

FOUNDATION FOR PROFESSIONAL DEVELOPMENT

ANNUAL REPORT

2015-2016

Building a better society through education and capacity development





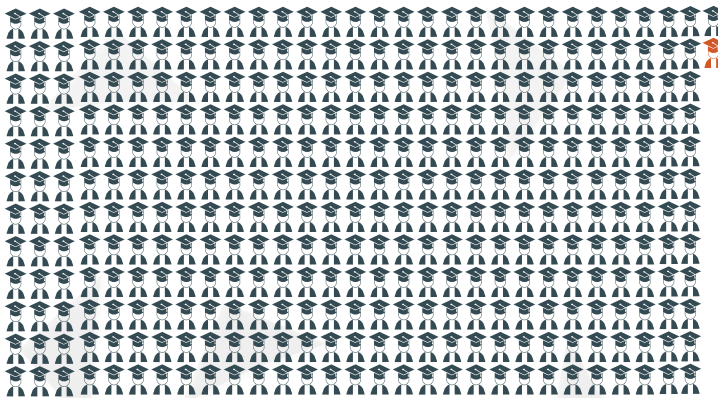


ANNUAL OVERVIEW

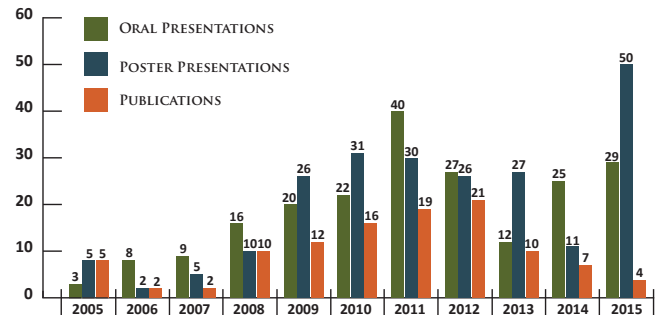
FPD'S MISSION IS TO CATALYSE SOCIAL CHANGE THROUGH DEVELOPING PEOPLE, STRENGTHENING SYSTEMS AND PROVIDING INNOVATIVE SOLUTIONS.

FPD HAS ENROLLED **337 228** STUDENTS ON FPD COURSES (SINCE 1998)

 **1000 students**  **228 students**

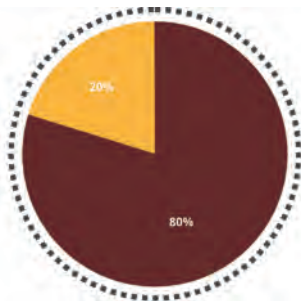


RESEARCH OUTPUT

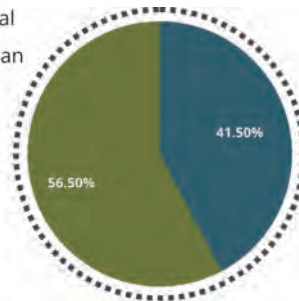


STUDENT DEMOGRAPHICS

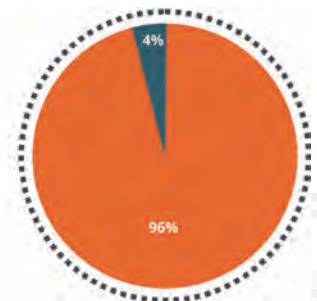
 Male
 Female



 Rural
 Urban



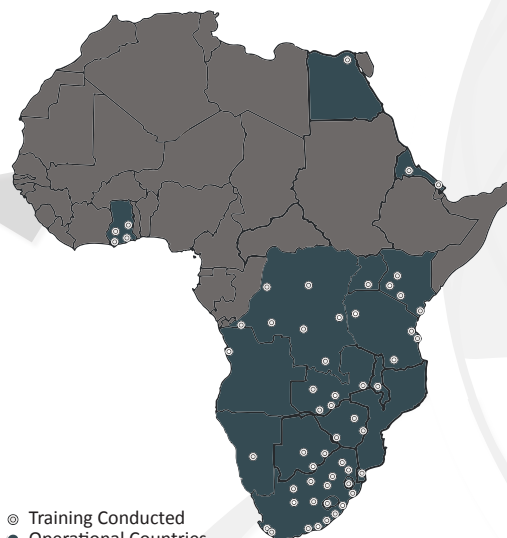
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 PDA



FPD PROVIDES EXTENSIVE HEALTH MANAGEMENT DEVELOPMENT ACROSS AFRICA.

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

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



● Training Conducted
● Operational Countries

EDUCATIONAL SUPPORT
TO A VALUE OF
R 540 000 000
WAS PROVIDED TO
FPD STUDENTS
SINCE 1999

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IPD Annual Report 2009/2010

IPD ANNUAL REPORT 2011-2012

IPD ANNUAL REPORT 2011-2012

OVERVIEW

*Vision, Mission, Values and
Strategic Direction
Message from the
Managing Director
Background
Governance and Quality
Assurance Structures
Organisational and
Management Structure
Start-of-the-Year-Function*

VISION, MISSION, VALUES & STRATEGIC DIRECTION

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

MISSION STATEMENT

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

VALUES

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

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

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

QUALITY: FPD strives to guarantee the excellence of all its products and services. All such services are designed to meet the current needs of its clients. Underlying

this commitment to quality is a continuous drive to achieve excellence and develop the systems to reward such achievements.

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

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

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

“Education is the most powerful weapon which you can use to change the world.” - Nelson Mandela

STRATEGIC DIRECTION

The strategic direction for 2016 is focused on developing FPD into an international self-funding university that can compete with world class institutions.

This will be achieved by a continuous focus on social entrepreneurship, high quality teaching and learning, research and community engagement. Inherent in this vision is a commitment to social responsibility and ensuring that all activities of the organisation will serve to improve society in the countries where FPD operates.

In 2016 FPD will continue to expand online learning products and pilot products aimed at exploring the use of mobile applications to support service delivery improvement.

FPD will continue to prioritise creating employment opportunities for young people through undergraduate programmes and programmes that create work-

place exposure. FPD will also continue to expand its partnership with the public sector around supporting health systems strengthening via technical assistance, supporting direct service delivery in pursuit of meeting the 90-90-90 targets for HIV care, supporting the development of innovative solutions through think tanks and bringing evidence based approaches to policy development and review

Private sector partnerships will continue to explore innovative models to service delivery, improving skills in the private sector and developing information solutions applicable to this sector

FPD signature initiatives around AIDS and GBV will remain a major focus of the 2016 strategy.

The 2016 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.

FPD is committed to being a force for positive change in the communities and countries where we work



Mission & Vision

Message from the Managing Director

FPD has a mission of catalysing social change through developing people, strengthening systems and providing innovative solutions. In 2015, I believe we embraced this mission despite it being a very challenging year due to the global and local economic realities. Despite these external factors the incredible team at FPD pulled together and exceeded all expectations and targets and once again made a tangible difference in our society.

With 44390 students enrolled on FPD training programmes in 2015, this was the second highest enrolment number since FPD was established in 1997 and reflected a 6% growth on the previous year's numbers. There was



No matter what your position in society, make sure that every day you try your best to be a force for positive change.

Dr Gustaaf Wolvaardt,
Managing Director

especially notable growth in online training programmes and FPD successfully implemented the pilot phase of an innovative UNESCO/UNFPA funded project to develop the ability of teachers in Africa in sexuality education. Of the 856 teachers from six countries who participated in the pilot, a startling 92% successfully completed the course which speaks to the quality of the programme and the ability of our state of the art online learning platforms to keep students engaged. In 2016 FPD will be joining the global massive open online course (MOOC) movement through providing free access to FPD online management and leadership short course for medical and other health sciences students. This project originated from a request from a group of University of Pretoria medical students who articulated the need for medical students to have access to training to develop their potential as future leaders.

In 2015 we further explored the innovative potential of m-health information technology applications in the South African context. FPD and its technology partners developed a number of applications aimed at improving the productivity of doctors working in primary care settings, giving these doctors the ability to report on service delivery problems they experience, supporting community based HIV testing teams to reach the 1st 90% UNAIDS target of ensuring that 90% of People Living with AIDS know their status and improving linkages from testing to treatment and applications that allow patients to report on their experience with service delivery.

FPD increased its involvement in policy development and review with numerous staff members participating in National Department of Health Expert Working Groups during the year. FPD also convened the Testing and Treatment Working Group of the National HIV Think Tank and was subsequently tasked to provide the secretariat for the HIV Think Tank. The FPD Compass Project facilitated a national summit to review the community service programme, which was the first such review of this programme since its inception in 1998.

FPD has a long term commitment to improving service delivery in the public sector. To achieve this goal in 2015, we launched four new Thuthuzela Care Centres for survivors of sexual assault, in partnership with the National Prosecuting Authority, that were

established in the context of a USAID funded project. The FPD Technical Assistance Cluster in partnership with the South African government and with funding from USAID, focussed on developing and informing strategies to strengthen capacity of Health Districts, to realise the National Strategic Plan on HIV/AIDS and PHC Re-Engineering Strategy; to draft, implement and monitor progress against District Health Plans, the 90-90-90 District Implementation Plan (DIP) and build capacity of staff to achieve and maintain good health outcomes aligned to PEPFAR's priority HIV and TB programmes.

A particular area of emphasis for FPD over the past few years has been creating opportunities for young people to gain access to programmes that will increase their employability. In 2015, FPD again expanded its learnership and internship programmes and to enhance interns ability to compete for employment, post internship, we launched a free online Work Readiness Programme for interns. A particularly successful programme has been the pharmacy assistant programme which FPD offers in partnership with Health Sciences Academy. Since 2009, FPD has facilitated sponsorship for 1139 learners, 95% who are now employed. FPD also increased employment opportunities within the organisation and the FPD staff complement increased from 1092 in 2014 to 1373 at the end of 2015.

The FPD Group expanded with FPD acquiring shares in new businesses such as Glue Plus Africa, MX Holdings and PPO Serve. We believe that these companies are exploring cutting edge developments in information technology use in health care and in the case of PPO Serve, a radical new model to private provision of quality healthcare.

All in all FPD had a challenging and eventful but most of all a successful year. However none of this would have been possible without the dedication and commitment of the FPD staff and Board of Directors who not only provide governance oversight but also strategically guide the organisation in a rapidly changing environment. Most of all I wish to thank the FPD sponsors who provide us with the resources to make a difference, your willingness to invest in the future of South Africa and the region is highly appreciated and in the final analysis saves lives. For this we salute you.

Background

The Foundation for Professional Development (FPD) was established in 1997 as a department in the South African Medical Association (SAMA). In 2000, FPD was registered as a separate legal entity (Registration Number: 2000/002641/07). The South African Medical Association, a non-profit company, has a 90% shareholding, while the remainder of the shares are employee-owned.

FOCUS AREAS

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

TEACHING AND LEARNING

FPD provides a comprehensive range of formal qualifications and short courses in management and professional development that are customised to the needs of students in sectors, such as: management, health and education. Educational products are presented through formal qualifications, short courses, in-house courses and conferences and offered through online platforms and models that combine self-study with classroom teaching.

RESEARCH

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

COMMUNITY ENGAGEMENT/CAPACITY DEVELOPMENT

FPD does not follow the narrower definition of community engagement that is solely focussed on the role of students in the community. We believe that as an institution that attracts highly skilled social entrepreneurs, we are in a position to effect positive transformation in society. The work we do such as: supporting NGOs, working with the public sector on health systems strengthening, gender-based violence and learnerships speaks to this commitment.

FPD is based on a virtual business model that places a high premium on strategic alliances with national and international partners to increase the scope and reach of our programmes. Such partnerships have been

established with a wide range of academic institutions, development agencies, government, technology partners, professional associations and special interest groups.

ACCREDITATION AND REGISTRATION

FPD is registered as a Private Higher Education Institution in terms of Section 54(1)(c) of the Higher Education Act, 1997 (Act No. 101 of 1997) and Regulation 16(4)(a) of the Regulations for the Registration of Private Higher Education Institutions, 2002 (Registration Certificate Number: 2002/HE07/013) to offer the following formal qualifications:

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

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

BBBEE STATUS: FPD's commitment to transformation is reflected in its rating as a Level 2 Broad Based Black Economic Empowerment organisation.

Affiliations

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

ADDITIONALLY FPD MANAGES THE FOLLOWING NGOS:



Foundation for Professional Development Fund

(Reg. No. 2004/002765/08)



Dira Sengwe Conferences

(Reg. No. 2003/002398/08)



South African Institute of Healthcare Managers (SAIHCM)

(Reg. No. 2004/004290/08)

The FPD Group

THE FPD GROUP INCLUDES:



Foundation for Professional Development (Pty) Ltd

(Reg. No. 2000/002641/07)



FPD Property (Pty) Ltd

(Reg. No. 2005/014826/07)



Health Science Academy (Pty) Ltd

(Reg. No. 1994/006219/07)



Medical Practice Consulting (Pty) Ltd

(Reg. No. 2008/024971/07)



Africa Health Placement (Pty) Ltd

(Reg. No. 2011/128026/07)



Brighter Futures Tuition

(Reg. No. 2014/235180/07)



Professional Provider Organisation Services

(Reg No. 2015/070045/07)



Glue Plus Africa

(Reg No. 2012/224654/07)

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 occurs.

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

FPD Board of Directors

FPD governance structures are dictated by the relevant South African legislation that applies to registered legal entities and private institutions of higher education. Currently the role of FPD's Board of Directors is modelled as closely as possible to the King III Report and recommendations on corporate governance.

INDEPENDENT DIRECTORS



Mr Douw van der Walt
Chairperson
B.Com, CAIB (SA), MBL,
AEP (UNISA), TGM (INSEAD)



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



Dr Mohammed Abbas
(from June 2015)
Director
MBChB (UCT), FCFP (SA),
Dip Palliative Medicine (UTC),
C.I.M.E. (A.B.I.M.E.)



Ms Ida Asia
Director
B.Cur (Hons), MA (Nursing),
MBL



Dr Gary Reubenson
(until March 2015)
Director
MBBCh, DTM&H, FC Paed, DCH

EXECUTIVE DIRECTORS



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



Ms Veena Pillay
Academic Executive
MBA, PGCHE (Pret)

COMPANY SECRETARY



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

PROGRAMME ADVISORY AND QUALITY ASSURANCE COMMITTEE 2015/2016

ACADEMIC MANAGEMENT REPRESENTATIVES

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

INDUSTRY REPRESENTATIVES

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

FACULTY REPRESENTATIVES

- Ms Gail Andrews
- Mr Bryan Carpenter
- Ms Welmoed Geekie
- Ms Sunet Jordaan
- Ms Gloria Mbokota
- Mr Jeter Mxotshwa
- Ms Regina Nkabinde
- Ms Sheila Zondo

STUDENTS AND ALUMNI

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

RESEARCH ETHICS COMMITTEE (REC)

FPD's REC has been audited and registered by the National Health Research Ethics Council to review research level 1 and 2 research protocols according to the National Health Act (No. 61 of 2003) including research involving minors as prescribed by Section 71(3)(A)(II). The committee meets once a month and during 2014 the committee reviewed 15 proposals (approved 14).

