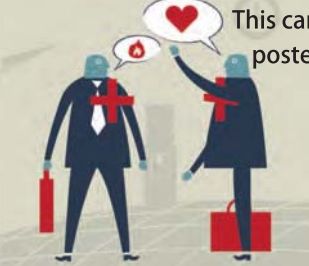
The Power of Positive Thought- Design your Destiny" was the theme for 2012.

Although the calendar was functional already, we

wanted to introduce interaction between the individual and the calendar. We encouraged individual calendar participants to 'design' their own destiny; meaning, the power of positive thought could actually result in positive action, and taking positive action could lead to great things.

The calendar was designed to inspire some self-reflection and autobiographical thought. Every section is prefaced with a quote from a person who currently lives with HIV/Aids and relates their specific personal experience. This experience was then graphically translated into single ideas/words each with its own style and execution. This ensured that the calendar was diverse, visually striking and aesthetically interesting. Each person was encouraged to submit his or her own thoughts and ideas that could be collected to form a collection of positive thoughts and aspirations. Alongside the calendar, we also provided a simple internal web interface to that effect.

The FPD Plus initiative has to date been a highly visible and successful campaign. The thoughts, visions and opinions which shape the courageous people that are HIV positive and work at the organization have contributed to the success of the campaign.



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

" The Power of Positive Thought- Design your Destiny" was the theme for 2012.

Strategic Partnerships International

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

AIDS ACCOUNTABILITY INTERNATIONAL (AAI)



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

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

AMERICAN INTERNATIONAL HEALTH ALLIANCES (AIHA) – TWINNING PROJECT



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

ASSOCIATION OF SOCIAL SCIENCES AND HUMANITIES IN HIV (ASSHH)



ASSHH is an international membership organization that promotes and supports critically informed and theoretically engaged social science and humanities research on HIV/AIDS. We are committed to generating, supporting and distributing social science and humanities scholarship, promoting dialogue and networking within our disciplines and between them and the larger scientific community, and training emerging social science and humanities scholars in academic and non-academic settings. FPD partnered with ASSHH in 2010 to establish an international HIV/AIDS social sciences conference the first was held in 2011 and the second will take place in July in Paris, France during 2013.

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 programs for over 20 years, CCO has become the trusted brand among HIV treaters around the world.

In addition to a world-class advisory board, long-term relationships with internationally renowned faculty, and a sophisticated, specialized editorial and writing staff, CCO has its own unique models, proprietary technology, and Web sites and well established alliances with key HIV organizations, including a longstanding partnership with the International AIDS Society. FPD, CCO and the University of the Witwatersrand have a joint project to develop the first South African mobile phone application based educational resource for HIV and TB medicine.

DOCTORS WITHOUT BORDERS



Doctors Without Borders / Médecins Sans Frontières (MSF) is an international medical humanitarian organisation created by doctors and journalists in France

in 1971. Today, MSF provides aid in nearly 60 countries to people whose survival is threatened by violence, neglect, or catastrophe, primarily due to armed conflict, epidemics, malnutrition, exclusion from health care, or natural disasters. MSF provides independent, impartial assistance to those most in need. MSF reserves the right to speak out to bring attention to neglected crises, to challenge inadequacies or abuse of the aid system, and to advocate for improved medical treatments and protocols. FPD and MSF jointly manage a mobile AIDS treatment unit that provides care for farm workers in the Mussina area

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 groundbreaking HIV related Phase I/II Clinical Trials taking place in Pretoria, South Africa. FPD also has shareholding in ISR.

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



The Istituto Superiore di Sanità (ISS – Italian National Institute of Health) is the leading technical and scientific public body of the Italian National Health Service. Its activities include research, surveillance and control, training and consultation in the interest of public health protection. In the frame of the Bilateral Co-operation Program to support the Ministry of Health of South Africa in the implementation of a national program of global response to HIV and AIDS between the Italian Government (Ministry of Foreign Affairs) and the South African Department of Health, ISS has been appointed as the Italian implementer and the overall coordinator of the Program.

