

FPD

Foundation for
Professional Development

ANNUAL REPORT
2010 2011



FPD



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OVERVIEW

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- Governance and Quality Assurance
- Organization & Management Structure



VISION, MISSION, VALUES AND STRATEGIC DIRECTION

VISION

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

MISSION STATEMENT

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

VALUES

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

- **INNOVATION** - FPD strives to be an innovator in society by challenging the status quo and by actively identifying opportunities to effect positive change with a view of building a better society. This is achieved by aggressively embracing growth opportunities and committing ourselves to producing leadership.
- **INTEGRITY** - FPD and its staff adhere to moral and ethical principles in all their activities. This is reflected in honest and professional conduct, personal accountability and a commitment to not abuse the resources of the organization 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 the systems to reward such achievements.

- **FREEDOM TO CHALLENGE** - FPD encourages an environment where staff can voice their opinion without fear of victimization. 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 organization. FPD honours the personal beliefs of its clients, its staff and its service beneficiaries.
- **SERVICE TO SOCIETY** - All of FPD's activities are dedicated to serving the best interest of society. FPD's focus is underpinned by a strong sense of social responsibility.

STRATEGIC DIRECTION

To be a leading private higher educational institution in South Africa with a regional and global reach.

The strategic direction for 2011 will embrace product leadership while, remaining focused on regional expansion of activities, promoting sustainability through income diversification in all programmes and redesigning our health sector work towards a more technical assistance than a service delivery model using the 10 point plan (Department of Health) to guide our thinking and planning.

PHILOSOPHY

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

- Nelson Mandela

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

MESSAGE FROM THE MANAGING DIRECTOR



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

All our projects exceeded their targets and we experienced strong growth in student numbers, service delivery, clients and financially. FPD held its largest graduation ceremony this year with 297 students completing formal qualifications while 42 PEPFAR Fellows graduated from the Fellowship Programme. This groundbreaking programme that places newly qualified masters degree graduates in the AIDS service environment, has had a 73% retention rate over the past 3 years, substantially increasing the availability of highly skilled graduates in this sector.

Our new venture aimed at providing skills and capacity development in the basic education sector started to provide results in 2010. We launched a new short course "Managing Violence in Schools", which supports educators to develop strategies for recognizing and preventing violence in our schools. Through a partnership with Umlambo Foundation, the School of Education has implemented a school principal leadership programme, consisting of coaching and mentorship from retired school principals. This programme has been running in 12 public schools across South Africa and will be extended to 32 schools in 2011.

Expanding on the theme of violence prevention; a new collaboration was established with the National Centre for Knowledge on Men's Violence against Women ("NCK") at Uppsala University Hospital in Sweden. This collaboration will allow FPD to initiate a series of training programmes focusing on developing the capacity of health care professionals to recognize and respond to gender based violence.

We also continued our efforts at regional expansion with clinical training being offered in countries such as Swaziland, Lesotho, Zimbabwe, Angola, Kenya, Eritrea and Ghana. Funding was also secured to expand the FPD/Yale leadership development programme to nine countries in the Southern African region during 2011. Helping FPD with its international expansion is a number of international advisors all whom either work on a voluntary basis or for token honorariums. These amazing individuals are showcased in this year's report on page 13. Speaking of amazing individuals, the FPD awards again acknowledged individual contribution to the organization by people inside and outside the organization. (see page 77)

FPD Conferences and Special Events Department had another busy year managing 3 106 delegates across numerous conferences; they also launched the first of a series of bi-annual conferences on orphans and vulnerable children (OVC).

The FPD/RHI joint venture, Africa Health Placement (AHP), which recruits and places health care professionals in rural government hospitals placed their 1 800th professional since being established four years ago, thereby ensuring that millions of South Africans have access to a doctor especially in remote rural areas. In 2010 AHP also expanded their operations to Swaziland and Lesotho recruiting 59 health care professionals for these countries.

The Compass Project also expanded its reach by engaging in organizational development activities in Botswana. The Tshwane Mayoral AIDS Council - for which they provide the secretariat - completed its first year of this radical new concept of creating a multi-sectoral forum to mobilize resources in support of a coordinated AIDS response and contributed to the city achieving a 63% treatment coverage compared to a national average of 35%.

Other highlight of the year included ensuring a dramatic improvement in membership and income for the South African Institute of Health Care Managers (SAIHCM) since taking over the hosting of this NGO.

Over the last two years FPD has focused on developing in-house research capacity. As a higher education institution, we have an obligation to contribute to the development of new knowledge a formidable challenge given that private higher education institutions do not have access to the academic and research subsidies and grants available to our public sector colleagues. On the other hand the nature of our work revolves around finding innovative solutions to often intractable problems and the lessons learned deserve to be made available to the public. Good progress has been made in promoting operational or action research as a methodology; resulting in 47 research projects, 16 publications and 52 conference presentations.

Annual reports by their nature tend to convert efforts into dry statistics such as percentage growth and number of students. What we should not forget is that we were given the opportunity to make a difference to the lives of millions of people. Our 29 000 students

had access to high quality education, most at no or at a low cost. This was made possible through scholarship funding that to date has exceeded R 151 million. These students could also access this training close to where they live and work, something that is quite rare in countries such as Angola and Eritrea.

Through the dedicated work of the FPD Treatment Project, the that'sit Project and specialized units such as the Mother and Child Health Unit and the TB/HIV Medicine Unit, more than 108 000 people were receiving life saving AIDS treatment in facilities that were well run, clean and with well trained and adequate staff on hand. Furthermore, more than 223 000 people could go for a free AIDS test. In this context more than 110 000 patients, to date, have been enrolled on SOZO; a non proprietary electronic patient record that FPD has developed for the public sector. SOZO highlighted the effectiveness of using electronic medical records in a public sector environment. FPD Plus a programme supporting staff living with HIV expanded substantially in 2010 with substantial increase in staff participation.

Underpinning every achievement is the tireless work of the departments that play such a key role in providing operational resources. Departments such as human resources, finances, M&E and information technology have to cope with the complex requirement of supporting programme delivery across hundreds of locations while adhering to stringent donor reporting and accounting standards.

This annual report also creates an opportunity for me to express my appreciation to the more than 40 strategic partners of FPD, the sponsors and donors (see page 92) who have provided such generous support to FPD students and projects, a board of directors who inspire us through their strategic vision, and staff who always rise to the challenges inherent in making a difference.

Dr Gustaaf Wolvaardt

MBChB, MMed (Int), FCP (SA), AMP (Manchester)

BACKGROUND

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

FOCUS AREAS

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

- **TEACHING AND LEARNING** – FPD provides a comprehensive curriculum of courses in management and professional skills development that are customized to the needs of managers and professionals. Educational products are presented through formal postgraduate qualifications, short courses, in-house courses and conferences.
- **RESEARCH** – FPD's research priorities focus on promoting operational research, clinical research and research on educational practice.
- **COMMUNITY ENGAGEMENT** – This is a critical component of our work and targets areas such as: the development of grassroots NGOs, AIDS and TB treatment and care, recruitment and placement of highly skilled professionals in the public sector and civil society and developing institutional capacity within the public sector, utilizing a public-private-initiative model.

FPD is based on a virtual business model that places a high premium on strategic alliances with national and international partners to increase its access to state-of-the-art training programmes, technology and faculty. Such partnerships have been established with a wide range of academic institutions, technology partners, professional associations and special interest groups.

ACCREDITATION, REGISTRATION AND AFFILIATION

FPD is registered with the Department of Education as a private higher education institution in terms of Section 54(1)(c) of the Act and Regulation 16(4)(a) (registration certificate number 2002/HE07/013) to offer the following approved higher education qualifications:

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

We also offer a variety of short courses in professional development and management. The majority of these programmes slot into existing mechanisms of continuing professional development accreditation, such as the continued Professional Development Programme of the Health Professions Council of South Africa.

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

FPD CODE OF CONDUCT

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

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

GOVERNANCE AND QUALITY ASSURANCE STRUCTURES

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

FPD BOARD OF DIRECTORS

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

INDEPENDENT DIRECTORS



MR DOUW VAN DER WALT
Chairperson
B.Com.CAIB (SA) MBL, AEP (UNISA)



DR MUTHEI DOMBO
Director (from January 2010)
MBChB (Cape Town)



DR MILTON RAFF
Director (until 31 December 2010)
BSc. MBChB. FCA (SA)



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



DR RAFIQ ABBAS
Director (from 1 January 2011)
MBChB (UCT), FCFP(SA), Dip Palliative
Medicine(UCT), C.I.M.E. (A,B,I.M.E)

EXECUTIVE DIRECTORS



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



DR NKHENSANI NKHWASHU
Treatment Executive
(until 30 September 2010)
BSc (Medical Sciences), MSc (Anatomy),
PhD (Microbiology)



MS VEENA PILLAY
Academic Executive
(from 1 October 2010)
CBA, DBA, MBA

COMPANY SECRETARY

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

FPD PENSION FUND MANAGEMENT COMMITTEE

MS VEENA PILLAY
Academic Executive
CBA, DBA, MBA

MS ALET BOSMAN
Head HR Administration
B.Com (Fin Man), HED, B.Com Hons (ACC)

MR HENK REEDER
Head Finance
BCompt

PROGRAMME ADVISORY & QUALITY ASSURANCE COMMITTEE 2010/2011

ACADEMIC MANAGEMENT REPRESENTATIVES

Dr Gustaaf Wolvaardt
Ms Veena Pillay
Ms Amor Gerber

INDUSTRY REPRESENTATIVES

Ms Lucia Huyser
Ms Michelle v d Merwe
Mr Jan van Rooyen

FACULTY REPRESENTATIVES

Ms Liz Wolvaardt
Ms Joanne Brink
Ms Hannelie Joubert
Ms Shiela Zondo
Ms Michelle Harding
Ms Suzanne Johnson
Mr Brian Smith

STUDENTS AND ALUMNI

Ms Razeeya Khan
Mr Shaun Mellors
Ms Lucy Rossouw

PARTICIPATION OF FPD STAFF IN EXTERNAL GOVERNANCE STRUCTURES

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

DR GUSTAAF WOLVAARDT

Managing Director

- Dira Sengwe Conferences (Section 21 Company) – Member of the Board of Directors

- South African Institute of Health Care Managers (SAIHCM) (Section 21 Company) - Member of the Board of Directors

- Aids Accountability International (Sweden) - Chairman of the Board

- Right to Care (Section 21 company) - Member of the Board of Directors

- Right to Care Health Services (Pty) Ltd. - Member of the Board of Directors

- Tshwane Mayoral AIDS Council - Deputy Chairman

MR SHAUN MELLORS

Head: Treatment, Care and Support Department

- Communities Living with HIV, TB and affected by Malaria Delegation to the Global Fund to fight AIDS, TB and Malaria Boards – Communications Focal Point (CFP)

- Comic Relief (UK) – Member of the Programme Advisory Group (PAG) – HIV/AIDS

- Southern Africa AIDS Trust (SAT) – Member of the Board of Directors

DR HANS-FRIEDEMANN KINKEL

Head: HIV and TB Medicine Unit (HTMU)

- Infectious diseases Society of South Africa – Member of the Executive Committee

MS JANINE MITCHELL

Head: Compass Project

- HIV/AIDS and Local Government Learning Network (HALOGEN), Member

- National HIV Testing Campaign – NGO Sector Representative

FPD INTERNATIONAL REPRESENTATIVES

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



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

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



MS THERESE HANSEN
AHP Liaison in the US

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



**LIZ AND
MARTIN SCHROEDER**
AHP Liaisons in the UK

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



DR GREG LYDALL
AHP Consultant in the UK

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

ORGANIZATION AND MANAGEMENT STRUCTURE

FPD staff is made up of a number of functional departments, organized into clusters and departments reporting to the Managing Director. The structure reflected below will be applicable for 2011.

MANAGING DIRECTOR

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

ACADEMIC CLUSTER

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

- **SCHOOL OF HEALTH SCIENCES**
Tasked with the academic aspects of all FPD clinical courses and the management of clinical mentorship programmes
- **BUSINESS SCHOOL**
Tasked with the development and updating of all FPD management related courses
- **SCHOOL OF EDUCATION**
Tasked with the academic aspects of all FPD district and school management related courses and teacher development courses
- **STUDENT ADMINISTRATION (DONORS)**
Tasked with all aspects of delivery of educational programmes and student administration for funded course
- **STUDENT ADMINISTRATION (COMMERCIAL)**
Tasked with all aspects of commercial course administration

ACADEMIC OPERATIONS DEPARTMENT

The following services support the above mentioned schools:

- Programme development
- Study material management
- Quality assurance
- Marketing

TREATMENT CLUSTER

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

- Strategic Information Department
- Treatment, Care and Support Department
- TB/HIV Department
- HCT Department
- Mother and Child Health Unit (a joint initiative of FPD and the University of Limpopo)
- ICAP Project (until December 2010)
- TB and HIV Medicine Unit (a joint initiative of FPD, AMPATH and the Department of Internal Medicine at the University of Pretoria)

SPECIAL PROJECTS CLUSTER

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

- that'sit Project (a joint initiative of FPD and the MRC)
- Compass Project
- Africa Health Placements (AHP) (a joint initiative of FPD and RHI)
- FPD Conferences and Special Events
- The PEPFAR Fellowship Programme

OPERATIONS CLUSTER

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

- Finance Department
- IT Department
- HR Administration Department

FPD MANAGEMENT TEAM

SENIOR MANAGEMENT

- Managing Director: Dr Gustaaf Wolvaardt, MBChB, M.Med (Int), FCP (SA), AMP (MBS), PGCHE
- Treatment Executive: Dr Nkhensani Nkhwashu, BSc (Medical Sciences, MSc (Anatomy), PhD (Microbiology) (until September 2010)
- Academic Executive: Ms Veena Pillay, CBA, DBA, MBA
- Chief Operating Officer: Mr Rob Heath, CA (SA) M.Com; B.Bus Sc (Hons) (from June 2010)

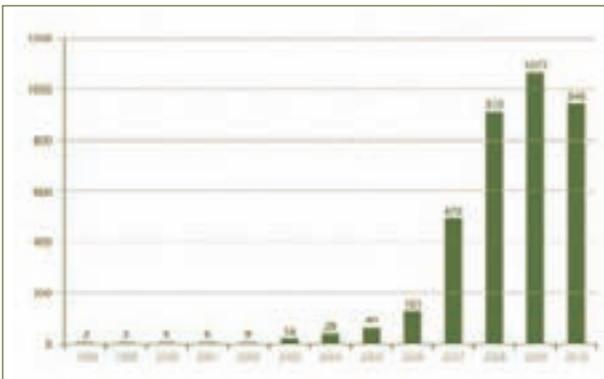
DEPARTMENT, PROGRAMME AND PROJECT HEADS

- Student Administration (Donors): Ms Amor Gerber, BCom, DTE, SLP
- Student Administration (Commercial): Ms Michelle Harding, BCom Entrepreneurship, BCom Honours in Business Management
- Africa Health Placements: Mr Saul Kornik, M.Comm, CA(SA) CFA
- Compass Project: Ms Janine Mitchell, BPE (Biokin)
- Education Project: Ms Joanne Brink, MBA, CA (SA), B.Comm Law
- PEPFAR Fellowship Programme: Dr Anna-Marie Radloff, MBChB

- Conferences and Special Events: Ms Tamlynne Wilton, Dipl (Conference & Event Management), Dipl (Travel & Tourism)
- that'sit Project: Dr Margot Uys, MB.BCh (Rand) BA (Mus) Hons, HED, AHMP (Yale)
- Treatment, Care and Support Department: Mr Shaun Mellors, CAHM
- Counselling and Testing, Department: Ms Hanlie van der Merwe, B Cur, CAHM
- Monitoring and Evaluation, Department: Ms Suzanne Johnson, BSLA (Cum Laude)
- TB/HIV Department: Dr Tandiswa Lusu MBChB, Dip, HIV Management (SA)
- Mother and Child Health Unit: Ms Razeeya Khan, B.Pharm, McS, AHMP (Yale)
- Finance: Mr Henk Reeder, BCompt
- Human Resource Administration: Ms Alet Bosman, BComm (Fin Man), HED, BCom Hons (Acc)
- Information Technology: Mr Kershen Naidoo, MCSE, MSDBA
- Communications Department: Ms Sabrina da Silva Moreira, BComm

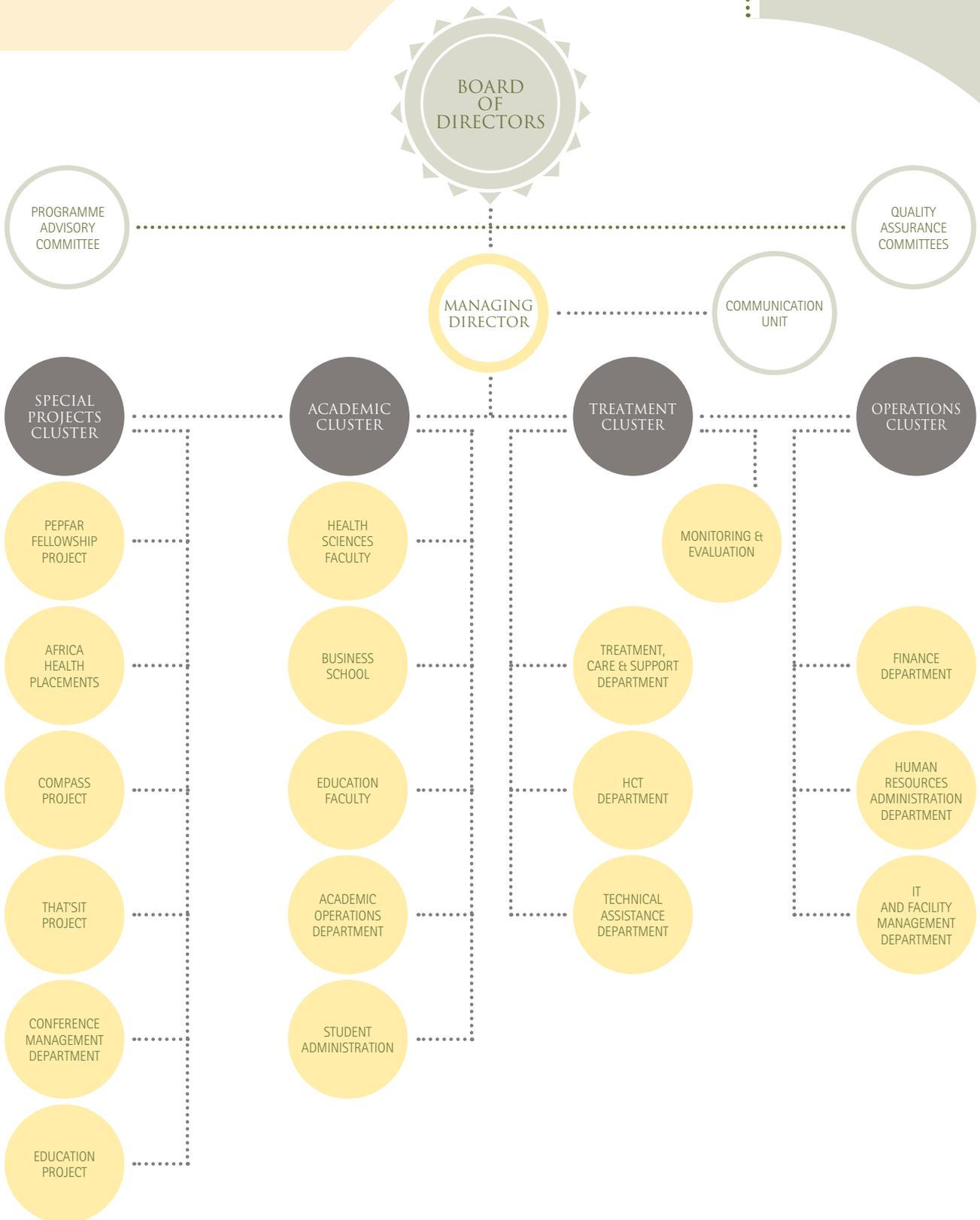
STAFF

The number of staff has increased steadily through the years. In 2010, due to donor priority moving from a service delivery model to a technical assistance model, FPD actively began migrating staff across to the public sector.