- **Prof David Cameron**
Chairperson: Medical Education and Palliative Care
Foundation for Professional Development
University of Pretoria
- **Ms Alet Bosman**
Programme Evaluation
Foundation for Professional Development

- **Dr Mitch Besser**
Medical Education and Clinical Practice
mothers2mothers
- **Ms Lilian Barlow**
Metallurgy and Management
Anglo American
- **Mr Braam Volschenk**
Legal and Management
Foundation for Professional Development
- **Dr Fritz Kinkel**
Infectious Disease and Monitoring and Evaluation
Foundation for Professional Development
University of Pretoria
- **Ms Ntombi Mtshweni**
Programme Evaluation
Futures Group
- **Ms Esca Scheepers**
Qualitative Research
mother2mothers
- **Dr Andrew Medina-Marino**
Technical Advisor Research
Foundation for Professional Development
- **Ms Nishana Ramdas**
Pharmaceutical Services
Foundation for Professional Development
- **Mr Dawie Olivier**
Programme Evaluation
Foundation for Professional Development

PARTICIPATION OF FPD STAFF IN EXTERNAL GOVERNANCE STRUCTURES

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

Dr Gustaaf Wolvaardt

Managing Director

- Foundation for Professional Development (Pty) Ltd
Member of the Board of Directors
- FPD Property (Pty) Ltd
Member of the Board of Directors
- Foundation for Professional Development Fund (Non-Profit Company)
Member of the Board of Directors
- Dira Sengwe Conferences (Non-Profit Company)
Member of the Board of Directors
- Africa Health Placements (Pty) Ltd
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Member of the Board of Directors
- Brighter Futures Tuition (Pty) Ltd
Member of the Board of Directors
- Health Sciences Academy (Pty) Ltd
Member of the Board of Directors
- Health and Medical Publication Group (Pty) Ltd
Member of the Board of Directors

- PPO Serve (Pty) Ltd
Member of the Board of Directors
- Glue Plus Africa (Pty) Ltd
Member of the Board of Directors
- MX investment Holdings (Pte) Ltd
Member of the Board of Directors
- ITH Immune Therapy Holdings AB
Member of the Board of Directors
- Tshwane Mayoral AIDS Council (TMAC)
Co-Chairman

Ms Veena Pillay

Academic Executive

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

Mr Henk Reeder

Chief Financial Officer

- South African Institute of Healthcare Managers (Non-Profit Company)
Voluntary Chief Executive Officer
- Brighter Futures Tuition (Pty)Ltd
Member of the Board of Directors

FPD Management Committee 2016

Prof David Cameron

Senior Consultant: Evaluation Unit

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

FPD INTERNATIONAL REPRESENTATION

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

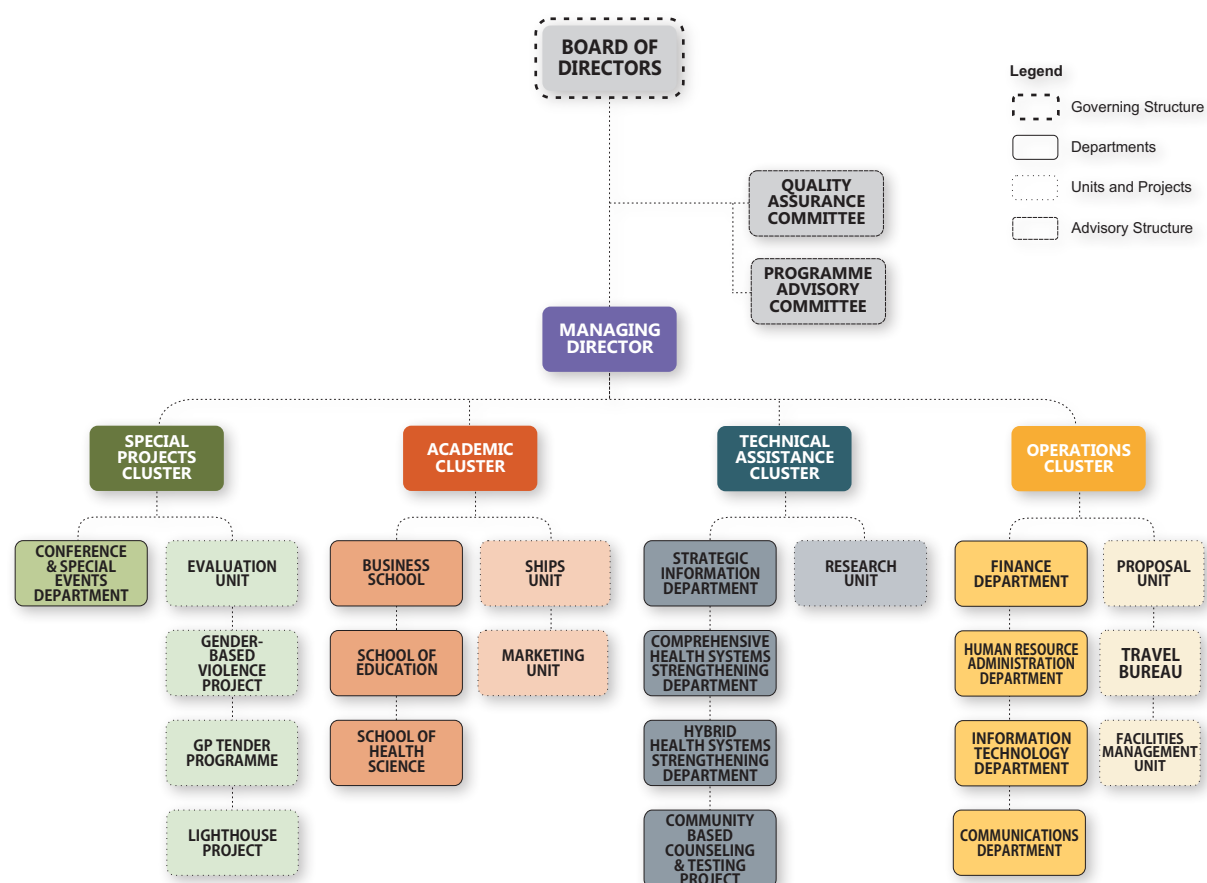
Dr Milton is an internationally renowned healthcare leader who is the past Chairperson of the World Medical Association, past President of the Swedish Red Cross, past President of the European Red Cross and Crescent Societies Network against HIV and AIDS and TB. He is also the President of the Face of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



Organisational and management structure

FPD consists of a number of functional Departments organised into Clusters.

The structure below will be applicable in 2016.



MANAGING DIRECTOR'S OFFICE

The Managing Director has the overall responsibility for managing FPD in accordance with the strategic direction provided by the FPD Board of Directors. Additionally, the Managing Director acts as Head of the Special Projects Cluster.

SPECIAL PROJECTS CLUSTER

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

CONFERENCES & SPECIAL EVENTS DEPARTMENT

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

GENDER-BASED VIOLENCE PROJECT

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

GP TENDER PROJECT

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

LIGHTHOUSE PROJECT

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

PROGRAMME EVALUATION UNIT

The FPD Programme Evaluation Unit undertakes donor funded and commercial programme evaluations. The Unit has since inception conducted evaluations for public and private organisations across Southern Africa. The Unit does not follow a "one size fits all" approach to evaluations, but rather offer evaluations that can be customised to its clients' needs and expectations. The Unit has well-established national and international relationships with various universities and organisations and collaborate with its partners to conduct cost effective evaluations. As the unit use a Rand-based overhead structure, it is able to conduct evaluations at a much lower cost than many International evaluators. The Programme Evaluation Unit became commercially viable during 2015.

ACADEMIC CLUSTER

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

BUSINESS SCHOOL

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

SCHOOL OF EDUCATION

This school offers a number of short courses for educators.

SCHOOL OF HEALTH SCIENCES

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

ACADEMIC OPERATIONS DEPARTMENT

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

STUDENT ADMINISTRATION

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

SHIPS DEPARTMENT

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

TECHNICAL ASSISTANCE CLUSTER

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

The following Departments form the Cluster:

TECHNICAL ASSISTANCE STRATEGIC INFORMATION (TASI)

TASI provides technical support and expertise to District Health Information Management and other programmes to strengthen collection, collation, reporting and use of data from routine health information systems and other relevant sources. The aim is to foster a culture of evidence-based decision making from the facility to district management team level.

TECHNICAL ASSISTANCE DISTRICT-BASED (TAD)

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

TECHNICAL ASSISTANCE PRIORITY HEALTH INITIATIVES (PHI)

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

In October 2015 the above two departments have merged into a new entity, Integrated Health Systems Strengthening (IHSS) providing comprehensive support to three districts, i.e. Tshwane, Nkangala, Capricorn. Comprehensive support reaches out to Primary Care Clinics through roving mentor teams consisting of a nurse mentor, a health information coordinator and where indicated a data capturer. The support is further enhanced by programme specific champions at sub-district level and programmatic leads at head office. Vhembe district, one of the FPD-PEPFAR supported districts, has been identified as one of the districts that would not qualify for further PEPFAR

support in terms of burden of disease. However, FPD will provide some limited support to the district in the next financial year.

COMMUNITY BASED COUNSELLING AND TESTING PROJECT (CBCT)

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

COMPASS PROJECT

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

OPERATIONS CLUSTER

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

FINANCE DEPARTMENT

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

TRAVEL BUREAU AND SHUTTLE SERVICE

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

HR ADMINISTRATION DEPARTMENT

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

IT DEPARTMENT

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

PROPOSAL UNIT

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

COMMUNICATIONS DEPARTMENT

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

FPD MANAGEMENT TEAM

SENIOR MANAGEMENT

Managing Director

Dr Gustaaf Wolvaardt

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

Academic Executive

Ms Veena Pillay

MBA, PGCHE (Pret)

Chief Operations Officer

Mr Henk Reeder

Bcompt

Technical Assistance Executive

Ms Suzanne Johnson

BSLA, MPH

DEPARTMENT, PROGRAMME AND PROJECT HEADS

ACADEMIC CLUSTER

Head: Health Sciences

Dr Grace Makgoka

MBChB, Dip HIV Man (CMSA)

Head: Training, Student Administration, Quality Assurance and Academic Programme Development

Mr Anton la Grange

BSc (Ed), BSc (HONS), CAHM, AMP (MBS)

SHIPS Unit

Ms Tiyani Armstrong

LLB, HCM

SPECIAL PROJECTS CLUSTER

Conferences and Special Events Department

Mrs Amor Gerber

BCOM, DTE

Gender Based Violence Project

Dr Ria Schoeman

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

GP Tender Project

Prof Errol Holland

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

Lighthouse Project

Dr Gwen Ramokgopa

MBChB, MPH

Programme Evaluation Unit

Ms Alet Bosman

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

TECHNICAL ASSISTANCE CLUSTER

Community Based Counseling and Testing (CBCT)

Dr Nkhensani Nkhwashu

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

Technical Assistance Prevention Department (TAP)

Ms Hanlie Kapp

BCur, CAHM

Technical Assistance Special Programmes (TASP)

Dr Margot Uys

MB.BCh (Rand) BA (Mus) Hons, HED, AHMP (FPD-Yale)

Technical Assistance Strategic Information (TASI)

Ms Romy Overmeyer

B. Econ. Sci.

Health Systems Strengthening: Hybrid

Ms Ernesha Webb Mazinyo

BS-Biology (Howard), MPH (Columbia)

OPERATIONS CLUSTER

Finance Department

Mr Henk Reeder

Bcompt

Human Resource Administration

Ms Maureen Fourie

BA (Hons) IOP

Information Technology

Mr Kershen Naidoo

MCSE, MSDBA

Communications

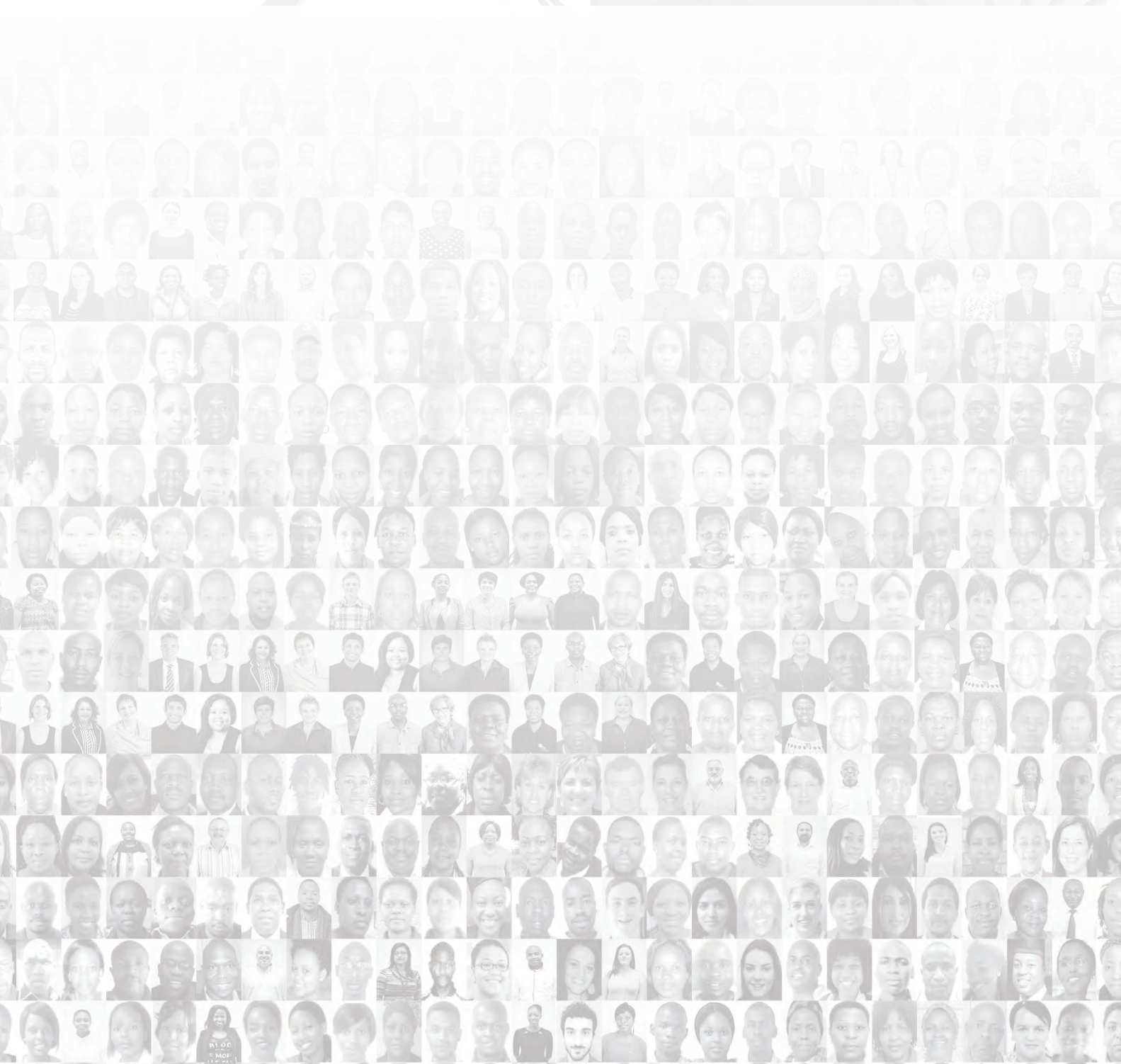
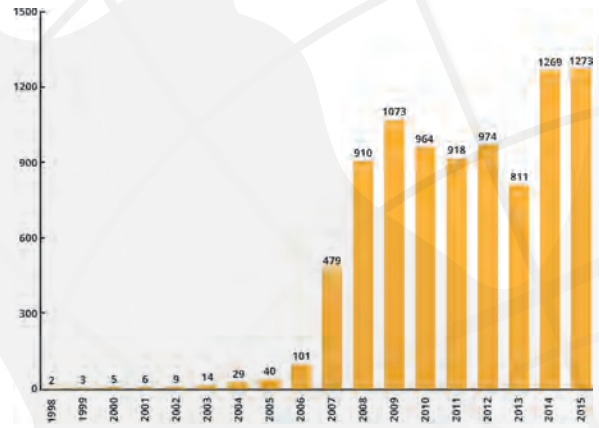
Ms Helga Swart

ACHM, HCM

STAFF

In 2015, the focus remained on ensuring FPD is one of the best companies to work for. The success of the project is demonstrated by the active participation of FPD staff in the various events such as the Wild Western themed Start-of-Year-Function. The attendance was significant and all employees and their partners thoroughly enjoyed the evening. Monthly staff socials were also well attended and improved the *esprit de corps* amongst employees. The benefit was also seen in an improvement in staff turn-over figures that was less than 5% compared to the national turnover rate of 8.4%.

Staff on payroll as on 31 December 2015



Start-of-the-Year-Function



PROFESSIONAL

A close-up photograph of a metallic emblem. A circular band with the word "PROFESSIONAL" in a serif font is the central focus. The band is set against a dark, textured background. To the right of the band, a sunburst or starburst design is visible, with several sharp points radiating outwards. The lighting creates highlights and shadows on the metallic surfaces, emphasizing the three-dimensional quality of the emblem.



EDUCATION

Teaching and Learning
Curriculum Development
Student Enrolment
Alumni Support Service
Scholarships
Facts and Figures
Educational Offerings
FPD Business School
FPD School of Health
Science
FPD School of Education
SHIPS Department

TEACHING AND LEARNING FOCUS AREAS

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

CURRICULUM DEVELOPMENT

The number of separate courses offered by FPD increased from one in 1998 to 178 by the end of 2015 as illustrated below.

Number of courses offered by FPD



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

Formal registered qualification submitted to DHET, CHE and SAQA for accreditation and registration during 2014-2015:

- **Advanced Certificate in Anaesthetic Technology** [Adv. Cert. (Anaesthetic Technology)]
- **Postgraduate Diploma in Health Management** [PG Dip. (Health Management)]
- **Advanced Diploma in Anti-Aging Medicine** [Adv. Dip (Anti-Aging Medicine)]
- **Post Graduate Certificate in Higher Education** [PG Cert. (Higher Education)]

COURSES FOR CLINICIANS

- Short Course in Immunisation
- Short Course in Emergency Toxicology and Venemology
- Short Course in Clinical Epidemiology
- Seminar on Starting a Successful Private General Practitioner Practice
- Short Course in Advanced Ethics
- Short Course in the Rational use of Antibiotics
- Advanced Diploma in Aesthetic Medicine

- Short Course in the Clinical Management of HIV and AIDS for Health Care Professionals
- Short Course in the Clinical Management of TB
- Short Course in the Integrated Clinical Management of TB, HIV and STI
- Short Course in Paediatric HIV and AIDS Management
- Short Course in PMTCT
- AIDS Refresher Seminar
- Short Course in the Update of Revised Guidelines

MULTIDISCIPLINARY COURSES

- Primary Health Care Toolkit
- ICD 10 Coding
- HIV Counselling and Testing
- Adherence Counselling for antiretroviral Therapy
- Introduction to HIV for Lay Counsellors, Community Care Givers and Supporters
- Introduction to TB for Lay Counsellors, Community Care Givers and Supporters
- Short Course in Prevention of Mother to Child Transmission (PMTCT)
- Short Course in Nurse Initiated Management of antiretroviral Therapy
- Short Course in the Clinical Management of TB
- Short Course in the Clinical Management of HIV/AIDS
- Short Course in the Integrated Management of TB, HIV and STIs
- HIV Refresher Course
- Short Course in Palliative Care in Nursing
- Comprehensive Management of Sexual and Gender-Based-Violence
- Seminar on Starting a Successful Private Pharmacy (Toolkit)
- Short Course in Basic Epidemiology and Disease Surveillance
- Work readiness programme

E-LEARNING COURSES

FPD is in the process of launching its new e-learning platform with training courses for:

- General Practitioners
- Auxiliary Nurses
- Medical Technologists
- Occupational Therapists
- Optometrists
- Physiotherapists
- Psychologists
- Audiologist
- Radiographer
- Social Worker
- Dentists
- Emergency Care Practitioners
- Dieticians
- Short Course Comprehensive Sexuality Education for Educators, (also translated into Portuguese and Kiswahili)

HIGHLIGHTS OF 2015

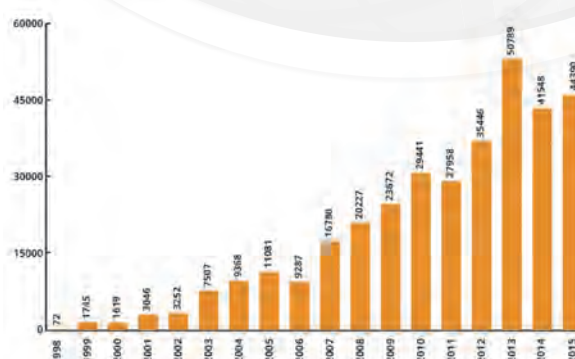
- FPD trained 44 390 students in 2015.
- 507 students graduated on 20 November 2015 with formal qualifications.

