Joint conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors Association of South Africa (RuDASA)

Bridging the health divide: from Policy to Practice

Bloemfontein, South Africa
5 – 7 September 2012
ACKNOWLEDGEMENTS

The Organising Committee of the Joint PHASA and RuDASA Conference thanks the following organisations for their generous contributions:

- Protex
- Global Bridges
- DFID Department for International Development
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WELCOME MESSAGE
BRIDGING THE HEALTH DIVIDE: FROM POLICY TO PRACTICE

It gives me great pleasure to welcome you to the first joint conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors Association of South Africa (RuDASA) in Bloemfontein.

The theme of this joint conference in 2012 is Bridging the health divide: from policy to practice. The theme highlights the importance of good health, especially three years before the target date of achieving the millennium development goals. Yet a ‘healthy life’ remains a distant vision for many, particularly poor, vulnerable communities in rural areas, who face the greatest inequities, health burden and lack of sustainable development. Many of our communities remain trapped in a cycle of poverty, disease, malnutrition and poor living conditions. Preventable communicable diseases have yet to be contained, non-communicable diseases are assuming increasing importance and the serious impact of environmental hazards and climate change must be faced. Notwithstanding the many positive developments at a policy level, our public health care system is under severe pressure. We still do not have a functioning district health care system, thus increasing pressure on hospitals which are often used in an inappropriate and inefficient manner. Many good policies fail the very communities they are meant to benefit, because of lack of, stalled or poor implementation.

Nonetheless, there is much that can be done by non-governmental and professional organisations such as PHASA and RuDASA. With this joint 2012 conference, we hope to have robust discussion on the health and health care divides, the drivers of these divides, influencing factors, and strategies, mechanisms and solutions to bridge these divides, whether through leadership, advocacy, research, education and/or practice.

At this joint conference, we hope to inspire delegates to renew their commitment to health as a way of life and to advocate for a health care system that positively create healthy people and environments. Such a health care system must, in addition to treating illnesses and injuries, seek to: enhance the quality of life for all, irrespective of geographical location, race, ethnicity, age, sex or socio-economic status; focus on health and health promotion and not only on disease and its alleviation and cure; transform the relationship between professionals and communities; and take cognisance of inter-sectoral policies which are crucial to health (water and sanitation, nutrition, safety and security, housing). Hence, the recent legislative developments that include: regulations on smoke-free public places, the proposed reduction of salt content in bread and other foodstuffs, and reduction in the alcohol limit are encouraging public health initiatives, for which PHASA applauds the Ministry and the Department of Health.

Beyond the deliberations at our annual conferences, PHASA fulfils a critical public health networking and capacity building function in South Africa, and increasingly in the African region. During 2012, we continued to play an important role in strengthening the work of the World Federation of Public Health Associations and the African Federation of Public Health Associations (AFPHA). Our partnership with AFPHA will be further enhanced through our joint conference, this being the inaugural African Congress of Public Health to be held in Cape Town in 2013.

A special word of welcome to our key note speakers, all of whom are distinguished public health professionals, and who bring diverse experience, knowledge and expertise to the conference. We also want to welcome the South African public health community, those delegates from other countries and those from other African Public Health Associations. Thank you for your ongoing support and for helping to grow a dynamic and responsive organisation. I wish to thank the other members of the PHASA executive for their hard work, dedication and commitment to public health and to the organisation. A special thank you to our conference sponsors, who are listed in the conference booklet and who remain committed to supporting the ongoing development of PHASA and its partners. We also want to thank the staff from the MRC conference and events management division for their tireless efforts, and for going beyond the call of duty to ensure that the conference is a success.

We have an exciting conference programme, and I have no doubt that delegates will find the various sessions both exciting and worthwhile. Once again, we challenge all delegates to use the opportunities provided by this joint PHASA/ RuDASA conference to identify strategies and take action that will contribute towards the achievement of improved population health outcomes in South Africa, and of a more equal society, without the many health divides.
Welcome to the first combined RuDASA-PHASA conference! From a RuDASA perspective this year’s conference is bound to have a slightly different flavour from usual, but we trust that bringing together public health specialists with healthcare workers from the rural coalface will result in many stimulating debates and discussions, and hopefully fresh and new perspectives.

It has almost become a cliché that in the new, democratic South Africa one of our great strengths has been the development of excellent policies, but that we have often failed to put these policies into practice. Why is this the case? And why does South Africa, despite having such good policies, have worse health outcomes than many poorer countries? We might not find answers to all these questions, but I hope that, by the end of our few days together, we might have established ways in which to bridge the policy-practice divide.

Of course, I hope that you will be inspired by the people you meet and the things they are doing. The RuDASA conference is usually a time when batteries are recharged and passion reignited! I also hope that students will realize that rural practice is an essential part of the South African healthcare puzzle and that it can be extremely valuable to communities and rewarding to individual healthcare workers.

We are delighted that we are again joined by rural therapists and also by clinical associates, and that these colleagues will launch their new respective professional groupings during the conference.

Finally, a huge thank you to all who have been part of organizing this conference – the hard work and many hours of planning and putting everything together is greatly appreciated!

Yours in rural health,

Karl le Roux
Chair of RuDASA
Mangaung 2012 – a keenly awaited time on the political front with great expectations of this year’s ANC elective congress. But, Mangaung 2012 also signals another important event that has been awaited with anticipation — this first joint conference of PHASA and RuDASA (and PHASA’s eighth conference)! Please feel the warmth of our welcome to you to this exciting Public Health event.

This year’s conference theme is “Bridging the health divide: from Policy to Practice”. At the plenary sessions we are honoured to have a group of distinguished guest speakers, including the Director-General for Health, Ms Malebona Precious Matsoso. Our guest speakers will introduce the discussions that will lead into the scientific programme. On Day One of the conference we plan to consider and define answers to the question, “What is the policy/practice divide?” Day Two is then devoted to addressing the ever-vexing issue, “How to close the policy/practice divide?” A total of xx oral and xx poster papers will be presented over these two days and, in answer to the questions posed, will share and exchange cutting-edge research findings and evidence-based good practice in health care.

Hosting a joint conference has resulted in a new injection of energy and ideas into planning the conference. We hope that this event will serve to introduce PHASA and RuDASA to an ever-wider audience.

I would like to thank Hannes Steinberg and my fellow Scientific Committee members, Maryke Bezuidenhout, Bernhard Gaede, Stephen Knight, Saiendhra Moodley, Julia Moorman, Thandi Puoane and Marije Versteeg, together, of course, with our tireless administrative supporters, Mandy and Deon Salomo. Sincere gratitude is also due to the large number of people who volunteered to support the Scientific Committee as abstract reviewers, session chairs and judges. The contribution of your time and effort enables PHASA to continue holding successful conferences year after year.

Finally, a word to all of you – our conference delegates. In anticipation of your active participation over the next two days, we extend our thanks. As you attend workshops, plenaries, oral and poster sessions, please remember that it is through sharing experiences, reflective practice and collective deliberation and discussion that we can work towards informing the process of strengthening the South African health system and, in so doing, improve health outcomes.

Members
Maryke Bezuidenhout
Ellen Claassen
Bernhard Gaede
Waasila Jassat
Stephen Knight
Saiendhra Moodley
Julia Moorman

Thandi Puoane
Deon Salomo
Mandy Salomo
Meagan Simpson
Hannes Steinberg
Marije Versteeg
Welcome to this joint conference! PHASA (Public Health Association of South Africa) and RuDASA (Rural Doctors Association of Southern Africa) were both planning their annual conference and both wanted to hold them in the Free State at spring time. When members that straddle both organisations came to hear of that the question arose, why not have a combined conference? The two organisations then explored the possibilities – and the outcome is evident. The delegates to this conference are a good mix of people and professionals between those who are concerned with putting appropriate policies in place and those having to ensure that the health service is delivered effectively.

If we think of the effective functioning of a restaurant, then we realised the need for good co-operation and understanding between the waiters, chef in the kitchen and the manager of the business. If we draw from this analogy, in the same way, when it comes to health care delivery, there needs to be good co-operation and understanding between those concerned with policy and those concerned with the ‘coalface’ service delivery. This conference creates a platform for that. Therefore the topic: “Bridging the Health Divide: From Policy to Practice”. The organising committee would like to see you engage in constructive discussion, debate and networking in order to bridging that divide, that seems so evident in our country at present. The program prepared for these days, made possible by the input of so many of you, the attending delegates, provides good opportunity to anchor and build bridges across this divide. The platform has been set, please join and find creative ways to bridge this divide.