FPD STAFF
1998 - 2010

COMPANY STRUCTURE







EDUCATION

- Education
- Facts & Figures
- Graduation
- Educational Offering
- FPD Conferences and Special Events



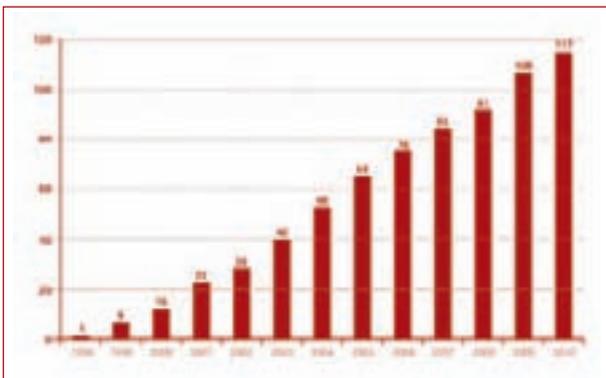
EDUCATION

TEACHING AND LEARNING FOCUS AREAS

FPD's teaching and learning programmes are designed to be cutting edge customized education that meets the specific needs of our participants. Such programmes are developed within the regulatory requirements of the Department of Education, Council on Higher Education, the South African Qualifications Authority and, in the case of those programmes for health care professionals, the Health Professions Council of South Africa.

CURRICULUM DEVELOPMENT

The number of separate courses offered by FPD increased from one in 1998 to 117 by the end of 2010 as shown in the graph below.



FPD COURSES
1998 - 2010

During the past year the following new courses were developed:

CLINICAL SHORT COURSES:

- Post Graduate Programme in Aesthetic Medicine
- Doctors Orientation Programme
- Course in Infection Control and IPT

- Nurse Initiated Management of Anti-Retroviral Therapy (NIMART)
- Counselling Survivors of Intimate Partner Violence in the Context of HIV/AIDS Treatment Facilities
- Medical Male Circumcision

DISTANCE EDUCATION SHORT COURSES

- Course in the Fundamentals of Business English 1
- Course in the Fundamentals of Business Information Security Management

COURSES FOR EDUCATORS

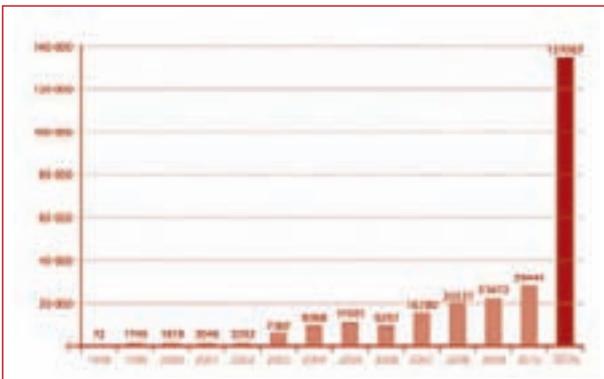
- Managing Violence in Schools

E-LEARNING COURSES FOR EDUCATORS

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

STUDENT ENROLMENT

FPD in 2010 again showed strong growth in student registrations with 29 441 student enrolments, bringing the total number of students who have studied with FPD since its launch in 1998 to 137 097. The graph below illustrates this growth in student numbers.



STUDENT ENROLMENT IN FPD COURSES
1998 – 31 December 2010

One of the highlights of 2010 was the successful launch of the Nurse Initiated Management of ART (NIMART) course. This course was developed in response to the urgent need to train nurses in initiating ARV treatment. 828 Nurses have been trained on this course in 2010.

The Advanced Health Management Programme, an international senior management short course, was again offered in collaboration with Yale University. This is currently the largest health management development programme in the country, which focuses on managers working in the AIDS field in the public and not-for-profit sector. In 2010, a total of 166 healthcare managers from all nine provinces in South Africa were enrolled in this course.

The FPD Business School also added a number of new distance learning programmes to its current portfolio of programmes. Six fundamental courses which include Occupational Health & Safety, Property & Economics, Production & Operations, SHEQ Management Standards,

Project Management and Business English were introduced.

Regional expansion was again a priority activity for FPD in 2010, as can be seen in the graphic below. Our educational activities reached a number of countries in Africa through OFID and USAID funding.



ALUMNI SUPPORT SERVICES

RESOURCE CENTRE

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

ONLINE SUPPORT

FPD has also established an internet based "wiki" to support all its enrolled students to achieve formal registered qualifications. This "wiki" 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 wiki allows facilitators and assessors to mentor students online and allow students to form student support groups. FPD's website offers students assistance through the provision of assessment and assignment guidelines.

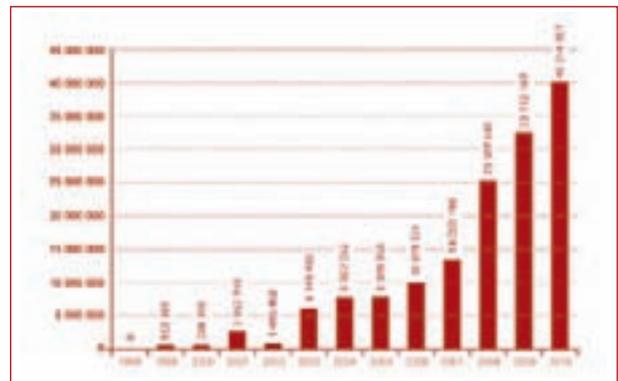
NATIONAL HEALTHCARE WORKER HOTLINE (CLINICAL CALL CENTRE)

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

SCHOLARSHIPS

During 2010, FPD continued to support efforts to promote access to education through securing educational grants from sponsors and donors for all potential FPD

students. The funding, grants and sponsorships are utilised in the form of a subsidy to enrol potential students. This reduces costs as a barrier to education. During 2010, educational grants and sponsorships to the value of R 40 million were awarded to FPD students. This brings the total monetary value of scholarships awarded since 1998 to R151 million.



EDUCATIONAL GRANTS
1998 - 2010

CLINICAL MENTORSHIP SERVICES

FPD employs a network of clinical mentors and have strategic partnerships with various NGOs allowing onsite workplace based mentoring.

CONTINUING EDUCATION AND PROFESSIONAL SERVICES

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

FPD CURRENTLY HAS ARRANGEMENTS WITH:

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

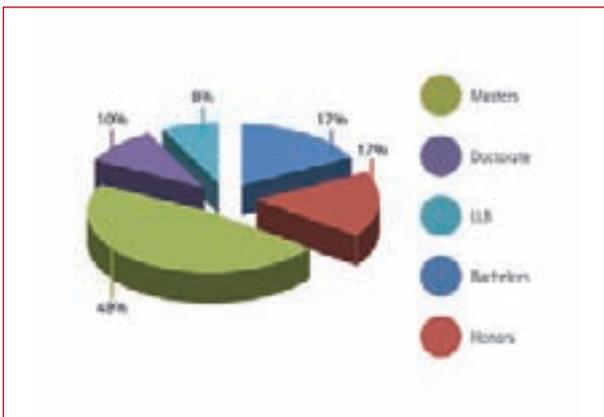
FACULTY

FPD employs a model, using a contracted faculty panel, which enables its access to the best faculty in the field. Most of the FPD department heads also act as faculty.

The following graphs provide an overview of the qualifications and expertise of FPD staff who taught on programmes in 2010.

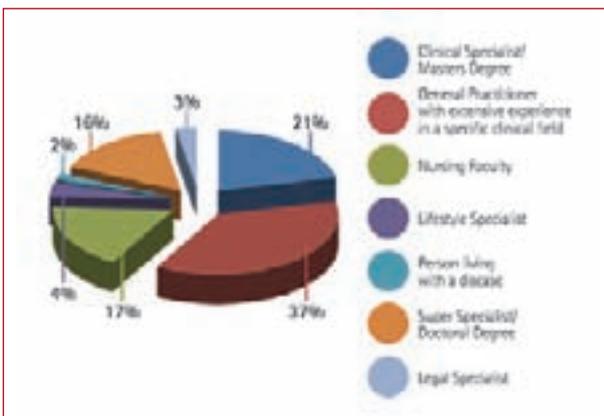
QUALIFICATIONS OF FACULTY:

MANAGEMENT TRAINING



QUALIFICATIONS OF FACULTY:

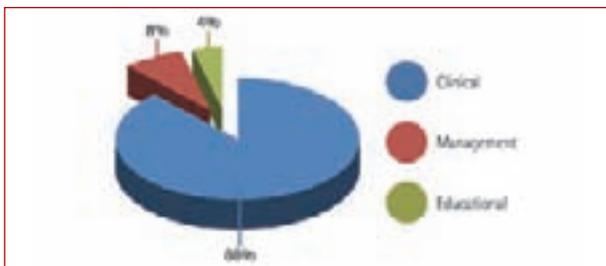
CLINICAL TRAINING



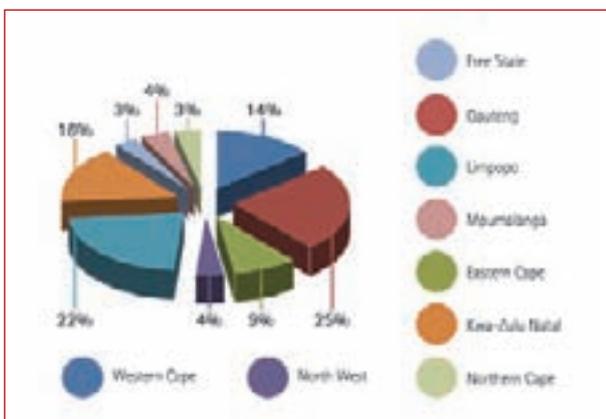
FACTS AND FIGURES

This section provides an overview in graphic form of the demographics of students who were enrolled on FPD courses during 2010.

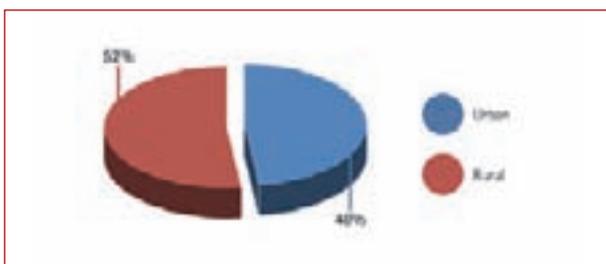
STUDENT BREAKDOWN 2010: COURSE ENROLMENT



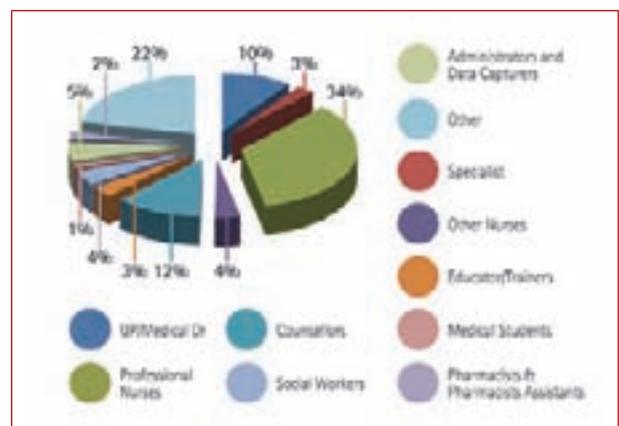
STUDENT BREAKDOWN 2010: GEOGRAPHICAL



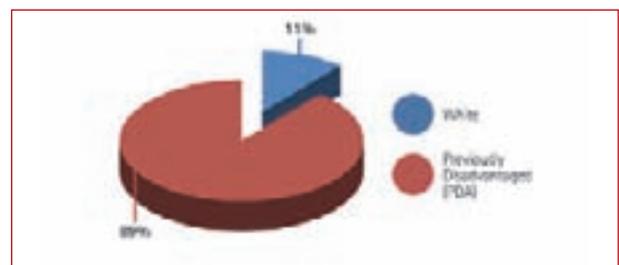
STUDENT BREAKDOWN 2010: URBAN/RURAL



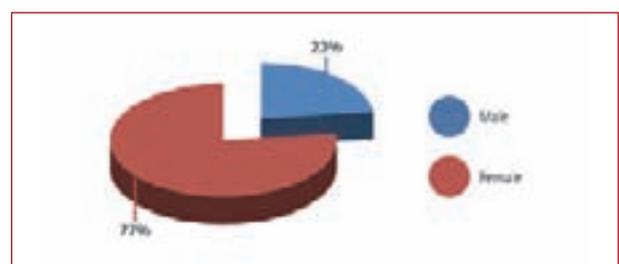
STUDENT BREAKDOWN 2010: PROFESSIONS



STUDENT BREAKDOWN 2010: RACIAL



STUDENT BREAKDOWN 2010: MALE/FEMALE



GRADUATION



IN 2010 FPD HELD ITS LARGEST GRADUATION TO DATE WITH 297 STUDENTS GRADUATING FROM FPD COURSES



EDUCATIONAL OFFERING

FPD BUSINESS SCHOOL – MANAGEMENT AND BUSINESS COURSES

In line with FPD's Vision of building a better society through education and development, the FPD Business School focuses on developing transformational leaders.

The FPD Business School has a wide selection of management and business courses comprising formal registered qualifications, international short courses, short learning programmes, and distance 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, business games, role play, simulations, exercises, structured and unstructured group work and action research.

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

FORMAL REGISTERED QUALIFICATIONS

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

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

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

This programme is predominantly aimed at self-employed healthcare practitioners and practice

managers. The programme has been designed to provide participants with the business and management skills that are essential for managers of private practices.

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

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

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

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

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

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

INTERNATIONAL SHORT COURSES

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

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

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

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

OTHER BUSINESS SHORT COURSES

- **ADVANCED PROJECT MANAGEMENT**

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

- **PRACTICE FINANCE FOR PRIVATE PRACTITIONERS**

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

- **FINANCE FOR PUBLIC SECTOR MANAGERS**

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

- **MONITORING AND EVALUATION**

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

- **LEGISLATIVE UPDATE SEMINARS**

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

- **RESOURCE MOBILISATION AND DONOR RELATIONS**

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

- **CORPORATE GOVERNANCE FOR NOT-FOR-PROFIT ORGANIZATIONS**

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

- **BBBEE**

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

- **DIVERSITY MANAGEMENT**

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

- **LABOUR LAW**

This short course focuses on equipping the manager with the necessary tools for managing human

resources in the context of South African labour law. It covers, for example, employment contracts, dismissal and terminating the services of an employee, the Basic Conditions of Employment Equity Act, the Skills Development Act, and codes on dealing with HIV/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.

DISTANCE BASED BUSINESS COURSES - SHORT COURSES

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

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

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

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

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

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

to integrated SHEQ management and international SHEQ system standards.