STUDENT

In 2015, FPD enrolled 44 390 students bringing the total number of students who have studied with FPD to 337 226.

Since its inception, the Academic Cluster has successfully overcome barriers that prevent students from obtaining opportunities to further their studies. These include: sourcing valuable scholarships for disadvantaged groups, taking programmes to various towns and districts where the need is across Africa and offering blended learning approaches that limits time away from work.

STUDENT ENROLLMENT
PERIOD: 1998 - 2015



ALUMNI SUPPORT SERVICES

Resource Centre: FPD maintains a Resource Centre at its registered Head Office. Apart from literature associated with its programmes and courses, Internet access is also provided at the centre. Students receive the support they require from faculty and may request additional assistance from FPD if needed.

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

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

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

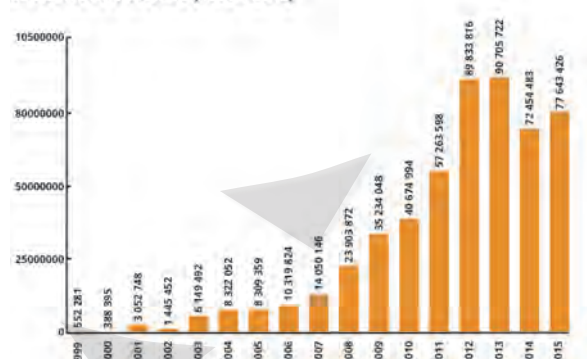
Continuing Education and Professional Support: FPD compliments its own alumni services with strategic alliances with two professional associations. FPD's sponsorship of membership fees for alumni, as these associations ensure access to a wide variety of mentorship and continuing educational products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

SCHOLARSHIPS

During 2015, FPD continued to support efforts to promote access to education through securing educational grants from sponsors and donors for all potential FPD students.

The funding from grants and sponsorships are utilised in the form of a subsidy to enrol potential students. This reduces costs as a barrier to education. During 2015, educational grants and sponsorships to the value of R77 million were received. The total monetary value of scholarships awarded since 1998 is R540 million.

EDUCATIONAL GRANTS (1999 - 2015)



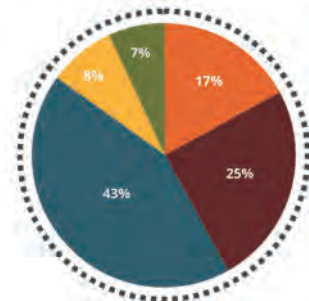
FACULTY

FPD employs a model of using a contracted faculty panel, which ensures access to the best faculty in the field. Most of the FPD Head of Departments also act as faculty. The following graphs provide an overview of the qualifications and expertise of FPD staff who taught on programmes in 2015.

QUALIFICATIONS FACULTY:

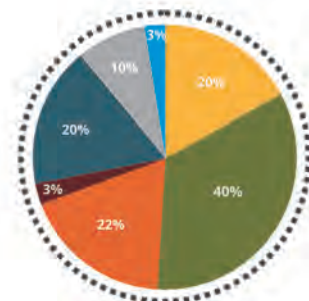
QUALIFICATIONS OF FACULTY MANAGEMENT TRAINING

- Bachelors
- Honors
- Masters
- Doctorate
- LLB



QUALIFICATIONS OF FACULTY CLINICAL TRAINING

- Clinical Specialist / Masters Degree
- General Practitioner with extensive experience in specific clinical field
- Nursing Faculty
- Lifestyle Specialist
- Persons living with a disease
- Super Specialist / Doctoral Degree
- Legal Specialist

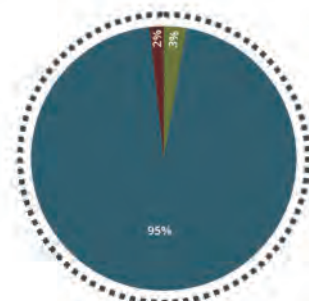


FACTS AND FIGURES

This section provides an overview in graphic form of the demographics of students who were enrolled on FPD courses in 2015.

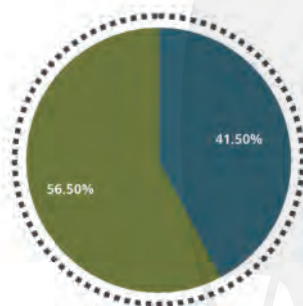
STUDENT BREAKDOWN COURSE ENROLMENT

- Business
- Clinical
- Educational



STUDENT BREAKDOWN URBAN/RURAL

- Rural
- Urban



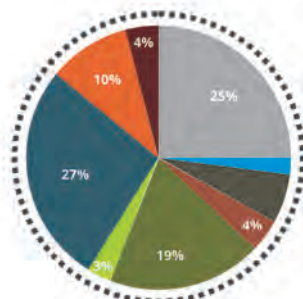
STUDENT BREAKDOWN SOUTH AFRICAN/AFRICAN

- South African
- African



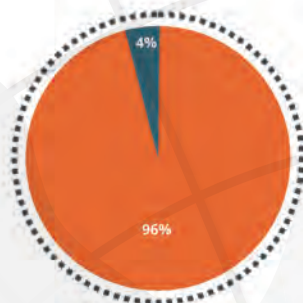
STUDENT BREAKDOWN GEOGRAPHICAL

- Gauteng
- Western Cape
- Limpopo
- Northern Cape
- Kwazulu Natal
- Mpumalanga
- Eastern Cape
- Northern West
- Free State



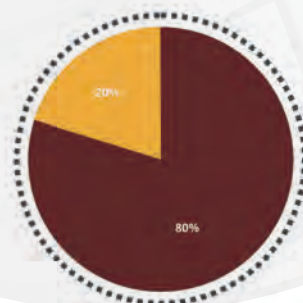
STUDENT BREAKDOWN RACIAL

- White
- PDA



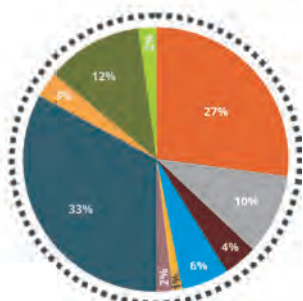
STUDENT BREAKDOWN GENDER

- Male
- Female



STUDENT BREAKDOWN PROFESSIONS

- Professional Nurses
- Allied Health Care Workers
- Administrative/Data Capturers
- Lay Counsellors
- GP/Medical Doctors
- Other Nurses
- Educators/Trainers
- Managerial
- Social Workers
- Specialists



GRADUATION

In November 2015, FPD held its annual graduation. A total of 507 students graduated from various FPD courses.



EDUCATIONAL OFFERINGS



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

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

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

FORMAL REGISTERED QUALIFICATIONS

ADVANCED CERTIFICATE IN HEALTH MANAGEMENT

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

HIGHER CERTIFICATE IN PRACTICE MANAGEMENT

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

HIGHER CERTIFICATE IN RISK ASSESSMENT

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

HIGHER CERTIFICATE IN MANAGEMENT

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

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

ADVANCED CERTIFICATE IN MANAGEMENT

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

ADVANCED CERTIFICATE IN MONITORING AND EVALUATION

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

INTERNATIONAL: SHORT COURSES

MANCHESTER BUSINESS SCHOOL ADVANCED MANAGEMENT PROGRAMME (MBS AMP)

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

FPD/YALE ADVANCED HEALTH MANAGEMENT PROGRAMME (AHMP)

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

OTHER BUSINESS SHORT COURSES

ADVANCED PROJECT MANAGEMENT

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

PRACTICE FINANCE FOR PRIVATE PRACTITIONERS

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

FINANCE FOR PUBLIC SECTOR MANAGERS

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

MONITORING AND EVALUATION

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

LEGISLATIVE UPDATE SEMINARS

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

RESOURCE MOBILISATION AND DONOR RELATIONS

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

CORPORATE GOVERNANCE FOR NOT-FOR-PROFIT ORGANISATIONS

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

B-BBEE

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

DIVERSITY MANAGEMENT

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

LABOUR LAW

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

THE ULTIMATE RESCUE PLAN FOR YOUR BUSINESS

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

PROGRAMME EVALUATION

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



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

FORMAL POSTGRADUATE QUALIFICATION

POSTGRADUATE DIPLOMA IN GENERAL PRACTICE

The Postgraduate Diploma in General Practice [PG Dip. (General Practice)] is designed to provide an easily accessible distance-education curriculum that will allow structured continuous professional development around a subject of direct relevance to doctors' practice environment. The clinical subjects address the more pressing public health issues whilst non-clinical subjects are designed to help general practitioners deal with a rapidly changing healthcare environment.

ADVANCED DIPLOMA IN AESTHETIC MEDICINE

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

CLINICAL SHORT COURSES

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

COURSES FOR CLINICIANS

- Anaesthesiology Refresher Short Course
- Clinical Management of Allergies Short Course
- Clinical Management of Asthma Short Course
- Clinical Management of Attention Deficit Hyperactivity Disorder Short Course
- Clinical Management of Breast Cancer for Healthcare Professionals Short Course
- Clinical Management of Cardiovascular Diseases Short Course
- Clinical Management of Common Vascular Diseases Short Course
- Clinical Management of Dermatology Short Course
- Clinical Management of Diabetes Mellitus Short Course
- Clinical Management of Epilepsy Short Course
- Clinical Management of Gastro-Oesophageal Reflux Disease Short Course
- Clinical Management of HIV/AIDS Short Course
- Clinical Management of Hypertension Short Course
- Clinical Management of Malaria Short Course
- Clinical Management of Metabolic Syndrome Short Course
- Clinical Management of Prostate Cancer Short Course
- Clinical Management of Respiratory Diseases Short Course
- Clinical Management of Rheumatology Short Course
- Clinical Management of Severe Sepsis Short Course
- Clinical Management of Tuberculosis Short Course
- Clinical Management of Urinary Incontinence Short Course
- Dermatology in HIV/AIDS Short Course
- Destigmatisation Short Course
- Diagnostic Ultrasound – Obstetrics/Gynaecology Short Course
- Emergency Medicine Short Course
- Emergency Toxicology and Venemology Short Course
- Infection Control and Isoniazid Preventative Therapy Short Course
- Irritable Bowel Syndrome Short Course
- Male Circumcision Under Local Anaesthesia Short Course
- Management of Opioid Dependence and Abuse Short Course
- Mental Health Short Course
- Multidrug-Resistant Tuberculosis Short Course
- Paediatric HIV/AIDS: Management Short Course
- Palliative Care Nursing for Professional Nurses Short Course
- Practice Pathology Short Course
- Prevention of Mother to Child Transmission (PMTCT) Short Course
- Rational Use of Antibiotics Short Course
- Short Course in Epidemiology
- Short Course in Immunisation
- Short Course in the Evaluation of Medical Impairment Rating
- Substance Abuse Short Course

COURSES FOR REGISTERED NURSES

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

Multidisciplinary Courses

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

COURSES FOR OTHER HEALTHCARE WORKERS

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

- Management of HIV and TB for Lay Counsellors Short Course
- Short Course in Hypertension for Community Health Workers

CLINICAL PRACTICE SUPPORT COURSES

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

- Coding Course (CPT and ICD 10)
- How to Run an ARV Clinic
- Medical Record Keeping
- Medical Terminology
- Seminar on Starting a Successful Private Specialist Practice
- Seminar on Starting a successful GP Practice
- Seminar on Starting a successful Pharmacy (Pharmacy Toolkit)
- Short Course in PHC Toolkit
- Storepersons Short Course

DISTANCE EDUCATION CLINICAL COURSES

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

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

E-LEARNING COURSES

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

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



COURSES FOR EDUCATORS

- Comprehensive Sexuality Education for Educators
- Managing HIV/AIDS in Schools
- Managing Violence in School
- 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 2015 clients.

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

PUBLIC SECTOR ORGANISATIONS

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

INTERNATIONAL ORGANISATIONS

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

INDUSTRY

- Anglo Gold
- Anglo Gold Ashanti
- Anglo Platinum
- AVIS Fleet
- BMW

- Cell C
- De Beers
- Eskom
- Kumba Resources
- Microsoft
- Nedbank
- NedHope
- Oracle
- Royal Bafokeng Administration

MEDICAL SCHEMES/ADMINISTRATORS

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

HOSPITAL GROUPS

- NetCare

NETWORKS

- GP Net
- Medicross
- Prime Cure
- Spesnet

PHARMACEUTICAL AND MEDICAL EQUIPMENT INDUSTRY

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

NGO'S AND DEVELOPMENT ORGANISATIONS

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

CONTRACTED TRAINING PROVIDED ON BEHALF OF OTHER ACADEMIC AND RESEARCH INSTITUTIONS

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

SHIPS DEPARTMENT



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

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

CURRENT PROJECTS

LEARNERSHIPS

- Pharmacy Assistant

INTERNSHIPS

- HWSETA University Graduate Internship;
- HWSETA FET/TVET Graduate Internship;
- PEPFAR T.A Information Technology Internship; and
- Information Technology in partnership with CiTD in retail Vodacom and Telkom mobile stores nationwide.

FELLOWSHIP

PEPFAR Fellowship and CEE 360: Culture, Education & Experience– Overseas exchange programme (formerly known as Global Health for Social Change)

HIGHLIGHTS OF 2015

The PEPFAR Fellowship Programme that was started in 2006 places newly qualified Masters degree graduates in an AIDS service environment. As of November 2015, the programme had placed 246 Fellows.

PLACEMENTS OF FELLOWS BY SECTOR

- Monitoring and Evaluation
- Medical Male Circumcision
- Care and Support
- Nation Health Insurance and Health System Support

The SHIPS Department also rolled out two Internship Programmes funded by the Health and Welfare SETA. The objective of these programmes is to assist students to gain valuable work experience that is needed to complete their qualification and also to improve their

chances of employment. In 2015 the placements for these two programmes were as follows:

University Graduate Internship – 210 interns placed
FET/TVET Graduate Internship – 91 interns placed

Fellows Certificate Ceremony 2015



These two programmes aim to bridge the theoretical and practical aspects of newly qualified graduates. Thus making the transition from classroom to workplace easier through supervised work environment exposure. These two programmes cater for candidates who have completed either a University degree or a registered FET/TVET qualification. The candidates also have to fall within the youth bracket.

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

The Pharmacy Assistant Learnership Programme was established in 2009, to date this programme has supported 1139 learners. Currently the post-learnership employment rate is at 95% for the Pharmacy Assistant programme, with demand for qualified students at Post-Basic level exceeding the number of trained students.

CONFERENCES & SPECIAL EVENTS



FPD's involvement in conferences dates back to the XIIIth International AIDS Conference, which took place in Durban in 2000.

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

FPD's involvement in conferences dates back to the XIIIth International AIDS Conference, which took place in Durban in 2000. The organisation was instrumental in the management of the bid to host this conference and proceeded to organise the conference as the first macro international conference hosted in South Africa. This conference was a watershed event and catalysed the global movement to make AIDS treatment affordable. Today, millions of people in developing countries are able to access this life-saving treatment. The success of the XIIIth International AIDS Conference launched South Africa into the international convention market.

Building on this heritage, the Conferences and Special Events Department annually organise a number of top level conferences on themes that resonate with the FPD vision of creating a better society. These conferences shape public perception on important health, economic and social issues.

CORE CAPABILITIES

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

- Strategic Support Services
- Strategic Conference Business Development

- Conference Risk Analysis
- International Conference Bid Production
- Conference Secretariat Functions
- Abstract-and-Speaker-Management Services
- Conference Project Planning and Management Services
- Delegate Administration Service (including registration)
- Exhibition Management Services
- Financial Management
- Conference IT Support Services and Equipment
- Event Monitoring and Evaluation
- Protocol Services
- Scholarship Management Services
- Destination and Tour Management
- Sponsorships Recruitment and Exhibition Sales

THE FPD CONFERENCE ORGANISING MODEL

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

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

OUTCOMES AND HIGHLIGHTS

To date, the Department has organised more than 56 major conferences and events, attended by 185,200 people collectively. These events contributed in excess of R824m to South Africa's economy and generated direct employment for 6,200 people.