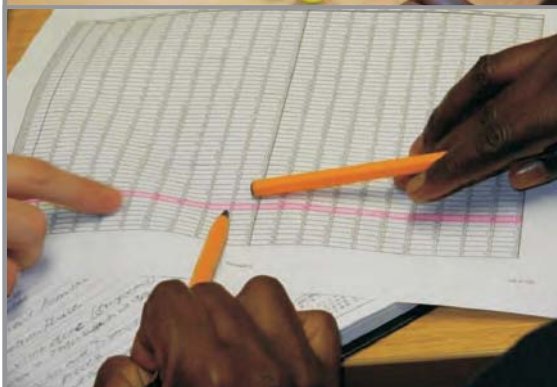
ISS partners with FPD in areas such as Human Resources, Health Professionals Skills Developments and Capacity Building.

LONDON SCHOOL OF TROPICAL MEDICINE



In partnership with London School of Hygiene and Tropical Medicine and Aurum Institute, FPD began the TB Fast Track Study. The study – which uses easy, simple and inexpensive tests to look for the TB germ - will be conducted at a mixture of 20 Primary Health Clinics and Community Health Clinics in both urban and rural settings and is expected to run for two and a half years. The research team completed the pilot and began enrolling study participants in January 2013.

Pictures from the clinic randomization party to randomize clinics into the intervention or control arm of the study.



MANCHESTER BUSINESS SCHOOL (MBS)



With an international reputation for top-rated teaching and research, Manchester Business School is firmly positioned at the leading edge of dynamic business performance. Dedicated to developing effective managers for every sector and discipline, MBS invests in today's management the ideas and experience that will equip its graduates to become collaborating since 1998 in offering an international management short course for health managers in South Africa.



MOTHERS TO MOTHERS

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

FPD and mothers2mothers partnered in 2010 to form the Foundation for Professional Development Research Ethics Committee (FPDREC).



NETHOPE



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

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



Uppsala University is more than 500 years old and maintains a purposeful and long-term view to always offer the best conditions for educational and research

activities. The university is one of the highest ranked seats of learning in Northern Europe with their campuses combining traditional settings and state-of-the-art research facilities. National Centre for Knowledge of Men's violence Against Women (NCK) works by order of the Swedish government with education, research, development, information and compilation of research findings in the area. Women subject to violence are treated at the centre's outpatient clinic at Uppsala University Hospital. The centre also runs a national telephone helpline for women subjected to violence.

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

YALE SCHOOL OF EPIDEMIOLOGY AND PUBLIC HEALTH



Founded in 1915, Yale's School of Public Health is one of the oldest accredited schools of public health. In the 1960's it was decided to merge the Department of Public Health with the Section of Epidemiology and Preventive Medicine, a unit within the Department of Internal medicine. The Department of Epidemiology and Public Health (EPH) was the result of this merger. Today, faculty and students at the Yale School of Public health continue to strive toward Winslow's goal of: "Preventing disease, prolonging life and promoting physical and mental health and well-being through organised community effort... and developing the social machinery to assure everyone enjoys a standard living adequate for the maintenance or improvement of health". www.yale.edu

FPD and Yale offer a jointly certified international management short course aimed at public sector managers.

Strategic Partnerships National

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



AAMSSA is a scientific non-promotional society to regulate the scientific and legitimate practice of Aesthetic and Anti-aging medicine; they provide medico-legal support in conjunction with medico legal societies; and provide mutual support amongst members and improve relationships amongst the members and professional bodies. The AAMSSA strives to advance the growth, respectability and knowledge development in these fields of medicine in South Africa.

The FPD and AAMSSA partnership is in the process of developing a post graduate 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)



AHP a project originating from the FPD and Rural Health Initiative 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.

AMPATH



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

CHAPS

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



FPD and CHAPS are working together to train health care professionals on how to perform safe male circumcisions and on running high volume sites.

CITY OF TSHWANE METROPOLITAN MUNICIPALITY (CTMM)

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



DEMOCRATIC NURSING ORGANI- SATION OF SOUTH AFRICA (DENOSA)

In addition to its advocacy role of promoting the cause of nursing in South Africa, DENOSA has established the DENOSA Professional Institute to extend the training and professional development of nurses. Over the past 3 years FPD has been working with



DENOSA in running training courses in collaboration with the National TB Programme and the International Council of Nurses to train nurse trainers on TB and MDR-TB.

DEPARTMENT OF HEALTH EASTERN CAPE



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

During 2012, FPD's Technical Assistance Cluster expanded its district based technical assistance support and now closely collaborates with the flowing districts; Cacadu, Nelson Mandela Bay Metropolitan Municipality, Amatole and Buffalo City.