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

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

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

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

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

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

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

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

DISTANCE BASED BUSINESS COURSES – FORMAL QUALIFICATIONS

· CERTIFICATE IN PRACTICE MANAGEMENT (CPM)

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

SCHOOL OF HEALTH SCIENCES – CLINICAL COURSES

FORMAL POSTGRADUATE QUALIFICATION

· POSTGRADUATE DIPLOMA IN GENERAL PRACTICE (PDGP)

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

CLINICAL SHORT COURSES

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

COURSES FOR CLINICIANS

- Aesthetic Medicine: Post Graduate Programme
- Allergies: Clinical Management
- Anaesthesiology Refresher

- Asthma: Clinical Management
- Cardio-vascular Diseases: Management Course
- Cardiovascular Management
- Dermatology in HIV/AIDS
- Dermatology: Clinical Management
- Destigmatisation
- Diabetes Mellitus Management
- Diagnostic Ultrasound
- Diagnostic Ultrasound – Obstetrics / Gynaecology
- Doctors Orientation Programme
- Epilepsy Management
- GORD: Clinical Management
- HIV/AIDS Management
- HIV/AIDS: Advanced Management Programme
- Infection Control and IPT Course
- Irritable Bowel Syndrome
- Malaria: Clinical Management
- Male Circumcision under Local Anaesthesia
- Mental Health
- Multidrug-resistant Tuberculosis Course
- Paediatric HIV/AIDS: Management Course
- Palliative Care Nursing for Professional Nurses
- Practice Pathology
- Prevention of Mother to Child Transmission (PMTCT)
- Rational use of Antibiotics
- Rheumatology Management
- Severe Sepsis Management
- Substance Abuse
- Tuberculosis Management
- Urinary Incontinence: Management Course

COURSES FOR REGISTERED NURSES

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

MULTIDISCIPLINARY COURSES

- Adherence Counselling for ART
- Advanced Counselling & Testing
- Clinical Trial Management (GCP)
- HIV in the Workplace
- HIV Refresher Seminar
- Obesity Management
- Palliative Care

COURSES FOR OTHER HEALTHCARE WORKERS

- Anatomy for non healthcare professionals
- Anti-Retroviral Drug and compliance Workshop for Non-Medical Professionals
- Counselling Survivors of Intimate Partner Violence in the Context of HIV/Aids Treatment Facilities
- HIV/AIDS Counselling, Prevention and Education Programme for Community Workers
- Management of HIV and TB for Lay Counsellors
- Management of HIV for Lay Counsellors

CLINICAL PRACTICE SUPPORT COURSES

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

THESE COURSES ARE:

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

DISTANCE EDUCATION CLINICAL COURSES

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

- Clinical Management of HIV/AIDS
- Dispensing
- Dispensing Opticians
- Epilepsy
- Ethics for Optometrists
- HIV Management for Professional Nurses
- ICD 10 Coding
- Irritable bowel
- Medical Ethics
- Medical Terminology
- Mental Health
- Optometry volume 1 & 2
- Practice Pathology
- Professional Drivers Permit Course
- Rheumatology Management

- Severe Sepsis
- Tuberculosis for Professional Nurses
- Urinary Incontinence Management

E-LEARNING COURSES

The following courses are now offered via e-learning:

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

SCHOOL OF EDUCATION

COURSES FOR EDUCATORS

- Course on best evidence in education: Facilitator (Train-The-Trainers)
- Course on best evidence practices in education: Assessor and Moderator
- Managing HIV/AIDS in Schools
- Managing Violence in Schools

E-LEARNING EDUCATION COURSES

The following courses are now offered via e-learning:

- Autism: Promoting the Social Communication Skills of Pupils with ASDs
- Awareness and Prevention of Bullying among Adults and Children
- Creating a Culture of Support for Special Educational Needs

- Educational Technology: Practical Applications in the Classroom
- English Teaching Strategies (Foundation Phase)
- ICT in Education
- Infant (Early Childhood) Education
- Infant (Early Childhood) Education: Literacy across the Curriculum in ECD Classes
- Maths Teaching Strategies (Foundation Phase)

CUSTOMIZED ORGANIZATION SPECIFIC (IN-HOUSE) COURSES

FPD has developed particular expertise in developing customized educational programmes for the staff of various organizations.

To date FPD has provided customized in-house training programmes for staff of the following organizations, with the 2010 clients identified by an asterisk

PUBLIC SECTOR ORGANIZATIONS

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

INTERNATIONAL ORGANIZATIONS

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

CORPORATIONS

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

MEDICAL SCHEMES/ADMINISTRATORS

- Igolide Health Networks
- Medihelp
- Medikredit
- MXHealth
- Impilo Health
- Umed
- Thebe ya Bopele

HOSPITAL GROUPS

- Netcare

NETWORKS

- GP Net
- Spesnet
- Prime Cure
- Alcon*

PHARMACEUTICAL INDUSTRY

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

NON PROFIT ORGANIZATIONS

- Red Cross*
- South African Catholic Bishops Conference*
- Lutheran World Relief
- IPPF
- HIV 911
- Tshepang Trust
- COPES SA
- AFRICARE
- Youth Care Givers
- Soul City
- ICAP
- CIDRZ
- Unicef
- Save the Children UK*
- Aurum Health

MEDICAL EQUIPMENT SUPPLIERS

- Stryker South Africa
- IMPILO
- SSEM Mthembu

CONTRACTED TRAINING PROVIDED ON BEHALF OF OTHER ACADEMIC INSTITUTIONS

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

FPD CONFERENCES AND SPECIAL EVENTS

“Experts in large scale association and corporate conferences...”

FPD Conferences and Special Events organizes top level conferences that shape public perception on important social and economic issues. Our comprehensive range of local and international professional conference-planning and conference-management services include:

- Strategic support services
- Strategic conference business development
- Conference risk analysis
- International conference bid production
- Conference secretariat co-ordination
- Abstract- and speaker-management services
- Conference project planning and management services
- Delegate administration services (including registration)
- Exhibition management services
- Financial planning and administration
- Monitoring and evaluation
- Protocol adherence
- Scholarship management services
- Specialised service provider co-ordination, including meeting venue, accommodation, tours, audiovisual, catering, graphic design, document production and printing, information technology, security, transport, conference collateral (i.e. bags, pens and gifts)
- Sponsorship recruitment and exhibition sales

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

ACHIEVEMENTS FOR 2010:

- FPD Conferences planned and organised the first in the Orphans and Vulnerable Children in Africa Conference series which was attended by 502 delegates. The Conference provided a platform for discussion to assist orphans and vulnerable children with the increasing challenges they face. It provided the opportunity to evaluate where we are in terms of assisting orphans and vulnerable children, making plans to increase our support to them and finally emphasizing the need to act now.
- FPD Conferences signed on a new strategic partner - The African Bureau of Conventions in collaboration with the Johannesburg Chamber of Commerce. This partnership aims to maximize economic growth to South Africa and Africa as a destination, as well as enhanced membership opportunities to local and regional businesses. The partnership between the Johannesburg Chamber of Commerce and African Bureau of Conventions is a first for South Africa and indeed Africa. This new structure, along with the support of business leads received through the JCCI, and other strategic partners, will be responsible for the overall bidding strategy for conventions, incentives, and exhibitions for the destination and product owners. This synergy between FPD Conferences and the African Bureau of Conventions is the next step in attracting macro conferences to the shores of Africa.

FPD CONFERENCES 2010 FACTS AND FIGURES:

- Planned and co-ordinated 8 macro conferences
- Managed a combined conference turnover of R11.5 million
- Co-ordinated 110 exhibitors
- Secured conference sponsorship and exhibition revenue in excess of R6 million

LOOKING AHEAD INTO 2011

2011 promises to be a productive year for FPD Conferences:

- 4th Pan African Pain Congress: March 2011
- 5th SA AIDS Conference: June 2011
- 1st International HIV Social Sciences and Humanities Conference: June 2011
- South African Institute for Health Care Managers Conference: June 2011
- World Agriculture and Biotechnology Conference: September 2011
- 1st WoodEX for Africa Conference and Expo: September 2011
- 6th SAHARA Conference: November 2011







CAPACITY DEVELOPMENT

- Treatment Cluster
- Treatment, Care and Support
- HIV/TB Collaboration
- Counselling & Testing
- SOZO, HTMU, MCHU, that'sit, AHP, Compass Project
PEPFAR Fellowship Programme
- Education Project



CAPACITY DEVELOPMENT

The educational white paper of 1997 created the imperative for integrating community engagement into higher education in South Africa. This white paper called on higher education institutions to demonstrate their commitment to social transformation by making available the expertise in these institutions to address the challenges faced by the community. FPD has interpreted this mandate through a focus on developing capacity in the community and dedicates substantial funding and staff to these activities.

FPD TREATMENT CLUSTER

The FPD Treatment Project was established in 2004 to facilitate the accreditation, expansion and integration of facilities providing comprehensive anti-retroviral treatment (ART) and HIV palliative care for people living with HIV/TB in the public health care sector.

The treatment cluster worked closely with Provincial Departments of health and facility management to:

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

During 2010, the project streamlined its support to public health care facilities to fall in line with Government's policy to promote nurse initiated ART at the primary health care level. The project provided services to 133 facilities in 6 districts (Tshwane/Metsweding (Gauteng), Bojanala (North West), Nkangala (Mpumalanga), Vhembe and Capricorn (Limpopo), Cacadu in the Eastern Cape).

During 2010, FPD developed a nurse initiated and management of ART (NIMART) course aimed at developing

capacity of nurses at primary health care level in ART management. Seventeen nurse mentors were trained and developed in Gauteng and Limpopo, supporting about 85 PHCs. The roles of the nurse mentors are to offer mentorship and supportive supervision at health facilities.

The FPD Treatment Project is currently funded entirely through USAID and receives support from PEPFAR. In accordance with donor requirements, the Project operates on the PEPFAR year from October to September. All indicators reported below measure project output during most recent PEPFAR year: October 2009 to September 2010.

During 2010, FPD's Treatment Cluster performed well against designated targets and by September 2010, FPD was supporting a total of 53 service outlets providing counselling and testing; 65 service outlets providing HIV-related palliative care; 50 service outlets providing treatment for TB to HIV-infected individuals; and 62 service outlets providing ART according to South African standards.

TREATMENT, CARE AND SUPPORT

The year focused on integrating services at both a strategic and implementation level which saw closer collaboration within the treatment cluster in the areas of testing, treatment, and care and support provision. The treatment and wellness departments were combined to form a more integrated approach to treatment, care and support. There was special emphasis placed on care and support of clients living with HIV through the conceptualization of a client empowerment strategy that focuses on educating clients about their rights and responsibilities within the context of a broader behaviour change strategy. The strategy development was coordinated by a Pfizer fellow who joined the department for a 6-month period that saw a greater emphasis on focusing specific interventions around the concept of care and support.

The Wellness Department also improved its understanding of how HIV related stigma impacts the lives of patients. The program used the PLHIV Stigma Index that was developed by UNAIDS, IPPF, ICW and GNP+ as the tool to measure the impact of stigma. The results will be used to develop appropriate strategies and programmes within FPD supported facilities to address HIV related stigma more effectively.

As the funding environment for HIV treatment, care and support is rapidly changing there is a need to focus on developing more effective and affordable services and providing quality and clinical care excellence that are linked to resources and performance measurements and a well capacitated public health care workforce. The treatment cluster is therefore changing its model from only focusing on service delivery to one of good quality service delivery and evidence based technical assistance.

By December 2010, based on current data from 60 sites that are reporting, FPD projects that there are 108 763 individuals active on ART at the 60 FPD-partnered ART clinics; of those 9 328 are paediatrics and 99 435 adults. Additionally, there are 2 198 active patients on ART from other sites that have not started reporting formally due to administrative logistics. Although FPD experiences difficulty in attaining the 10% paediatric initiation target, FPD's retention of paediatric clients remains high; as a result, paediatrics account for 9% of all active ART patients at FPD-partnered facilities. The rollout of SOZO, an electronic patient management system at 48 sites has assisted FPD to validate cumulative and current patient numbers, as well as to extract the paediatric age-disaggregation.



NUMBER ACTIVE ON ART AT FPD REPORTING SITES
(By December 2010)

TB/HIV COLLABORATION

FPD supports TB-HIV collaboration activities at all TB focal points affiliated with FPD-partnered ART sites. Key priority areas include:

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

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

In July 2010, FPD began to conduct extensive training on IPT in Limpopo and Gauteng. FPD noted a corresponding increase on HIV-infected individuals started on IPT in the last quarter with 52% of the total individuals started on IPT started during quarter four.

ROUTINE MONITORING INDICATES THAT:

- (1) Increasingly diagnosed TB patients are already aware of their HIV status, therefore are ineligible for CT, and;
- (2) limited human capacity at the TB focal points results in the referral of diagnosed TB patients to the CT site for counselling and testing, with the end result that these patients are often counted under the CT statistics with their TB status unrecorded.

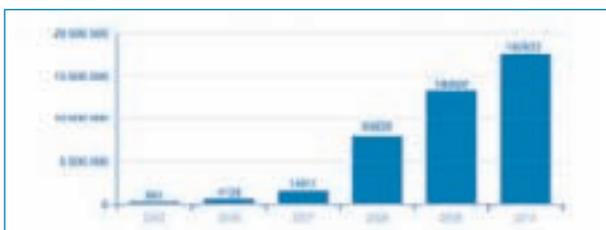
Nonetheless, routine-offer counselling and testing is the standard of care at all FPD-supported TB focal points. During 2010, PEPFAR has changed its TB-HIV collaboration cascade to focus on the number (proportion) of diagnosed TB patients with a known HIV status, as opposed to actual counselling and testing.

COUNSELLING AND TESTING

Following on the successes of 2009, the CT department initiated a call centre service for routine telephonic follow up of all clients found to be reactive. The aim is to decrease loss to follow up after testing. Information derived from call centre data confirmed up to 17% improvement (from 3% reported in a random study to 20%) in uptake of health care services, as reported by clients to call centre agents, which was presented during an oral poster presentation at the International Aids Conference in 2010. The call centre service also includes follow up of clients who have responded positively to a TB symptom screening tool included on CT consent forms. Follow up of clients who reported TB symptoms endeavours to improve TB/HIV collaboration.

The CT department responded to the call of participation in the National HCT campaign which was launched in April 2010. Within 3 months after the launch a 30% increase in uptake was reported across all FPD supported CT sites. This translated into 150% target reached by Q4 of the USAID reporting period; a total of 180933 clients were tested.

Mobile CT services were provided across a spectrum of venues; from provincial HCT campaign launches to district and facility level launches, local government departments, NGOs, community based, high transmission areas, at conference venues and specific events (Annual Gay Pride events in Soweto and Johannesburg). During the 2010 FIFA World Cup, five FPD Mobile Units visited the soccer fan fest venues at which, 30 000 clients were expected to seek CT services per day.



PATIENTS TESTED ANNUALLY
(1 October - 30 September)

Mobile CT services were extended to Eastern Cape where targets in excess of 500 tests per month were reported within 3 months of introduction of the mobile unit. The service supplements CT service delivery in resource deprived areas and around the Nelson Mandela bay metro.

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

Participation in the USAID CT task team has placed FPD's CT department amongst 5 nominated CT providers who take the lead in addressing CT related issues such as advocacy of prevention messaging, linkage into care and rapid policy implementation strategies.

The scope and coverage of FPD-partnered CT programs remains robust resulting in a total of 180 933 individuals counselled and tested for HIV. CT sites have successfully integrated TB symptom screening and provision of CD4 counts into HIV CT for all individuals at the CT site.

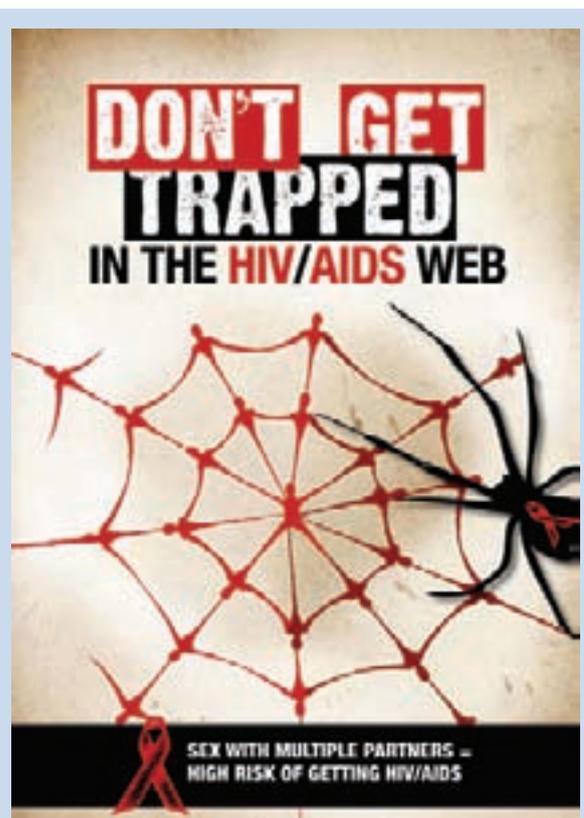
FPD's CT Department works closely with the Compass Project – another FPD initiative – and other members of the Treatment Department to identify the nearest ART clinic, TB focal point and/or HIV/AIDS service organization. At all FPD-partnered CT sites, FPD is working to strengthen referral networks and linkages to HIV/AIDS service organizations in order to mitigate loss to initial and loss to HIV care.

RISKS OF MULTIPLE CONCURRENT PARTNERS CAMPAIGN

In 2010 the Treatment Department ventured into a campaign to raise awareness and ensure understanding of the possible consequences of engaging in sexual behaviour with multiple concurrent partners. Following on a national USAID HCT partner's meeting hosted at FPD, we were commissioned by USAID to develop a poster based on the concept supplied by them. The idea was to provide all USAID CT partners with standard messaging with regards to multiple concurrent sexual partners, the aim was to raise awareness of the fact that multiple concurrent sexual partners is a driver of the disease in SA, therefore was intended to be used as part of USAID's contribution to the prevention strategy.