Two professional bodies, namely RuReSA (Rural Rehab in Southern Africa) and PACASA (Professional Association of Clinical Associates in South Africa) are making their “debut” during this meeting. We wish them both well for the launch and in establishing their role in the South African health service. Welcome and thank you for your contributions to this meeting.

Thank you all for participating. Enjoy the interaction, discussion and debate. I trust that you will leave this conference strengthened and enthused about the bridges that have and can been built. Blessings.

Members

Richard Cooke
Ellen Claasen
Robert Ganesh
Ehimario Igumbor
Stephen Knight
Edwin Leballo
Tlathi Lwdibane
Dr Moj
Maggie Mekonoto
Tracey Naledi
Laetitia Rispel
Denise Robberts
Estelle Roux
Deon Salomo
Mandy Salomo
Flavia Senkubuge
Meagan Simpson
Hannes Steinberg
Yoland Swart
Kirsten Windvogel
GUEST SPEAKERS

Ms Harsha Dayal
Project Manager/ Outcomes Monitoring & Evaluation Unit DPME/The Presidency

Harsha Dayal qualified as an Occupational Therapist at Wits University in 1992. She worked in the public health sector in various positions, ranging from a clinician in neurology to project manager. She was awarded an EU Scholarship to study at the University of London’s, Center for International Child Health in 1994, where she completed a Diploma in Community Based Rehabilitation (CBR). She planned and implemented several community projects in partnership with Universities, NGO’s, CBO’s and government officials, putting CBR principles into practice within informal settlements and semi rural communities. In 2009, she completed a Master of Public Health at Wits University in the Health Policy and Management track. Her research involved an investigation of the challenges in the implementation of the National Rehabilitation Policy, utilizing a process evaluation design and the tool of policy analysis. She completed her research work for the Masters Degree while an intern at the Human Sciences Research Council in the Policy Analysis Unit. She gained valuable research capacity by undertaking primary research in broader fields of Poverty Reduction; Gender Studies; Developmental State; ARV Delivery Models; Public Participation and Nation Building. While she participated in scholarly activities of meeting publication targets, conference presentations and submitting client reports, she embarked more passionately on introducing a change agenda in the social policy landscape. As part of the HSRC team, she provided secretariat support in facilitating Dialogue on the National Health Insurance, which turned the tide of Health Sector reform in SA. She also serves on a reference group for UNICEF and the National Department of Social Development to provide oversight on services rendered to children with disabilities, seeking alignment with International treaties. She became Project Director in 2009, managing a USA funded project for two years. In 2011, she was promoted to Chief Researcher and transferred to the Research Use and Impact Assessment Unit at the HSRC. Currently, she has been seconded to manage the 20 Year Review at the Department of Performance Monitoring and Evaluation within the Presidency.

Dr Karl le Roux
Principal Medical Officer, Zithulele Hospital

Dr. Karl le Roux trained at UCT where he qualified in 1999. He did his community service at Cecilia Makiwane Hospital outside East London and then worked for a year in Alice in the former Ciskei. During this time, the Eastern Cape bug bit and he and his wife decided that they would commit to working at least 5 years somewhere in the rural Eastern Cape with their good university friends, Ben and Taryn Gaunt, who also felt a calling to work in rural medicine.

After travelling through Africa, working a while in the UK and then doing a Masters in International Health in Uppsala, Sweden, Karl started working at Zithulele Hospital in November 2006. He has found it a great privilege to be part of an amazing team of healthcare workers whose vision it is to slowly build up a rural hospital to be a place where poor rural South Africans are able to get good quality healthcare.

Karl is passionate about maternal and child health, breastfeeding, HIV/ARV care and rural medicine. He believes that if all doctors spent a year or two in a rural hospital, they would be better, more rounded clinicians - whichever speciality they end up in! He also feels that universities need to equip their students to better cope with the realities of rural medicine, which many of them are first exposed to as community service healthcare workers.

He has been Chair of RuDASA since September 2008 and has Diplomas in Obstetrics and Anaesthetics. He is currently working full time as a medical officer at Zithulele hospital, and is heading up a study which will follow up about 500 infants born in and around Zithulele Hospital for a year from January 2013.
Crick Lund, BA (Hons), MA, MSocSci (Clinical Psychology), PhD, is an Associate Professor and Director of the Alan J. Flisher Centre for Public Mental Health, Department of Psychiatry and Mental Health, University of Cape Town. He is currently CEO of the PRogramme for Improving Mental health care (PRIME), a DFID funded research consortium focusing on the integration of mental health into primary health care in low resource settings in Ethiopia, India, Nepal, South Africa and Uganda. He trained as a clinical psychologist at the University of Cape Town and was subsequently involved in developing norms for mental health services for the national Department of Health. He has also worked for the World Health Organisation (WHO), on the development of the WHO Mental Health Policy and Service Guidance Package, and consulted to Lesotho, Namibia, Indonesia, South Africa and Zimbabwe on mental health policy and planning. His research interests lie in mental health policy, service planning and the relationship between poverty and mental health in low and middle-income countries.

Rajen Naidoo PhD, is a medically qualified doctor, and accredited specialist in occupational medicine. He is an Associate Professor in Occupational Medicine at, and Head of Department of Occupational and Environmental Health, School of Family and Public Health Medicine at the Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, South Africa. Prof Naidoo has been in academic occupational medicine since 1993. His particular areas of research interest are occupational and environmental respiratory diseases. He has attracted several large research grants, including funding from international funding agencies such as the US National Institutes of Health and the European Union Framework Programme 7. He has approximately 30 peer-reviewed publications, 20 published conference abstracts and 10 technical reports and 12 popular publications. He has presented at several international and national conferences, including the chairing of various sessions at some of these meetings. He has conducted large research projects investigating the respiratory health of coalminers, and one of the largest projects in Southern Africa on ambient pollution and respiratory outcomes, particularly among children. The latter study, among 450 schoolchildren, investigated the impact of a variety of conventional pollutants on the acute respiratory outcomes, including symptoms, fluctuations in peak flow, airway hyperresponsiveness and allergy status. In additon, the study investigated the interaction between these outcomes and genetic status for common/known asthma genotypes – particularly those genes associated with oxidative stress.
Mr Nhlanhla Ndlovu
Senior Programme Manager responsible for CEGAA’s Parliamentary and Civil Society Programmes

Nhlanhla is a Programmes Manager, responsible for budget monitoring and expenditure tracking (BMET) activities of CEGAA. He joined CEGAA in October 2008 after serving as a Provincial Manager of the KZN Child Services Programme for ARK (Absolute Return for Kids), where he promoted access to social security as an intervention in mitigating the social impact of AIDS. He spent four years working for IDASA’s AIDS Budget Unit, where he monitored resource allocation and utilisation of health and HIV/AIDS funds in South Africa and elsewhere. His HIV/AIDS experience includes numerous research positions, such as work on research ethics in HIV vaccine development research for HAVEN, and monitoring and evaluation of community and government responses to HIV and AIDS.

Nhlanhla has a Master of Philosophy Degree in Public Policy (Public Finance) from the University of Cape Town, an Honours Degree in Commerce from UKZN, and a Bachelor’s Degree in Social Sciences, also from UKZN. He has lectured on Business Administration and Industrial Psychology, and serves as Treasurer of the Board of Directors for SECTION-27, incorporating the AIDS Law Project (ALP).

He has a special interest on public policy and budgeting, and believes that people don’t need highly technical skills to achieve budget transparency and accountability. The source of change in budget matters is a collective voice of ordinary citizens and community groups empowered to challenge public policies, systems and budgets for the provision of people-centred quality public services at minimal costs.

Professor William Pick
Professor Emeritus, University of the Witwatersrand; Honorary Professor, University of Cape Town; Extraordinary Professor, University of Stellenbosch.