In 2015, FPD organised the following events:

- 7th SA AIDS Conference



- 3rd Association for the Social Sciences and Humanities in HIV



Conference (ASSHH)

Up-and-Coming Conferences in 2016:

- 1st South African Violence Conference
- 1st International Men's Health Conference





FPD
TECHNICAL
ASSISTANCE
www.foundation.co.ze



CAPACITY DEVELOPMENT

Technical Assistance Cluster
Community Based Counselling
and Testing

Priority Health Initiatives
Department

Technical Assistance District
Management Department

Technical Assistance Strategic
Information Department

Compass Project

FPD Proposal Unit

Gender-Based Violence Project

CAPACITY DEVELOPMENT

The educational White Paper of 1997 emphasised the importance of integrating community engagement into higher education in South Africa. This White Paper called on higher education institutions to demonstrate their commitment to social transformation by making available the expertise in these institutions to address the challenges faced by the community.

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

TECHNICAL ASSISTANCE CLUSTER



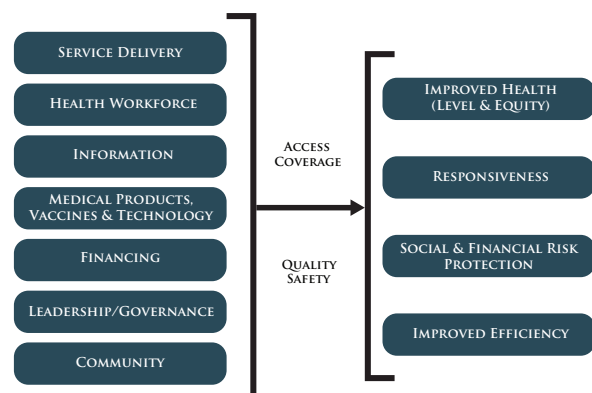
FPD's Technical Assistance (TA) Cluster is the evolution of FPD's Positive Life Project, a project initiated in 2005 in response to the urgent need to

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

Since October 2012, FPD has received funding from PEPFAR through USAID to work in partnership with nine district Departments of Health to provide technical assistance (TA) to strengthen the health system. The aim of FPD's TA is to improve HIV and TB patient outcomes in these partnered districts. FPD defines

Technical Assistance as "a dynamic, capacity-building process for designing or improving the quality, effectiveness and efficiency of specific programmes, research, services, products or systems." As a guide for the FPD TA strategy, FPD adopted an approach based on the World Health Organization's (WHO) Health Systems Framework and Systems Thinking for Health Systems Strengthening (WHO, 2010). This framework identifies six components of a healthcare delivery system known as the building blocks, namely: service delivery, health workforce, information, medical products vaccines and technology, financing and leadership and governance. Given the South African context, FPD has also adopted community as a seventh building block in our model of health systems strengthening (HSS). FPD uses this model to help frame its TA activities in order to strengthen the individual building blocks, as well as their interactions with an aim to improve access, coverage and quality of HIV and TB prevention, care and support services in public sector primary care clinics.

Health systems strengthening model



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

Through our partnership with the South African government, FPD works to: develop and inform strategies to strengthen capacity of Health Districts, to realize the National Strategic Plan on HIV/AIDS and PHC Re-Engineering Strategy; to draft, implement and monitor progress against District Health Plans, the 90-90-90 District Implementation Plan (DIP) and build capacity of staff to achieve and maintain good health outcomes aligned to PEPFAR's priority HIV and TB programmes. Although FPD's focus area remains strengthening HIV/TB related prevention, care and treatment services, our approach is rooted in a comprehensive health systems strengthening to ensure long term sustainability and optimal integration of HIV and TB in the primary package of primary healthcare in South Africa.

FPD provides TA through four complementary work

streams that are needs-driven and contribute towards long-term sustainability:

- Targeted Educational Programmes delivered through FPD's Academic Cluster in partnership with Regional Training Centres and aligned to the District Health Plan, skills needs assessments and key priority areas.
- Facility-Based Technical Assistance delivered through roving mentor teams and programme champions aligned to our PEPFAR mandate, NDOH policy, facility needs, the District Health Plan and priority programme areas and supported through Quality Improvement cycles using Ideal Clinic/Integrated Clinic Services Management.
- District Management-Based Technical Assistance delivered through TA advisors and technical experts aligned to the WHO building blocks and implemented through District Health Management structures.
- Sustainability and Resource Mobilisation delivered through the integrated TA cluster with the aim to secure future budgets and financing and/or leverage additional funding in support of the district health system and improved health outcomes.

The individual districts' mixture of technical assistance services is determined by data, gap analysis and consensus regarding the priority needs expressed by the partnered districts and may involve a combination of training, mentoring, focussed direct services especially in support of the first 90 to identify the pool of undiagnosed and unknown HIV positives and provision of consultancy-like services to district health counterparts.



Highlights of 2015

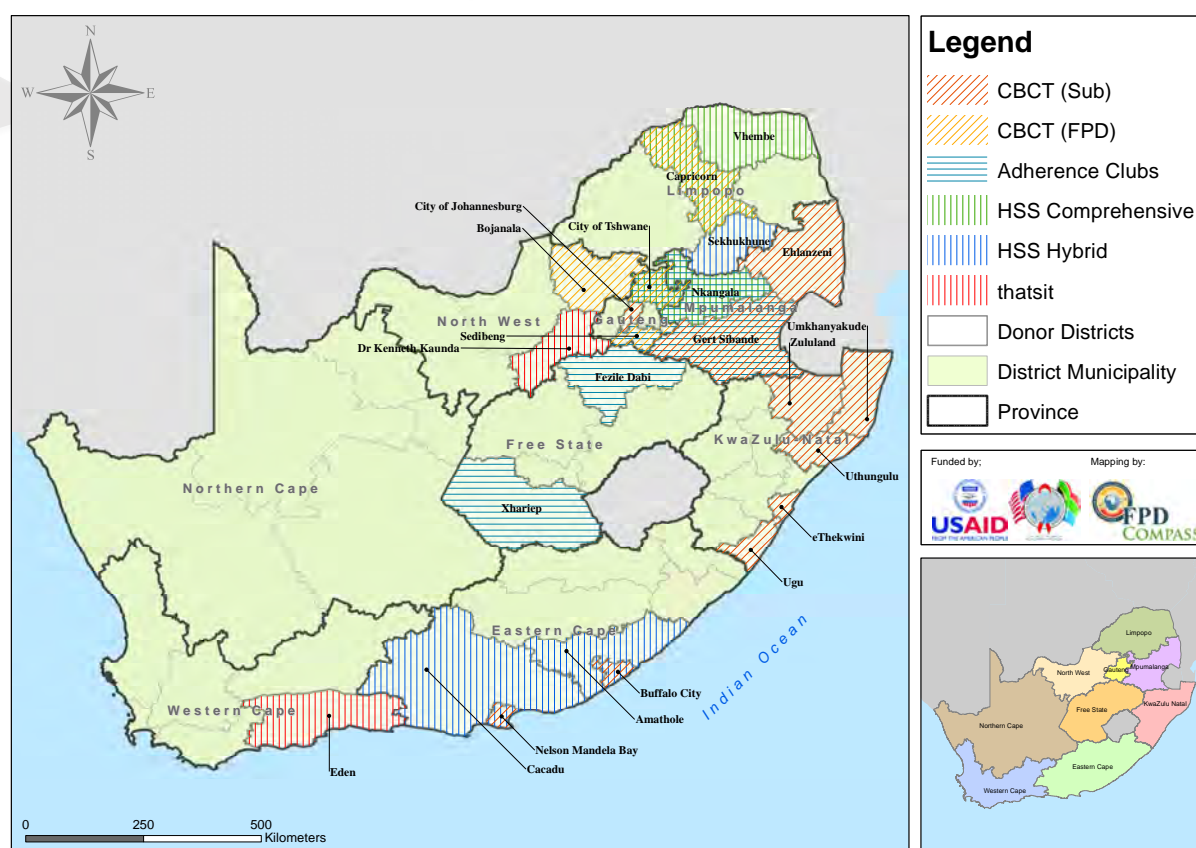
During 2015, FPD TA was awarded three new grants that contributed to improved health outcomes in South Africa:

- USAID funding to implement Communities Forward (Sector Three): Comprehensive Community-Based HIV Prevention, Counselling and Testing Programme for Reduced HIV Incidence in fourteen districts in South Africa;
- Global Fund funding to implement ART adherence clubs in six districts; and
- Making All Voices Count (MAVC) funding to strengthen the engagement and feedback loop between survivors of sexual assault and service providers at Thuthuzela Care Centres.
- In 2015 FPD sustained at least one more grant to provide technical assistance towards the elimination of mother to child transmission of HIV. UNICEF has commissioned FPD to assist with organising National and provincial level workshops, conducting facility visits, and supporting and monitoring data-related activities related to the Last Mile Reach for EMTCT.
- In addition, FPD continued to implement its two existing PEPFAR grants through USAID to support comprehensive technical assistance in four districts

(Tshwane GP, Vhembe LP, Capricorn LP and Nkangala MP) and district level technical assistance in five districts (Greater Sekhukhune LP, Amatole EC, Buffalo City EC, Nelson Mandela Bay Metro EC, and Cacadu - now Sarah Baartman District - EC).

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

Funding for FPD's flagship TB project, the that'sit project, was discontinued and therefore all activities and support in Eden district in the Western Cape, Tlokwe sub-district in Dr Kenneth Kaunda and Molopo sub-district in Dr Ruth S Mompoti in the North West province were discontinued at the end of March 2015.



Health district supported by FPD through TA activities

In accordance with donor requirements, the Technical Assistance Cluster operates on the PEPFAR budgeting cycle that runs from October to September. All indicators reported below measure project output during the most recent PEPFAR year.

Performance against expanded (stretch) targets

COP Indicators	2015				To-date total	Annual Target	% achieved
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep			
Adult started on ART	15360	20845	17754	18497	72456	69835	104%
Child < 15 years started on ART	670	813	679	802	2964	4041	73%
Adult remaining on ART	271778	285755	301323	304634	304634	334335	91%
Child <15 yr remaining on ART	13550	13531	14016	15885	15885	19351	82%
HIV test client 15-49 years	238197	347782	341997	348060	1276036	1283743	99%
HIV positive client screened for TB	25011	26739	24906	19302	95958	99750	96%
HIV positive new client initiated on IPT	7883	9774	9393	9641	36691	38190	96%
Medical male circumcision performed	2933	7711	16499	38285	65428	98000	67%
Sexual assault prophylaxis new	1070	897	909	890	3766	5445	69%
HIV test client (all tests)	298414	415179	434429	454960	1602982	1460000	110%

FPD TA activities are implemented through four departments using a matrix management approach. The following sections give a brief overview of the TA Cluster's four departments and their major achievements for 2015.

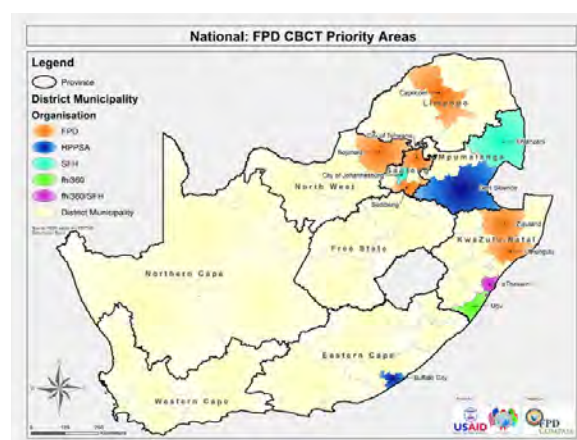
Community Based Counselling and Testing (CBCT)

In 2014, FPD was awarded USAID funding to implement the Communities Forward – a Comprehensive Community-Based HIV Prevention, Counselling and Testing Programme for Reduced HIV Incidence (Sector

3). FPD is the prime recipient with FHI360, Society for Family Health (SFH) and Humana People to People South Africa (HPPSA) contracted as sub recipients. This five-year grant started on 10 January 2014 with the goal to expand and strengthen high quality Community-Based HIV Counselling and Testing (CBCT) models supported with effective and sustainable linkage and referral systems. The aim of the grant is to increase knowledge of HIV status, as well as access to appropriate and effective HIV and TB prevention, care and treatment services in high incident communities and key populations in South Africa. This newly funded prevention programme will be implemented in fourteen districts of six provinces and endeavours to provide combination prevention strategies and test 1.2 million people for HIV.

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

CBCT District Prioritisation map



US ambassador Patric Gaspard, key note speaker during CBCT National launch SAAIDS conference Durban , June 2015



US ambassador Patric Gaspard unveiling new mobile unit at the national CBCT launch during SAAIDS conference Durban , June 2015



First Things First Campaign

First Things First activities have been included in CBCT program since October 2014. FPD and CBCT sub award organisations continue to provide HTC services during FTF activations within CBCT allocated districts. Through this funding, FPD also maintained mass communication to students through the supply of USB wristbands containing the award winning FTF video and other prevention messaging pamphlets targeting students in the higher education sector.

PRIORITY HEALTH INITIATIVES (PHI) DEPARTMENT

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

Through roving mentor teams and programme champions, FPD is able to support primary care facilities to better

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

The PHI Department provides valuable expertise and support to facility, sub-district and district management structures through expert technical advice, facilitation of skills building workshops and programme reviews, as well as in-facility training and mentorship. In 2015, FPD's facility level quality improvement exercises built on the previously orchestrated PHI "Beyond Stock-taking" workshops (an integrated, programmatic data review of district and sub-district linked indicators linked to action planning and accountability); support to the Ideal Clinic/Integrated Clinic Service Management; and the FPD Primary Health care toolkit (short management course).

Facility TA and NIMART mentoring

During 2015, FPD deployed 32 roving mentor teams in four districts (Tshwane, Capricorn, Vhembe and Nkangala) to provide Facility Based TA at a total of 407 health facilities and 10 farms. Each sub-district is allocated one roving mentor team comprising of a Prevention Mentor (a professional nurse), Health Information Systems Mentor (HISM) and a roving Data Capturer. These teams are supported by a Mother and Child Champion, a TB Champion, a Community Champion, a Supply Chain Management advisor and an I-Act Coordinator.

The roving mentor teams provided structured mentoring to support clinic-based learning and the compilation of a 'portfolio of evidence' in line with the nationally prescribed Green Book. The focus of FPD's clinical mentoring was on HIV, TB and STIs, consultation and physical examination, communication, counselling and negotiation skills, ART clinic registers and clinical pharmacology. Through the support of these roving mentor teams in four comprehensive districts a total of 2386 Professional Nurses were trained; 1729 Professional nurses Mentored; 999 Professional Nurses submission POE's.

Comprehensive District NIMART

Through the work of the roving mentor team, FPD has noted a rapid increase in Nurse Initiated and Management of ART (NIMART) in its partnered districts. Based on a programme evaluation, FPD mentoring has been shown to improve: PHC-level willingness and capacity to manage HIV and TB in line with policy; integration of services; stock management in dispensaries; data quality

of patient registers and the District Health Information Systems (DHIS); and patient record- keeping and file management. In addition to clinical mentorship, FPD roving mentor team: supported service integration (especially in the Integrated Clinical Services Management model) and quality improvement initiatives; and provided in-service training on PC101.

	Capricorn	Tshwane	Nkangala	Vhembe
Training target	635	963	545	1134
Trained	609	723	373	681
Mentored	406	452	203	668
Competent	314	241	186	258

Maternal and Child Health Programme

During the first quarter (September-December 2014), revised National consolidated guidelines for Prevention of Mother to Child Transmission (PMTCT) and management of HIV in Children, adolescents and Adults were introduced which included birth PCR testing of all exposed babies as compared to six weeks testing. The introduction of these guidelines called for a training drive in all FPD supported districts. Structured and unstructured training took place both at district and facility level. By the end of March 2015, over 95% of our sites were implementing the updated guidelines. Hospitals were visited as they were not routinely conducting PCR at birth and even at six weeks. FPD printed and distributed these guidelines and conducted onsite training and mentoring of personnel at facilities. A number of workshops with District Clinical Specialist Teams (DCST) and district HAST program coordinators were conducted to discuss strategies for interventions and how to operationalize the guidelines. Presentations were made by FPD teams (MCH Champions) at Maternal Mortality meetings and workshops, perinatal meetings and at other forums at district and sub-district level. Program data reviews were conducted at facility and sub district level, and FPD MCH teams presented the program performance. Identified gaps were discussed with the district teams, corrective measures drawn and reviewed on a quarterly basis.

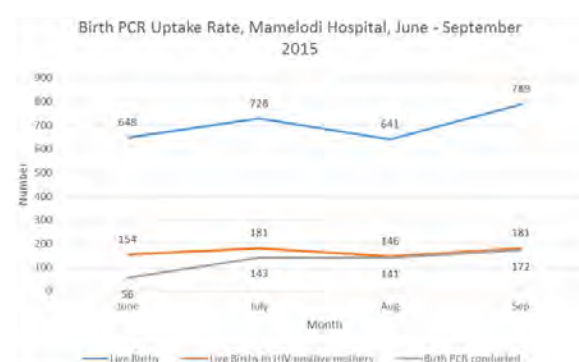
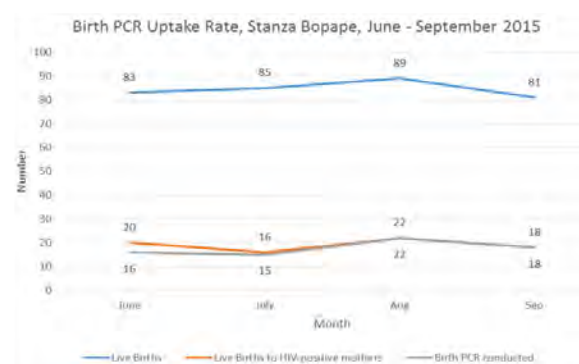
Data collection tools for FPD teams were designed to assist with monitoring of Birth PCR uptake at facilities, with the goal of linking all positive babies to care and treatment. Sites visited demonstrated a steady uptake of PCR at birth. The FPD MCH lead worked jointly with National Health Laboratories services (NHLS) teams in supported districts in an effort to help identify and link positive children to care.