This campaign was in support of the National HIV/AIDS Prevention Strategy. The result was a poster depicted alongside which was to be distributed to all HIV/AIDS service facilities. The web made of figures holding hand to show the inter connection and ultimate danger of Multiple Concurrent Partners, while the individual in the middle further emphasizes the fact that it only takes one individual or one incident of contact to get infected.

USAID however cancelled the commission in response to their internal policy on development of new material by partners.



RISKS OF MULTIPLE CONCURRENT PARTNERS CAMPAIGN POSTER

OVERVIEW OF PERFORMANCE AGAINST KEY PEPFAR TARGETS

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

INDICATOR	TARGET 2010	ACTUAL 2010	PERCENT-AGE AGAINST ANNUAL TARGET
Enterprises implementing an HIV/AIDS workplace program	1	1	100%
Individuals reached through workplace programs	150	775	516%
Tot no. of individuals HIV tested and counselled	120000	180933	151%
Newly identified HIV-infected individuals screened for TB (subset of total tested)	20000	32212	161%
Individuals newly enrolled on ART [NEW] [Pediatrics]	3000	3304	110%
Individuals newly enrolled on ART [NEW] (Male)	10500	12562	117%
Individuals newly enrolled on ART [NEW] (Female)	21500	26415	123%
Individuals receiving ART [CURRENT] (Pediatrics)	8000	9788	122%
Individuals receiving ART [CURRENT] (Male)	26000	30160	116%
Individuals receiving ART [CURRENT] (Female)	56000	66498	119%
Individuals newly-enrolled in HIV care who are started on treatment for latent TB infection IPT)	1000	2232	223%
Registered TB patients	13000	17525	134%
TB patients who had an HIV test result recorded in the TB register	10000	13991	140%
TB patients started on cotrimoxazole prophylaxis	10000	6843	68%

OVERVIEW OF TREATMENT DEPARTMENT PERFORMANCE AGAINST KEY PEPFAR TARGETS

OVERVIEW OF SOZO – FPD'S ELECTRONIC PATIENT MANAGEMENT SYSTEM

SOZO, greek for "saved, healed and delivered", is an electronic patient-centric data management system designed specifically for the public sector: South African HIV/AIDS clinics. Funded by PEPFAR and USAID, development on SOZO was initiated by FPD during 2007 in partnership with JSI and InfoCare. SOZO is well

positioned in terms of the South African public sector HIV/AIDS service arena because it is:

- **OPEN SOURCE** – meaning that no registration and/or annual license fees are applicable;
- **MODULAR IN DESIGN** – meaning that effective and efficient open source software programmes are spliced into the platform in order to make optional use of complementary data management systems which work; and

- **AN INTEGRATED VIRTUAL PRIVATE NETWORK (VPN)** – meaning that SOZO holds great potential in terms of monitoring service integration and continuity of care between sites and service points.

Working with large treatment numbers and limited human and operational capacity, FPD identified the need to expand its capacity to monitor and manage its treatment program. The emphasis was to move away from output related reporting to capacitating FPD facilities and Districts to better understand patient trends, patient retention and treatment outcomes overtime.

Over the past four years, FPD designed and implemented SOZO, an electronic patient management system, to address the data needs of FPD-partnered ART sites. SOZO was designed to address the following HMIS-related requirements for FPD-partnered ART clinics:

- To manage patient bookings (expected, admitted, missed appointments, etc.)
- To assist to report on required data elements (DHIS, DORA, PEPFAR) on a monthly basis
- To provide an overview of patient retention trends and treatment outcomes
- To support the clinical management of individual patients
- To link general data management with decision-support programs
- To capture, store, analyze and transmit the data needed to implement, monitor and evaluate the program

SOZO is robust in design and addresses all the aforementioned HMIS requirements, with the exception of linkage to decision-support programs.

As of October 2010, forty-four sites currently operate on SOZO; these sites are situated in Gauteng, North West, Mpumalanga and Limpopo. 110 969 (December 3, 2010)

patients have been registered on the system. Of them 87 936 are registered ART patients; currently 69 270 ART patients are active on the system. To-date over 1 044 099 (December 3, 2010) visits are captured on the system.

HIV & TB MEDICINE UNIT (HTMU)



HIV and TB Medicine Unit, formerly known as Infectious Diseases Unit (IDU), is a centre of excellence to mobilize and develop the expertise in HIV and TB medicine and other infectious diseases in South Africa. The unit was established as a public private partnership with University of Pretoria, AMPATH laboratories and FPD in 2004 and is based at the Steve Biko Academic Hospital in Pretoria.

AMPATH laboratories, as the pathology partner, complements and strengthens the unit with its national network of laboratories and microbiological experts, as well as through funding.

HTMU's major focus is on HIV and Tuberculosis medicine. Its activities in the field are supported by PEPFAR through the USAID grant to FPD.

ACTIVITIES

HTMU is active in the following areas:

EDUCATION

The main educational thrust of the HTMU is on developing national expertise in the field of HIV and TB medicine and infectious diseases. Current educational projects include:

- The Advanced HIV Management Training Programme (AHMTP), now in its third year, is an innovative and

rigorous two-year programme designed to create a specialist's level expertise in HIV Medicine for deployment in South African public sector ART clinics. The programme combines a rigorous academic programme, with clinical practical work, including rotation periods in paediatrics and district ARV clinics, and mentoring training. The strenuous curriculum is designed to ensure that the AHMTP doctors graduate with a thorough working knowledge enabling them to handle complex and complicated cases and act as clinical mentors for junior doctors and nurses. Alongside the AHMTP, doctors attend FPD courses such as Management of HIV, Advanced HIV Management, Refresher Course in HIV, Counselling in HIV, Management of TB, AIDS in the Workplace, Infectious Control and Rational Use in Antibiotics. Upon conclusion of the course, all AHTP doctors will write the SA College of Medicine exam in HIV Medicine.

- Participating in the weekly (Monday) infectious diseases lectures at the Faculty of Medicine at SBAH. The lectures cover a broad spectrum of infectious diseases topics. The lecture is mainly addressed to registrars and clinicians. It is open to all health care professionals in the city. The lecture fosters active and intensive discussions on best practice in diagnosis and care to patients.
- Participating in the weekly infectious diseases grand round at SBAH. The grand round is open to registrars and interns of the University of Pretoria and anyone interested in Infectious Diseases. The grand round provides a teaching opportunity. The academic expertise in the unit, especially in HIV medicine is acknowledged by staff being invited as regular guest lecturers at other universities and other FPD training programmes.

SERVICE DELIVERY

To improve access to specialist services for health care workers and patients, the HTMU provides the following services:

- Specialist referral clinic for complex and complicated cases at Steve Biko Academic Hospital. This clinic sees referred urgent and complicated cases that require tertiary care diagnostic services (e.g. sonar, CT scan, biopsies), access to locally unavailable pharmaceuticals (e.g. treatment of mycobacterium avium etc.) and eased referrals to tertiary care facilities (e.g. radiotherapy, cardiothoracic surgery, gastroenterology etc.).
- Consultation service to doctors at all departments at Steve Biko Academic Hospital and Tshwane District Hospital on HIV and TB related issues. This service contributes to the optimal management of HIV and TB infections in patients admitted to SBAH or TDH. This highly demanded service is an excellent teaching opportunity as the patients are discussed in depth with the requesting doctors. This service is closely linked with the specialist referral clinic where patients seen in the wards can be followed up as out-patients.

MENTORING

- HTMU provides a clinical mentoring programme for doctors and nurses in FPD supported ART providing sites. This programme involves a number of mentoring models in order to provide a comprehensive service over a large geographic region with limited staff. These models include: Physical visits by HTMU staff once weekly to see and discuss complicated cases with the doctors working at the ARV sites.
- Placement of overseas mentors in rural clinics. In co-operation with Global Medic Force, an international NGO that recruits infectious diseases specialists for 6 week secondments in Africa. 20 overseas mentors have been placed since 2008. The programme is highly welcomed by the staff working in the ARV clinics and has made substantial impacts on the management of HIV in the clinics.
- Telephonic support through the toll free Health Care Worker Hotline. The hotline is provided on contract by the Medicines Information Centre at the University of Cape Town and offers telephonic

advice on issues around ART, mainly on adverse drug reactions, treatment of opportunistic infections including TB, drug interactions, switch and initiation of ART and pregnancy related questions. The hotline is utilized by more than 300 health professionals monthly who receive intense advice from medical experts.

- Embedding FPD staff with specialist expertise gained through HTMU's Advanced HIV Management Training Programme (AHMTP) at rural ARV clinics to act as a mentor to local staff and feeder clinics.

EVALUATION AND RESEARCH

Evaluation and research activities are reported under the research section of this report.

MOTHER AND CHILD HEALTH UNIT (MCHU)



The Mother and Child Health Unit (MCHU) based in Polokwane was established in June 2009 as a joint project between Department of Paediatrics at Polokwane Campus, University of Limpopo and FPD. The unit provides a platform to address the unique needs and priorities of maternal and child health in the region and works towards and beyond achieving the Millennium Development Goals. MCHU seeks to become a regional leader in the field of maternal and child health, championing solutions to the key health needs of mothers and children. The unit is also responsible for technical assistance for PMTCT within FPD. The work of the unit is supported by PEPFAR through the USAID grant to FPD. The unit has assisted with implementation of training in Maternal and Infant HIV management for UNICEF and Save the Children (UK).

ACTIVITIES

The work of the MCHU is in the following areas:

EDUCATION AND LEARNING

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

- Mother and Infant HIV Training packages for Doctors, Nurses, Social workers, Pharmacists and Counsellors and are run through the training division of FPD, with support from PEPFAR, UNICEF and Save the Children (UK)
- Regular CME lectures on Maternal and Paediatric HIV to supported sites
- A resource centre operating from the MCHU premises in Polokwane provides health workers with electronic and hard copy material on HIV and PMTCT
- Monthly Maternal and Paediatric HIV Updates and group mentoring for counsellors working for NGO's in Limpopo Province
- Support for IMCI NIMART training

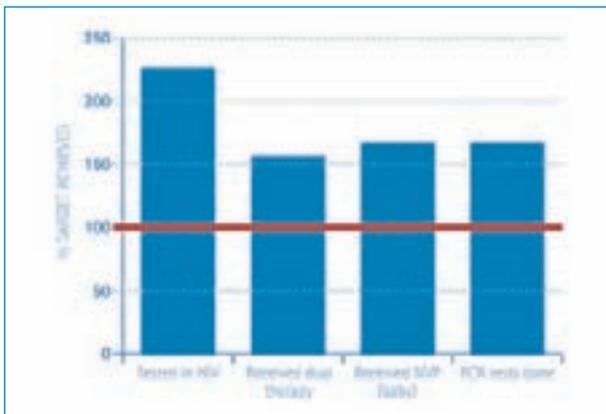
SERVICE DELIVERY

The MCHU supports health facilities to ensure that all health workers responsible for caring for mothers and children provide competent HIV care, and that the health system functions to ensure access to care, treatment and referral as needed. Once targets are met, support is extended to new sites. The facility support undertaken includes:

- A baseline to assess the HIV service and care provided in facilities especially in the following areas: primary antenatal and child health clinics, high risk antenatal clinic, labour and postnatal ward, neonatal ward, paediatric ward and ARV clinics. An assessment is made of the referral system, pharmaceutical services and monitoring and evaluation mechanism
- Identifying bottlenecks in the system and facilitating problem solving

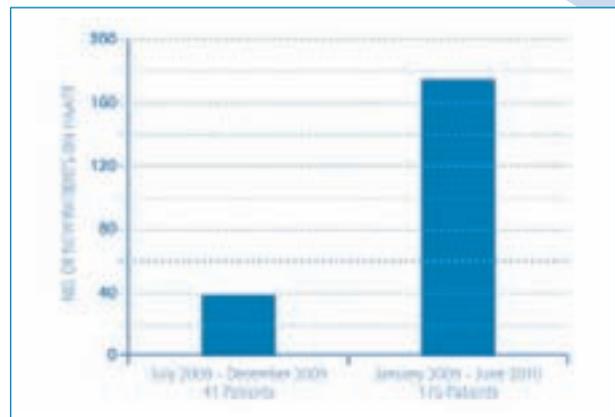
- Identifying training needs and providing on-site training, and access to further training
- Clinical mentoring to nurses, doctors and counsellors
- Development and implementation of registers, records, and job aids to facilitate care
- Ensuring high risk antenatal clinic staff are able to provide ARV treatment to HIV pregnant women, and that there is a seamless transition to ARV care after delivery
- Assisting and mentoring staff at PHC clinics to provide NIMART to pregnant women requiring ARV treatment
- Onsite support to PHC facilities for HIV DNA PCR testing at 6 weeks.

OVERVIEW OF PERFORMANCE AGAINST KEY PEPFAR PMTCT TARGETS.



PERFORMANCE AGAINST TARGETS COP10

In 2010 the MCHU supported Polokwane, Mankweng, Seshego, Nkhensani and Letaba hospitals and feeder clinics. We have seen all 5 high risk ANC clinics provide ARV treatment, which has resulted in many more women eligible for ARV treatment accessing care. This integrated model of maternal care is advocated for all antenatal services in South Africa.



IMPROVED ACCESS TO CARE
2009 vs 2010

ADDITIONAL ACTIVITIES INCLUDE:

- Development of integrated maternal and HIV guidelines
- Development of a PMTCT pamphlet for pregnant women
- Development of a district level maternal and infant HIV package
- Wide distribution of revised PMTCT policy, and updating of health workers
- A plan to support the Greater Giyani subdistrict as per the A plan was developed and presented to stakeholders from the subdistrict
- Facilitating quarterly NGO forum meetings
- Support for the tertiary high risk antenatal referral service in Limpopo Province, and telephonic advice to all health workers.

RESEARCH

The unit is working on operational research areas to evaluate the support provided and the methods that are used.

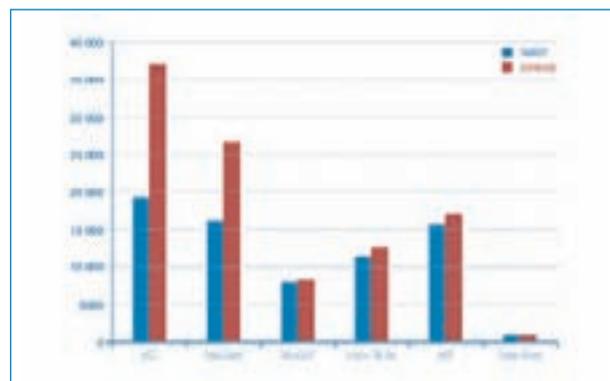
THAT'SIT PROGRAMME (TUBERCULOSIS, HIV, AIDS, TREATMENT SUPPORT AND INTEGRATED THERAPY)



This project, in collaboration with the MRC, aims to integrate TB and HIV care by expanding the delivery of HIV care to TB patients in South Africa and promote TB screening and care in HIV-positive patients, using lessons learnt from the best practice model developed by the project.

TB, although curable, is one of the most common causes of HIV-related morbidity and mortality in South Africa and in other African countries. Owing to a lack of awareness and education patients often present themselves very late for help at healthcare facilities. What is more, the diagnosis of TB in association with HIV infection is not always straightforward. The project aims, therefore, to intensify TB screening in all HIV-positive patients.

South Africa has TB incidence rates ranging from 400 to 1 500/100 000, the third highest in terms of TB burden in the world. This is the first PEPFAR funded programme that focused on HIV care with TB as an entry point. In view of international interest in TB and DR TB (drug-resistant TB) this programme is well placed. With a National Department of Health drive to integrate HIV and TB services in all clinics, this programme can provide required expertise to the implementation of integrated care. Through community involvement and outreach programmes to heighten the awareness of TB signs and symptoms and to counteract the effects of stigmatization, the programme supports the WHO focus on increased case finding, infection control and INH prophylaxis. The graph also gives an indication of performance against targets.



THAT'SIT Q4
2010

This project targets resource-poor and deep rural settings, where access to ART is on its own, a huge challenge. The programme's first supported clinic dates back to December 2006 and the programme now services 204 clinics in five North provinces in South Africa.

The districts where activities are carried out are the following: Dr Ruth S Mompoti, Bojanala and Dr Kenneth Kaunday (Potchefstroom) in North West; Eden District in the Western Cape including, Bitou, Knysna, George, Kannaland Mossel Bay, Oudtshoorn, nine identified TB hospitals spread throughout the Eastern Cape, from Mataiele in the North to Humansdorp in the south and from Graaff Reinet in the west to Port Elizabeth in the east, in Makana sub-district in Cacadu an electronic patient management system was implemented.

In KZN that'sit FPD is active in Uthukela district and in Mpumalanga it has started activities in Nkomazi sub-district.

More than 45 primary ART clinics are supported by that'sit and in total 204 supported primary care clinics are directly benefiting from the programme. Five mobile clinics are being utilized in order to provide services to outlying areas in Northwest, the Eastern Cape and the Western Cape. The number of employees in the that'sit programme since its first appointment in November 2006 has grown to more than 250.

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

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

Laboratory and pharmaceutical support have been targeted to ensure fast turnaround times and an un-interrupted supply of pharmaceutical drugs for the care of TB/HIV. The programme has embarked on positive branding to counteract dual stigmatization and supports World TB Day and World Aids Day activities throughout the supported provinces. The development of a reliable electronic patient management system is one of the objectives of the that'sit project. In view of this, considerable attention was given to data collection and recording as well as reporting in support for the National TB Control programme.

that'sit has thus engaged in the implementation of SmartCare, an electronic patient management system in the Makana sub-district in the Eastern Cape where 23 pilot sites have been identified to test this system.