William Pick is Professor Emeritus at the University of the Witwatersrand where he was the founding Head of the School of Public Health. He has served as the interim President of the Medical Research Council and as Chairperson of the Council for Medical Schemes. He holds or has held honorary professorial appointments at the Universities of Cape Town, the Western Cape and Stellenbosch. He spent time at Harvard University as Fellow, and later Visiting Fellow, in International Health, and has held fellowships of the Royal Society of Medicine and the Royal Society of Tropical Medicine and Hygiene. He has served a temporary advisor to the World health Organisation. He is a Member of the Academy of science of South Africa. He chaired the first post-apartheid ministerial committee on Human Resources for Health and led the national task team that produced a national strategy for human resources for health in 2000. He has published extensively and served on numerous editorial committees. He has at various times served as the chairperson of the Epidemiological Society of Southern Africa (ESSA) and the Public Health Association of South Africa (PHASA).
Kelvin is the Executive Director of Regional AIDS Training Network (RATN) since 2008. He holds an MA degree in Economics and currently pursuing a PhD in Economics under University of Malawi. His work on communities and developments spans eleven (11) years involving work worked both at local communities and international levels where he has been part of the changing environment and dynamics in relation to HIV response and socio-economic development issues largely in the Eastern and Southern Africa region. Most of his work experience has been in the programs and policy design in development and health programmes; and capacity building initiatives. In addition, has also undertaken a number of consultancy assignments in Policy Analysis, Capacity for Health, Poverty Reduction Strategies, Food Security, Monitoring and Evaluation, and Organizational Development and Management. His professional and academic interests are in areas of local capacity development and poverty reduction in the context of Africa’s political economy.
EXHIBITIONS

AFRICA HEALTH PLACEMENTS

Africa Health Placements (AHP) is a joint venture between the Rural Health Initiative (RHI) and Foundation for Professional Development (Pty) Ltd. AHP aims to recruit, orientate and retain healthcare professionals in the public healthcare sector in southern Africa though almost all of AHP’s operations are currently in South Africa where the project was founded. This is achieved through close working relationships with the national Department of Health, provincial health departments, government hospitals, NGO clinics and regulatory bodies, as well as with a number of institutions that support the pipeline of human resources for health. AHP’s service offering also extends to services directed toward building sustainability, such as consulting, information services, advocacy and marketing.

Contact details:
Business tel: +27 11 3281300
Fax number: +27 11 3281301
E-mail: Keabetswen@ahp.org.za
Website: www.ahp.org.za

DISCOVERY (DISCOVERY FOUNDATION)

The Discovery Foundation aims to bring about a significant change in the healthcare sector by investing in the development of scarce medical skills and expertise. Through a series of grants and funding we promote training in Academic Medicine, more training posts for sub-specialists and help develop institutions that work to boost healthcare resources.

Contact details:
Business tel: +27 11 5292004
Fax number: +27 11 5391064
Cell number: +27 83 9528806
E-mail: andronicam@discovery.co.za
Web address: www.discovery.co.za

CONNECT HEALTH

To help improve adherence, Connect Health offers free appointment reminders to patients’ mobile phones. After years in Swaziland and Lesotho, service is expanding to South Africa and beyond. Founded by family physician Dr. Cathryn Christensen and internet entrepreneur David Christensen, we are supported by Claypotts Trust, Dr. Jonathan Pons, and others.

Contact details:
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Email : dave_m_christensen@yahoo.com

UNIVERSITY RESEARCH CO

The USAID TB Program South Africa, managed through the University Research Corporation (URC), is a 5-year program (2009-2014) aimed at strengthening tuberculosis control and prevention initiatives in South Africa. USAID TB South Africa is focused on providing technical support to the National Department of Health to strengthen TB and TB/HIV initiatives at the national, provincial and district levels.

Contact details:
Business tel: +27 12 484 9300
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Website: www.tbsouthafrica.org
FOUNDATION FOR PROFESSIONAL DEVELOPMENT

Established in October 1997 by the South African Medical Association, one of the oldest not-for-profit organizations in South Africa. FPD is currently the largest self-funding educational provider in the health sector in South Africa. The vision of the Foundation for Professional Development (FPD) is to build a better society through education and development.

Contact details:
Tiyani Armstrong
Business tel: +12 816 8133
Mobile: +76 103 4898
Email: tiyanet@foundation.co.za
Web address: www.foundation.co.za

MATCH

MatCH (Maternal, Adolescent and Child Health), of the University of the Witwatersrand, based in Durban has a diverse programme of research, and health service strengthening activities. MatCH supports the KZN Department of Health in their provision of Sexual and Reproductive Health and HIV treatment, prevention and care services.

Contact details:
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Website: www.match.org.za

MEDECINS SANS FRONTIERS

Medecins Sans Frontieres/Doctors Without Borders (MSF) is an international, independent, medical humanitarian organization committed to two objectives: providing medical assistance to people affected by armed conflict, epidemics, healthcare exclusion, natural and man-made disasters; and speaking out about the plight of the populations assisted.

Contact details:
Business tel: +27 11 403 4440
Email: office-joburg@joburg.msf.org
Web address: http://www.msf.org.za/
translated, Bloemfontein means "fountain of flowers"; however because this capital city is host to the annual rose festival, it has been fondly also been called the "City of Roses." Bloemfontein, or Mangaung in the local language, is also the judicial capital of South Africa which makes it one of South Africa’s 3 capital cities.

Less than 370,000 people live in Bloemfontein and although originally the city was mostly made up of Afrikaners, quite a number of British and Dutch immigrants have settled here. In addition, 13 other indigenous African groups, are a dwindling minority but the government is doing all it can to preserve their culture, language, land rights and freedom from discrimination. Most fascinating about this region is that it is surrounded by dry, arid land, so when one comes upon a paradise where flora and fauna can be found in all their glory, it's a magnificent experience.

Bloemfontein was first a small farm owned by Johannes Nicolaas Brits who sold his land to Maj Warden. A small community grew which expanded into a town and then into the capital city of the Orange Free State Republic, which in turn eventually became known as the Free State Province. Today, the property for sale in Bloemfontein is highly sought after because the city is the largest commercial centre of the Free State, and because the South African Supreme Court of Appeal is hosted by the city. Additionally, many of the buildings in the city are historical landmarks built when the area was still developing.

The railway built in 1890 connected Bloemfontein to Cape Town and made it more accessible to the rest of South Africa. One of its most famous citizens was J.R.R. Tolkien, the English writer famous for works such as “The Hobbit” and “The Lord of the Rings”. He didn't live in this city but move back to England after his father died in 1895 where he studied and lived out the rest of his life.

**BLOEMFONTEIN ATTRACTIONS**

- Basuto War Museum
- Agriculture Museum
- Old Presidency
- First Raadsaal
- Hertzog House Museum
- Queen’s Fort
- The Fountain
- Sand Du Plessis Theatre
- Letterkundige Museum
- A.C. White Art Gallery
- Civic Theatre
- Children’s Monument
- Andre Huguenot Theatre
- Fourth Raadsaal
- National Museum
- Fresford Museum
- Old Railway Building
- Voortrekker Girl Statue
- Oliewne Art Gallery
- Odean Theatre
Insurance

The conference organisers cannot accept liability of personal injuries sustained, or for loss or damage of property belonging to participants or their accompany persons. It is therefore recommended that delegates and accompany persons arrange for appropriate travel and health insurance before travelling.

Safety

While vigilance and common sense will ensure a trouble-free and enjoyable stay in South Africa, it is advisable to take the following precautions: do not leave luggage, mobile phone or valuables unattended; use the safety deposit boxes provided by most hotels; do not carry large amounts of cash, and keep cash, credit cards and identification documents in a secure place or on your person.

CPD Accreditation

Conference attendees will be accredited with CPD points. These will be awarded to all registered health professionals. A CPD registration desk will be set up and managed for the duration of the conference.

The onus will be on each delegate to sigh the accreditation register each day, after each session. This will be strictly monitored and would need to be submitted to the council. CPD certificates will be mailed to delegates after the conference.
PRESIDENT HOTEL

President Hotel - Conference Venue in Bloemfontein, Free State, South Africa

Hotel President - Naval Hill, one of Bloemfontein's landmarks is a warm and friendly hotel 2km from Bloemfontein city centre. The hotel has 145 spacious bedrooms and conference facilities that can accommodate up to 400 delegates.
RuReSA

Access to care for persons with disabilities does not just mean collecting your chronic medication. Access to care includes transport and cost barriers (many rely on the accompaniment of a caregiver, and most will be charged double for a wheelchair, some will be denied access to transport due to community beliefs in witchcraft, and the bedridden or severely disabled will be required to hire a private car with costs amounting to R500 for one trip to a clinic). Access to care includes attitudes of community and health care staff with regards to disability and required care. Access to care includes education in a suitable format - a challenge for those with visual, hearing and cognitive problems. Access to care does not always mean access to a nurse - it may mean accessing the appropriate rehabilitation or assistive device. Access to care is not as simple as providing a CCG at community level and a nurse at a clinic.

Currently 17% of South Africa’s physiotherapists work to serve 93% of the population (those without medical aid) - this amounts to a ratio of 1:41 000 population, as compared with 1:15 000 in developed countries. The ratio is even worse for occupational and speech/language therapists. Rehabilitation is still seen as a luxury and not a necessity, and we continue to be regarded as a low priority program despite incredible barriers faced by people with disabilities (even more so in rural areas) in accessing appropriate care.

Last year September therapists were invited for the first time by the Rural Doctors Association Southern Africa to run a rehab track at their annual conference. It was surprisingly well attended (by doctors, policy makers and therapists) and at the end of the conference, we formed Rural Rehab South Africa (RuReSA).