Random file audits were conducted at facilities and gaps identified were discussed with the facility program teams. MCH teams also conducted training on clinical stationary for the districts' program coordinators. The main objective was to ensure that all positive pregnant

women are captured on Tier.net and reported on the DHIS. Since training the team, there has been an improvement on viral load testing and TB screening of HIV positive pregnant women. This has resulted in reduced HIV transmission from mothers to babies, with a MTCT rate at birth of less than 2% in all supported districts.

FPD's MCH team also supports the National Department of Health's PMTCT program through a partnership with UNICEF. Following the release of the updated National consolidated guidelines for PMTCT, FPD provided assistance with several national training efforts. This included the training of midwives on PCR testing and a training of master trainers from all provinces on birth PCR testing and neonatal ART initiation and management. MCH is providing ongoing technical and M&E support to NDoH and UNICEF through the preparation of PMTCT dashboards and cascades and quarterly Data for Action reports for each district. Currently, MCH is assisting NDoH and UNICEF to conduct the 2015 EMTCT stock take in each of the provinces. Moving forward, FPD will be involved with the development and implementation of the Last Mile Reach for EMTCT plan, which is focused on eliminating MTCT in South Africa by 2020.

Below are two sites that were monitored for Birth PCR Uptake in Tshwane district. An improvement have been visible and facility Program managers are informed of the progress.



TB and HIV

During 2015, FPD was actively involved in the National TB Policy update and review and supported the Directorate to introduce the drug resistant TB (DRTB) decentralization process, assess sites for decentralised management of DRTB and train 233 staff from four provinces on the recording and reporting tools for DRTB. In our partnered districts, FPD TB/HIV champions helped facilitate TB clinical discussions, undertook in-service training and mentoring on TB recording and reporting, trained 308 healthcare workers on the new stationery and guidelines and trained 435 traditional healers on TB and HIV (Vhembe) with an aim to solicit their support to encourage adherence to treatment and to identify and refer potential undiagnosed TB cases. Through quality improvement initiatives linked to the baseline assessment and stock taking, the TB/HIV champions and roving mentor teams supported the districts to increase IPT uptake from below 34% to 67%, TB cure rate from 68% to above 70% and up to 83% in other districts and to decrease the defaulter rates from more than 10% to less than 5% in all the districts. ADDITIONS FOR 2015: The TB/HIV cluster supported the integration of PHC services by supporting the PC101 training. Participated and contributed during the design of the new competency assessment tools for nurses as NIMART only is replaced by the comprehensive approach. Trained PC101 facility trainers in supported districts; 16 in Greater Sekhukhune, 18 for Capricorn, 18 for Sarah Baartman, 34 for Nelson Mandela, 43 for Buffalo city and 54 for Amathole districts. Provided support through data captures to reduce backlog of capturing in both TB and ART in Nkangala district. Trained all cadres of health care workers in the DRTB decentralization sites on reporting and EDRWEB based program. Distributed and facilitated updates on revised guidelines. All TB indicators have improved in the comprehensive districts with TB cure rate reaching a target of 865 in Tshwane above the national target of 85%. The initiation of ART in core infected patients has also improved to above 60%. Supporting the integration of patients' files has improved on capturing. Nkangala district had the first TB training for community health care workers (104). Conducted updates for nurse mentors. Trained 53 DOH mentors and introduced them to the new PC101 competency mentoring and assessment process. Through quality improvement initiative, increased the referral and follow up of VMMC clients in Nkangala' Steve Tshwete's sub-district. The initiative received recognition at the PHASA conference in Durban.

I-ACT

The Integrated Access to Care and Treatment (I-ACT) project, originally known as the Basic Care Package (BCP) grew directly out of needs identified by People Living with HIV/AIDS (PLHIV) for more meaningful support immediately after diagnosis and to mitigate the loss to HIV care and ART. The key objective of I-ACT

(BCP) is to promote early recruitment and retention of newly diagnosed people living with HIV/AIDS in care and support programmes. FPD became an I-ACT Implementing Partner in 2010 and is one of several partners at a provincial level. During 2015, trained I-ACT facilitators in FPD-partnered districts, established 698 support groups with a total of 13987 participants. Preliminary evaluations of I-ACT support groups indicate that 80% of participants have completed the six-session I-ACT curriculum, an increase from 57% in 2014.

In addition an integrated care and support model that combines I-ACT and Adherence Clubs began its piloting phase in May 2015. The purpose of this model is to achieve both short and long term retention in care and support, the model is currently being piloted in Tshwane and Nkangala districts. Data from this pilot show that from May to September 2015 155 I-ACT support groups have been established in 11 health care facilities registering a total of 2003 support group members. Of these registered members 1872 continue to attend I-ACT sessions, this equals a total retention over the period of 93%.

Adherence Clubs

ART Adherence Clubs are a long term retention model of care catering for voluntary ART patients. In the ART Adherence Club model groups of 20-30 stable adult patients meet regularly in clubs which are facilitated by lay health workers. The club meetings are usually one hour, held every two months. During these meetings patients are provided with a clinical assessment, options for referral, peer support services and are given their pre-packed two month supply of medication. Any patient reporting symptoms suggesting illness, adverse drug reactions or weight loss are referred back to the clinic for assessment by a professional nurse assigned to the club. In 2014, FPD received funding from the Global Fund through a sub-grant from Right to Care to implement ART Adherence Clubs (AC) in 44 public health facilities in six districts in three provinces. Nine hundred and seventy eight clubs were established with a total of 24,632 patients recruited between June 2014 and November 2015. During this period, 92% patients remained in Adherence Clubs.

Global Fund Adherence Club Member Retention YTD



National TB/HIV Hotline for Healthcare Professionals

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

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

The call centre currently fields about 500 calls per month resulting in a total of more than 5000 mentorship calls in 2015. During 2015, the call profile remained much the same as 2014 with the top queries related to: switching therapy (11%); initiating therapy (11%); adverse drug reactions (9%); and patients with TB (9%).

National TB/HIV Hotline for Healthcare Professionals

Contact Number 080 021 2506

SMS or "Please call me" 071 840 1572

Toll-Free National HIV & TB Health Care Worker Hotline

Are you a doctor, nurse or pharmacist?

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

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



**0800 212 506 /
021 406 6782**

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

www.hivhotline.uct.ac.za

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.

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
- What to expect
- Treatment outcomes
- Recommendations for laboratory and clinical monitoring
- Drug resistance and response to laboratory results
- Management of adverse events
- Drug interactions
- Treatment and prophylaxis of opportunistic infections

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.

When is this free service available?

The hotline operates from Mondays to Fridays 8.00am – 4.30pm.

Who answers the questions?

The service 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 international guidelines and reference materials
- The clinical expertise of consultants at the University of Cape Town's Faculty of Health Sciences, Groote Schuur Hospital and the Red Cross War Memorial Children's Hospital



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

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

(93% of all) in Vhembe district, 94 wards (85% of the prioritised) in Tshwane district, 90 wards (78% of all) in Capricorn district and 20 wards (47% of all) in Nkangala district. FPD (in partnership with University of Pretoria's Department of Family Medicine) supported Tshwane District to develop and support strategic data analysis of a community-based electronic data collection device. In Tshwane District, community health workers utilized these electronic devices to capture household information, which is then transferred to a central repository to track community efforts and support strategic information-driven health interventions. Through FPD support 38% Tshwane trained Community health workers went through competency assessment and 76% are competent.

Pharmacy

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

In 2015, FPD strengthened the pharmaceutical supply chain by training at least 515 nurses and pharmacy support staff on stock management in the four comprehensive districts. Subsequent to the training, FPD's pharmacy support team followed up to provide on-site technical assistance and support to ensure effective recording of stock movement and to set minimum and maximum stock levels at primary health care facilities. In support of the national Centralised Chronic Medicine Dispensing and Distribution (CCMDD) program in the NHI districts, FPD supported the Tshwane and Vhembe districts to implement systems and procedures to reduce waiting times and relief congestion of chronic patients at PHC facilities.

In support of the National Department of Health's strategy to deploy the services of post-basic pharmacist's assistant at all primary healthcare facilities to work under the indirect supervision of a pharmacist, FPD provided assistance and support with the registration of tutors (pharmacist) and learners, as well as the accreditation of hospital pharmacies as training facilities. Based on public sector training capacity, FPD trained 250 Pharmacist's Assistant Learners in its USAID supported districts. Mostly all qualified post-basic pharmacist's assistants were placed at public sector facilities to fill the vacancies.

In the hybrid districts, FPD trained at least 330 professionals in setting up effective pharmaceutical thera-

Community TA

In 2015, FPD Community TA champions supported DOH with training and follow-up mentorship to a total of 3500 CHWs: 2541 Community Health Workers (CHW) in Tshwane; 977 CHWs in Vhembe; 963 CHWs in Capricorn; and 444 CHWs in Nkangala.

The DOH-FPD TA partnership provided technical assistant to the districts to establish functional ward based outreach teams (WBOTs) covering 97 wards

peutic committees (PTCs). Furthermore, FPD worked in coordination with the National Department of Health to train 445 clinical staff to implement pharmacovigilance systems. The three FPD pharmacists commenced with technical assistance at district and hospital level to support the establishment of the PTCs and the implementation of pharmacovigilance systems at all levels of treatment and care.

Sediba Hope Medical Centre (SHMC)

The Sediba Hope Medical Centre (SHMC) was initiated as a joint project of PEN, FPD, USAID and PEPFAR in 2012. The aim was to develop a sustainable model of healthcare that provides affordable healthcare to people living and working in the inner city of Tshwane. Additionally, the Centre provides accessible and subsidised healthcare for marginalised groups such as sex workers, injecting drug users, the homeless and foreigners who face stigma at public sector facilities. During the two years of donor funding (2012-2014), FPD and PEN have worked to develop a model that uses a cross subsidising approach whereby profits generated by those patients who can pay and other funding sources are used to subsidise marginalised and indigent patients who are unable to pay for medical care and cannot access public health services. Sediba Hope continued services based on the above model without direct PEPFAR support during 2015.

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TECHNICAL ASSISTANCE DISTRICT MANAGEMENT DEPARTMENT (TAD)

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

Key activities and highlights from 2015

Leadership and Governance and Finance:

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

Hosting the 3rd FPD Annual District Health Management Conference (DHMC)

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

DHMC Poster

3rd District Healthcare Management Conference
21 - 23 October 2015
Tshwane

Beyond

90% of all living with HIV will know their status

90% of all living with HIV will receive sustained antiretroviral therapy

90% of all living with HIV receiving antiretroviral therapy will have durable viral suppression

taking a step forward

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Delegates at the DHMC**Health Workforce**

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

TECHNICAL ASSISTANCE STRATEGIC INFORMATION DEPARTMENT (TASI)

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

Highlights from 2015

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

To date, FPD has supported the roll-out of the NIDS and DHMIS to all nine districts supported by FPD. FPD trained 807 healthcare professionals consisting of: Operational Managers, Nurses, Information Officers and Data Capturers on DHMIS policy and NIDS. Additionally, copies of the DHMIS policy, SOPs and NIDS were given to each facility after the trainings were conducted by the M&E Advisors and the District Information Officers. Data use and quality formed part of the NIDS training. During the trainings, it was noticed that clinical staff, clinic managers and operational managers were computer illiterate. A skills audit for computer literacy was conducted and, as a result 966 healthcare professionals were trained on computer literacy during 2015.

Daily Data Capturing and Pre-Submission

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

NDoH's 3 Tier Strategy

In 2010/2011, the National Health Council (NHC) and National Health Information Systems of South Africa (NHISA) developed a three tiered strategy to strengthen routine and clinical monitoring of ART data. The 3 Tier ART Strategy comprises of a paper-based (Tier 1), non-networked (Tier 2) and networked-

system (Tier 3) for patient monitoring in line with the WHO's 3 Tiered ART M&E strategy. This strategy was selected for implementation to standardise ART monitoring nationally with a system that best suits the varied needs of facilities, sub-districts, districts and provinces, as well as the resources available to manage the systems. FPD remained one of the primary trainers on the Tier systems at all districts supported by FPD and trained 455 individuals on TIER.net (Tier Two). During 2013, only 17% of facilities were able to enter data and produce reports electronically on the patient management record TIER.net (Phase 6). By the end of 2014, 49% 426 of facilities were running on TIER.net (Phase 6).

Mobile Computer Labs

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

PROGRAMME EVALUATION UNIT

FPD's Programme Evaluation Unit was established in 2013 aimed at improving FPD's capacity to undertake donor-funded and commercial programme evaluations. The Unit uses a network of internal and external evaluators, combining appropriate skills and experience in each evaluation team. These skills include quantitative and qualitative methods and analysis.

The Programme Evaluation Unit delivers a full range of programme/project evaluation services. The Unit has conducted evaluations for public and private organisations across Southern Africa. Using original approaches, the Unit aims to provide tailor-made evaluations for organisations of all sizes and in different sectors.

During 2015, the Programme Evaluation Unit evaluated projects for a variety of organisations. Such evaluations have assist these organisations to use training more effectively, improve strategic planning, test new ways of improving healthcare access for marginalised groups or disadvantaged communities, proof impact and influence future programming.

Some examples of the wide variety of evaluations carried out .

Type of project	Type of evaluation	Organisation
Training	Clinical Management of Metabolic Sundrome training evaluation	iNove
Training	Breast cancer for healthcare professionals training evaluation	Phakamisa
Training	Clinical Management of HIV/AIDS for health-care professionals training evaluation	SANDF
Training	Antiretroviral therapy for adults in resource-limited setting training evaluation	ABBVIE
Training	Outcomes evaluation for a three phase in-service training course in gender based violence conducted for health care providers in Botswana	AIHA
Programme	Outcomes assessment of the Higher Certificate in Management	PEPFAR & FPD
Programme	MWASA Summit evaluation	MWASA
Programme	SAMA Conference evaluation	SAMA
Programme	Pharmacist Assistants evaluation	PEPFAR & FPD
Programme	Making all voices count	HIVOS
Programme	Assessing the quality of community based HIV counselling and testing in FPD mobile units	Global Fund & FPD
Programme	MenCare+ South Africa outcomes evaluation	Rutgers, MOSAIC & Sonke Gender Justice



PROPOSAL UNIT

Critical to FPD's continued success, is the ability to identify diversified sources of revenue. The Proposal Unit serves a significant role in the identification, coordination and submission of FPD's responses to calls for proposals and tenders.

The Proposal Unit offers the following value-added services to FPD and the FPD Group:

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

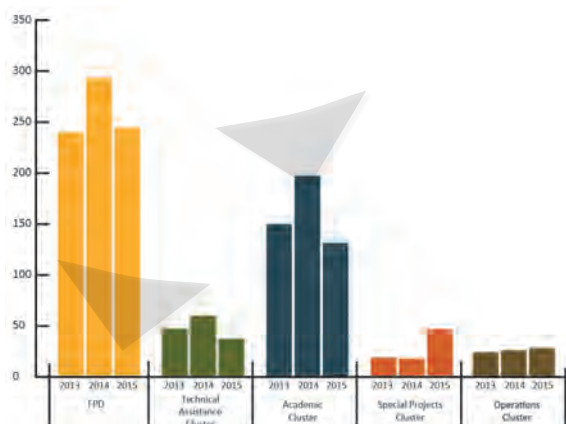
The Proposal Unit has gone from strength to strength since its inception. However, 2015 saw a slight decline in the submission of proposals and tenders compared to previous years. This is attributed to FPD's decision to be more strategic with the submission of responses to calls for proposals and tenders.

Highlights of Proposal Unit in 2015:

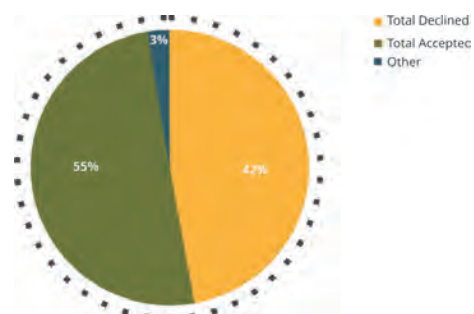
- FPD formed part of a consortium of organisations that was awarded the Global Health Supply Chain programme from USAID;

- UCLA, in partnership with FPD, were successful in their request for funding from the United States National Institutes of Health for a study of STI screening and treatment for PMTCT;
- FPD was awarded funding from the United Nations Children's Fund (UNICEF) for the elimination of mother to child transmission of HIV;
- FHI360 awarded FPD a grant to collect clinical data for a randomized study evaluating a HIV prevention programmes for vulnerable youth;
- Merck for Mothers awarded FPD a generous grant from the Global Giving Programme for Strengthening South African Public Sector Obstetric Emergency Medical Services (EMS) Systems - Global Giving Programme.
- FPD's SHIPS Department were awarded numerous grants from the Health and Welfare SETA for various youth employment opportunities;
- FPD was awarded a tender from the National Department of Public Works for the management of a Pharmacy Assistant Learnership; and
- FPD's Academic Cluster was awarded funding from GSK to conduct clinical training across Africa.