AFRICA HEALTH PLACEMENTS (AHP)



Understaffing of public healthcare facilities remains one of the leading obstacles to achieving and maintaining acceptable levels of service delivery in the Southern African public healthcare sector. Africa Health Placements (AHP) seeks to address such shortages in the region.

AHP's goal is to support and enhance public healthcare systems in Africa, by providing human resource solutions and services. These include the recruitment, placement and retention of management and staff (both foreign and local), but also extends to services directed toward building sustainability, such as consulting, information services, advocacy and marketing. AHP's work relies on relationships: AHP makes it happen through people networks that allow the organization to mobilize resources within southern Africa and across the world. The bulk of AHP services are donor funded and delivered free of charge.

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

AHP'S CORE CAPABILITIES

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

- 1. STAFFING:** AHP recruits and places local and foreign-qualified health workers in underserved settings. Here they are employed by and paid by the government or health care NGOs and work in government or NGO funded posts from 1 to 3 years. AHP also assists volunteers to find placements for shorter periods. In addition, the project runs a locum and session placement operation in which health workers are placed in the public sector and NGOs on short-term paid assignments. AHP does not stop at placement, but also provides orientation and ongoing support to recruits.
- 2. CONSULTING:** AHP consults to governments, regulatory bodies and civil society on making themselves competitive for scarce and mobile human resources in health. This includes translating policy into practice, understanding the factors that drive public health

service as a career choice and the factors that drive people away from a career in public health, as well as those factors that are simply frustrating successful staffing. In addition, AHP facilitates PPPs around human resources in health.

3. INFORMATION: AHP runs an extensive monitoring and evaluation campaign and a number of focused research projects around human resources in health (HRH). This information is used to improve the service provided and the impact made by AHP. Furthermore, this unique information set is increasingly being disseminated to working partners and HRH players for strategic decision making purposes.

4. ADVOCACY: AHP have become the acknowledged experts in human resource staffing issues, being sought out by the WHO, Southern African governments, regional news agencies, international donors and US congressmen alike. This has provided AHP a platform to advocate for the changes necessary to reverse the region's crippling loss of resources. AHP works with academic organizations, government, civil society, the media and other advocacy groups to: change minds; work with important actions; and influence policy. AHP is represented on the steering committee of the Rural Health Advocacy Project.

AHP'S WORKING MODEL FOR STAFFING

AHP has been in operation since mid-2005. Over the past five years, AHP has developed a working model that has made a significant impact on the state of human resources in health around the region.

The project's non-profit model aims to be market driven: focused on providing a professional and ethical recruitment service to government and NGO clients, supported by a competitive marketing proposition.

AHP's word-class marketing campaign exploits, what, through research, has been shown to be, Africa's

competitive advantage in attracting health workers to the region: unsurpassed work experience ("Trade treating cold and hypertension for infectious diseases"); the humanitarian appeal of making a difference ("help those who need your help the most"); and the unique lifestyle of (most often) rural Africa ("Trade the obstacle of traffic on your way to work for elephants crossing your path"). AHP's award winning marketing includes print and media advertising, presence at local and international medical conferences, and a strong online presence through a newly developed website (www.ahp.org.za) and through a number of social networking portals (including www.facebook.com/africahealthplacements, www.twitter.com/africadoctors and www.youtube.com/africadoctors).

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

To this end, AHP's scope of work includes:

- creating opportunities (through interaction with individual health system managers),
- sourcing candidates for posts,
- management and filtering of applications according to job specification and national legislation,
- management of all administration legislated through government and regulatory body policy,
- management of examination processes where relevant,
- administration of final candidate placement and liaison with facility,
- post placement orientation and ongoing support, including assistance with: administrative issues (like ensuring staff get paid), logistical issues (like help getting a car, cellphone and bank account), cultural integration (such as language learning material and information on cultural norms), and clinical issues

(including the provision of a satchel full of textbooks). This is particularly important for European doctors, most of whom have never seen or treated HIV before and are now presented with a caseload of 90% HIV patients.

- monitoring and evaluation of AHP and partner services, as well as of the experiences of placed health workers.

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

The key to AHP's success is the relationships with governments and regulatory bodies which it has built and maintained. In fact, AHP's working partnership with the South African National Department of health (NDOH), the Health Professions Council of South Africa (HPCSA) and the Swaziland and Lesotho Health Ministries extends to supporting their capacity and processing systems. AHP also networks with and supports a network of local and international institutions and donors who are working to improve the healthcare capacity of the continent.

AHP'S MODEL FOR INNOVATION

AHP is driven by a team of professionals – from business skills, to professional recruiters, doctors, professors, administrators and marketers. This team, coupled with an insatiable drive to take advantage of any opportunity to address HRH issues, has become the hallmark of AHP through:

- Providing critical capacity to South African government hospitals through over 20 000 locum hours. These placements are charged at a fee, which is then used to subsidise AHP's no-fee services.

- Regularly consulting to SA's healthcare giant, Discovery Health, on how to bring private sector resources into the public sector.
- Forming a partnership with Habitat for Humanity to begin building housing for rural doctors to address one of the biggest issues for recruitment in rural areas. The housing will be leased to health workers and generate sustainable income for AHP's recruitment.
- Working with the Eastern Cape government, one of SA's most rural provinces, to provide on-the-ground support through locums, practice managers and professional training to rural doctors to strengthen retention.
- Looking to replicate the model in Lesotho, Botswana and Namibia.
- And more

Even though the bulk of AHP services are donor funded and offered at no cost, the project considers itself to be "social profit", rather than "non-profit", asserting that it certainly does produce returns, even if these have nothing to do with a growing bank balance.

Society certainly has "profited" from AHP. With an annual donor budget of just \$2-million, AHP has placed 1 800 health workers since inception, and is currently placing 450 health workers per year.

Considering that it takes \$250 000 to train just one South African doctor, this kind of budget would yield no more than eight doctors, six of whom would, statistically speaking, end up overseas or in private practice. So, each year, AHP places 450 people for what it would cost to train and place one. That's ROI by any definition!

IMPACT

Since its inception in 2005, the project has placed over 1,800 locally qualified and foreign-qualified health-workers in government and NGO healthcare facilities.

Approximately half of the total number of health workers have been placed in HIV/AIDS clinics, and over 900 doctors have been placed in rural government hospitals. With ART programmes reliant on the availability of clinicians, the impact of having just a single doctor working in an HIV/AIDS clinic is significant. And if one considers that in many rural areas there are as few as three doctors for 100 000 people, one begins to recognize how astonishing the impact of the project has already been. During 2010 alone, the AHP placed an estimated 240 foreign-qualified and 200 locally qualified healthcare professionals in South African public health and non-government facilities.

The impact has not only been on those people who now have access to healthcare, but also on the morale and retention of the already dedicated teams of practitioners who are working hard in difficult conditions to service the uninsured population of South Africa. Furthermore, evidence suggests that there are many other consequent benefits to the project's retention and orientation programmes. For example, some South African doctors reported learning palliative care techniques from foreign practitioners who had been through the project's palliative care orientation. In addition, the project's impact extends to its network of partners. For example, the HDOH's FWMP has introduced a "fast track" process to expedite the issuance of work permits to newly recruited foreign health professionals. In agreement with this, the HPCSA has agreed to register doctors who have qualified in certain countries without their having to write the qualifying exam. The project helped motivate for those changes by providing an evidence base for the decision-making process. The project now works with these authorities and assists in their work wherever possible.

30 DAYS, STRANDED ON A DESERTED ISLAND... AND A CHAMPION ON DAY 30!

In April 2010, ten ordinary people left behind their family, friends, and the comforts of home, to embark upon an extraordinary journey of self-discovery. One of these adventurous and somewhat crazy individuals was our very own, Saul Kornik, CEO of AHP. Armed with nothing more than the contents of a five-litre backpack, he and his fellow participants set off for the raw beauty of the Asia Pacific archipelago, for 30 days... alone... on a remote island. These individuals soon realized that they were not entirely alone: the snakes, insects, and thick tropical jungle welcomed them with open jaws... I mean arms.

The most challenging of all, was surviving each other. Day in and day out, with nothing but each other's company... not even a camera crew. There were no evictions, no immunities, no surprise luxuries: just one month learning to adjust to an alien environment; to make the jungle home; and to somehow survive on the island's fresh water, and whatever food the jungle and ocean had to offer. Hunger, sleep deprivation, and a range of emotional challenges - for the 10 people involved, surviving the island could be their greatest achievement ever, as they discover exactly what it means to live Life 2 the Limit.

During the 30 days, participants slowly started pulling out of the "game" as hunger, isolation and the realities of trying to stay alive on a remote island started to sink in. On day 27 Saul was left with one other participant and new found friend Joe Starke. The two "survivors" were the last men standing on day 30.

On day 30, Saul writes, "At school, when we were taught about trees, forests, insects, ecosystems, why did nobody tease from us how we feel about and connect with these things? Why was I not taught that it's ok to love folds in a mountain? Aren't the faces and scenes I see in a gnarl of bark on a tree or in the blistering façade of a cloud the very source of what stimulated the evolution

of intelligence? I want to know how coral grows, but am I not allowed to explore the hypnotic mesmerisation of its colours? Is this not as much part of the reef to me as the process that led to its formation? Today Joe and I said our farewells to our home. Including a grateful appreciation for having shared in its cycles and beauty. I love this place. It's coming with me. I'm stoked."

Each one of the adventurers pressed a pause button in their lives – what a unique opportunity – and discovered some insights. Having experienced proper hunger and seen the trash that washed up on their beach every day, they all have a new understanding of waste and an appreciation for their lives.

COMPASS PROJECT



Information regarding HIV prevalence, distribution and HIV service delivery for municipal areas is scarce. The Compass Project has been initiated on the basis of the philosophy that an effective response to the HIV epidemic requires a coordinated mobilization of all resources within a specific community. In order to better address the HIV/AIDS response within municipal communities, it is integral to have a coordinated approach that includes accurate mapping of all service providers, annual epidemiological quantification of the HIV service-delivery need, and accurate HIV service-provision information.

This information is critical for a better understanding of the actual service need and enables a service gap analysis. Using this information, organizations, service providers, government and the private sector can plan and strategise effectively to address HIV/AIDS issues within their respective communities.

THE KEY ELEMENTS OF THE COMPASS PROJECT ARE:

MAPPING AND RESEARCH

- Identification/Data collection of service providers
- Development of epidemiological estimates
- Gap analysis reporting for communities

INFORMATION AND RESOURCE PROVISION

- Identification/Development of tools
- Community engagement opportunities
- GIS application of information

ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

- Organizational needs assessments
- Benchmarking
- Skills building/Technical assistance
- Knowledge sharing/Mentorship

ACTIVITIES

HIV SERVICE DIRECTORIES

Since 2007, through PEPFAR funding, the Compass Project has been able to initiate a National HIV Service directory programme. Through a programme called HIV-911, a national database of service providers has been initiated with approximated 17 000 service providers from all sectors listed. The programme has also designed, printed and distributed over 75 000 provincial directories over three series to assist HIV service providers to improve referral and expand their community networks. The HIV-911 programme is housed at the University of KwaZulu-Natal (UKN).

MAPPING RESEARCH

Since its inception in 2005, the mapping component of the Compass Project has expanded to now offer several consultant services. Mapping is a broad term, but for the purposes of the Compass Project, it includes questionnaire development, testing, protocol writing, database building, data collection, verification, quality assurance, research analysis, and report writing.

The Compass Project continues a strong corporate partnership with MapIT, to expand our internal ability to provide GIS mapping and geocoding. MapIT, along with shareholder Tele Atlas is the leading supplier of quality digital maps of Sub-Saharan Africa and their technical support has been key in bringing mapping technology to the development sector.

ORGANISATIONAL DEVELOPMENT (OD) PROGRAMME



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

The Compass Project has initiated an organization development programme (OD) to improve the effectiveness of organizations delivering community-based initiatives. OD uses a participatory approach and is a long-term interactive process towards building effective sustainable organizations.

In 2009, the Compass Project expanded the OD Programme to include a knowledge sharing and implementation programme based on key research findings from

AIDS and TB conferences. Now in its second year, this programme will continue to bring together researchers/ academics and the NGO community to assist in implementing key research findings and enhance service delivery, with identification of barriers within the NGO community and to provide feedback to donors and other stakeholders. A post conference NGO forum was held in Cape Town, Johannesburg, Pretoria and Durban in November 2010, where academics and community implementers came together to discuss new methods for HIV service provision and prevention messaging. A Community Implementers Guide was also produced for the second time which summarised key action areas for community service providers based on outcomes of the 4th SA AIDS Conference held in 2009 and the 2nd SA TB Conference held in Durban this year.

TSHWANE MAYORAL AIDS COUNCIL (TMAC)



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



Sadly the TMAC had to say goodbye to the Executive Mayor Dr Gwen Ramakgopa who as Chair of TMAC played an integral part in mobilizing a multi-sector HIV response within the Tshwane community, through inclusive and active leadership as she was appointed as Deputy Minister of Health in November 2010.

PEPFAR FELLOWSHIP PROGRAMME



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

THE PEPFAR FELLOWSHIP PROGRAMME'S OBJECTIVES ARE TO:

1. Support the expansion of access to comprehensive HIV/AIDS care in South Africa through the advancement of human capacity development.
2. Promote the application of postgraduate learning in the practical HIV/AIDS service environment; and
3. Provide technical assistance to PEPFAR implementing partners.

The PFP was designed to hone skills of postgraduate masters-level South African students and graduates by placing them with PEPFAR partners and public sector institutions supporting HIV/AIDS initiatives. Such placements mean that health theory can be linked with real world practice within the South African healthcare context.

The PFP simultaneously supports South African AIDS service organizations with "scarce skills" such as monitoring and evaluation, organizational development, health systems development, and strategic information management. Support is also given to clinical fields such as infectious disease control, psycho-social assessment tool development, and "care for carers" programmes, as well as to clinical therapeutic fields, including HIV prevention integration with specific focus on PMTCT, prevention management of TB and services related to Orphans and vulnerable Children (OVCs).

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

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

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

A total of 67 PEPFAR Partners – national and local government entities – as well as NGOs were directly and indirectly provided with technical postgraduate student scarce-skill assistance in 2010.

Due to a more intensive direct marketing strategy relating to all stakeholders including tertiary academic institutions

and PEPFAR Partners as well as the public sector during 2010, the following output trends are still visible and even expanding.

1. The number of appropriate applications received for the 2010 fellowship intake totaled 299 in comparison with the total number of 253 applications received for the previous year. This expanding application response rate serves to highlight the fact that South African scarce skills within clinical health care as well as monitoring and evaluation do exist, but that the harvesting approach of such skills for retention purposes should be focused on, as is successfully being implemented by the PEPFAR Fellowship Programme;
2. By creating an online network for Previous Fellows via its own website the PFP can also measure its success related to scarce skills retention rates and follow the careers of individuals who have completed the fellowship while at the same time encouraging prospective employers to utilize the expertise of previous PEPFAR Fellows.

PLEASE VISIT THE PEPFAR FELLOWSHIP PROGRAMME'S WEB SITE AT:

www.fellowship.foundation.co.za

The PFP, in the 2010 financial year also proved to be a successful platform for launching exciting opportunities in career-path building and encouraging the retention of local scarce-skills graduates within South African HIV/AIDS service organizations.

The scarce skills retention rate for fellows by the end of 2010 totaled 73%. The retained fellow placements were either absorbed within their host organizations, accepted job offers from other PEPFAR Partners, initiated their own consultation businesses or decided to further their studies at tertiary level.

On 03 December 2010, 42 PEPFAR Fellows received certificates of completion for their successful participation in the PEPFAR Fellowship Programme as recognition for the difference they had made in combating the impact of the AIDS epidemic within South Africa. The remainder of the PEPFAR Fellowship fellows for 2010 are currently still completing their contracts with their selected host organizations.

PEPFAR FELLOWSHIP PROGRAMME CERTIFICATE CEREMONY 2010

This programme's remarkable growth and high South African scarce skills capacity recruitment and retention success rates have illuminated the fact that such resources are available within the South African environment. The key answer to increased retention rates is clearly within the harvesting approach of such scarce skills as is currently being implemented by the PEPFAR Fellowship Programme.



PEPFAR FELLOWSHIP CERTIFICATE CEREMONY 2010

EDUCATION PROJECT

The Education Project, through FPD's School of Education, has launched a new short course in 2010, "Managing Violence in Schools", which supports educators to understand the causes of violence and gender-based violence and understand the strategies for recognizing and preventing violence in our schools. Scholarships, sponsored by the Swedish International Development Agency (SIDA), have been provided to over 300 schools across South Africa for the course, and will be extended for 2011-2012. Additionally, the Education Project has partnered with Hibernia College in Ireland, the largest online teacher development institution in Europe, to provide short e-learning education courses for teachers in 2010. Through a partnership with Umlambo Foundation the Education Project has implemented a school principal leadership programme, consisting of coaching and mentorship from retired school principals. This programme has been running in 12 public schools across South Africa and will be extended to 32 schools in 2011.

The Education Project will look to expand its course offering through FPD's School of Education, in 2011 to both the public and private school market in South Africa, focusing on building the management and teaching capacity of our Basic Education sector.