RuReSA consists of professionals who are involved in, or interested in the delivery of rehabilitation services within rural South Africa. RuReSA aims to provide support to rehabilitation therapists in rural areas through a resource website (www.ruralrehab.co.za), an online discussion forum, and advocating for change through input on policy and service strategies as well as working with the National Department of Health, professional bodies and universities.

RuReSA TRACK

**WEDNESDAY, 5 SEPTEMBER 2012**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08h30-12h00</td>
<td>Utility of Process Evaluations (Rehabilitation)&lt;br&gt;Harsha Dayal and Lidia Pretorius (Venue TBA)</td>
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<tr>
<td>12h00-12h30</td>
<td>LUNCH (Venue TBA)</td>
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<td>12h30-14h30</td>
<td>The Media: Friend or foe? &lt;br&gt;Anso Thom, Health-e (Venue TBA)</td>
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<td>14h30-16h30</td>
<td>RuReSA AGM (Venue TBA)</td>
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<td>16h30-17h00</td>
<td>TEA (Venue TBA)</td>
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<tr>
<td>17h00-18h15</td>
<td>RuReSA plenary: Navigating the DoH: processes, decisions, stakeholders and communication (Venue: Main room)</td>
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<td>18h30-18h50</td>
<td>Intention, causation and illumination-lessons from the rehab experience in SA &lt;br&gt;Ms Harsha Dayal</td>
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<tr>
<td>19h00-19h30</td>
<td>RuReSA launch (will be hosted as part of the Cocktail event)</td>
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**THURSDAY, 6 SEPTEMBER 2012**

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>10h30-11h45</td>
<td>RuReSA Plenary: Rehabilitation within the re-engineered PHC: where do we stand? &lt;br&gt;Staffing norms for rehabilitation: The dilemma</td>
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<tr>
<td>11h45-13h00</td>
<td>Rehab poster session</td>
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<td>14h00-15h00</td>
<td>Rural Rehabilitation oral presentations (parallel session)</td>
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<td>15h15-17h00</td>
<td>Knowing the Law &lt;br&gt;Mark Heywood</td>
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<tr>
<td>17h00-19h00</td>
<td>Raising the profile of rehabilitation: Advocacy strategies and creating a voice &lt;br&gt;Mark Heywood</td>
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**FRIDAY, 7 SEPTEMBER 2012**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09h15-10h15</td>
<td>RuReSA plenary: Discussion- research priorities, networking and training needs for improved planning and implementation of rehab services within the new PHC framework</td>
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<tr>
<td>15h30-17h30</td>
<td>Rehabilitation with the re-engineered PHC- the way forward: A discussion of services to be rendered, staffing, resources and research required, with aim towards developing a position paper. (option of continuing discussions on Saturday morning)</td>
</tr>
</tbody>
</table>
## Programme Schedule

### Wednesday, 5 September 2012
- **08H00** Registration
- **08H00 – 12H30** **Workshops**
  - Workshop 1: Ethical Challenges in Public Health Research and Practice
  - Workshop 2: Building a Community of Practice for Health Policy and Systems Research & Analysis (HPSR + A) in South Africa
  - Workshop 4: Climate Change and Public Health
- **13H30 – 16H00**
  - Workshop 7: Challenges in the Transformation of Health Sciences Education in South Africa
  - Workshop 8: When Allocating Budgets, Should the Department of Health (DoH) Positively Discriminate in Favour of Rural Hospitals?
- **09H00 – 16H00** Workshop 9: Workshop on Tobacco Use and Dependence Treatment (Full day)
- **09H00 – 13H00** Workshop 10: Strengthening of PHC Services through the Contracting of Independent Private Practitioners to Work in Rural Health Facilities
- **16H30 – 18H00** Executive Meeting
- **18H30 – 21H00** Welcome Cocktail

### Thursday, 6 September 2012
- **08H00** Registration
- **09H00 – 09H10** Official Opening and Welcome
- **09H10 – 10H15** Plenary Session 1
- **10H15 – 10H30** Tea Break
- **10H30 – 11H45** Parallel Session 1
  - Main Room: HIV Prevention
  - Conference Room 3: Contemporary Issues in Human Resources for Health
  - Conference Room 7: Public Health Risk Factors
  - Pool Room: Measurement and Health Information for Improved Health
- **11H45 – 13H00** Poster Session
- **13H00 – 14H00** Lunch
- **14H00 – 15H00** Parallel Session 2
  - Main Room: Rural Rehabilitation
  - Conference Room 3: HIV and TB Adherence
  - Conference Room 7: Burden of Non Communicable Disease
  - Pool Room: Environmental Health
- **15H00 – 15H15** Tea Break
- **15H15 – 17H00** Parallel Session 3
  - Main Room: Human Resources for Health: Retention and Support Strategies for Doctors
  - Conference Room 3: Knowing the Law: Using the Law!
  - Conference Room 7: TB Outcomes
  - Pool Room: Occupational Health
- **17H00 – 18H30** AGM’s
- **19H00** Dinner

### Friday, 7 September 2012
- **07H00 – 08H00** Sub group meeting
- **08H15 – 09H15** Plenary Session 2
- **09H15 – 10H15** Poster Session
- **10H15 – 10H30** Tea Break
- **10H30 – 12H00** Parallel Session 4
  - Main Room: Clinical Associate Programme Roundtable
  - Conference Room 3: Strengthening Delivery of Primary Health Care
  - Conference Room 7: Community Participation and Innovative Partnerships
  - Pool Room: Prevention and Management of Non Communicable Diseases
- **12H00 – 13H00** Lunch
- **13H00 – 14H15** Parallel Session 5
  - Main Room: HIV and Health Systems Strengthening
  - Conference Room 3: Bridging the Divide through Health Professional Education
  - Conference Room 7: PHC Re-engineering in the North West Province
  - Pool Room: Improving Quality of Care
- **14H15 – 15H00** Closing Plenary Session
- **15H00 – 15H10** Prizes and Awards
- **15H10 – 15H15** Closure of Conference
ORAL PROGRAMME

WEDNESDAY, 5 SEPTEMBER 2012

08h00       Registration

09h30 – 12h30 WORKSHOPS

Workshop 1
Ethical Challenges in Public Health Research and Practice
Venue: Conference room 1

Workshop 2
Building a community of practice for Health Policy and Systems Research & Analysis (HPSR+A) in South Africa
Venue: Conference room 2

Workshop 4
Climate Change and Public Health
Venue: Conference room 4

12h30 – 13h30 LUNCH BREAK

13h30 – 16h30

Workshop 7
Challenges in the transformation of health sciences education in SA
Venue: Conference room 2

Workshop 8
When allocating budgets, should the Department of Health (DoH) positively discriminate in favour of rural hospitals?
Venue: Conference room 1

09h00 – 16h00

Workshop 9
Workshop on Tobacco Use and Dependence Treatment
Venue: Conference room 3

Workshop 10
Strengthening of PHC services through the contracting of Independent Private Practitioners to work in rural health facilities
Venue: Conference room 7

16h30 – 18h00 EXECUTIVE MEETINGS

• PHASA
Venue: Conference room 1

• RuDASA
Venue: Conference room 2

18h30 – 21h00 WELCOME COCKTAIL
Venue: Main venue
Chair: Laetitia Rispel

INTENTION, CAUSATION & ILLUMINATION: Lessons from the rehabilitation experience in SA
Ms Harsha Dayal
Project Manager -Department of Performance Monitoring and Evaluation, The Presidency

