25th Rural Health Conference
De Opstal, Oudtshoorn, Western Cape
1st to 3rd September 2022

RURAL HEALTH CONFERENCE
PACASA· RuDASA· RuNurSA ·RuReSA

Learning, Adapting, and Thriving

Conference Proceedings

RuDASA
RuNurSA Rural Nursing South Africa
RuReSA Rural Rehab South Africa
PACASA

Contents

Greening the RHC

Being green means using resources wisely and we urge you all to share accommodation and travel! Please do not book “accommodation units” just for yourself. Monitor the “Share the Drive” posts on the Facebook page nearer to the start of conference to look for lifts or offer space in your car.

About the Conference

The Rural Health Conference has been an annual event since 1996. Delegates often ask why do we always change province each year and have it in a small town? Well, the conference started with a small band of doctors working in remote and rural areas dealing with a multitude of problems with very little support. By sharing their experiences, they started the rural doctors conference and were quickly joined by nurses and therapists working in rural areas who saw the conference as a means of meeting up and getting support. Historically people working for the Department of Health had very few opportunities to attend conferences during the week and did not get funding so the idea of meeting on a long weekend was born, and by rotating provinces it gave people the opportunity to attend something in their province instead of travelling to the traditional conference venues of Cape Town, Johannesburg & Durban. The conference has grown to include many of the universities and NGOs who are based in the cities – so we have to remind them that rural is a different world and so we always have the conference in a small rural town!

The conferences is now run by a partnership of RuDASA (Rural Doctors Association of Southern Africa), RuReSA (Rural Rehabilitation South Africa), PACASA (Professional Association of Clinical Associates), and RuNurSA (Rural Nursing South Africa). We are guided by RHAP (Rural Health Advocacy programme) to ensure that the conference recognises the diversity of South Africa, the importance of advocating for better services and seeking presentations on innovations in care and service provision.

In 2013 the annual RuDASA Conference was renamed as the annual Rural Health Conference with Rural Rehab South Africa (RuRESA) and the Professional Association of Clinical Associates (PACASA) joining officially as annual conference partners. The overarching aim of the Rural Health Conference is to create a platform for rural health practitioners, partners and stakeholders across the country to connect, share experiences and challenges facing rural health care practitioners and communities, learn from one another, and advocate for good practice.

The conference usually takes place in September and consists of a 3-day programme of presentations, workshops, and AGMS, as well as evening meals and events. The conference rotates between the provinces so that health workers have equal opportunities to be able to attend a conference. Moving provinces also enables us to learn about the challenges in the different areas in South Africa and how people are meeting those challenges. Newcomers to the conference are amazed at the energy and commitment of the people there, as well as the multidisciplinary approach. We really try not to have silos for each profession, but to come together to hear, debate and learn from each other. In addition, we welcome various exhibitors and have an interesting exhibition and poster area.

For those of you new to the Rural Health Conference we hope you grow to love it as much as we do!

Conference Theme and Sub-themes

RHC2022: Learning, Adapting, and Thriving

The Covid-19 Pandemic posed immense challenges on our health services and us as people. This forced us to learn, adapt and thrive – and we believe that in rural areas we are one step ahead of the rest. This is achieved by innovative and passionate health professionals working with our communities. We are used to dealing with crisis, allocating limited resources, strengthening systems, thinking outside the box, distant learning, and being connected to families and showing compassion until the end of life.

At this conference we will have a change to share our accomplishments, learn through our challenges and be inspired to thrive.

Rural just is different!

Sub-themes

Every year, the Rural Health Conference is organised around four streams, covering the key facets of achieving the right to health for rural populations. The annual conference theme adds the particular focus for the presentations, discussions which fall under each stream:

Rural Teams: Understanding our unique roles & shared responsibilities within the healthcare team is essential for delivering a comprehensive primary/district health care service and achieving universal health coverage. Rural healthcare workers often have the benefit of small teams and therefore unique opportunities for multidisciplinary learning and service delivery. Trans-disciplinary teamwork needs to begin at undergraduate level and continue through community service and afterward. Strong mentoring, supervision and leadership is needed for this to take place.
Health Systems Management & Policy: Wonderful health policies mean nothing unless they are translated into clear service packages in every province, with the resources to support their implementation.. Health systems management focuses on the budgeting and resources required for strengthening service delivery as well as governance structures, quality improvement measures and inter-sectoral partnerships. Strong management is vital for effective & efficient health care which narrows the service delivery gaps between urban & rural areas.
Community engagement & the voice of end users: community engagement relates to working with the community around the health facility as well as the Department of Health working with user groups, health advocates, alternative health workers, and the professional associations to identify the health issues, health needs, and professional solutions that can be offered to ensure Universal Health Care for all our citizens.
Clinical Practice: we need to translate policy into effective practice. This can be done by identifying: best practice models of service delivery, the gaps between policy & practice, and educating private practitioners in equity, DoH systems and DoH standard treatment guidelines with a view to the NHI.

Sponsorships

Welcome Note from the Organising Committee

Greetings colleagues, and welcome to the Rural Health Conference 2022.

The heart of the Rural Health Conference is in bringing together a diverse group of healthcare workers, activists, researchers, community members and others, who are united by their passion for rural health. You will have the opportunity to hear what's happening at local, provincial and national level from the advocacy organisations who fight for better rural budgets and policies, and to connect with people from different provinces, professions and perspectives on rural health. Whether you are an expert clinician or a student, an activist or an official, a researcher or the mother of a disabled child, your participation is welcomed.

The Programme

To open the conference for us Chris Macpherson, Mayor of Oudtshoorn will welcome us to the Klein Karoo, part of the Garden Route-Karoo District. To lay a foundation towards the understanding of the Western Cape, Dr Lizette Phillips, Western Cape Chief Director - Rural Health Services, will give us an overview of rural health in the province with a specific focus on Covid and the Garden Route-Karoo District.