DEPARTMENT OF HEALTH GAUTENG



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

FPD Strategic Partnerships

DEPARTMENT OF HEALTH LIMPOPO



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

DEPARTMENT OF HEALTH MPUMALANGA



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

DEPARTMENT OF HEALTH NORTH WEST



FPD in 2012 concluded a five year project that supported the province in providing direct service delivery and facility based technical assistance in the North West Province by means of placement of health professionals in facilities and its mentoring roving teams.

DEPARTMENT OF HEALTH WESTERN CAPE



FPD closely operates with the Western Cape Department of Health with regard to developing provincial capacity through providing scholarships for both management and clinical training to provincial staff, supporting TB/HIV care through and the that's it project is the district technical assistance support partner in Eden district.

DIRA SENGWE



This is one of FPD's oldest partnerships that has lead to the very successful series of biannual national AIDS Conferences that has become one of the largest if not the largest National AIDS conferences in the world attracting over 5 000 attendees. FPD provides the conference secretariat for these conferences.

THE FOUNDATION FOR PROFESSIONAL DEVELOPMENT FUND



The Foundation for Professional Development Fund is a non-profit entity whose focus area is allied to activities relating to HIV and AIDS, but it is not limited to this area. The FPD Fund's main activities are to promote community interests by the provision of health care, education and the prevention of HIV infection; and to develop communities through capacity building projects. During 2012 the FPD Fund's activities included the Standard Bank Adopt-A-School Program as well as the Department of Health Western Cape HBC, HCT and PEAP projects.

HEALTH AND WELFARE SETA



FPD has over a number of years been working with the SETA around Pharmacy Assistance and Social Auxiliary Worklearnerships.

HEALTH SCIENCE ACADEMY (HSA)



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

HIGHER EDUCATION HIV/AIDS PROGRAMME (HEAIDS)



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

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

INNOVATIVE MEDICINES SOUTH AFRICA (IMSA)



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

MEDICAL RESEARCH COUNCIL (MRC)

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



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

PHAKAMISA (AN ASTRAZENECA INITIATIVE)



AstraZeneca launched Project Phakamisa with the goal of creating cancer awareness amongst the public. This is done via partnerships with cancer organisations as well as training of public sector health care professionals in a bid to improve volunteering, screening, testing and diagnoses of cancer. AstraZeneca supports the Breast Cancer for Health Professionals course as part of their

Phakamisa Project. It is designed to make a meaningful impact in the public sector. The aim is to support and guide health care professionals in addressing the needs of breast cancer patients.

NATIONAL PROSECUTING AUTHORITY (NPA)



FPD through a USAID grant supports the Thuthuzela project of the NPA. Thuthuzela Care Centres are one-stop facilities that have been introduced as a critical part of South Africa's anti-rape strategy, aiming to reduce secondary trauma for the victim, improve conviction rates and reduce the cycle time for finalising cases. The Thuthuzela project is led by the NPA's Sexual Offences and Community Affairs Unit (SOCA), in partnership with various donors as a response to the urgent need for an integrated strategy for prevention, response and support for rape victims.

Pretoria Evangelism and Nurture (PEN)



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

SONKE GENDER JUSTICE



Sonke Gender Justice Network is a non-partisan, non-profit organisation, established in 2006. Today, Sonke

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



FPD partners with Soul City on the increasing services to survivors of sexual assault Programme (ISSAP)

SOUTH AFRICAN MEDICAL ASSOCIATION

The South African Medical Association (SAMA) is a non-statutory, professional association for public and private sector medical practitioners.



Registered as an independent, non-profit Section 21 company SAMA acts as a trade union for its public sector members and as a champion for doctors and patients. The strategic relationship between FPD and SAMA extends beyond pure ownership of FPD. The organisations collaborate on a number of projects including gender based violence and a number of educational projects aimed at SAMA members.

SOUTHERN AFRICAN HIV CLINICIANS SOCIETY (SAHIVCS)



The South African HIV Clinicians Society is a special interest group of the South African Medical Association with more than 12 000 members drawn from clinicians and medical scientists dedicated to responding to the challenge of HIV and AIDS.