OFFICIAL LAUNCH OF THE RURAL REHAB SOUTH AFRICA (RURESA)
**THURSDAY, 6 SEPTEMBER 2012**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair</th>
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<tr>
<td>09h00 – 09h10</td>
<td>Official Opening and Welcome</td>
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<td></td>
<td>Prof Laetitia Rispel, President of PHASA</td>
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<td>Dr Karl Le Roux, RuDASA Chairperson</td>
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<tr>
<td>09h10 – 10h15</td>
<td><strong>Plenary Session 1</strong></td>
<td>Laetitia Rispel</td>
<td>Main room</td>
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<tr>
<td></td>
<td><em>What is the Policy - Practice Divide</em></td>
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<td></td>
<td>The contribution of health sector reforms to bridging the health divide in South Africa</td>
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<td>Ms Malebona Precious Matsoso</td>
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<td>Director-General, National Department of Health</td>
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<td>Integrating mental health into primary care revitalization in South Africa: A no-brainer</td>
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<td>A/Prof Crick Lund</td>
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<td></td>
<td>Director of Alan J Flisher Centre for Public Mental Health, Department of Psychiatry and Mental Health, University of Cape Town</td>
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<td>10h15 – 10h30</td>
<td><strong>TEA</strong></td>
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<tr>
<td>10h30 – 11h45</td>
<td><strong>PARALLEL SESSION 1</strong></td>
<td>Richard Cooke</td>
<td>Main room</td>
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<td></td>
<td><strong>HIV Prevention</strong></td>
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<td>10h30 – 10h45</td>
<td>Association between gender and HIV risk perception among young STD patients in Site B youth clinic, Khayelitsha, in Cape Town</td>
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<tr>
<td>10h45 – 11h00</td>
<td>Who is testing for HIV? Implications for South Africa’s HIV prevention programmes</td>
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<td>L Mashimbye</td>
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<tr>
<td>11h00 – 11h15</td>
<td>Lay perspectives on the influence of HIV/AIDS prevention programmes among South African adults</td>
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<td>H van Zyl</td>
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<tr>
<td>11h15 – 11h30</td>
<td>Evaluation of the program for prevention of vertical HIV transmission at National District Hospital</td>
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<td>M van Lill</td>
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<td>11h30 – 11h45</td>
<td>Infant feeding practices of HIV-positive mothers attending post-natal clinic at a district hospital in KwaZulu-Natal province, South Africa</td>
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<td></td>
<td><strong>Contemporary Issues in Human Resources for Health</strong></td>
<td>James Irlam</td>
<td>Conference room 3</td>
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<td>10h30 – 10h45</td>
<td>Differential calculus: the impact of occupational, cultural and moral norms on altruism</td>
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<td>D Blaauw</td>
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<td>10h45 – 11h00</td>
<td>Interprofessional Communication in a Rural Hospital</td>
<td>C Longman</td>
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<td>11h00 – 11h15</td>
<td>BCMP Students’ Experiences of Professionalism during Clinical Rotations</td>
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<td>N Mapukate-Sondzaba</td>
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<tr>
<td>11h15 – 11h30</td>
<td>Clinical Associates Programme Wits Snap Survey: initial experiences of working at district level – 1st graduating cohort 2012</td>
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<td>L du Toit</td>
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<tr>
<td>11h30 – 11h45</td>
<td>Establishment of ‘district’ pharmacists in Cape Town</td>
<td>H Bradley</td>
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### Public Health Risk Factors

**Chair:** Flavia Senkubuge  
**Venue:** Conference room 7

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>10h30 – 10h45</td>
<td>Trends in second-hand smoke exposure among South African adolescents between 1999 and 2008</td>
<td>J Jakavula</td>
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<tr>
<td>11h00 – 11h15</td>
<td>Rapid Assessment Response (RAR) Study: drug use and health risk: Emthonjeni Correctional Centre, Pretoria, South Africa. Towards policy advocacy and advancement within the prison sector</td>
<td>M dos Santos</td>
</tr>
<tr>
<td>11h15 – 11h30</td>
<td>Use of the AUDIT / AUDIT C to identify peri-urban primary child carers at risk of alcohol abuse in KwaZulu-Natal, South Africa</td>
<td>M Taylor</td>
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<tr>
<td>11h30 – 11h45</td>
<td>Predictors of unprotected sex among bar patrons in bars and taverns in rural areas of North West province, South Africa</td>
<td>E Rich</td>
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### Measurement and Health Information for Improved health

**Chair:** Tracey Naledi  
**Venue:** Pool room

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<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>10h30 – 10h45</td>
<td>Comparison of the Analytic Performance of the Hemocue Hemoglobinometer and Laboratory Analyzer for Venous Blood in Children under Field Work Conditions</td>
<td>T Gwetu</td>
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<tr>
<td>10h45 – 11h00</td>
<td>A pilot evaluation of the routine health information systems in South Africa</td>
<td>E Nicol</td>
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<tr>
<td>11h00 – 11h15</td>
<td>Impact of a new SMS reporting system on reporting of infant HIV results in Thyolo District, Malawi</td>
<td>I Zulu</td>
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<tr>
<td>11h15 – 11h30</td>
<td>Mobile Health (mHealth) to support TB/HIV management in the community'case study-May 2011 to May 2012- from Ehkwini district</td>
<td>C Marra</td>
</tr>
<tr>
<td>11h30 – 11h45</td>
<td>The Good Practice Project: creating momentum towards health service excellence</td>
<td>T Padayachee</td>
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### POSTER SESSION

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<th>Time</th>
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<tr>
<td>11h45 – 13h00</td>
<td>POSTER SESSION</td>
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### PARALLEL SESSION 2

#### Rural rehabilitation

**Chair:** Maryke Bezuidenhout  
**Venue:** Main room

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<tr>
<th>Time</th>
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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>14h00 – 14h15</td>
<td>Context, culture and disability: A narrative inquiry into the life experiences of individuals affected by disability in a rural area</td>
<td>J Barratt</td>
</tr>
<tr>
<td>14h15 – 14h30</td>
<td>Sign (SASL) language interpreting services working to advance the right of access to health care</td>
<td>M Heap</td>
</tr>
<tr>
<td>14h30 – 14h45</td>
<td>Factors Influencing the Utilization of Community Based Rehabilitation Services by People with Disability in Tshwane North</td>
<td>F Kotsokoane</td>
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### HIV and TB Adherence

**Chair:** Jenny Nash  
**Venue:** Conference room 3

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>14h00 – 14h15</td>
<td>Factors associated with non-completion of isoniazid preventive therapy in HIV-infected patients in Cape Town</td>
<td>T Oni</td>
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<tr>
<td>14h15 – 14h30</td>
<td>Factors influencing patient adherence to tuberculosis treatment in Thaba-Nchu, Free State Province, South Africa</td>
<td>M Modise</td>
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<tr>
<td>14h30 – 14h45</td>
<td>HIV Self Efficacy scores as a tool to estimate and improve adherence to ART</td>
<td>S Johnson</td>
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<tr>
<td>14h45 – 15h00</td>
<td>Self reported ART adherence ratings as a tool to estimate and improve adherence to ART</td>
<td>S Johnson</td>
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| 14h00 – 14h15 | Non-communicable disease mortality trends in South Africa  
B Nojilana |
| 14h15 – 14h30 | Assessing Glycemic Control at a Primary Health Care Level  
C Barth |
| 14h30 – 14h45 | Osteoporosis and bone Health in black South African women: A 5 year follow-up  
I Kruger |
| 14h45 – 15h00 | Age of diagnosis of congenital hearing loss in Universitas Hospital  
S Basson |
|            | **Environmental Health**                                                   |
| 14h00 – 14h15 | Airborne microbial burden and risk of respiratory infections among children under-five in Ibadan, Nigeria  
G Fakunle |
| 14h15 – 14h30 | Developing a land use regression model for NOx exposure assessment  
S Muttoo |
| 14h30 – 14h45 | Human health in Southern Africa under a changing climate  
M Matooane |
| 15h00 – 15h15 | TEA                                                                      |
| 15h15 – 17h00 | **PARALLEL SESSION 3**                                                   |
| 15h15 – 15h30 | Psychosocial distress during medical internship in a South African rural hospital  
A Kanda |
| 15h30 – 15h45 | Becoming a medical doctor in a rural hospital: anthropological insights into the experiences of medical internship  
A Kanda |
| 15h45 – 16h00 | Problems in retaining community service doctors in the public healthcare system and possible strategies to improve hospital management structures to increase short/long term retention  
S Kornik |
| 16h00 – 16h15 | Orientating foreign doctors to acclimatize to their new surroundings and offering them ongoing support  
B Carpenter |
| 16h15 – 16h30 | The role of family physicians in districts: what is best practice?  
L du Toit |
| 15h15 – 17h00 | **Knowing the Law: Using the law!**  
Mark Heywood |
M Pilane |
| 15h30 – 15h45 | Admission trends and treatment outcomes of MDR and XDR-TB patients at Sizwe Hospital in Gauteng Province  
R Louw |
| 15h45 – 16h00 | Treatment uptake among newly diagnosed multi-drug resistant tuberculosis cases in city of Johannesburg, Gauteng Province, 2011  
J Ebonwu |
| 16h00 – 16h15 | The contribution of patient-related factors to tuberculosis treatment outcomes: A case-control study. Umgungundlovu health district, KwaZulu-Natal  
Z Ndwanwe |
| 16h15 – 16h30 | Two-month sputum smear non-conversion among TB patients in the Free State: implications for programme management?  
G Kiponzi |
### Occupational Health