RESEARCH

- Research Projects
- Conference Participation
- Publications



RESEARCH PROJECTS

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

RESEARCH PROJECTS

FPD STAFFS WERE INVOLVED IN THE FOLLOWING RESEARCH PROJECTS DURING 2010:

"TB recording and reporting in Taung, North West" - A comparative study of recording in clinic held TB registers as compared with patient level blue cards and the impact on reporting on the sub-district level. B KEGAKILWE, M UYS

"Diagnosis of TB in new and retreatment patients in the rural North West" - A study with regard to the efficacy of the clinical diagnostic expertise of a medical officer as compared with diagnosing TB adhering strictly to NTCP program guidelines in new and retreatment patients in Bray, North West during July 2010 - June 2011. R BARNARD, M UYS

"The impact of that'sit data spreadsheet on TB and HIV integration in Ganyesa, North West" - A descriptive study on the introduction of a simple Excel spreadsheet to improve TB/HIV integration in a rural setting in NW. A MASIELA, L VINGARE, M UYS

"TB in HIV+ patients earmarked for IPT attending clinics in peri-urban South Africa during July - December 2010" - The study compares WHO recommended criteria for IPT with diagnostic smears and cultures for identification of active TB in Potchefstroom, North West. L BADENHORST, M UYS

"Adherence to concurrent tuberculosis treatment and HIV antiretroviral treatment regimens in South Africa (in collaboration with MRC and CDC Atlanta)" - Descriptive study measuring the levels of treatment adherence and rates of default to TB and HIV treatment regimens in persons undergoing concurrent treatment in North West and Western Cape. E WEBB, L KIM, M VAN DER WALT, M UYS

"The impact of community tracers and counsellors on TB indicators in rural Western Cape" - Case study describing the introduction of support services as provided by community tracers and counsellors on TB indicators in a rural setting in Western Cape - Zoar and Amalienstein - during 2009 and 2010. B VOLSCHEK, M UYS, DEPARTMENT OF HEALTH

"Taxi campaign to improve infection control practices in rural Kwa-Zulu Natal" - Evaluation of a taxi campaign to increase awareness of TB amongst taxi-users and taxi-drivers and improve infection control practices in rural KZN. B MKHIZE, L VINAGRE, M UYS

"Impact of data utilization by clinic managers to improve TB indicators in rural Kwa-Zulu Natal" - Evaluation of intervention to increase the utilization of data by clinic managers and its impact on TB programme management indicators. M UYS, B MKHIZE, L VINAGRE

"A nutritional analysis of hospital menus in Eastern Cape" - A descriptive study concerning the nutritional value of menus in Eastern Cape hospitals, so as to determine compliance with RDA and to determine if food provision is in accordance with the menus. A MILNER, R KNOESEN, M UYS

"BEST PRACTICES: Lessons learned from the implementation of a patient management system in a rural sub-district in South Africa" - A quantitative assessment of the implementation of SmartCare, a patient management system, in the Makana sub-district, Eastern Cape. This paper describes the successes, challenges and opportunities for further implementation. E WEBB, S TYALI, N MTOBA, V MOSTERD, M UYS, A MEYER

"Nutritional determinants of weight gain in the TB/HIV patients" - Study of TB/HIV patients with very low BMI scores on high protein nutrition sachet as compared to bulk high protein supplements. EJ WILKENSON, M UYS

"Determinants of high lost to follow up rates in Eden district, Western Cape" - A descriptive study of factors influencing and predicting lost to follow up status

of TB/HIV patients in Eden District, Western Cape. C AINSLIE, M UYS

"Case study: HBDI profiles of that'sit managers and associated performance improvement plans"

- A case study of the analysis of a HBDI profile of all the that'sit managers and subsequent implementation plan to balance profiles to improve individual and team performance. M UYS

"Rapid Assessment Response Study: drug use and HIV/AIDS health risk (Pretoria)"

- A qualitative study that was implemented in the Pretoria area focusing on health risk, substance use and HIV/AIDS. MML DOS SANTOS, F TRAUTMANN, JP KOOLS

"The People Living with HIV Stigma Index: a survey to measure stigma and discrimination by people living with HIV/AIDS in 10 HIV/AIDS within 4 provinces in South Africa"

- An inferential study that was implemented in FPD supported ARV sites in four provinces. The objective of the study was to measure the levels of stigma experienced by PLHIV so as to inform programmatic interventions. SE MELLORS, MML DOS SANTOS, GG WOLVAARDT, A DU TOIT

"Are block bookings an effective intervention to reduce patient waiting time?"

- Introducing block booking times into large public sector antiretroviral (ART) clinics in order to reduce patient waiting time in clinics and improve clinic flow. Secondary outcomes of the proposed intervention may include TB infection control due to less congested waiting areas and shorter potential exposure time due to shorter clinic visits. S JOHNSON, M MOTLOUTSI

"Correlation of HIV self efficacy and survival on ART"

S JOHNSON, JF AGUILERA, J MATJILA, P BECKER

"Will the introduction of an ART adherence questionnaire measuring self-reported adherence have an impact on adherence?"

S JOHNSON

"Evaluation of an ART adherence questionnaire as a tool to estimate and improve adherence"

- This study is an evaluation of a self-reported ART adherence

rating tool that will provide an estimate of patient adherence to antiretroviral treatment in Tshwane district. The study is being conducted at Soshanguve III CHC and KT Motubatsi CHC. S JOHNSON

"District HAART calculator to project need for ART, CD4 counts and HIV counselling and testing"

S JOHNSON

"The 'mixed' pill count: a tool to detect deliberate masking of non-adherence to antiretroviral therapy (ART)?"

- A study to investigate the ability of 'mixed' pill counts as a tool to detect deliberate masking of non-adherence to ART at a public sector ARV clinic in Pretoria and to explore patients' explanations for discrepancies in pill counts with the aim to gain insight to reasons for this behaviour. T ADEYINKA, JC MEYER, B SUMMERS, S JOHNSON

"Lost to initiation from the CT entry point: a descriptive study"

- A study to investigate and describe the procedures and records used at two public sector VCT centres, to identify the proportions of patients who fail to proceed through the different steps of the process from VCT to initiation on ART within a period of six months and to make recommendations for interventions aimed at improving the tracking of patients from the VCT entry point to ART initiation. G BALOYI, B SUMMERS, JC MEYER, S JOHNSON

"Measuring success of Managing HIV in Schools programme"

- A self reported questionnaire was completed over August 2010 by 844 learners from 5 secondary schools across Tshwane Municipality. The aim of this study was to measure the attitude of learners with regards to some key questions around HIV such as whether they had tested, and if so, where – so that FPD can modify their School HIV management programme for principals and educators to better address some of the realities on the ground. J BRINK

"Determining need for HIV services at municipal level through epidemiological estimates"

- This study has been conducted since 2007 and annually creates strategic information and tools to assist communities to effectively respond to HIV. The project produces an

annual report on the HIV service needs within the Tshwane municipality, but also creates national mapping tools such as the HCT Campaign online mapping tool and other mapping outputs to contribute to the overall aim of this research. In 2010, an online calculator was created to assist municipalities nationally to understand the HIV need in their communities. All research outputs and tools can be found on the FPD website. **J MITCHELL, H JOUBERT, B WHITE**

"Impact of knowledge sharing at the SA AIDS Conference on the formation of effective cross-sectoral partnerships" - This study aims to understand the impact of the SA AIDS Conference and the SA TB Conference as a platform to encourage knowledge sharing, specifically between the academic/research sector and the civil sector. The study also aims to understand the HIV trends and the relationship the conferences may play in impacting HIV/TB policy and programme identification. **J MITCHELL**

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

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

"Addressing staff retention amongst doctors and pharmacists seconded to ARV clinics" - Foundation for

Professional Development (FPD) supports Government ARV clinics in 7 provinces and currently treats more than 120,000 patients. FPD employs clinical and non-clinical staff in these clinics to ensure that its patients receive the best possible care on a consistent basis. Any resignations from staff working at these clinics are a risk to patients' wellbeing. During 2010 FPD investigated the retention periods of its health care professionals and discovered that on average 31% of doctors and 29% of pharmacists resigned during their first year of employment. **A BOSMAN**

"Investigation of the PEPFAR Fellowship Programme scarce skills capacity building and retention trend within the SA HIV and AIDS service sector during the period Oct 2006 - Sept 2010" - To facilitate increased tangible research output and strategic visibility of achievements related to PEPFAR Fellowship Programme as well as the investigation of fellowship expansion and diversification possibilities into other areas of need within the SA and African context. **A RADLOFF, GG WOLVAARDT**

"PEPFAR Fellowship Programme Monograph Series (COP06-COP09)" - A four year review. **A RADLOFF, T HERBERT**

"Investigation of the PEPFAR Fellowship placement retention rates within the SA Public Sector in comparison with other PEPFAR Partner placement retention rates: Ex Post Facto analysis" - A study on root cause identification related to differences in post-placement retention rates between the SA Public Sector and other HIV/AIDS service organizations participating in the PEPFAR Fellowship Programme (Quality Improvement Activity). **T HERBERT, A RADLOFF**

"Investigation of other available Fellowship Programme types nationally and internationally with the focus on valued adding towards the future growth of the FPD Fellowship Programme" - The focus of this study is on the investigation of expansion possibilities including commercialization of the FPD Fellowship Programme. **A RADLOFF, T HERBERT, L CAMARA, T TIBANE**

"Determining how patient satisfaction surveys can be used as a tool to improve quality care and service in FPD supported DoH facilities" - This is an action

research project that was implemented to identify problems within DoH clinic facilities as experienced or commented on by patients visiting the facility. It focused on waiting times at different stations and quality of service at different stations. It serves as a useful assessment tool to gauge what conditions and quality of care is like at the facilities surveyed. **D BLOM**

"Client based evaluation of ARV clinics: ghost patients study - ARC clinics" - Assessing service quality of 16 ART clinics in the city of Tshwane and neighboring districts through participant observation. **HF KINKEL, A ADELKEN**

"Client based evaluation of HCT sites ('Ghost patient study - HCT sites')" - Assessing service quality of 17 HCT sites in the city of Tshwane and neighboring districts through participant observation. **HF KINKEL, A ANDELKEN**

"Pharmacovigilance" - Development of a sentinel site based pharmacovigilance database for antiretroviral treatment. **HF KINKEL, R SUMMERS**

"HCW 1 (Quest)" - Telephone survey among users of the HCW hotline on the impact of the information provided through the HCW hotline on direct patient care. **HF KINKEL, A SWART**

"Evaluation of diagnosing TB in HIV infected individuals (EDITH)" - Evaluation of a variety of diagnostic approaches for active pulmonary TB in HIV infected individuals. **HF KINKEL**

"Evaluation of HTMU's mentoring programme" - Evaluation of the mentoring programme based on a survey among former mentees and routine assessments of the overseas mentors. **HF KINKEL**

"A qualitative evaluation of the NIM-ART nurse mentor model" - A qualitative evaluation of the NIM-ART programme in Limpopo Province, consisting of focus group interviews with both nurse mentors and HIV positive patients. **A PIENAAR, S JOHNSON, HF KINKEL**

"To review the results of the introduction on action research on the 2009-2010 intake" - A study currently

in process to identify transformation behaviour after being exposed to action research. **V PILLAY**

"To monitor and QA anchors more closely in order to improve stands of FPD anchors" - A programme with various interventions aimed at improving the quality of FPD anchors. **V PILLAY, A GERBER**

"Efficacy of Hide and Seek project with regard to number of children accessing ART services after launch" - To establish the impact of the Hide and Seek campaign on the number of children tested for HIV and initiated on ARV's. **W HELFRICH, U FEUCHT, D SEKWAKWA**

"Using base-line CD4 counts of clients not eligible for ART and tracking CD4s every six months of clients attending support groups compared to clients not attending" - To establish the impact of ongoing education on wellness patients attending support groups. **W HELFRICH, A STOKES**

"Community Service Doctors 2010: survey and evaluation of the 2010 CSO's experience and career intentions" - A study on the experiences of doctors during their 2010 CSO year; their intentions regarding working in SA (public v private, rural v urban); their immigration intentions; and how their experiences during their CSO year may be enhanced to benefit the SA public sector in the long-run. **J WYNNE, K THIERS**

"Evaluation of induction experiences of FQDs when arriving to work in rural South Africa" - To inform an AHP support programme for foreign qualified doctors who are recruited to work in South African hospitals, a research project was designed to interview European doctors currently working in South Africa. The objective of the interviews is to assess the doctors' satisfaction with the supports they received; to gather information about their experiences in South Africa and their perceptions of their impact on the hospitals, hospital personnel, and the communities in which they are working; to identify further support required and to gather suggested changes to the support programme. **R NKOMO, J STRYDOM, B CORTELL**

CONFERENCE PARTICIPATIONS

ORAL PRESENTATIONS

"Reducing the TB infection risk for HIV positive staff working in ART clinics through training and booking systems" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. A BOSMAN

"Following an outreach programme over 6 months" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. G QUY (PEPFAR Fellow placed with host organization MINDSET)

"Secrets of success: expanding effective training of TB in Africa" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. A GERBER

"Increasing pass rates through learning styles flexibility" - AMEE Conference, 4-8 September, Glasgow, United Kingdom. GG WOLVAARDT

"Introducing action research" - Action Research Conference, NMMU Conference, 18-19 August, Port Elizabeth, South Africa. V PILLAY, GG WOLVAARDT, P DU TOIT

"Less talk, more action: mobilizing the HIV response through an active multisectoral local AIDS council in Tshwane, South Africa" - International Conference on Urban Health, October 27-29 2010, New York, United States of America. GG WOLVAARDT, J MITCHELL

"More than dots on a map: the application of GIS mapping in Tshwane, South Africa to inform public health interventions" - International Conference on Urban Health, October 27-29 2010, New York, United States of America. J MITCHELL, GG WOLVAARDT

"Estimating the need for orphaned and vulnerable children services in the city of Tshwane metropolitan municipality 2010" - OVC Conference, 31 October - 2 November 2010, Johannesburg, South Africa. A GERRITSEN, J MITCHELL, B WHITE

"Community involvement and participation" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. E BARNARD

"Towards the MDG's: exploring the role of the pharmacist in PMTCT" - APSSA Conference, 6-9 July, Brisbane, Australia. R KHAN

"The feasibility and effectiveness of setting up a support group for HIV positive pregnant women" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. S RAMATSEA

"The role of local government in fighting TB" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. S NCUBE. (PEPFAR Fellow placed with host organization Department of Cooperative Governance and Traditional Affairs)

"Developing events and membership in a new region using non-association strategic partners: processes and potential for growth" - 12-13 July 2010. 4th Association Congress, London, United Kingdom. T WILTON, GG WOLVAARDT

"Heroin use disorders and HIV/AIDS: an approach to management within the South African context" - NEA/FUNDISA Conference, 11-13 October, CTICC Cape Town, South Africa. MML DOS SANTOS

"Rapid assessment response study (drug use and health): Pretoria" - 23 September 2010. Centre for Disease Control and Prevention (CDC): Pretoria, South Africa (symposium). MML DOS SANTOS

"Rapid assessment response study (drug use and health): Pretoria" - 9 November 2010. Medical Research Council, SACENDU Report Back, Pretoria, South Africa (symposium). MML DOS SANTOS

"Missed opportunities for accessing HIV care among Tshwane TB patient under different models of care" - 5th PHASA 2010 Conference: 29 November - 01 December

2010 ICC East London, South Africa. G LOUWAGIE, M VAN DER WALT, B GIRDLER-BROWN, R ODENDAAL, T ROSSOUW, S JOHNSON, L DZIKITI, A STOLTZ

"The impact of the OneLove Mass Communication Campaign on condom use for HIV prevention in South Africa" - 5th PHASA 2010 Conference: 29 November - 01 December 2010 ICC East London, South Africa. L LETSALA (PEPFAR Fellow placed with host organization Soul City), R WEINER, M JANA, S GOLDSTEIN, A SHABALALA

"AHP experience in recruiting for Lesotho and Swaziland - lessons in perception, persistence and partnership" - 14th Annual Conference on Rural Health. 26-28 August 2010, Ezulwini Valley, Swaziland. L LEHMAN, P MAZIBUKO

"Recruiting for the Eastern Cape province" - 14th Annual Conference on Rural Health. 26-28 August 2010, Ezulwini Valley, Swaziland. E DLAMINI

"Structured orientation as a retention strategy" - 14th Annual Conference on Rural Health. 26-28 August 2010, Ezulwini Valley, Swaziland. R NKOMO

"Positive health, dignity and prevention" - 5th National Singapore HIV/AIDS Conference. 3 December 2010. Singapore. SE MELLORS

POSTER PRESENTATIONS

"Expanding HIV/AIDS and TB training successfully" - AMEE Conference, 4-8 September, Glasgow, United Kingdom. A GERBER

"Incidence of sputum positive TB in patients on ARVs in Plettenberg Bay, Eden, Eastern Cape" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. D RILEY, MA WACHER, B VOLSCHENK, M UYS

"New tuberculosis smear positive (NSTB) cases at Mofolo Community Health Centre, Soweto in 2008" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South

Africa. G LEVIN (PEPFAR Fellow placed with host organization JOZI FM in collaboration with Gauteng Department of Health)

"AIDS leadership development: learning style flexibility in program design is a key to success" - XVIII International AIDS Conference, 18-23 July 2010, Vienna, Austria. GG WOLVAARDT

"From random telephonic survey to routine telephonic follow up of newly diagnosed HIV patients who utilize mobile counseling and testing units in South Africa" - XVIII International AIDS Conference, 18-23 July 2010, Vienna, Austria. H VAN DER MERWE

"Lessons learned from HIV Counseling and Testing telephonic follow up service to be implemented as part of TB/HIV integration strategy by Foundation for Professional Development" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. H VAN DER MERWE

"Assessing service quality in public ARV clinics in South Africa through client-based evaluation" - XVIII International AIDS Conference, 18-23 July 2010, Vienna, Austria. HF KINKEL, A ADELEKAN, N NKHWASHU, GG WOLVAARDT

"Facilitators and barriers to self reported adherence in the greater Johannesburg area of Gauteng province, South Africa" - XVIII International AIDS Conference, 18-23 July 2010, Vienna, Austria. J LUBWAMA KIGOZI (PEPFAR Fellow placed with host organization JHPIEGO)