The strategic alliance between FPD and SAHCS dates from 2001, when the two organisations introduced the

HIV Clinical Management Course. FPD also enrolls students as SAHCS members as part of the FPD alumni programme. SAHCS also organises the skills building programme at a number of conferences that FPD organises.

SOUTH AFRICAN INSTITUTE OF HEALTH CARE MANAGERS (SAIHCM)

For a number of years health managers working in both the public and the private sectors have determined that South Africa has an urgent need for an institute of healthcare managers.

The structure of the institute is based on best practice, as identified in order international models, but has been adopted to meet South Africa's specific needs in the field. The institute aims to be a centre of excellence to advocate for the interest of consumers of health services in South Africa and for its members. The commitment will be demonstrated through the efforts to enhance the status and qualifications of health care managers within the framework of the SA Qualification Framework. FPD and SAIHCM collaborate on providing an alumni support service for graduates of FPD management training programmes. Since 2010, FPD has hosted the SAIHCM secretariat.



UNIVERSITY OF CAPE TOWN

The University of Cape Town (UCT) is South Africa's oldest university. UCT was formally established as a university in 1918.

The Medicine Information Centre is a drug information service for Health Professionals provided by specially trained pharmacists. The Medicines Information Centre (MIC) is situated in the Division of Pharmacology, Department of Medicine at the University of Cape Town's Faculty of Health Sciences.



FPD and the Medicine Information Centre established

the healthcare worker hotline in 2008. This centre provides telephonic support to healthcare professional on HIV treatment.

UNIVERSITY OF KZN (UKZN) - CENTRE FOR HIV/AIDS NETWORKING (HIVAN)



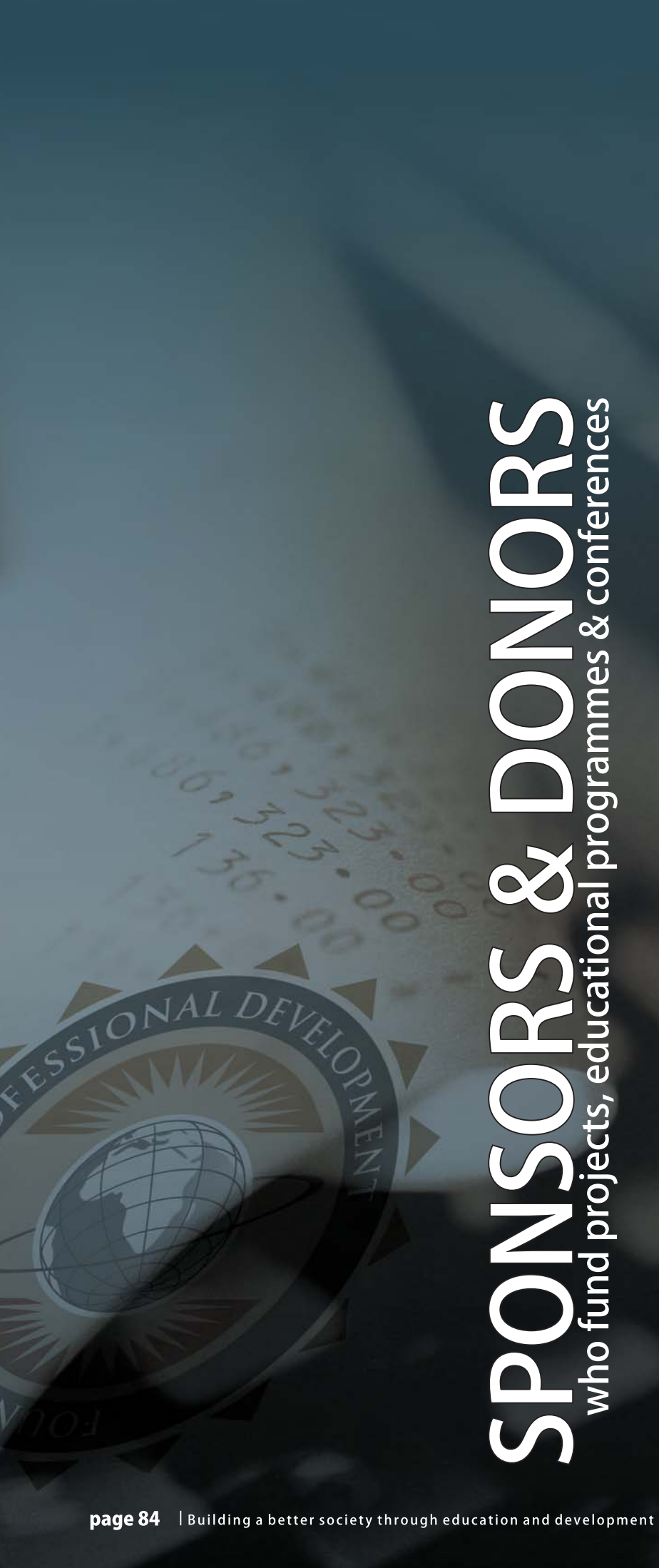
HIVAN was created by the University of KwaZulu-Natal in 2001 to promote, conduct and build capacity for research that is responsive to and contributes to alleviating the circumstances of people living with and affected by HIV and AIDS. HIV-911 is a programme within HIVAN which specialises in maintaining and expanding a database of over 6 000 HIV – related services providers throughout the country. Through HIV-911, information can be obtained on HIV-related service and support in any area of the country. HIV-911 and FPD are developing an HIV-related service database and producing annual provincial print directories of all HIV service providers captured.