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>15h15 – 15h30</td>
<td>Tuberculosis, enemy at the workplace</td>
<td>L Bhebhe</td>
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<tr>
<td>15h30 – 15h45</td>
<td>Infection control practices among health care workers in a public primary health care clinic in Tshwane</td>
<td>M. Cajee</td>
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<tr>
<td>15h45 – 16h00</td>
<td>Protecting the health of health care workers at one tertiary and two regional hospitals in the Free State Province</td>
<td>M. Engelbracht</td>
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<tr>
<td>16h00 – 16h15</td>
<td>Occupational exposure to benzene and its genotoxicity among petrol attendants</td>
<td>M. Makwela</td>
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<td>17h00 – 18h30</td>
<td>AGMs</td>
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<td>• PHASA</td>
<td>Venue: Main Venue</td>
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<td>• RuDASA</td>
<td>Venue: Conference room 3</td>
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<tr>
<td>19h00</td>
<td>DINNER</td>
<td>Chair: Flavia Senkubuge</td>
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<td>Venue: Pool room</td>
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**Public Health and the Climate: Addressing the Challenges for Southern Africa**

Prof Rajen Naidoo

Occupational and Environmental Health, University of KwaZulu-Natal

**PRESENTATION: RURAL DOCTOR AWARD**

Dr Elma de Vries and Dr Karl Le Roux, RuDASA

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### FRIDAY, 7 SEPTEMBER 2012

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<th>Time</th>
<th>Event</th>
<th>Chair/Presenter</th>
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<tr>
<td>07h00 – 08h00</td>
<td>Sub group meeting</td>
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<td>08h15 – 09h15</td>
<td><strong>Plenary Session 2</strong></td>
<td>Chair: Hannes Steinberg</td>
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<td>Venue: Main room</td>
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<td><strong>How to Close the Policy - Practice Divide</strong></td>
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<td>How Golden Policies result in Mud Delivery – “why Silver should become the new Gold”</td>
<td>Dr Karl le Roux</td>
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<td>Principal Medical Officer, Zithulele Hospital</td>
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<td>Rethinking out of the box: Capacity building for community health workers and volunteers in Africa</td>
<td>Mr Kelvin Storey</td>
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<td>Regional AIDS Training Network</td>
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<td>09h15 – 10h15</td>
<td><strong>POSTER SESSION</strong></td>
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<td>10h15 – 10h30</td>
<td><strong>TEA</strong></td>
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<td>10h30 – 12h00</td>
<td><strong>PARALLEL SESSION 4</strong></td>
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## Clinical Associate Programme Roundtable

**Chair:** Ian Couper  
**Venue:** Main room

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<tr>
<td>10h30 – 10h40</td>
<td>Introduction of the rise of Clinical Associates and development of the programme</td>
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<td>A Mgobo</td>
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<td>10h40 – 10h50</td>
<td>Reflection from student phase to the qualified clinical associate phase. Description of the journey of a clinical associate, highlighting the uniqueness of the programme and the structure of patient based learning</td>
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<td>S Ngcobo</td>
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<td>10h50 – 11h00</td>
<td>A visual collage of images of the journey of clinical associates from student life to professional</td>
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<td>Media 1</td>
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<tr>
<td>11h00 – 11h10</td>
<td>The experience of a qualified Clinical Associate. The impact they have made and the challenges they have faced</td>
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<td>B Bell</td>
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<td>11h10 – 11h20</td>
<td>A video clip showing the experiences of colleagues working with Clinical Associates</td>
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<td>11h20 – 11h40</td>
<td>Official launch of PACASA and revealing the Banner</td>
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<td>11h40 – 12h00</td>
<td>Questions and Answers</td>
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## Strengthening Delivery of Primary Health Care

**Chair:** Bernhard Gaede  
**Venue:** Conference room 3

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<th>Time</th>
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<tbody>
<tr>
<td>10h30 – 10h45</td>
<td>Using primary health care ‘weighing stations’ as an entry point for paediatric HIV treatment and care in KwaZulu-Natal</td>
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<td>L Ogle</td>
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<td>10h45 – 11h00</td>
<td>The Broader Impact of Policy Change: Antiretroviral Treatment Expansion in eThekwini</td>
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<td>T Govender</td>
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<td>11h00 – 11h15</td>
<td>Primary health care implementation of an antiretroviral treatment failure clinic model in rural KwaZulu-Natal</td>
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<td>K Naidu</td>
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<td>11h15 – 11h30</td>
<td>A day in the life of a community health worker: exploring the roles of community health workers working on non–communicable diseases in an urban township</td>
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<td>L Tsolekile</td>
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<tr>
<td>11h30 – 11h45</td>
<td>Task-shifting in practice: Activities performed and training and supervision of community health workers in three Local Service Areas of the Free State</td>
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<td>E Janse van Rensburg-Bonthuyzen</td>
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<td>11h45 – 12h00</td>
<td>Documenting PHC Good Practices in KwaZulu-Natal</td>
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## Community Participation and Innovative Partnerships

**Chair:** Laetitia Rispel  
**Venue:** Conference room 7

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<tr>
<td>10h30 – 10h45</td>
<td>Community dialogues and household survey as innovative strategy for community participation in health</td>
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<td>W Shasha</td>
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<td>10h45 – 11h00</td>
<td>From community profiling to local action: facilitating local collaboration through services-research partnerships in the DIALHS project</td>
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<td>U Lehmann</td>
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<td>11h00 – 11h15</td>
<td>Using a Baseline Evaluation to Inform the Capacitation of Clinic Committees in High Prevalence Areas of Gauteng, KwaZulu-Natal and Mpumalanga Provinces</td>
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<td>R Rapiti</td>
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<td>11h15 – 11h30</td>
<td>Strengthening leadership and governance for primary health care through collaborative research: the approach of the DIAHLS project</td>
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<td>L Gilson</td>
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<td>11h30 – 11h45</td>
<td>Establishing Partnerships between Non-Profit Organizations and the Department of health for Delivery of PHC Services including HIV&amp;AIDS</td>
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<td>S Moko</td>
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<td>11h45 – 12h00</td>
<td>I manage to bring them up with it although this money is too little: mothers experiences of the child support grant in South Africa</td>
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<td>W Zembe-Mkabile</td>
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</table>
**Prevention and Management of Non Communicable Diseases**
**Chair:** Ehi Igumbor  
**Venue:** Pool room

- **10h30 – 10h45** Application of a European-based unintentional injuries educational programme: a South African case example  
  N Arendse

- **10h45 – 11h00** Screening Practices of an Incentivized Health Insured Population  
  L Adonis

- **11h00 – 11h15** The integration of mental health care services into primary health care system at King Sabata Dalindyebo municipality  
  N Dlatu

- **11h15 – 11h30** The inception phase of PRIME-SA. Developing a district mental health plan for the integration of mental health into the re-engineered PHC service platform in the Dr Kenneth Kaunda district  
  I Petersen

- **11h30 – 11h45** Use of drugs for secondary prevention of cardiovascular diseases in South Africa and Zimbabwe – findings from the PURE Study  
  A Kruger

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**PARALLEL SESSION 5**

**12h00 – 13h00** **LUNCH**

**13h00 – 13h15** HIV and Health Systems Strengthening  
**Chair:** Kevindra Naidu  
**Venue:** Main room

- **13h00 – 13h15** Rapid health system assessment of HIV and TB services in eight districts in South Africa  
  P Rousseau

- **13h15 – 13h30** A randomised controlled trial on effectiveness of an integrated, community-based package for maternal, newborn, child and PMTCT care in Kwa-Zulu Natal  
  D Jackson

- **13h30 – 13h45** Effect of the ‘Good Start’ home based HIV counselling and testing intervention in rural South Africa: A cluster randomised trial  
  T Doherty

- **13h45 – 14h00** South Africa’s Responses to Human Resources challenges in their Implementation of ART Programmes  
  T Mathole

- **14h00 – 14h15** Global funding for antiretroviral therapy: Thoughts on the development of South Africa’s national ART programme  
  A Parsons

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**13h00 – 13h15** Bridging the Divide through Health Professional Education  
**Chair:** Julia Moorman  
**Venue:** Conference room 3

- **13h00 – 13h15** Going rural: Lessons learnt from the first year of implementation of the Rural clinical School, FHS, SU  
  H Conradie

- **13h15 – 13h30** Going rural: measuring success  
  N Kok

- **13h30 – 13h45** Students’ experience of a rural clinical school Faculty of Medicine and Health Sciences, Stellenbosch University  
  H Conradie

- **13h45 – 14h00** From policy to implementation: The importance of leadership in implementing institutional reforms in rural medical education  
  T Fish

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**13h00 – 13h15** PHC re-engineering in the North West province  
**Chair:** Reuben Matshe  
**Venue:** Conference room 7

- **13h00 – 13h15** Strategic leadership and planning in the implementation of PHC Re-engineering in the North West province  
  P Matshe