"Data capturing and patient management tools: integration made simple" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. L VINAGRE, M UYS

"Integration of TB/HIV services: strategic partnerships needed for success" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. M UYS, M VD WALT

"Implementation of TB and HIV co-infection integration by healthcare workers in rural PHC facilities, Maluti sub-district clinics" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. M MGULWA, M UYS

"An investigation of the needs of nurses and nursing colleagues for a professional development system" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. N ASSIMACOPOULOS (PEPFAR Fellow placed with host organization MINDSET)

"Managing change: using a clinic and workflow analysis for the successful implementation of an electronic patient management system" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. E K WEBB, N MTOBA, V MOSTERT, A MEYER

"The proposed plan of action for Vhembe District's HIV/AIDS and TB patient diagnosis, treatment and adherence as guided by the WHO's 2009 report" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. P MWAMBA (PEPFAR Fellow placed with host organization World Vision)

"The support Jigsaw puzzle" - XVIII International AIDS Conference, 18-23 July 2010, Vienna, Austria. S NCUBE, SE MELLORS

"The roll out framework for an integrated local government response to HIV/AIDS" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. S MHLONGO (PEPFAR Fellow placed with host organization Department of Cooperative Governance and Traditional Affairs)

"Investigation of the method of 'mixed pill counts' as a tool to detect deliberate masking of non-adherence to antiretroviral therapy (ART): a pilot study" - XVIII International AIDS Conference, 18-23 July 2010, Vienna, Austria. T ADIYINKE, JC MEYER, B SUMMERS, S JOHNSON

"Guidelines to minimizing defaulting rate of MDR-TB Patients in MDR unit of Limpopo Province" - 2nd

TB Conference: 1-4 June 2010 ICC Durban, South Africa. T CHAUKE (PEPFAR Fellow placed with host organization Hands at Work in Africa)

"Factors influencing non-adherence and compliance" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. T MAMPHODO (PEPFAR Fellow placed with host organization Save the Children UK)

"Community based responses critical in the fight against HIV/AIDS/TB in Maquassi Hill local municipality" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. T NXUMALO (PEPFAR Fellow placed with host organization World Vision)

"Action research as part of management" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. V PILLAY

"Does the introduction of action research in a management" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. V PILLAY

"Assessing patient schedule and policy guidance at FPD assessing patient schedule and policy guidance at FPD supported ART-sites in South Africa" - XVIII International AIDS Conference, 18-23 July 2010, Vienna, Austria. W MILAMBO

"Multi-sectoral partnerships on treatment prescription, care support and adherence" - 2nd TB Conference : 1-4 June 2010 ICC Durban, South Africa. W MBOKAZI (PEPFAR Fellow placed with host organization McCord Hospital)

"Sexual activity amongst teenagers and their attitudes, awareness and understanding of HIV, testing and support amongst learners in secondary schools in Tshwane municipality" - OVC in Africa Conference: 31 October - 03 November 2010, SCC, Johannesburg, South Africa. J BRINK

"CINDI network cluster model of capacitating NGO's and CBO's to address the needs of orphans and vulnerable children (OVC'S)" - OVC in Africa Conference: 31 October - 03 November 2010, SCC, Johannesburg, South Africa. H MBONAMBI (PEPFAR Fellow placed with host organization CINDI)

"Heroin use disorders and HIV/AIDS: an approach to management within the South African context" - 5th PHASA 2010 Conference: 29 November - 01 December 2010 ICC East London, South Africa. MML DOS SANTOS

"Heroin use disorders and HIV/AIDS: an approach to management within the African/South African context" - Global Health Challenges 2010 and Beyond Conference. November 2010. London: United Kingdom. MML DOS SANTOS

"Strategic partnerships - the successful recipe for the implementation of a clinic garden, Steve Tswete clinic, Potchefstroom, North West Province" - 2nd TB Conference: 1-4 June 2010 ICC Durban, South Africa. A LEDIMO, L BADENHORST

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ABOUT FPD

- Overview of Activities in Context of National Priorities
- Other Activities
- Strategic Partnerships
- Sponsors & Donors
- The People of FPD



OVERVIEW OF ACTIVITIES IN THE CONTEXT OF NATIONAL PRIORITIES

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

THE SOUTH AFRICAN MINISTER OF HEALTH'S 10 POINT PLAN

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

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

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

#3. IMPROVING THE QUALITY OF HEALTH SERVICES

FPD has developed and it is in the process of rolling out a Quality Improvement Project at all the public sector ART clinics it supports on a set of standards for quality services at such clinics developed in collaboration with JHPIEGO and the National Department of Health.

#4. OVERHAULING THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT

FPD currently runs the largest management development programme for public and NGO sector managers; annually providing scholarships to approximately 600 managers. Two 12 - month modular courses for senior/middle management and junior management are offered in each province. To date FPD has provided scholarships to 2 641 participants on these courses.

#6. REVITALIZATION OF INFRASTRUCTURE

In the context of FPD's PEPFAR funded support to ART and TB services, renovations and revitalizations, R14 239 295. 79 was spent in 2010 through the Treatment Department as well as that'sit, bringing the total amount spent since 2004 to R81 311 225.07.

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

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

- Training of staff on relevant clinical subjects such as ART provision, HCT, PMTCT, and TB,
- Support of AIDS or TB treatment sites with staff secondment equipment provision, technical assistance, IT infrastructure support and the provision of an electronic medical record,
- FPD have tested over 180 000 patients as recorded at the end of the PEPFAR year (30 September 2010),
- Recruitment of more than 1 800 health care professionals into public sector or NGOs most who work in support of this strategy.

#8. MASS MOBILIZATIONS FOR BETTER HEALTH FOR THE POPULATION

The Compass project has two activities that support this priority namely organizational development and capacity building of community implementers through knowledge sharing, partnerships and skills development. The Treatment Wellness Department, a health promotion programme, "You have the right to be healthy - your health is your responsibility" for people living with HIV will be implemented in 5 provinces in 2010 and will support this point.

The countrywide HIV Counselling and Testing (HCT) Campaign was launched in April 2010 by the South African National AIDS Council (SANAC) and the National Department of Health to test 15 million sexually active individuals in South Africa by 2011. The goals of the launch were to:

- Mobilize the community to 'Know Your Status' – HIV and health in general – and take responsibility for their well-being by linking them with treatment, care and support programmes,
- Provide an example by having the Mayor and other leaders of the city publicly tested, and
- Highlight the HCT resources available in the CTMM.

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

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

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

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

#10. STRENGTHEN RESEARCH AND DEVELOPMENT

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

OTHER ACTIVITIES

AWARDS

In 2010, FPD again acknowledged individuals and FPD staff, through a series of awards, who have contributed substantially to FPD's work.

THE FPD ALCHEMIST AWARD:



DR MELINDA WILSON
The FPD Alchemist Award

The FPD Alchemist Award will be awarded from time to time to acknowledge individuals, who are not staff members, and whom have substantially transformed the activities of FPD through their interaction with the organization. The second FPD Alchemist Award in 13 years was handed over in 2010 to Dr Melinda Wilson in her capacity as FPD PEPFAR Activity Manager. Since 2004 Dr Wilson substantially supported FPD's expansion of activities and catalyzed FPD's expansion into treatment support and technical assistance. Through her support and guidance, FPD has developed into one of the largest AIDS service organizations in the world.

FPD STAFF AWARDS

AWARD FOR EXCELLENCE IN TEACHING:



MS LUCIA HUYSER
Award for Excellence in Teaching

During 2010 FPD had over 3 727 teaching days. Each facilitator is evaluated by the students at the end of each training session. The ratings for all faculty who taught more than five courses during 2010 (FPD employees and

external faculty) were compared to determine who the best faculty was. Ms Lucia Huyser was the best faculty with an average rating of 4.77 out of 5. What makes this achievement even more impressive is that Ms Huyser teaches Financial Management, a notoriously difficult subject for health care managers.

AWARD FOR RESEARCH EXCELLENCE



DR MONICA DOS SANTOS
Award for Research Excellence

As an academic institution we are committed to contributing to new knowledge through research. In 2010, FPD research outputs equated 47 research projects, 16 publications and 52 conferences presentations. In selecting the recipient of this award, all research outputs in 2010 were sent to an external evaluator – Dr Martie van der Walt at the Medical Research Council, who reviewed all research outputs and selected the best output. The award for research excellence was awarded to Dr Monica dos Santos.

AWARD FOR EXCELLENCE IN COMMUNITY ENGAGEMENT



MRS EZETTE BARNARD
Award for Excellence in Community
Engagement

All FPD staff were invited to nominate and vote for the staff member who they saw as the community engagement champion in FPD. The award for community engagement was awarded to Mrs Ezette Barnard.

Mrs Ezette Barnard has organized one outreach per month during the last year in the very remote area of

the North West Province on the Botswana border with a population of approximately 13 145. During these outreaches she and her team gave education and provided counselling and testing and TB screening. During the World Cup Soccer they had an outreach event distributing soccer balls to the community of Bray and visiting all the schools (5) in the area, where every school received a soccer ball with an educational health pack. A soccer kick-off day took place at the Bray Clinic and balloons were released into the air in memory of those that the community lost to TB and HIV/Aids. There was a lucky draw for the Vuvusela's as well. A total of 2 352 were counselled and 1 319 were tested for HIV and TB. This is just one of the many activities she did contributing to communities in need.

VALUES AWARD:



MS REFILWE NKOMO
Values Award

The six FPD values are integrity, innovation, freedom to challenge, service to society, respect and quality of service.

FPD staff members were invited to nominate a colleague who excelled in a specific value. Thereafter an election process took place. The recipient of this award was selected on specifically her commitment to integrity.

The values award was awarded to Ms Refilwe Nkomo. During the past year – in her spare time – she helped produce and directed 2 plays which highlighted and helped raise awareness of the abuse of women in society. Through theatre she highlighted social issues pertaining to woman with respect, innovation and integrity.

OPERATIONAL

Diversification in the sources of funding, the addition of new programmes and the regular changes to existing programmes continue to test the support structures of FPD.

CHALLENGES FACING THE OPERATION CLUSTER INCLUDE:

- Dynamic staff number fluctuations;
- The geographic spread of FPD;
- Outsourcing of services to strategic partners; and
- Additional reporting requirements and controls.

Limited operational capacity is normally a primary constraint when expanding the scope and complexity of an organization. However, as FPD continues to evolve, strategic investment in technology, continuous process improvement and strong personnel structures within the operations cluster, allow for strong backroom support.

Operations will continue to seek out cost effective improvements to current processes, and to diversify the services offered not only within FPD, but to other strategic partners.

STAFF DEVELOPMENT

FPD has always been an organization that places high emphasis on promoting a performance driven culture. This has been achieved by actively recruiting highly talented individuals and building job descriptions around their unique skills and strengths. Internal promotion based on staff development has always been part of this culture. Since 2008 FPD invested and supported substantial staff development. Support has ranged from supporting formal post graduate studies at masters level to conference participation and short course attendants. In total 379 staff members participated in educational activities. Emphasis was placed on developing managerial



competence and 23 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, 72% were from previously disadvantaged groups.

FPD PLUS

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

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

In 2009, FPD Plus initiated the "I AM" Campaign in support of World Aids Day. This campaign has since taken the form of desk calendars and posters distributed annually to partners, donors, staff and clinics in the hope that stigma surrounding HIV/AIDS is reduced and to create an environment of acceptance. The 2011 FPD Plus Calendar was launched at the Start of the Year Function in January 2011.

STRATEGIC PARTNERSHIPS

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

INTERNATIONAL

AIDS ACCOUNTABILITY INTERNATIONAL (AAI)



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

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

AMERICAN INTERNATIONAL HEALTH ALLIANCES (AIHA)



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

COLUMBIA UNIVERSITY – ICAP



Columbia University Mailman School of Public Health's International Centre for AIDS Care and Treatment Programme (ICAP) supports the development of high-quality HIV/AIDS care and treatment services in several resource-limited countries. ICAP provides assistance in a variety of ways, including technical assistance, management systems support, financial support, M & E and training and mentoring. In South Africa, the overall objective is to increase patient's access to ART by supporting the DOH's HIV/AIDS Comprehensive Care and Treatment Programme in Eastern Cape and KwaZulu-Natal. FPD collaborates with ICAP by employing clinicians to provide professional services in support of the development and implementation of a comprehensive

HIV/AIDS care and treatment programme that will expand and enhance the current HIV/AIDS care and treatment capabilities of the provincial health department in these provinces.

DOCTORS WITHOUT BORDERS



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

GLOBAL MEDIC FORCE



GMF (formerly ICEHA), is a not-for-profit organization that engages healthcare professionals to rapidly transfer their expertise on HIV care and infectious diseases to colleagues in developing countries, using an innovative method of clinical mentoring. FPD and GMF have established their cooperation in 2008. To date 20 international mentors, recruited by GMF, have been embedded for six week secondments into FPD supported rural clinics.

HIBERNIA



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

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)



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

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 tomorrow's international elite. FPD and MBS have been collaborating since 1998 in offering an international management short course for health managers in South Africa.

SAHCD



During the project period 2007-2010, FPD participated in the SAHCD coalition as one of five partners that collectively worked towards, enabling a stronger, more coordinated regional response to the HIV/AIDS epidemic in southern Africa.

The SAHCD coalition was operational in Botswana, Malawi, Lesotho, Swaziland and Namibia and the multi-national partners and their specific focus areas included; COHSA-SA: Quality assurance, MSH: Leadership Development, ECSA: Policy development and advocacy, INTRAHEALTH INTERNATIONAL: Human Resource Management Systems, HR Management and Development, FPD: Technical assistance towards training and education activities; and recruitment and placement of health care workers.

UNICEF



The UNICEF South African country office is implementing its third country programme in which it actively

advocates for children, providing strategic institutional support to the country's development priorities. Its overall goal is to support the full realisation rights of children.

The FPD & UNICEF collaboration is rolling out a programme in support of the integrated PMTCT programme strategy of the National Department of Health through a number of interventions in Limpopo province. These interventions include training on PMTCT dual prophylaxis, clinical mentoring and referral linkages between ART and ANC sites in the province.

UPPSALA UNIVERSITY



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

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

FPD has partnered with NCK to present a Gender Based Violence capacity building project. The overall objective of this project are; to (through training) improve the knowledge, skills and attitudes of health care and

educational professionals on violence in general; to improve service delivery for victims of violence through building referral linkages between public sector facilities such as schools and hospitals and organisations that provide support services to victims of violence; and to increase awareness amongst key opinion makers of violence as a priority public issue.

YALE SCHOOL OF EPIDEMIOLOGY AND PUBLIC HEALTH

Yale

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

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

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

NATIONAL

AESTHETIC AND ANTI-AGING MEDICINE SOCIETY OF SOUTH AFRICA



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

AFRICAN BUREAU OF CONVENTIONS



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

AFRICA ONLINE SCIENTIFIC INFORMATION SYSTEM (AOSIS)



AOSIS is an information technology company founded in 1999 to address the need for online services to support continuing professional development (CPD) for the health professions. FPD and AOSIS collaborate in providing CPD accredited courses via the internet to Health Professionals.

AGRI AIDS



AgriAIDS and the FPD CT Department embarked on a joint project to promote testing to farm owners and farm workers. AgriAIDS strives to provide information dissemination of awareness rising among emerging farmers and commercial agriculture role-players, while FPD provides the counselling and testing.

AMPATH LABORATORIES



Ampath provides pathology related services to health care professional and their patients. The cooperation between FPD and Ampath was established in 2004. Ampath supports the Infectious Diseases Unit as

pathology partner, complementing and strengthening the unit by bringing in a financial component, a national network of laboratories, and microbiological experts.

CENTRE FOR THE STUDY OF AIDS



The University of Pretoria (UP) established the Centre for the Study of AIDS (CSA) in 1999 to mainstream the study of HIV and AIDS in all aspects of the university's core business activities. Its mission was to understand the complexion of the HIV/AIDS epidemic in South Africa and develop effective ways of ensuring that all the students and staff of the university are prepared both professionally and personally to deal the HIV/AIDS as it unfolds in South African society. FPD and CSA have recently embarked on an extensive study to understand sexuality and sexual behaviour in the context of the HIV epidemic.

CENTRE FOR HIV/AIDS NETWORKING (HIVAN) UKZN



HIVAN was created by the University of KwaZulu-Natal in 2001 to promote, conduct and build capacity for research that is responsive to and contributes to alleviating the circumstances of people living with the affected HIV/AIDS. HIV-911 is a programme within HIVAN which specializes in maintaining and expanding a database of over 6 000 HIV- related services providers throughout the country. Through HIV-911, information can be obtained on HIV-related service and support in

any area of the country. HIV-911 and FPD are developing a HIV-related service database and producing annual provincial print directories of all HIV service providers captured.

CITY OF TSHWANE METROPOLITAN MUNICIPALITY (CTMM)



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

DEPARTMENT OF HEALTH EASTERN CAPE



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

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

DEPARTMENT OF HEALTH WESTERN CAPE



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

DIRA SENGWE CONFERENCES



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

ELECTRONIC DOCTOR INTERACTIVE (E-DOC)



FPD, E-Doc and Media-One Publishing Group collaborate on the African Nursing Practice Review Journal which is geared towards the improvement of nursing practice in underserved regions and targets all practicing professional nurses. The Journal focuses on issues that impact on nursing care delivery and features of best practice models of clinical care and patient management and other research that is applicable to the delivery of patient care.

GAUTENG PROVINCIAL HEALTH DEPARTMENT



FPD has a long-standing relationship with the Gauteng Provincial Health Department around the Positive Health project that has been supporting ART sites in this province since 2004. FPD also provides a variety of training programmes to the staff of this province.