Number of Proposals submitted per Cluster



Success rate in 2015



GENDER-BASED VIOLENCE PROJECT

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

The Increasing Services for Survivors of Sexual Assault in South Africa (ISSSASA) Programme funded by USAID, is a collaboration of leading South Africa organisations – Foundation for Professional Development, The Soul City Institute, Sonke Gender Justice Network and the South African Medical Research Council. The Government of South Africa's fight against sexual and gender based violence is spearheaded by the Sexual Offences and Community Affairs (SOCA) unit of the National Prosecuting Authority (NPA) within South Africa's Department of Justice and Constitutional Development. USAID has worked with the NPA/SOCA since 1999 to establish the Thuthuzela Care Centre (TCC) model. TCCs provide a comprehensive portfolio of services to survivors of GBV, including emergency medical care, psychosocial counselling, post-exposure prophylaxis (PEP), HIV testing and counselling, and assistance with case reporting and court preparation in an integrated and victim-friendly manner. The TCC model seeks to streamline the care process for GBV survivors by establishing effective linkages between various service providers and government stakeholders, and to improve legal services by reducing time-to-court and increasing the conviction rate.

The highlights 2015

A customer-driven impact evaluation of USAID/South Africa's (USAID/SA) Increasing Services for Survivors of Sexual Assault in South Africa (ISSSASA) programme was commissioned under the Democracy, Rights, and Governance – Learning, Evaluation, and Research (DRG-LER) contract. The impact research has been completed drafts of first findings have been released. Qualitative and quantitative data collected at TCCs reveal that TCCs vary in capacity and in resource availability, with differences in days and hours of operation, appearance and quality of facilities, services provided, staffing, record keeping practices, and resources. Through coordination

with NGOs and other stakeholders, TCCs are able to fill service gaps that they could not address on their own, and improve the quality of care provided survivors. The baseline women's survey data confirm anecdotal evidence that many South Africans are not aware of the TCCs. While the women's survey data reveal generally progressive attitudes toward gender roles and the sexual assault scenarios, there are some areas of concern regarding the right of a woman to deny her husband sex and to condemn rape in all scenarios. The evaluation will test if there is a change in SGBV knowledge and attitudes as a result of the intervention, particularly in areas where concerning attitudes were expressed at baseline. Baseline service provider survey data reveal that many professionals participating in the Integrated Management training intervention had limited exposure to TCCs prior to the training, and harboured some misperceptions about TCCs and the services available, although most believe that TCCs would be helpful in providing support to victims. Moreover, participants exhibited some victim-blaming attitudes.

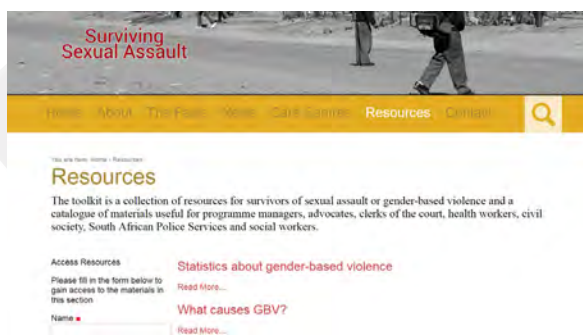
Soul City Institute

Community dialogues were rolled out in during 2015 in eight provinces in South Africa. The dialogues were focussed on the services of TCCs in the context of GBV and child abuse. The outputs included community action plans that incorporated engagement by participants with the broader community on the issues of GBV and child abuse, as well as a strategy to connect GBV survivors to TCC services. The Soul City Institute works closely with community forums to connect community members through this dialogue process with the TCCs. The targeted stakeholders at these community dialogues are community based organisations, women's groups, faith based organisations, community leaders, local authorities, youth groups and TCC staff.

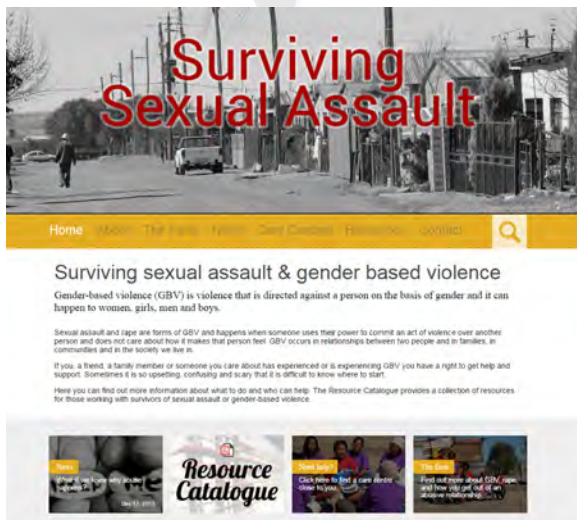
Community Dialogues	Male	Female
Limpopo		753
Mpumalanga		437
KwaZulu-Natal	16	222
Eastern Cape		463
Western Cape	102	285
North West	30	203
Northern Cape	54	183
Free State	61	192

Information packages on GBV are available for download. The toolkit is a collection of resources for survivors of sexual assault or gender-based violence and a catalogue of materials useful for programme managers, advocates, clerks of the court, health workers, civil society, South African Police Services and social workers.

Available on <http://issasa.org.za/resources>



South African Gender-based Violence website up and running. Available <http://issasa.org.za/>



The Soul Buddyz Club (SBC) Child Abuse Module has been distributed to 16,457 schools nationally. Although the material developed was originally intended for distribution only to Soul Buddyz Clubs (SBC) around TCC's, Soul City expanded the distribution to all schools. The material has been completed and distributed to ISSASA partners.

Two Public Service Advertisements (PSAs) have been developed and finalised based on the formative research conducted by the Soul City Institute. One television and one radio PSA was developed for broadcast on SABC TV and community radio stations. The radio PSAs were translated into 11 languages. The PSAs will endeavour to decrease stigmatising norms in the public and to stimulate demand for the TCCs. This will be in the form of social networks on Facebook, Twitter, the webpage and Mxit.

Mxit App



Mxit Reach provides the ideal youth-friendly environment, with users being able to chat to each other, access information they are looking for, ask questions and get specific answers and it's all as anonymous as you want it to be.



Act for Children (AFC) is a project of the Soul City Institute, in partnership with a Netherlands-based organisation called Wilde Gezen (Wild Geese). The project supports children in marginalised schools raise funds for various upliftment projects. The children raise half the necessary funds themselves. SCI matches the amount raised, rand for rand. AFC is run through the Soul Buddyz Club programme. Soul Buddyz Club members identify, plan, budget and fundraise for a project of their choice.

Posters

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



Sonke Gender Justice Network

Radio show guides were developed for stations and include a focus on the inter-linkages between gender and HIV.

Sonke's interventions on local radio have been launched with the radio dramas with the theme of GBV and information of the purpose of TCCs, their services and locations. The drama is available in 4 languages: English, Tshivenda, IsiZulu and Sesotho and all the material is available free of charge on www.genderjustice.org.za/thuthuzeleka. Sonke trained community radio stations' staff on GBV.

Community dialogues were rolled out in during 2015 in eight provinces in South Africa. Sonke's interventions focused on men and boys and brought males together to engage on the services of TCCs in the context of GBV and child abuse.

	Male	Female
Limpopo	215	150
Mpumalanga	120	11
KwaZulu-Natal	392	116
Eastern Cape	453	91
Western Cape	280	6
North West	254	14
Northern Cape	179	5
Free State	195	10
Total	2088	403

Foundation for Professional Development

Four new Thuthuzela Care Centres were established and furnished, namely Madadeni (Kwa-Zulu Natal), King Williams Town (Eastern Cape), Atlantis (Western Cape), Groblersdal (Limpopo) in consultation with the National Prosecuting Authority (NPA). The staff members for all the sites have been appointed in consultation with the NPA and the four new TCCs are now fully functional.

Example of a new TCC



Small NGO grants

Using its nationwide financial and administrative capacity, FPD supports the NPA in the disbursement of grants to NGO service providers. This enables after-hour access to comprehensive services such as psychosocial support and counselling; trauma counselling; HIV/AIDS voluntary counselling and testing; psychosocial counselling for child victims; and legal assistance. LifeLine (Pietermaritzburg) in Madadeni, ChildLine (Limpopo) in Groblersdal, MOSAIC in Atlantis, and Masimanyane in King Williamstown are delivering the after-hour services at the TCCs.

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

Capacity building

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

Province	
Gauteng	258
Limpopo	253
Mpumalanga	108
KwaZulu-Natal	362
Eastern Cape	393
Western Cape	143
North West	226
Northern Cape	82
Free State	192
Total	2017

Training of trainer refresher course

A training of trainer refresher course for trainers of GBV were held to guide them and provide them with tools and updated information to advancing gender equality, and preventing and responding to gender-based violence.

South African Medical Research Council (MRC)

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

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

Methodology

Data Collection: The sources of information examined include, but not be limited to, SAPS case dockets, J88s, charge sheets, court administrative records and trial transcripts. The MRC is using a multi-stage sampling strategy that will enable a national representative sample of police station dockets to be drawn. The primary sampling unit used is police clusters. In selected clusters a random sample of sexual assault dockets for the calendar year 2010 are drawn from each police station. The samples are stratified by province. The cases are being followed through the criminal justice system with data collected at each stage.

Previous research by the MRC and collaborators, a study known as 'Tracking Justice', showed that in Gauteng among 100 opened police cases, 45 are closed by the police, 38 withdrawn in court and 17 went to trial and 9 resulted in acquittal. These proportions were used to

guide the sampling strategy. The MRC aims to collect data from about 4,500 dockets and it is anticipated about 630 of these will go to trial. Data is extracted from all the sources of information on pro forma data capture sheets, which are adapted from the ones used in the 'Tracking Justice' study.

Data Analysis: The data will be analysed by the MRC and will draw on epidemiological data analysis methodology. Descriptive statistics will be presented. There will be a further statistical analysis of factors associated with withdrawal at different stages and acquittal in court using multiple regression and latent variable modelling methods. In addition, the judgements will be subject to qualitative analysis focusing in particular on remarks about the preparation of cases, the availability and interpretation of medical evidence and the interpretation of the sexual offences legislation.

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

ACHIEVEMENTS

In 2015, the MRC undertook and completed collection of data from police dockets in cases with 3990 victims. MRC also commenced the tracking and collection of trial transcripts from respective courts which is still ongoing. Other data collected is the medical examination forms which are being assessed by a team of medical experts for quality assurance. A qualitative study focusing on prosecutorial decision making has received ethical approval and is also underway. The MRC has also started analysing data from the first phases of the research.

OTHER COMPLIMENTARY ACTIVITIES

FPD printed colourful posters that popularise the services of the TCCs, and distributed 66,000 to hospitals, schools and police stations.

FPD updated, printed and distributed the TCC information booklet.

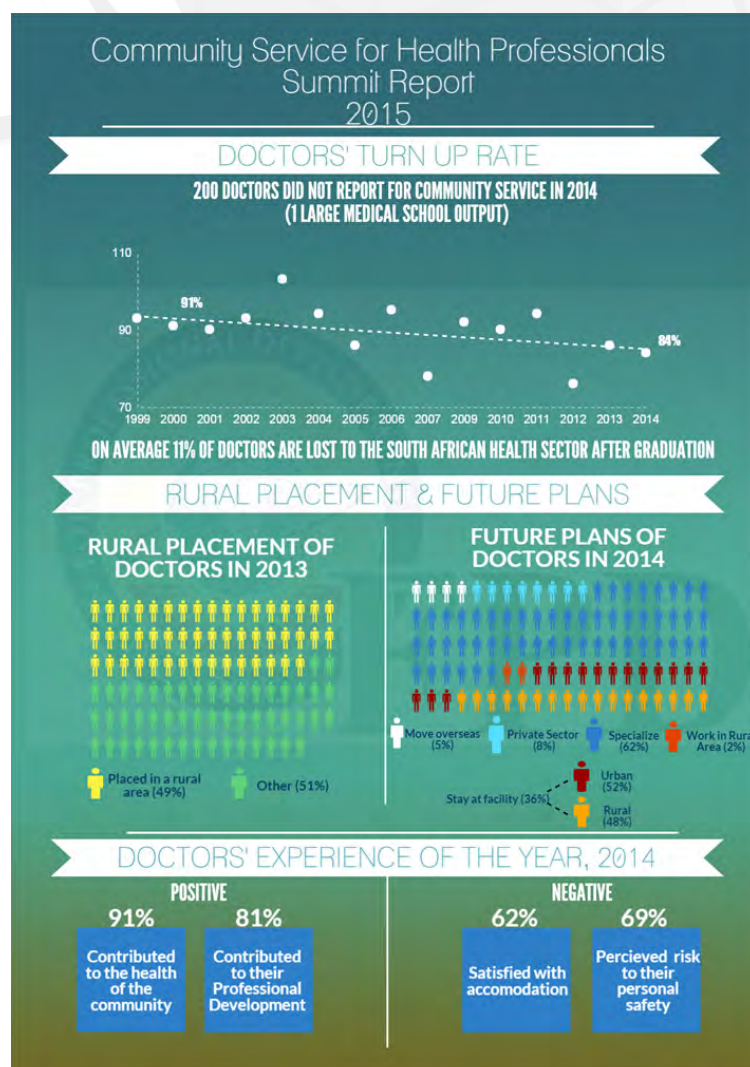
The Lighthouse Project

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

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

Highlights from 2015

The Community Service Summit held in the City of Tshwane on the 22nd April 2015 was co-hosted by the Foundation for Professional Development (FPD), the National Department of Health (NDoH), the University of Cape Town (UCT) and the Africa Health Placements (AHP). The aim of the Summit was to initiate a stakeholder process for the systematic review of the Community Service Policy (CSP) using available evidence from a number of independent studies carried out over the years. The summit predominantly focused on the medical practitioner and to a lesser extent, on the dentist categories as these are the professions for which most data is available and was the 1st such review conducted since this policy was implemented in 1998. The summit demonstrated



the critical role played by CS officers in service delivery but also identified a number of problems that need urgent attention including access to education during the CS period, adequate accommodation and a need

to better understand the reasons for professionals not showing up for CS.

The 90-90-90 Colloquium was convened in Midrand on the 9th of September 2015 to develop a common strategy among South Africa PEPFAR partners towards achieving the three 90% targets set by UNAIDS for 2020 in South Africa by 2017. In order to reach the first target, 90% of PLHIV knowing their status, efforts to identify PLHIV (Adults and Children) through testing will have to be scaled up dramatically. Based on the current treatment initiation CD4 guidelines, South Africa is initiating nearly 90% of eligible PLHIV with known status. However, the gap will become significant when South Africa moves to the Test and Treat method, especially in reaching men. Recommendations to increase testing include: promoting self-testing, deploying lay counsellors in healthcare facilities, innovative community-based testing initiatives and creating incentives to encourage the public to test and incentives employers to promote work-based testing. The major challenges in achieving the second target, ensuring that 90% of people diagnosed with HIV will receive sustained treatment, revolves around the following: Improving linkages from testing to care; Monitoring patients enrolled on treatment as they move between different healthcare facilities; and creating a service delivery environment that is able to absorb and retain an additional two million plus patients given the problems that the public sector currently faces in providing services to uninsured patients. It was acknowledged that South Africa is likely to be already achieving this target for women, but not for men or

key populations such as: MSM, sex workers, prisoners, adolescents and migrants. Reaching the third target, ensuring 90% viral suppression, currently represents the biggest challenge. Within the ART programme, retention in care and quality of that care is a major issue with a LTFU rate of 28% for the 12 month cohort. This can be partially addressed through better data management. Innovation will be required in order to address the true loss to follow up across both HIV and TB programmes in order to achieve successful treatment outcomes through better utilisation of the NHLS data warehouse, exploring mobile phone applications, improving patient tracing and assessing the impact of factors such as disability on retention in care.

The Expert Working Group on Testing and Treatment of the National HIV Think Tank, convened by FPD concluded its first assignment in 2015 and identified two innovative models for leapfrogging service delivery by predominantly tapping into new information technology developments namely to establish HCT micro-franchises and the GP CareCell concept. The HCT micro-franchise model is untested and would require piloting to test feasibility and to fine tune the model. FPD received approval for a pilot project that was initiated towards the end of 2016. The envisaged pilot phase would be six months. The GP CareCell concept is an adaption of a model of service delivery that was previously funded under PEPFAR. A pilot project was recommended but would be subject to funding being made available either through government or a donor.





RESEARCH

Chapters in Books

Published Articles

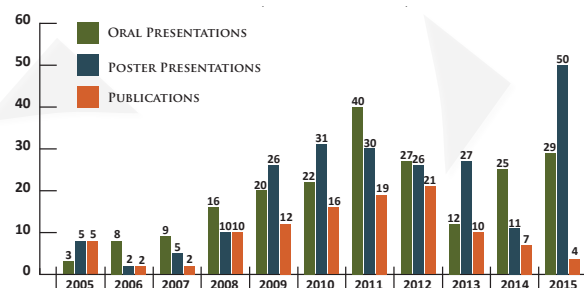
Conference Participations - Oral
Presentations

Conference Participations -
Poster Presentations

RESEARCH

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

Research Output



Peer Reviewed Publications

- Farirai, T. **Strengthening HIV test access and treatment uptake study (project STATUS): A randomised trial of HIV testing and counselling intervention.** JAIDS (2015).
- Johnson, S. **Evaluation of a point-of-care tuberculosis test-and-treat algorithm on early mortality in people with HIV accessing ART (TB Fast Track study): study protocol for a randomised cluster controlled trial.** Trials (2015), 16:125.
- Medina-Marino, A. **Factors associated with retention in HIV care at Sediba Hope Medical Centre.**
- Medina-Marino, A. **Acceptability and Accuracy of Cervical Cancer Screening.** PLOS Publication.