- **13h15 – 13h30** Planning for PHC Re-engineering: Listening to the Voices of Community through Community Dialogues in North–West Province  
  M Masuku

- **13h30 – 13h45** Implementing the PHC re-engineering strategy: An audit of community health workers in the districts of the North West province  
  C Groumetu

- **13h45 – 14h00** Implementing the PHC re-engineering strategy: An analysis of household profile registrations from 24 pilot sites of the North West province  
  T Mampe
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<td>13h00 – 13h15</td>
<td>Outcome of urban versus rural patients presenting with acute appendicitis</td>
<td>D Clarke</td>
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<td>13h15 – 13h30</td>
<td>Assessment of the therapeutic efficacy of artemether-lumefantrine in the treatment of uncomplicated Plasmodium falciparum malaria in northern KwaZulu-Natal</td>
<td>CH Vaughan-Williams</td>
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<td>13h30 – 13h45</td>
<td>An audit of error associated with the initial management and referral of acute trauma patients in western Kwa-Zulu Natal</td>
<td>D Clarke</td>
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<td>13h45 – 14h00</td>
<td>Paediatric death auditing - starting up ChIP in a district hospital</td>
<td>A Smith</td>
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<td>14h00 – 14h15</td>
<td>“Are we actually doing what we think we are doing”. A review of morbidity and mortality meetings at an academic hospital in Gauteng</td>
<td>A Takalani</td>
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<tr>
<td>14h15 – 15h00</td>
<td><strong>CLOSING PLENARY</strong></td>
<td>Karl le Roux</td>
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<td>15h00 – 15h10</td>
<td><strong>PRIZES AND AWARDS</strong></td>
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<td>15h10 – 15h15</td>
<td><strong>CLOSURE OF CONFERENCE</strong></td>
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POSTER PROGRAMME

THURSDAY, 6 SEPTEMBER 2012

11h45 – 13h00 POSTER PARALLEL SESSION 1

**Human Resources for Health**

**Chair: Stephen Knight**

**Venue: Main venue**

Unpacking capacity development: a systemic investigation of an inter-country collaborative capacity development initiative to strengthen leadership for health workforce development

W Amde

Measuring the impact of a Rural Doctor’s Support Programme to improve the clinical effectiveness of doctors in remote public sector facilities across South Africa

B Carpenter

How does the transition from being a professional nurse to becoming a PHC facility manager influence leadership and management in Mitchell’s Plain, Cape Town, South Africa?

J Daire

Superheroes of Primary Health Care

A Dreyer

Attitudes of nurses to patient care at a district hospital in KwaZulu Natal

L Haskins

Factors influencing recruitment and retention in a rural district in KwaZulu Natal

L Haskins

The WRHC Taung career counselling outreach; the first three years

J Heese

The role of HR in the retention of public health-care professionals in the rural areas

M Hlongwa

The perceived roles of CCGs and the acceptability of implementing a community-based maternal, neonatal, child and women’s health intervention in KwaZulu-Natal, South Africa

C Horwood

A pilot study to assess recruitment strategies and tools used to measure stress, job satisfaction, burnout and general health among South African nurses

N Khamisa

Developing South Africa’s scarce specialist health care resources: Lessons from the Discovery Foundation

B Watermeyer

Rewards and stress experienced by healthcare workers in the era of increased access to antiretroviral treatment in Limpopo province

T Malatji

Investing in the workforce: The Malamulo scholarship initiative to improve retention of health workers in Thyolo District, a rural district in Malawi

A Banda

The Role of Community Health Workers in Primary Health Care Re-engineering: An experience from Eastern Cape Province

S Moko

Comparing intention to leave their primary jobs among moonlighting and non-moonlighting nurses in South Africa

P Munywende
Perceptions of the impact of an advanced training programme on the management skills of health professionals in Gauteng
J Mutyabule

First year medical students’ view and knowledge of public health in South Africa
G Nel

Investigating the HR function of two district hospitals in the Cacadu and Tshwane districts: an employee engagement perspective
A Theron

“HIV and Me”: An HIV, AIDS and sexuality education programme for first year medical students at the University of KwaZulu-Natal, 2012
L Ticha

A document review of the undergraduate medical curriculum at Stellenbosch University to assess the current state of teaching and learning in order to inform enhancement of public health (PH), health systems and services research (HSSR) training
B Willems

Career paths of Public Health Medicine Specialist in South Africa
V Zweigenthal

**Environmental and Occupational Health**

**Chair:** Andre Rose  
**Venue:** Conference room 3

The hearing abilities of employees in a glass & aluminium workshop
S Abdoola

The role of environmental health services in primary health care in South Africa
M Agenbag

The level of compliance with the current tobacco control legislation with regard to smoking restrictions in public places in Thulamela municipality, Thembes district, Limpopo Province, South Africa
H Akinsola

Indoor air risk factors and respiratory health across five sites of Johannesburg
P Albers

Vitamin A status in a cohort of pregnant women from areas with different levels of air pollution and HIV Status
K Asharam

Children exposed to elevated indoor air pollution reported more pulmonary tuberculosis symptoms
N Jafta

Asthma and use of biomass fuel amongst children in Limpopo Province
K Maluleke

An outbreak of diarrhoeal disease in Verkeerdevlei, Free State Province February 2012
R Manesen

Population health risk due to dietary intake of toxic heavy metals from Spinacia oleracea harvested from soils collected in and around Tshwane, South Africa
L Mapele

Evaluation of air quality adjacent to smoking areas in popular eateries in the Pretoria area using a mobile monitor
L Moremi

Lead exposure in grade 1 children and its impact on health and behaviour
N Naicker

Access to hot running water in urban communities in Johannesburg, South Africa
P Nkomo
Climate change and health: The effect of hot weather on outdoor workers’ health and activity levels in rural South Africa; presentation of a pilot study
J Oba

Food safety and hygiene practices among handlers in canteens at The university college hospital, Ibadan, Nigeria
J Odunna

Exposure to Generator Noise and Hearing Impairment via Field Audiometry among Small Scale Business Operators in Selected Communities in Ibadan, Nigeria
L Yesufu

Do we know enough to prevent occupationally acquired tuberculosis in health care workers?
M Zunnu

**Clinical practice and rehabilitation**

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"I live in a bubble": Speech-language therapy and audiology students expectations and experiences of a rural community work practicum
J Barratt

Service delivery & disability: perspectives of service users in a rural community in the Eastern Cape
M Boo

Providing Neurodevelopmentally Appropriate Care for Preterm Neonates
E Bostock

Using theory of change as an approach to design complex mental health interventions: lessons from PRIME
E Breuer

Clinical predictors for the need for relaparotomy in complicated appendicitis
D Clarke

The role of intermediate care facilities (ICF) in addressing the present and future rehabilitative health care needs of people with disabilities in the Western Cape, South Africa
C Goliath

Use of EMLA to decrease venepuncture pain in children: a technique that equally comforts patients, parents and clinicians
T Gwetu

"The Sociocultural-Linguistic Barriers in Health Care – A case-study of health professional-patient relationships in a rural South African hospital
N Hussey

Prevention and Paedodontic Treatment under General Anaesthesia in Pretoria, South Africa
Y Kolisa

The cost of acute appendicitis in a developing country
V Korr

Reasons given by inpatients for not seeking information about their clinical conditions from their health care profession-als at Dr George Mukhari Hospital in Pretoria, South Africa
L Mabuza

Patients-related adverse event in Tokollo/ Mafube district complex
SR Noge

Termination of Pregnancies in Limpopo Province, 2007 to 2010
L Ranoto

An investigation of the risk factors and effects of methamphetamine on oral health
D Smit

Knowledge, attitudes and perceptions of staff and patients at a northern Tshwane clinic regarding mental illness
M Springer
Sexual partner notification challenges in Botswana
T Tafuma

Use, acceptability and benefits of patient medical passport in Mpumalanga province, South Africa
M Masha

**Social Determinants of Health**

**Chair:** Ruxana Jina  
**Venue:** Pool room

Investigation of Home Brewed Alcohol Poisoning, Far East Rand Hospital (FER), Ekurhuleni, Gauteng, 5-9 September 2011
F Abrahams

Male Homicide Victimisation in Johannesburg: A Retrospective Intra-City Analysis
S Kramer

Human capabilities, mental health and housing: Perceptions of the impact of an environmentally sustainable housing intervention in Khayelitsha, South Africa
S Mail

Challenges of Parenting AIDS-Orphaned Grandchildren in Limpopo: A phenomenological study
M Mohale

Alcohol consumption in a semi-urban area of North West Province: Key Informant Interviews and focus group discussions with bar patrons and servers
K Ngako