HEALTH SCIENCE ACADEMY (HSA)



Health Science Academy is an accredited provider of education and training in the South African health sector, with the purpose of providing a comprehensive range of educational products and research that are

tailor made to the needs of the pharmaceutical sector. HSA has extensive experience in the private training and education market and focuses on Adult Education and Training. FPD and HSA jointly offer a dispensing course for healthcare professionals.

HIGHER EDUCATION HIV/AIDS PROGRAMME (HEAIDS)



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

HOSPICE PALLIATIVE CARE ASSOCIATION (HPCA)



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

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

INNOVATIVE MEDICINE SOUTH AFRICA (IMSA)



Innovative Medicine South Africa (IMSA) is a South African pharmaceutical industry association, which focuses on building an environment for sustainable access to innovative research-based healthcare. IMSA strive to enable timely access for patients to new medicines by seeking shorter registration approval timelines. IMSA and FPD initiated the "First things First HCT Project" in 2010 that will test 30 000 students in 2011.

LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) WELL-BEING – OUT



OUT LGBT Well Being is 15 years old and one of the leading Lesbian, Gay, Bisexual and Transgender groups in South Africa. OUT has been instrumental in securing same sex marriage, starting the first dedicated community centre in Gauteng, doing the first quantitative study on experiences of LGBT people, and starting the first LGBT clinic in Gauteng.

The partnership between FPD and OUT specifically looks at strengthening Counselling and Testing (CT) activities and providing HIV Wellness services to members of

the LGBT community OUT's Prism Community Centre. There are also plans underway to integrate LGBT issues into FPD training courses, with a special emphasis to address the needs of the men who have sex with men (MSM) community. OUT is proud of its HIV work as it addresses research - identified needs with solid program design and management.

LIMPOPO PROVINCIAL HEALTH DEPARTMENT



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

MAPIT



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

MEDICAL RESEARCH COUNCIL (MRC)



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

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

MPUMALANGA PROVINCIAL DEPARTMENT OF HEALTH



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

NORTH WEST PROVINCIAL HEALTH DEPARTMENT



Various FPD projects are involved in public-private-initiatives in North West. These include the FPD Treatment Cluster that supports ART clinics in the province and the that'sit Programme. FPD also provides a variety of training programmes to the staff of this province.

PARTICIPATE EMPOWER AND NAVIGATE – PEN



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

RIGHT TO CARE



Right to Care is a non-profit organization (Section 21) that builds public- and private-sector capacity for the clinical care and treatment of individuals living with HIV and associated diseases. Right to Care was established in Johannesburg in 2001. It is funded chiefly by grants from the US government, through the President's Emergency Plan for AIDS Relief (PEPFAR). Through a variety of programmes and partnerships with government and NGOs, Right to Care supports over 170 sites and funds the clinical care or treatment of over 125 000 HIV-positive individuals. HIV counselling and testing is provided to 230 000 individuals annually.

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



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

SOUTHERN AFRICAN HIV CLINICIANS SOCIETY (SAHCS)



The Southern 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/AIDS. The strategic alliance between FPD and SAHCS dates from 2001, when the two organizations introduced the HIV Clinical Management Course. FPD also enrolls students as SAHCS members as part of the FPD alumni programme. SAHCS also organizes the skills building programme at a number of conferences that FPD organizes.

SOUTH AFRICAN INSTITUTE OF HEALTH CARE MANAGERS (SAIHCM)



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

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

TSHWANE LEADERSHIP FOUNDATION



The Tshwane Leadership foundation (TLF) is working with churches and communities for urban transformation.

Growing from the work of Pretoria Community Ministries, the TLF was created in 2003 to strengthen the unfolding inner city movement of churches, communities and programmes with the capacity that TB carry out resource development, advocacy and policy work, communication and marketing, and spiritual nurture.

It also wants to play an intermediary and/or supportive role to initiatives in other parts of the City of Tshwane.

FPD and TLF have been working together on a number of issues ranging from provision of AIDS treatment services to the inner-city community to developing the organizational capacity of TLF and some of its FBO partners.

UMLAMBO FOUNDATION



Umlambo Foundation is the creation of the former Deputy President Phumzile Mlambo- Ngcuka. The Foundation has existed from October 2008 and is a registered non-profit organization.

Umlambo Foundation leverages the goodwill of people and institutions to invest in leadership, management and development of school principals to improve the quality of education in public schools. This gives learners a chance to WIN against poverty.

UNIVERSITY OF CAPE TOWN



The University of Cape Town (UCT) is South Africa's oldest university. UCT was formally established as a university in 1918, on the basis of the Alfred Beit bequest and additional substantial gifts from mining magnates Julius Wernher and Otto Beit. The new university also attracted substantial support from well-wishers in the Cape Town area and, for the first time, a significant state grant.

FPD and the Medicine Information Centre at the University established the Healthcare worker hotline in 2008. This centre provides telephonic support to healthcare professionals on HIV treatment.

UNIVERSITY OF LIMPOPO



The University of Limpopo is the result of a merger between the former Medical University of Southern Africa and the University of the North, which occurred on 1 January 2005. The Medical University of Southern Africa (MEDUNSA) was established in 1976 to provide tertiary education and training facilities to the educationally disadvantaged in the fields of Medicine, Allied Health

and Nursing Sciences, and Dentistry intended to meet the health needs of the country. FPD and the University of Limpopo has established the Mother and Child Unit as a joint initiative.

UNIVERSITY OF PRETORIA (UP)



The University of Pretoria was established as an independent university in 1930. With approximately 40 000 enrolled students, the university is a leader in higher education and is recognized internationally for academic excellence and a focus on quality. Collaboration between FPD and UP takes place around the Infectious Diseases Unit, the campus ART Clinic, CT campaigns for students and ART clinics at two of the university's teaching hospitals (Steve Biko Academic Hospital and Kalafong Hospital). In 2007 this collaboration expanded to include collaboration with the FPD Compass Project around epidemiological estimations of AIDS service needs.

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Listed below are sponsors who fund projects, educational programmes and conferences.



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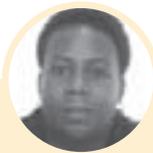
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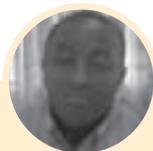
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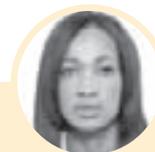
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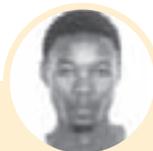
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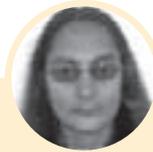
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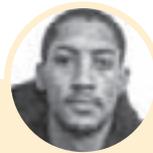
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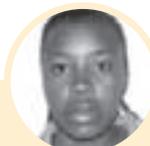
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Ms DJT Matlou



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Ms JM Motloutsi



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Mrs TR Netshifhefhe



Ms JM Ngobeni



Miss W Nguzo



Mrs LNN Ngwandi



Mr DJ Nieuwoudt



Miss T Nkahto



Ms ME Nkhwashu



Mr TM Nkhwashu



Ms TP Nkomo



Ms TS Nkosi



Miss SN Nkosi



Ms RS Nkosi



Mrs BE Nkuna



Mrs MT Nkwana



Miss VM Noge



Miss DO Nomarwayi



Ms MJ Ntlama



Ms DL Ntsoelengoe



Miss MT Ntsumele



Ms N Ntunkantu



Ms TA Ntuli



Miss BC Olebogeng



Mr CM Papo



Ms NA Phakathi



Mrs TT Phehle



Ms T Phindela



Ms JM Pilane



Ms H Platjies



Mrs DL Platjies



Mr SA Puleng



Mr TH Qatha



Ms NJ Radzilani



Ms FJ Ramashia



Ms RLJ Ramokgadi



Mrs SB Ranamane



Mr KLJ Raseroka



Mrs HL Rathogwa



Miss LP Ratshilumela



Miss MC Ratshitanga



Ms B Rietfels



Ms MR Roelfse



Ms TO Sambo



Ms LS Sebelebele



Ms OP Seema



Ms MS Sekhosana



Miss MH Sello



Mrs TG Sengani



Ms MK Sesenogo



Mrs MS Setata



Mr PM Setumo



Ms N Sgudla



Mr TJ Shilajoe



Mr HT Shilubane



Ms TV Shitiba



Mrs SE Shomang



Ms PN Shongwe



Ms EK Sibeko



Ms NCL Sibisi



Ms G Sibiya



Ms NV Siboto



Mr SB Sigidl



Mr WM Sihale



Mrs LN Sindane



Mrs NI Sinxo



Miss SN Sishiwili



Mrs NP Sithole



Ms ME Sithole



Ms TH Sithole



Miss A Siweya



Mrs S Smith-Gezza



Ms EN Sonjica



Ms N Stuurman



Ms PD Stuurman



Mrs MP Terblanche



Miss PP Thaba



Mrs SA Thabethe



Miss MG Thamane



Ms B Theledi



Mr S Themangombe



Mr LA Tiki



Mr NN Tobela



Mrs NG Toto



Ms GL Tsele



Ms N Tsewu



Miss ME Tshabalala



Ms S Tshabalala



Mr TS Tsababalala



Mr MA Tshaisi



Mrs D Werwers



Ms NM Wongama



Ms Miss NC Zicina



Ms TG Zwane

ENQUIRIES

FPD HEAD OFFICE

POSTAL ADDRESS

PO Box 75324 · Lynnwood Ridge
0040

PHYSICAL ADDRESS

Struland Office Park (East Block) · 173 Mary Street
The Willows · Pretoria
0184

GENERAL

When dialling from outside of South Africa the international dialling code for calling South Africa is +27

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

SWITCHBOARD: +27 (0) 12 816 9000
FAX NUMBER: +27 (0) 12 807 7165

COURSE AND TRAINING COURSES

ACADEMIC CLUSTER

Contact Person: Ms Veena Pillay
Contact Number: + 27 (0) 12 816 9091
Fax Number: 086 567 3198
E-mail: veenap@foundation.co.za

PROGRAMME DEVELOPMENT

Contact Person: Ms Hannelie Joubert
Contact Number: + 27 (0) 12 816 9025
Fax Number: +27 (0) 12 807 7165
E-mail: hanneliej@foundation.co.za

STUDENT ADMINISTRATION: DONOR PROJECTS

Contact Person: Ms Amor Gerber
Contact Number: +27 (0) 12 816 9084
Fax Number: 086 559 4638
E-mail: amorg@foundations.co.za

Contact Person: Ms Lucy Rossouw
Contact Number: +27 (0) 12 816 9108
Fax Number: 086 558 0717
E-mail: lucyr@foundation.co.za

Contact Person: Ms Ilana van der Merwe
Contact Number: +27 (0) 12 816 9099
Fax Number: 086 958 3585
E-mail: ilanavdm@foundation.co.za

CLINICAL SKILLS DEVELOPMENT & PRACTICE SUPPORT STAFF

Contact Person: Ms Ilana van der Merwe
Contact Number: +27 (0) 12 816 9099
Fax Number: 086 958 3585
E-mail: ilanavdm@foundation.co.za

Contact Person: Ms Zandi Paul
Contact Number: +27 (0) 12 816 9104
Fax Number: 086 567 0285
E-mail: zandip@foundation.co.za

Contact Person: Ms Cheryl-Lee Williams
Contact Number: + 27 (1) 12 816 9103
Fax Number: 086 567 0232
E-mail: cheryl-leew@foundation.co.za

STUDENT ADMINISTRATION: COMMERCIAL PROJECTS

Contact Person: Ms Michelle Harding
Contact Number: +27 (0) 12 816 9085
Fax Number: 086 578 0760
E-mail: michelleh@foundations.co.za

IN-COMPANY TRAINING

Contact Person: Mrs Madalene Engelbrecht
Contact Number: +27 (0) 12 816 9112
Fax Number: 086 567 0265
E-mail: madelene@foundation.co.za

TRAINING IN AFRICA

Contact Name: Ms Veronica Combo
Contact Number: +27 (0) 12 816 9096
Fax Number: 086 567 2242
E-mail: veronicac@foundation.co.za

COMMERCIAL CLINICAL AND MANAGEMENT COURSES

Contact Person: Ms Danielle Daniels
Contact Number: +27 (0) 12 816 9113
Fax Number: 086 558 5428
E-mail: danielled@foundation.co.za

DISTANCE EDUCATION AND E-LEARNING

Contact Person: Ms Melany Manoharum
Contact Number: + 27 (0) 12 816 9100
Fax Number: 086 558 5433
E-mail: melanym@foundation.co.za

EDUCATION FACULTY

Contact Person: Ms Joanne Brink
Contact Number: +27 (0) 12 816 9035
Fax Number: 086 584 5657
E-mail: joanneb@foundation.co.za

FPD CONFERENCES & SPECIAL EVENTS

Contact Person: Ms Tamlynn Wilton
Contact Number: + 27 (0) 12 816 9068
Fax Number: 086 567 0325
E-mail: tamw@foundation.co.za

OPERATIONS CLUSTER

Contact Person: Mr Rob Health
Contact Number: + 27 (0) 12 816 9063
Fax Number: 086 575 8354
E-mail: robh@foundation.co.za

FINANCE DEPARTMENT

Contact Person: Henk Reeder
Contact Number: + 27 (0) 12 816 9062
Fax Number: 086 567 0253
E-mail: henkr@foundation.co.za

IT SUPPORT

Contact Person: Mr Kershen Naidoo
Contact Number: + 27 (0) 12 816 9076
Contact Fax: 086 559 4670
E-mail: kershenn@foundation.co.za

HR ADMINISTRATION

Contact Person: Ms Alet Bosman
Contact Number: + 27 (0) 12 816 9056
Fax Number: 086 575 8354
E-mail: aletb@foundation.co.za

MARKETING DEPARTMENT

Contact Person: Ms Rethabile Monare
Contact Number: + 27 (0) 12 816 9093
Fax Number: 086 567 0275
E-mail: rethabilem@foundation.co.za

COMMUNICATIONS DEPARTMENT

Contact Person: Ms Sabrina da Silva Moreira
Contact Number: + 27 (0) 12 816 9034
E-mail: sabrinad@foundation.co.za

COMMUNITY ENGAGEMENT AND TREATMENT PROJECTS

TREATMENT CLUSTER

TREATMENT, CARE AND SUPPORT

Contact Person: Mr Shaun Mellors
Contact Number: + 27 (0) 816 9008
E-mail: shaunm@foundation.co.za

COUNSELLING AND TESTING

Contact Person: Ms Hanlie van der Merwe
Contact Number: + 27 (0) 816 9065
E-mail: hanlievdM@foundation.co.za

MONITORING AND EVALUATIONS

Contact Person: Mr Suzanne Johnson
Contact Number: + 27 (0) 816 9009
E-mail: suzannej@foundation.co.za

Postal Address: PO Box 75324
Lynnwood Ridge · 0040

Physical Address: Struland Office Park (East Block)
173 Mary Street · The Willows
Pretoria · 0184

POLOKWANE OFFICES

Contact Person: Ms Pepe Mchiza
Contact Number: 015 291 2121
E-mail: pepem@foundation.co.za

Physical Address: 43 Biccard Street · Suite 16
Polokwane · 0699

PORT ELIZABETH OFFICES

Contact Person: Mr Welcome George
Contact Number: 078 520 3234
E-mail: welcomeg@foundation.co.za

Physical Address: Cacadu District Office
Goldenmile Building (5th Floor,
Room 520)
32 Govern Mbeki Avenue
Port Elizabeth · 6001

COMPASS PROJECT

Contact Person: Ms Janine Mitchell
Contact Number: + 27 (0) 816 9012
Fax Number: 086 567 0306
E-mail: janinem@foundation.co.za

PEPFAR FELLOWSHIP PROGRAMME

Contact Person: Dr Anna-Marie Radloff
Contact Number: 0865670289/+27(0)128075104
Fax Number: 086 575 8354
E-mail: annamariem@foundation.co.za

Postal Address: PO Box 75324
Lynnwood Ridge · 0040

Physical Address: OFFICE@NATURE
Block D3: First Floor
500 Lynnwood Road
The Willows

THAT'SIT PROJECT HEAD OFFICE

Contact Person: Dr Margot Uys
Contact Number: + 27 (0) 11 326 3030
Fax Number: + 27 (0) 11 326 3232
E-mail: margotu@foundation.co.za

Postal Address: PO Box 79 · Ferndale
2160

Physical Address: 267 Oakfields Building
Oak Avenue · Ferndale
Randburg
2160



AFRICA HEALTH PLACEMENTS HEAD OFFICE

Contact Person: Mr Saul Kornik
Contact Number: + 27 (0) 328 1310
Fax Number: + 27 (0) 328 1301
E-mail: saulk@ahp.org.za

Postal Address: PO Box 351 · Parkland
2121

Physical Address: Suite 265
Dunkeld West Centre
277 Jan smuts Avenue
Dunkeld · Johannesburg
2196

AHP PROVINCIAL OFFICES

Contact Person: Ms Tracey Hudson
Contact Number: + 27 (0) 31 765 1732
Fax Number: + 27 (0) 31 765 1755
E-mail: traceyh@ahp.org.za

Postal Address: PO Box 425 · Hillcrest · 3650

Physical Address: 3 Shongweni Road · Hillcrest
3610



CONTACT DETAILS

FPD HEAD OFFICE

Tel: +27 (0) 12 816 9000 · Fax: +27 (0) 12 807 7165
Web Address: www.foundation.co.za

Postal Address: PO Box 75324 · Lynnwood Ridge
0040

Physical Address: Struland Office Park (East Block)
173 Mary Street · The Willows · Pretoria · 0184