Oral Presentations

- Bosman, A. **How belonging to an Action Learning set improved my work-life balance.** ALARA 2015 Conference, Pretoria, South Africa.
- Bosman, A. **How Action Research and Action Learning helped me to develop a conference evaluation toolkit while developing myself.** ALARA 2015 Conference, Pretoria, South Africa.
- Bosman, A. **The challenges of keeping an Action Learning set together.** ALARA 2015 Conference, Pretoria, South Africa.
- Botha, B; Wentzel, R. **Facilitating an Action Learning set with colleagues.**

- Farirai, T. **What model of testing results in high acceptance by patients in PHC in 2 districts in KwaZulu-Natal)** 2015 SA AIDS Conference.
- Kinkel, H; Taylor; Marcus; Medina Marino; Ebonwu; Hugo. **The-reproductive-health-status.** 2015 SA AIDS Conference.
- Mahlalela, N. **Factors facilitating and inhibiting the use of female condoms among female university students in Durban, KwaZulu Natal the use of female condoms among female university students in Durban, KwaZulu Natal, South Africa.** 2015 SA AIDS Conference.
- Medina-Marino, A. **Barriers to modifiable disease reporting at PHCs in SA.** PHASA Conference.
- Medina-Marino, A. **Cervical Cancer Test Performance.** 2015 SA AIDS Conference.
- Medina-Marino, A. **Depression and Absenteeism among South African Health Care Workers.** PHASA Conference.
- Medina-Marino, A. **Experiences of CHWs working for the WBOTs in self-screening for cervical cancer through an HPV mRNA test in Tshwane, South Africa.** 2015 SA AIDS Conference.
- Medina-Marino, A. **IPV among Participants in the Rhea Phela HCW Study.** PHASA Conference.
- Medina-Marino, A. **Outbreak Control and Prevention.** Africa Conference 2015.
- Medina-Marino, A. **Towards Health and Sustainable Development: Establishing a Post Voluntary Male Medical Circumcision Programme (VMMC), in Simunye Clinic, Nkangala district, South Africa.** PHASA Conference.
- Medina-Marino, A. **Wits Steve Biko Centre for Bioethics.** Lecture.
- Menon, S. **Experiences of CHWs working for the WBOTs in self-screening for cervical cancer through an HPV mRNA test in Tshwane, South**

Africa. 2015 SA AIDS Conference.

- Olivier, D; Bosman, A; Mahlalela, N; Slaven, F. **Does the GP Contracting model decrease inappropriate referrals from primary health care facilities?** 2015 SAMEA
- **Oral Presentation Competency Assessment of Skills Development Facilitators and Human Resource Practitioners in Eastern Cape.** ALARA 2015 Conference, Pretoria, South Africa.
- Overmeyer, R. **Achieving the 90-90-90 Targets through strengthened planning: The South African Experience.** ICASA.
- Peacocke, J; Harris, L; Reid, S; Wolvaardt, G; Kornik, S. **Community Service: A mechanism to retain young health professionals to sustainably support the health system in South Africa.** 13th WONCA World Rural Health Conference April 2015 Bubrovnick Croatia.
- Peacocke, J; Harris, L; Reid, S; Wolvaardt, G; Kornik, S. **Community Service: A mechanism to retain young health professionals to sustainably support the health system in South Africa.** Rural Health Conference 23-26 September 2015 Dullstroom South Africa.
- Wentzel, R. **Being led to insight using Action Research Principles. It's not me it's my project.** ALARA 2015 Conference, Pretoria, South Africa.
- Wentzel, R. **How Action Research anchored me - a case study.** ALARA 2015 Conference, Pretoria, South Africa.
- Wentzel, R; Kapp, H; Botha, B. **Forming, norming, storming and performing in action learning set - a case study.** ALARA 2015 Conference, Pretoria, South Africa.
- Wolvaardt, G. **Use of technology to overcome implementation challenges in responding to GBV and HIV.** The Regional Conference on ICT to Combat Human Trafficking 23-24 June 2015, Bangkok, Thailand.
- Wolvaardt, G; La Grange, A. **Models to improve student pass rates on health management courses.** ALARA 2015 Conference Pretoria South Africa.
- Bosman, A. **Determining whether learnerships supported task shifting in public sector pharmacies in South Africa.** ICASA 2015, December 2015.
- Bosman, A. **Determining whether learnerships supported task shifting in public sector pharmacies.** TUFH & SAAHE 2015, September 2015.
- Bosman, A. **Ensuring effectively managed Primary Health Care facilities in South Africa through training on a toolkit.** ICASA 2015, December 2015.
- Bosman, A. **Ensuring effectively managed Primary Health Care facilities through training on a toolkit.** TUFH & SAAHE 2015, September 2015.
- Bosman, A. **How the ICASA 2013 scholarship programme contributed to health systems strengthening.** ICASA 2015, December 2015.
- Bosman, A. **The educational benefits of a conference scholarship programme.** TUFH & SAAHE 2015, September 2015.
- Botha, B; Wentzel, R. **From participating to facilitating an Action Learning set with success – a case Study.** ALARA 2015 Conference, Pretoria, South Africa.
- Farirai, T. **Development tools for Quality of HIV counselling in public health clinics.** 2015 SA AIDS Conference.
- Hokwana, S; Mazinyo, E. **Does Decentralization lead to better health outcomes.** 2015 SA AIDS Conference.
- Johnson, S. **Experiences from Technical Assistance in support of health systems strengthening at District Health Management Team level and district health planning.** 2015 SA AIDS Conference.
- Johnson, S. **Mid-term evaluation of FPD's Clinical Mentoring model in primary care facilities providing Nurse Initiated and Managed Antiretroviral (NIMART) in four health districts in South Africa.** 2015 SA AIDS Conference.
- Kapp, H. **Relationship management between funded organizations and host districts: an action research study.** 2015 SA AIDS Conference.
- Kapp, H. **The impact of scheduling on statistics.** 2015 SA AIDS Conference. 2015 SA AIDS Conference.
- Kinkel, H. **Tampon Acceptability Study.** 2015 SA AIDS Conference.

Poster Presentations

- Abraham, N. **Notifiable Disease Reporting.** 2015 SA AIDS Conference.
- Kinkel, H. **Tampon Acceptability Study.** 2015 SA AIDS Conference.

- Lombard, G. ***Can ownership lead to sustainability.*** 2015 SA AIDS Conference.
- Lombard, G. ***How can I mobilize communities for HIV testing and ensure proven linkages to care, in absence of adequate resources?*** SAAHE Conference.
- Lombard, G. ***Key Insights in Community Based HIV Implementation.*** 2015 SA AIDS Conference.
- Mahlalela, N. ***Assessing the quality of HIV Counseling and Testing in Mobile testing Units.*** 2015 SA AIDS Conference.
- Mahlalela, N; Cameron, D; Olivier, D. ***Assessing quality of HCT in FPD mobile units.*** 2015 SA AIDS Conference.
- Makuwaza, G; Kapp, H. ***Can the implementation of Action Learning Methodology minimise the impact on performance against targets during transition phase in funded environments?*** ALARA 2015 Conference, Pretoria, South Africa.
- Mazinyo, E. ***Evaluation of Management Development Initiatives-BCM.*** 2015 SA AIDS Conference.
- Medina-Marino, A. ***An assessment of in-clinic laboratory test result management in SA.*** PHASA Conference.
- Medina-Marino, A. ***Burden of NCDs & absenteeism among SA HCW.*** PHASA Conference.
- Medina-Marino, A. ***Data quality and completeness of the electronic TB register in Eden District, Western Cape Province, 2007-2013.*** PHASA Conference.
- Medina-Marino, A. ***Management of resources between funded organizations and host districts.*** 2015 SA AIDS Conference.
- Menon, S. ***Screening CHWs working for the COPC program in Tshwane for cervical cancer risk using a tampon based, self-applied HPV molecular test.*** 2015 SA AIDS Conference.
- Mlotshwa, M. ***Eden TB Investigation.*** 2015 SA AIDS Conference.
- Molefe; Kinkel; Wolvaardt. ***Assessing-adult-patients-LTF.*** 2015 SA AIDS Conference.
- Mulumba, R. ***Improving the functionality of a District AIDS Council, a proposed approach.*** 2015 SA AIDS Conference.
- Mumbauer, A. ***In-Clinic Lab Assessment.*** 2015 SA AIDS Conference.
- Mvuleni, T. ***TB screening to all HIV testing clients in Tshwane – CBCT Mobile project.*** 2015 SA AIDS Conference.
- Mzana, N. ***DHIMS Policy Implementation in BCM.*** 2015 SA AIDS Conference.
- Olivier, D; Bosman, A. ***Acceptability an effectiveness of a web-portal and online forum for doctors.*** 2015 SAAHE Conference.
- Rasekgotoma, S. ***Pharmacovigilance (PVG) baseline and implementation.*** 2015 SA AIDS Conference.
- Sheriff, N. ***HIV counselling and testing in the farming community.*** 2015 SA AIDS Conference.
- Sherrif, N; Kapp, B. ***Management, Leadership, Teamwork, Mentoring, Delegation.*** ALARA 2015 Conference, Pretoria, South Africa.
- Skidmore, S. ***Mapping of Support Group Services: A Case Study.*** ALARA 2015 Conference, Pretoria, South Africa.
- Skidmore, S. ***Mapping of Support Groups: A Case Study.*** 2015 SA AIDS Conference.
- Slaven, F. ***The importance of screening HIV positive people for depression.*** 2015 SA AIDS Conference.
- Stephen, R. ***Strengthening Early Linkage and Retention in HIV/AIDS Treatment Programmes: Implementation of facility-based ART Adherence Club model for stable ART patients: Gauteng, Mpumalanga and Free State Provinces, South Africa.*** 2015 SA AIDS Conference.
- Wentzel, R; Slaven, F. ***How a Gender Based Violence project brought my colleagues' two worlds together– a case Study.*** ALARA 2015 Conference, Pretoria, South Africa.



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ABOUT FPD

[Awards](#)

[Staff Development](#)

[Affiliates](#)

[Strategic Partners](#)

[Educational Collaborations](#)

[Sponsors and Donors](#)

[People at FPD](#)

FPD AWARDS

In 2015, 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 T Adendorff – Clinical
FPD's Award for Excellence in Teaching is awarded annually to FPD faculty who have taught at least five times during the year. The award is based on the combined ratings given to the faculty member by the students who attended their classes. Faculty are evaluated against a number of criteria and receive a rating out of 5.



Mrs VD Pillay – Management
Mrs Pillay is a facilitator on the Project Management module of our Higher Certificate in Management and her total average rating was 4.7 out of 5. The teaching days differ for each type of programme.

FPD has primary, secondary and tertiary faculty on each programme and they have a specific percentage that the faculty member is allowed to teach. Another criteria for this award was that had to have taught more than 5 times on a specific programme during the course of the year.

AWARD FOR RESEARCH EXCELLENCE



Dr A Medina-Marino
As an academic institution, FPD is committed to contributing to new knowledge through research. In 2015, FPD's research outputs equated to 4 publications and 79 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 2015 were reviewed and the best output was selected.

AWARD FOR EXCELLENCE IN COMMUNITY ENGAGEMENT



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

VALUES AWARD



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

STAFF DEVELOPMENT

FPD has always been an organisation that places strong emphasis on promoting a performance-driven culture.

This has been achieved by actively recruiting highly talented individuals and building job descriptions around their unique skills and strengths. Internal promotion based on staff development has always been part of this culture.

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

In total, 486 staff members participated in educational activities in 2015. Emphasis was placed on developing managerial competence and 36 staff members were enrolled on management development programmes. Staff participation in educational activities stretched from senior management to support staff. Of the staff supported by FPD, 94% were from disadvantaged groups.

During 2015, FPD supported 274 pharmacy assistant learnerships.

FPD Affiliates



AFRICA HEALTH PLACEMENTS (AHP)

Quality healthcare worldwide is impeded by critical shortages of health workers. The World Health Organisation (WHO) estimates that the global shortage of healthcare professionals will reach 12.9 million within the next two decades. This shortage is felt disproportionately in sub-Saharan Africa, which has only 3% of the world's health workers working in the region, but suffers with 24% of the global burden of disease. In South Africa, the shortage of medical professionals is no better than some of the worst affected African countries. Rural areas bear the brunt of these shortages as the country struggles to attract and retain enough medical staff to provide health services in remote locations.

To address this crisis, Africa Health Placements (AHP), a South African-based social profit organisation, has a four-pronged approach. Firstly, the organisation performs workforce planning, an exercise to optimise the allocation of scarce skills. Secondly, AHP sources and recruits professionals with these skills. Thirdly, AHP works with management of healthcare facilities to improve the retention of these professionals. Finally, AHP works with facilities and districts to codify a patient-centric culture for healthcare delivery.

AHP Services

Workforce Planning

AHP offers workforce planning to help facilities and governments understand where health workers of a particular skill can make the greatest impact on health outcomes. This involves performing detailed facility assessments with a custom-designed tool. The data collected is analysed and interpreted through quantitative and qualitative models to inform rational recruitment, training and allocation decisions. AHP's tools and models support the Department of Health's HR strategies and the implementation of WISN and can be adapted to the context in which they are being applied – across facility type, specialty area, and into community health settings. The outputs from the planning process are simple to use and easy to understand, allowing for the information to be incorporated into detailed HR plans or existing staffing norms – a process through which AHP's skilled planning staff guide and build the capacity of health management teams.

Since October 2013, AHP has completed assessments

for 539 facilities in 14 districts across South Africa, predominantly in rural areas. These assessments are being used to inform the HR planning processes in these districts.

Recruitment

AHP sources, registers, matches, places and orientates managers, health workers and support staff for public health facilities. AHP pursues an approach that creates sustainable staffing at facilities by (1) ensuring that effective management is in place prior to commencing recruitment engagements (2) recruiting a contingent of foreign-qualified doctors for the facility, (3) recruiting a team of local health workers, attracted by the core group of foreign-qualified doctors (4) attracting junior doctors and trainees to work under the burgeoning contingent, and (5) moving the facility to self-sustainability in staffing once they have moved out of the crisis management created by severe skills shortages.

Since AHP's inception in 2005, the organisation has sourced, recruited and placed 3 797 foreign-qualified and local health workers, managers and support staff in rural and underserved areas in South Africa. In 2015, AHP made 453 placements in the country's public health facilities. AHP-placed healthcare workers have provided much-needed capacity, providing over 3.6 million consultations to patients in the public sector during the year.

Retention

Retention is impacted by myriad factors. Consequently, AHP identifies the real retention issues that health workers are facing in rural districts through a Retention Survey. This survey is based on proven organisational theories of the Employee Value Proposition (EVP) that are applied by HR practitioners across multiple industries and geographies. The EVP can be defined as a set of attributes and offerings provided by an organisation in return for the skills, capabilities and experiences an employee brings to the organisation. Every organisation needs to understand their employees' perception of the EVP attributes to attract and retain the right skills.

AHP conducted the Retention Survey for the first time in 2013 and used the survey results in partnership with district management teams to select three focus areas – leadership development, communication, and learning and development – for equipping managers to deliver an improved experience for health workers in the weakest EVP areas. Custom-created capacity building initiatives – branded HRH Assist – were designed

to tackle these. Between June 2014 and September 2015 AHP conducted 703 sessions and capacitated 10 790 managers in supported districts. EVP theory dictates that health workers' experience of weak EVP attributes should improve, resulting in better retention of critical skills.

Feedback indicates that district leaders believe that the HRH Assist initiatives will have a high impact on learning and development opportunities (scored 8.5 of 10), communication (8.7 of 10), and leadership development (8.8 of 10) in their districts. District leaders also indicated that HRH Assist has provided high support to them as leaders (8.8 of 10).

Culture Codification

AHP partners a culture strategy consultancy to deliver integrated talent management solutions to public sector clients. The basis of AHP's approach is to improve performance and produce results by codifying institutional culture in a measurable way, and then embedding this in recruitment, onboarding and performance management systems. Management and their teams are integrally involved in the process of discovering institutional culture. In addition, all staff are socialised into integrated talent management systems and capacity to performance manage and lead through culture is built.

AHP is currently designing a patient-centric organisational culture with impact aligned to the priority areas of the National Core Standards in the Frances Baard district in the Northern Cape. To inform the design of the culture code 120 interviews were conducted with patients and providers and over 20 key Department of Health strategies and policies were reviewed. The patient need and desired experience were then defined and a culture code was articulated to meet this need. Culture champions, district leaders, and staff are undergoing socialisation sessions to build awareness, knowledge and buy-in to the patient-centric culture.



**MEDICAL PRACTICE
CONSULTING (MPC)**

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

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

environment, pest control and natural sciences.

Expertise, Products and Services

Online Training and Education Systems

MPC's flagship system – www.mpconsulting.co.za has been used to train in excess of 16 500 registered healthcare professionals online and boasts 26 accredited online training courses from FPD and the Sefako Makgatho Health Sciences University (SMU) as well as 72 issues of accredited medical journals' Continuing Professional Development (CPD) questionnaires.

During 2016 MPC will be expanding its online content to include specialist course material from major universities in the United States as well as Holland.

Independent Medical Education (IME)

MPC provides an IME service to the healthcare industry which entails the independent management of scholarships, on behalf of big pharma, for healthcare professionals to attend international medical conferences. The service ensures that all scholarships grants are awarded to healthcare professionals based on merit and that perverse incentive for the allocation of scholarships is eliminated.