Influence of waist and hip circumferences on serum adiponectin levels and blood pressure in adolescents living in Mthatha
B Ngwenchi

Coping strategies of custodian grandmothers within the Prospective Urban and Rural Epidemiological Study cohort (PURE) in the Eastern Cape and Western Cape Provinces, South Africa
B Nkosi

Challenges facing Young and Teenage girls who are victims of HIV/AIDS
G Ntshangase

Adolescent’s Perceived Vulnerability to HIV infection and the Incidence of Multiple Sexual Partnerships: a Longitudinal Study
M Rantao

Assessment of the association between domestic hygiene, diarrhoea and nutritional status in children under two years in Khayelitsha
MG Sambo

The use of alcohol and related health risks in patients with HIV infection in South Africa
L Skaal

Vulnerability of male commercial sex workers to HIV/AIDS
T Spotose

Do repeat-testers bias HIV prevalence data? Evaluating South African mobile HIV counselling and testing (HCT) units as a data source for HIV disease surveillance
J Mitchell

Locating public health services: The application of GIS mapping to build government capacity through public-private partnerships in South Africa
J Mitchell
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<td>The non-initiation of tuberculosis therapy in smear positive pulmonary tuberculosis in eThekwini district in KwaZulu-Natal</td>
<td>L Cele</td>
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<td>Developing team communication skills and reducing barriers to adherence in an HIV/AIDS clinic using drama techniques</td>
<td>M Dawson</td>
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<tr>
<td>The Implications of Trans-disciplinary Roles, and Varying Communication Techniques on Primary Health Care and Service Effectiveness</td>
<td>M Dawson</td>
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<tr>
<td>Psychiatric co morbidity in people living with HIV in Africa an explorative and prevention intervention study</td>
<td>M dos Santos</td>
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<td>TB and HIV community outreach training project</td>
<td>G Lourens</td>
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<td>Early loss to follow up of babies in the PMTCT programme: lost opportunity for early initiation of paediatric HIV treatment?</td>
<td>F Makhanya</td>
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<td>What drives the rampant HIV epidemic in the Gert Sibande district?</td>
<td>L Mashimbye</td>
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<tr>
<td>The Big Six derailing adherence in ART in Rural KZN. South Africa</td>
<td>J Michel</td>
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<td>Conducting Integrated TB and HIV Community-Based Intensive Case Finding in Rural KwaZulu Natal</td>
<td>M Mntambo</td>
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<tr>
<td>Management of inpatients with TB and TB/HIV co-infection in a central academic hospital in the Western Cape, South Africa</td>
<td>F Mukinda</td>
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<tr>
<td>A Study on the Barriers to Anti-Retroviral Therapy Adherence among Human Immunodeficiency Virus Infected Adolescents in Gaborone, Botswana</td>
<td>M Ndiaye</td>
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<tr>
<td>TB infection control: study of airborne infection control in Piet Retief hospital</td>
<td>JJ Ongole</td>
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<td>Improvement of co -trimoxazole uptake for HIV exposed babies around 6 weeks at Bungeni PHC local area in Vhembe district</td>
<td>P Phamphe</td>
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<tr>
<td>The knowledge and practice of prevention of mother-to-child transmission of HIV in nurses at an antenatal care clinic in Tshwane</td>
<td>M Setlhodi</td>
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<td>Back to basics</td>
<td>S Vosloo</td>
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<td>HIV/AIDS knowledge, attitudes and practices amongst persons living with mental illness and epilepsy in Kiambu and Nyeri districts in Kenya</td>
<td>M Waruguru</td>
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<tr>
<td>Lessons from the field: three challenges to the integrated management of TB/HIV in primary health care (PHC) setting in rural KwaZulu-Natal, South Africa</td>
<td>G Zihindula</td>
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<tr>
<td>Improving the performance of the health system</td>
<td>Chair: Andre Janse van Rensburg</td>
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<tr>
<td>Traditional herbal medicines as an emerging healthcare system for the treatment and maintenance of diabetes and hypertension in South African communities</td>
<td>S Aboyade</td>
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<td>The quality of free health care: the perceptions of the patients of Lyttelton clinic</td>
<td>R Coetzee</td>
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<td>Bridging the gap: quality improvement for National Core Standards</td>
<td>S Davids</td>
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<td>Does primary care have a role in meeting the health care needs of transgender persons?</td>
<td>E de Vries</td>
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<td>Bridging the gap: exploring attitudes and beliefs of nurses and patients about co-existing traditional and biomedical healthcare systems in a rural setting in KwaZulu-Natal, South Africa</td>
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<td>No more graves for Children: Integrating Family Planning and HIV Services critical in Masvingo</td>
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<td>Reducing patient waiting time for service in outpatients and related departments - Lebowakgomo hospital</td>
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<td>The essential medicines list as the basis for national health insurance benefits: Could this worsen access to medicines?</td>
<td>S McGee</td>
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<td>Addressing the challenges facing the implementation of the national guidelines for antenatal screening in the Acornhoek district (2005 – 2012)</td>
<td>B McIntosh</td>
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<td>The challenges experienced by non governmental organisations with regards to the roll-out of anti retroviral drugs in KwaZulu-Natal</td>
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<td>PHC Re-engineering: The challenges in implementation of PHC stream in rural context</td>
<td>JJ Ongole</td>
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<td>The participation of health participant network on healthcare management in the local fund health security in local government, Kantharawichai District, Maha Sarakham Province, Thailand</td>
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<td>Improving PMTCT services through health systems strengthening: Evaluating PMTCT ‘Nurse Quality Mentors’ in three South African Provinces</td>
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<td>Evaluation of the quality and management of maternity services in the National District Hospital in the Free State province</td>
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<td>Utilization of reproductive health services by high school adolescents in the Thaba-Tseka district in Lesotho</td>
<td>M Shawa</td>
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### Health promotion and healthy behaviour

**Chair:** Saiendhra Moodley  
**Venue:** Conference room 7

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<td>Healthy eating through the eyes of South African primary school learners</td>
<td>C Brien</td>
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<td>Evaluation of oral health education and promotion services offered as part of maternal and child health services in the Hammanskraal area</td>
<td>A Brooks</td>
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<td>The extended Health Belief Model and HIV/AIDS health seeking behavior in rural South Africa</td>
<td>P Delobelle</td>
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<td>Perceived benefits of male traditional circumcision at Libode rural communities in the Eastern Cape Province of South Africa</td>
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<td>Exercise model in harmony with community lifestyle</td>
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<td>Socio-economic status and body composition in urban South African women</td>
<td>P Gradidge</td>
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<td>Patient- and delivery-level factors related to acceptance of HIV counselling and testing services among tuberculosis patients in the Free State: a qualitative study with community care givers and programme managers</td>
<td>C Heunis</td>
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<td>Perceptions of condom use among bar patrons in rural areas</td>
<td>B Kitleli</td>
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<td>Factors influencing health seeking behaviour for children under five years old in rural and peri-urban communities in KwaZulu-Natal, South Africa</td>
<td>N Mntambo</td>
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<td>The use of health promotion to increase the uptake of cervical cancer screening program in Nyangabgwe hospital, Botswana</td>
<td>K Mokwena</td>
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<td>Development of a facility-based physical activity intervention for pregnant women residing in underprivileged communities in Cape Town: A reflection on the process</td>
<td>M Muzigaba</td>
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<td>Making safer reproductive choices: field testing who’s counselling tool on reproductive choices and contraception in kwazulu-natal</td>
<td>L Rambally</td>
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<td>Eye health promotion in the South African primary health care system</td>
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### Information and research

**Chair:** René English  
**Venue:** Pool room

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<td>P Groenewald</td>
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<td>B Ikalafeng</td>
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<td>A rapid appraisal for the need for dental services in Olivenhoutbosch (Pretoria area)</td>
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<td>Supporting the implementation of a data management improvement intervention in the Western Cape Province – Compliance and Audit Readiness Assessment tools</td>
<td>N Massyn</td>
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Reflective practise and hospital data
P Mcneill

Medical cause of death certification: To train or not to train
A Rossouw

The derivation of sex, age, population group and cancer site adjustment factors for the South African National Cancer Registry for 2010 cancer data analysis
N Makofane

Exploring information used by facility managers in decision-making: a case study set in Mitchells’ Plein Sub District, Cape Town
V Scott

Assessing Clinical Medical Record Completeness through a Peer Review Approach
N Moeketsi

Improving Efficiency through Monitoring and Review of Hospital Performance Indicators According to Standards and Norms as Set out by the National Department of Health
HK Tshehla
The ultimate in everyday AntiGerm™ protection

Protex Family
Liquid Hand Soap
Savon Liquide

Protects the good health of your skin.