UNIVERSITY OF PRETORIA (UP)

The University of Pretoria was established as an independent university in 1930.



With approximately 40 000 enrolled students, the university is a leader in higher education and is recognised internationally for academic excellence and a focus on quality. Collaboration between FPD and the Health Sciences Faculty at UP takes place around the Infectious Diseases Unit, ART clinics at two of the university's teaching hospitals (Steve Biko Academic Hospital and Kalafong Hospital) and the Department of Family Medicine. FPD also collaborates with the Centre for the Study of AIDS (CSA) at UP.



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Mahatma Ghandi



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**'knowing creates hope and I am so proud
to be part of an organisation that is
increasing knowledge'**

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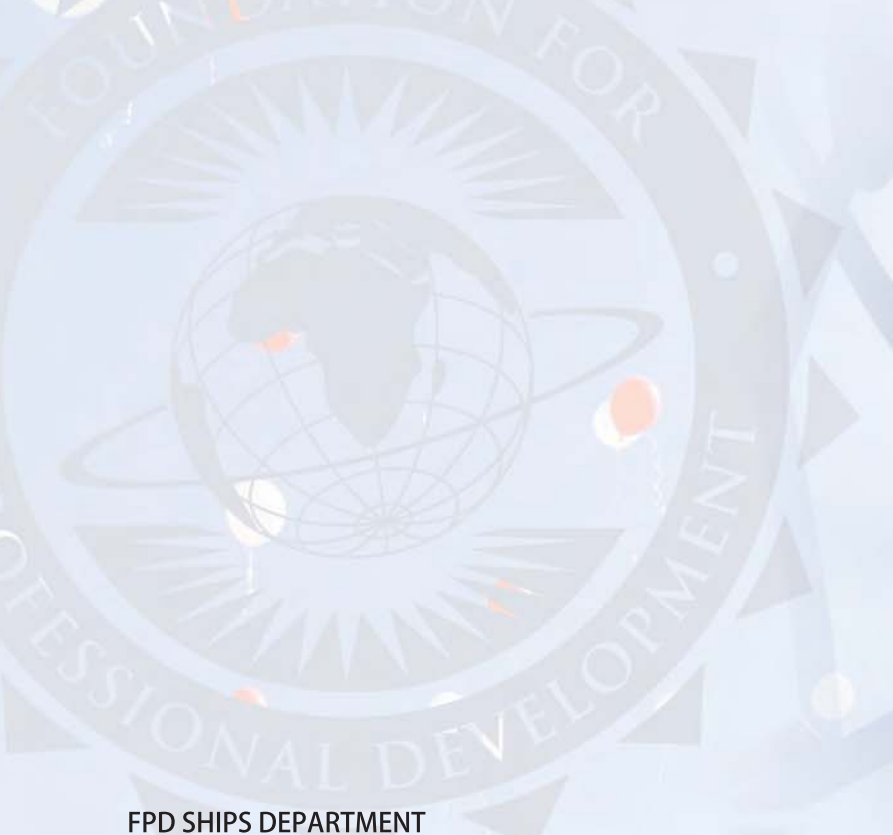
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