Professional Build Services (PBS)

MPC expanded its professional advisory line of services by teaming up with industry leaders in the South African Built Environment to offer turn-key Professional Build Services solutions to the African healthcare industry. The services include all Professional Services required for hospital and clinic build.

Business Intelligence Services (BIS)

Data is the "new gold" and our Business Intelligence Services empowers companies to process information from data and convert it to knowledge. Our expertise lies in our ability to structure complex clinical data into reporting dashboards (for reporting and analytics) through the implementation of data processing cubes.

Highlights for 2015

2015 served as a basis year for expansion of our professional advisory services in the healthcare industry and the conversion of dreams and concepts into reality. MPC not only implemented a TRISCOMS™ system for UNESCO and UNFPA to provide training to educators in Southern and Eastern Africa on sexuality education but MPC also implemented full data analytics and real-time reporting through our BI solutions. Through our BI solutions we were able to provide an integrated online project dashboard to UNESCO and UNFPA for real-time reporting on project performance. This is a first for Africa.



Health Science Academy (HSA)

Introduction

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

The pharmacy workforce is a critical part of any health system, and planning the South African pharmacy workforce is important if high quality pharmaceutical services are to be delivered to the whole population. This includes the production of pharmacists and pharmacy support workers, and the optimal use of existing pharmacy personnel. It is estimated that there are 13 550 pharmacists in South Africa and an additional 607 who are presently serving their community service year. All areas of pharmacy practice in the country report shortages: community, hospital, industry, and academia, with vacancy rates for pharmacists of up to 76% reported in the public sector in one province.

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

It is estimated that there are presently 3 276 learner basic and 2 577 learner post basic pharmacist's assistants busy studying to achieve their qualification. The Pharmacy Council is also in discussion with the Task Team for mid-level workers in pharmacy to discuss the process of revising the qualifications for pharmacist's assistants at NQF level 4 (basic) and NQF level 5 (Post-basic) to allow for career progression and career pathing into Pharmacy Technician (PT) at NQF level 6. HSA is well placed to provide the requisite training with the assistance of FPD for NQF level 6 education.

Expertise and Services

Pharmaceutical Sector Training

More than 1500 learners were active in the National (basic) and Further Education and Training (post basic) Pharmacist's Assistance programme. A steady increase in the number of learners was observed during the period under review. The termination date of the course has also been extended by the South African Pharmacy Council until 30 June 2018, with the teach-out period ending 30 June 2021.

Since the CPD system is not very well supported by pharmacists at present, the uptake of continuing Professional Development (CPD) courses was lower than expected. .

Dispensing For Healthcare Professionals Course

This course is based on the recommended standard for the dispensing course for prescribers in terms of Act 101 of 1965 as amended, which was developed by the South African Pharmacy Council, in consultation with the other statutory health councils. Licensing with the relevant authority as a dispensing healthcare professional can only take place once the certificate is awarded.

There is a notable increase in the number of nurses who enrol for the Dispensing course, which consists of four days of practical training and one day for assessments and practical exams. Doctors follow a distance course to address the theoretical aspects and then attend contact assessment sessions in different centres around the country.

Industry Courses

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

The Medicines Registration Course has been fully updated to the latest requirements and guidelines of the Medicines Control Council including the most recent views on devices.



Brighter Futures Tuition

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

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

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

Brighter Futures aim to change this by providing an affordable, technology-driven maths & science tuition

programme using mobile phones and high quality tutors with a proven improvement in results.

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

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

How we get results for our learners

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

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

Targeted maths support from tutors: The advanced technology allows tutors to see exactly which topic areas and questions each learner is struggling with immediately.

Immediate progress reports: Each learner can view their “Learner Dashboard” to monitor their progress, see at a glance where their weaknesses lie and better focus their efforts on improving.

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

How we operate

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

Our tutors charge R50-60/hr. Customers choose how many hours per week they would like to attend a tutor session and reserve their slot by enrolling and paying. If they select a monthly or quarterly payment plan, the child gets access to the internet-based learning

technology for the entire month or quarter, so they are able to practice at home or school over and above their reserved tutor slot.

Results and Highlights of 2015

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

Our results to date indicate:

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

Plans for 2015

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

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



PPO Serve or Professional Provider Organisation Services is a shared services hub for clinicians. Our goal is to create transformed healthcare systems for people through helping the establishment of Integrated Clinical Consortia™

We support clinicians in creating, implementing and managing Integrated Clinical Consortia™. We do this through a complete support infrastructure including a tailor-made toolkit and Intelligent Care System.

Building Integrated Clinical Consortia™ is the means to stop fragmented care in the South African Healthcare system. These teams look after the care of entire communities transforming the private healthcare system into one that can treat more people at a lower cost.

How do we achieve this?

Current international experience shows us that there’s a better way. PPO Serve offers a solution that delivers

quality care because the clinician is in control. It operates on four principles, supported by intelligent technology and management tools:

1. Population health care: Defined patient populations are linked to accountable healthcare systems, comprising of integrated clinical teams that are tailored to provide patients with best quality care.
2. Integrated clinical teams are effective coordinated working clinician teams. Teamwork brings back support and a structured and flexible work environment.
3. Individualised care plans: Patient centered care where each patient's care plan is personalised for their needs and preferences. They are designed by autonomous clinicians using evidence to achieve quality outcomes.
4. Value based contracting: Funding in a Value Contract replaces 'fee for service' reimbursement where clinicians must work and earn alone. Medical Schemes pay clinicians in teams based not on the quantity of services provided but instead on patient satisfaction and outcomes.

These principles are enabled by an Intelligent Care System and turnkey management and operational support. The new system leads to better care for populations, more satisfactory experience for individuals and for clinicians and is more affordable.

Highlights for 2015

PPO Serve began operations in June 2015. Operationally we have focused on putting together the turnkey operational and management solution as well as building an Intelligent Care System that will provide a comprehensive solution to ICC™, enabling them to provide better care.

We are motivated to build ICC™ in areas that need quality medical services, and have engaged with multiple stakeholders including the major medical schemes and administrators, the clinician societies and the independent hospital groups.

PPO serve plans to launch ICC™ in 3 major centers across South Africa in 2016

Strategic Partners

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

These partnerships include:

INTERNATIONAL

AMERICAN INTERNATIONAL HEALTH ALLIANCES (AIHA) – TWINNING PROJECT



The Health Management Programme is an entry level

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

ASSOCIATION OF SOCIAL SCIENCES AND HUMANITIES IN HIV (ASSHH)



ASSHH is an international membership organisation that promotes and supports

critically informed and theoretically engaged social science and humanities research on HIV/AIDS. ASSHH is committed to generating, supporting and distributing social science and humanities scholarship, promoting dialogue and networking within social science disciplines and between them and the larger scientific community and training emerging social science and humanities scholars in academic and non-academic settings. FPD partnered with ASSHH in 2010 to establish an

International HIV/AIDS Social Sciences Conference. The first conference was held in 2011. The second took place in July 2013 in Paris, France and the third took place in 2015 in Stellenbosch, South Africa.

CLINICAL CARE OPTIONS (CCO)



CLINICAL CARE OPTIONS®

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

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

FHI 360



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

FPD and FHI360 entered into a very successful partnership on the submission of USAID proposals. To date, the collaboration has been successful on the "Comprehensive

Community Based HIV Prevention, Counselling and Testing” project.

HUMANA PEOPLE TO PEOPLE



HUMANA
People to People

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

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

IMMUNE SYSTEM REGULATION (ISR)



ITH | Immune Therapy Holdings

Immune System Regulations AB (ISR) is an innovation driven research company within the area of immunotherapy, based at the Karolinska Institute in Stockholm, Sweden. ISR and FPD are currently partnering in ground-breaking HIV related Phase I/II Clinical Trials taking place in Pretoria, South Africa. FPD is also a shareholder of ISR.

LONDON SCHOOL OF TROPICAL MEDICINE



In partnership London School of Hygiene and Tropical Medical and Aurum Institute, FPD began the TB Fast Track Study. The study, which uses easy, simple and inexpensive test to look for the TB germ, will be conducted at mixture of 20 Primary Health Clinics and Community Health Clinics in both urban and rural settings and is expected to run for two and a half years. The research team and began enrolling study participants in January 2013 and enrolled the last participant in December 2014.

MANCHESTER BUSINESS SCHOOL (MBS)



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

experience that will equip its graduates to become collaborating since 1998 in offering an international management short course for health managers in South Africa.

MOTHERS TO MOTHERS



mothers2mothers is an NGO based in Cape Town, South Africa that helps to prevent mother-to-child-transmission of HIV and keep mothers healthy. mothers2mothers trains, employs and pays nearly 1 500 new mothers living with HIV in seven African 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).

YALE SCHOOL OF EPIDEMIOLOGY AND PUBLIC HEALTH



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

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

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

NATIONAL

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



AAMSSA is a scientific non-promotional society to regulate the scientific and legitimate practice of Aesthetic and Anti-aging

Medicine. They provide medico-legal support in conjunction with medico legal societies and provide mutual support amongst members and improve relationships amongst the members and professional bodies. The AAMSSA strives to advance the growth, respectability and knowledge development in these fields of medicine in South Africa.

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

AURUM INSTITUTE



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

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

THE CENTRE FOR HIV/AIDS PREVENTION STUDIES (CHAPS)



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

CITY OF TSHWANE METROPOLITAN MUNICIPALITY (CTMM)



The city of Tshwane AIDS Unit is the driving force of the City's response to HIV and AIDS. The Unit co-ordinates HIV and AIDS programmes and initiates of the different sectors. FPD collaborates with the City of Tshwane to enable the community of Tshwane to access HIV and AIDS services through the development of service-mapping activities and through providing the secretariat for the Tshwane Mayoral AIDS Committee.

DEMOCRATIC NURSING ORGANISATION OF SOUTH AFRICA (DENOSA)



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

DEPARTMENT OF HEALTH EASTERN CAPE



FPD closely cooperates with the Eastern Cape Department of Health in supporting Health Systems Strengthening.

During 2015, FPD's Technical Assistance Cluster provided district based technical assistance support and now closely collaborates with the following districts; Sarah Baartman (Cacadu), Nelson Mandela Bay Metropolitan Municipality, Amatole and Buffalo City.

DEPARTMENT OF HEALTH FREE STATE



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

DEPARTMENT OF HEALTH GAUTENG

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

DEPARTMENT OF HEALTH KWAZULU-NATAL

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

DEPARTMENT OF HEALTH LIMPOPO

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

DEPARTMENT OF HEALTH MPUMALANGA

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

DEPARTMENT OF HEALTH NORTH WEST

FPD works closely with the North West Department of Health in the Bojanala district to develop, test, document and scale up innovative, appropriate, equitable and sustainable CBCT models that effectively link key populations into appropriate and accessible HIV and TB prevention, care and treatment services. Within this partnership we also develop,

test, document and scale up effective and locally sustainable linkage and referral systems for CBCT to appropriate community and facility-based services with documented referral through-put to HIV and TB prevention, care and treatment, as well as retention in TB, pre-ART and ART care.

DEPARTMENT OF HEALTH WESTERN CAPE

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

DIRA SENGWE

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

for these conferences.

THE FOUNDATION FOR PROFESSIONAL DEVELOPMENT FUND

The Foundation for Professional Development Fund is a non-profit entity whose focus area is allied to activities relating to HIV and AIDS, but it is not limited to this area. The FPD Fund's main activities are to promote community interests by the provision of healthcare, education, the prevention of HIV infection and to develop communities through capacity building projects.

HEALTH AND WELFARE SECTOR EDUCATION AND TRAINING AUTHORITY (HWSETA)

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

HEALTH AND MEDICAL PUBLISHING GROUP (HMPG)

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

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

HIGHER EDUCATION HIV/AIDS PROGRAMME (HEAIDS)



The HEAIDS programme was first launched in 2000/2001 as a partnership between the Department of Education (DoE), the South African Universities Vice-Chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP). This comprehensive higher education response to HIV and AIDS comprises of two dimensions. The first dimension is directed at maintaining the institution's ability to continue functioning thereby preventing HIV and AIDS from undermining its potential to operate and deliver mandated services. The second dimension is the institutions core functions of teaching, training, research, community engagement and service. Since 2010, FPD and HEAIDS have been collaborating on the award winning "First things First" campaign that promotes HIV testing at Universities.

PHAKAMISA (AN ASTRAZENECA INITIATIVE)



AstraZeneca launched Project Phakamisa with the goal of creating cancer awareness amongst the public. This is done via partnerships with cancer organisations as well as training of public sector healthcare professionals in a bid to improve volunteering, screening, testing and diagnoses of cancer. AstraZeneca supports the Breast Cancer for Health Professionals Course as part of their Phakamisa Project. It is designed to make a meaningful impact in the public sector. The aim is to support and guide healthcare professionals in addressing the needs of breast cancer patients.

NATIONAL PROSECUTING AUTHORITY (NPA)



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

PEN



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

SOCIETY FOR FAMILY HEALTH (SFH)



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

Additionally, since its inception SFH has greatly expanded the portfolio of products and services it provides to include male condoms, female condoms, lubricant, HIV counseling and testing, CD4 counts, TB diagnosis and medical male circumcision. All of these programmes are supported by SFH behaviour change communications, marketing and training. SFH is the South African affiliate of Population Service International, the world's leading network of social marketing organisation with affiliates in 69 countries around the world.

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

SONKE GENDER JUSTICE



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

partner on a USAID funded project in support of the National Prosecuting Authorities Thuthuzela Project.

SOUTH AFRICAN MEDICAL ASSOCIATION (SAMA)



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

The organisations collaborate on a number of projects including gender based violence and a number of educational projects aimed at SAMA members.

SOUTHERN AFRICAN HIV CLINICIANS SOCIETY (SAHIVCS)



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

The strategic alliance between FPD and SAHIVCS dates from 2001, when the two organisations introduced the HIV Clinical Management Course. FPD also enrolls students as SAHIVCS members as part of the FPD Alumni Programme. SAHIVCS also organises the skill building programmes at a number of conferences that FPD organises.

SOUTH AFRICAN INSTITUTE OF HEALTHCARE MANAGERS (SAIHCM)



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

managers. The structure of the institute is based on best practice, as identified in older of international models, but has been adopted to meet South Africa's specific needs in the field. The institute aims to be a centre of excellence to advocate for the interest of consumers of health services in South Africa and for its members. The commitment will be demonstrated through the efforts to enhance the status and qualifications of healthcare managers within the framework of the SA Qualification Framework.

FPD and SAIHCM collaborate on providing an alumni support service for graduates of FPD management training programmes. Since 2010, FPD has hosted the SAIHCM Secretariat.

EDUCATIONAL COLLABORATION

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



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

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

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



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

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

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



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

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

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

UNIVERSITY OF KWAZULU NATAL (UKZN) info4africa



info4Africa is a programme within HIVAN which specialises in maintaining and expanding a database of over 6000 HIV-related services provides throughout the country. Through info4africa, information can be obtained on HIV-related service support in any area of the country. Info4africa and FPD are developing an HIV-related service database and producing annual provincial printed directories of all HIV service providers captured.

UNIVERSITY OF PRETORIA (UP)



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

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

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

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

SPONSORS & DONORS



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Ms GC Deveraux



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Mr B Mampe



Ms C Mapempeni



Mr NH Manqele



Mr RJ Martin



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Ms TS Mashapha

Mrs NC
Masiagwala

Ms MM Matabane



Ms EPM Mathabe



Mr MN Mathe



Ms NM Matlou



Ms B Matobela



Ms MJ Matobela



Mrs TI Matobela



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Mr MD Mgulwa



Mrs HN Mhlongo



Ms ST Mkhabela



Mr BM Mkhize



Mrs N Mlokoti



Mr J Mmekwa



Mrs LM Mnisi



Dr MJ Moabelo



Mrs MR Modau



Ms MP Moepye



Ms BS Mogakane



Mr NH Mokaba



Mrs J Mokoena

Miss TE
Montalama

Ms R Monare



Ms KY Morema

Ms L Motau-
Fatahe

Mrs NC Motlana



Mr MI Motloutsi



Mr M Mudau



Mrs A Mulder



Ms R Mulumba



Ms AE Mumbauer



Mr KP Munyai



Ms TI Mvuleni



Ms NP Mzana



Mr K Naidoo



Ms SC Nakana



Mrs MN Ncube



Mr SS Ncube



Mr LN Negota



Ms MP Nelufule


Mr NP
Nemukombane


Mr F Nengovhela


Mr EA
Netshitungulu


Mrs SH Ngomane



Ms SN Ngoza



Mr MT Nkabinde



Mrs BN Nkatingi



Dr NP Nkhwashu



Ms KC Nkuna



Ms TM Nkuna



Ms MB Nthite



Ms MN Ntuli



Mr DH Olivier



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Mrs MM Phatlane



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Ms N Ramdas



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Ms PN Slatsha



Mrs JS Snyman



Mr RJ Stephen



Mr NH Swanepoel



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Ms NM Thantsa



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Thivhengwa


Mrs MF Tsoo



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Bezuidenhout

Ms R Brazer



Mr AT Chapingidza



Mr RD Chauke



Ms BS Chetty



Mr GM Chidarikire



Mr S Chinsamy



Mr MA Clarke



Ms L de Weerd



Mr M Dekile



Ms S Dial



Mrs L Dobson



Mr D Du Bruyn



Mr P Du Toit



Ms M Engelbrecht



Mr M Essa



Ms YY Fandana



Mr SC Fobosi

Ms KM
Gaegenenwe

Ms UL Galada



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