We have taken great care to offer you a diverse and inspiring program, the first morning presenting various reflections on Covid, taking a closer look at the added value of clinical associates and having some exciting emergency skills workshops. A highlight on Thursday will be the demonstration by the air ambulance and the helicopter paramedic crew.

On Friday we have, on request by RuReSA, arranged a whole day's stream on preventing and managing people with learning difficulties and cerebral palsy. This will be kicked off by Gillian Saloojee's keynote talk *"A ten-point plan to deliver excellent services to all children, youth and adults with cerebral palsy in South Africa".*
The other theme of the day is health education, introduced by Warren Hansen's keynote talk "*Preceptorship of Newly Qualified Professional Nurses*" followed by oral presentations and Ian Couper's workshop *"Facilitation for Learning Programme: what's the need?"*
Or you can choose to participate in Elma de Vries's: *"Ethics workshop on dealing with diversity: a patient-centred consultation with a sexually or gender diverse client."*

We are hoping to draw some private practitioners on Saturday and will thus start the day with a plenary focusing on *"Implications of the National Health Insurance for Rural Health Practitioners"* by Nic Crisp, DDG National Health Insurance. Another highlight will be Victor Fredlund, who spend 40 years at Mseleni Hospital in rural KZN, sharing his "*Reflections on a lifetime of learning and adapting in rural health care."* His tile is modest: he also thrived!

This will be followed by a panel discussion highlighting women's rights and our role as health care workers *"Overcoming Challenges of Providing Choice on Termination of Pregnancy (CTOP) Services in a Rural District."* This session is also accredited for ethics points, as is the last plenary of the day, where the chairperson of the four associations consider *"How Covid has changed our ethical judgement?"*

The conference programme also includes a number of other regular features and activities, including:

- Rural Seeds Workshop: bringing together students, young professionals, and rural veterans to discuss common issues in rural health care, share opinions on health policy, and learn how to cope while working rural
- Advocacy training for clinicians by the Rural health Advocacy Project
- Profession-specific Indaba's and organisation AGM's
- Best practice workshops on rural related skills
- An exhibition of up-to-date equipment and consumables from Health Companies and exhibition stands for RuDASA, RuReSA, PACASA, RuNurSA; as well as NGOs working in rural areas
- A Gala Dinner at which Awards are presented for: Rural Doctor of the Year, Rural Rehabilitation Worker of the Year, Rural Clinical Associate of the Year, and Rural Nurse of the Year.
- "Future Plans" with discussions on how to move forward with the information gained from the conference
- Presentation of prizes for Best Oral Presenter, Best Workshop Presenter, Best Doctor/Therapist/Nurse/Clinical Associate/Student Presentation.
- We have 5 ethics points allocated to the conference for some of the keynote speakers, plenaries, orals and workshops. These are indicated on the programme of events.

<u>The Venue</u>

The Western Cape is a huge province, and the Garden Route-Central Karoo District covers about half of the province. There are some very remote and hard to reach populations. By choosing a venue near Oudtshoorn we hope to demonstrate this a little bit. Murraysburg is 350 km from Oudtshoorn into the Central Karoo, a whooping 620 km from Cape Town. There are few venues in Oudtshoorn that can host 150 people. Initially we were concerned that the venue did not have enough breakaway rooms, but after visiting the nearby community hall and kerksaal, we thought that having these two satellite sites might enhance the experience of "rural and remote" and will hopefully make your conference more memorable. We have organised transport to take you to these venues and encourage you to use the ride on the taxi to get to know more colleagues.

For more info on finding de Opstal and notes for online participants, see the last page of this document.

UCT has started a decentralised learning platforming the Garden Route in 2015, with physiotherapy and medical students placed in Oudtshoorn, George, Mossel Bay and Knysna. The UCT colleagues could assist with organising the conference.

We hope that you enjoy our country style hospitality.

Things to do around Oudtshoorn

If you come with your family or have a bit more time to spend around Oudtshoorn we can highly recommend:

- visiting the Cango Caves, (discounted)
- experience Oudtshoorn's pride – one of several ostrich farms, like Cango Ostrich (discounted)
- drive the Swartberg Pass and Meiringspoort Pass or if you are more adventurous drive to Die Hel. (unfortunately, we cannot discount your fuel)
- a wildlife experience as offered by Buffelsdrift (elephant, cheetah, lion, rhino, buffalo …) or enjoy an early morning meerkat adventure
- botanise, enjoy the succulent Karoo biodiversity hotspot with more than 3400 plant species
- ride a camel or enjoy the waterslide at Wilgewandel
- experience the superbly guided tours at Cango Wildlife Ranch (discounted)
- bring your mountain bike or do the parkrun (free) at Surval Olive Estate
- indulge in superb restaurants Nostalgie, Jemima's or near the caves, De Kombuys
- buy ostrich meat at Cape Karoo International factory shop or Cape Karoo Ostrich Emporium

In short, make sure you make the best of your time, network with as many colleagues as possible and enjoy every day to its fullest.

Unfortunately, this program is not well formatted and edited, however, I decided it is more important to get the information out than delaying further.

Lastly, a word of thanks to the fabulous organising committee team, the scientific committee headed by Prof Steve Reid, the conference office headed by Stephanie Homer, all colleagues from Oudtshoorn headed by Dr Charles Dreyer, that have assisted or taken on additional tasks while their colleagues are at the conference, the team of De Opstal, headed by Matilda de Bod (I nearly said Wormwood – as she is equally magical), the Department of Health and all other sponsors (as listed above).

Hermann Reuter
Chair of Organising Committee
Rural Health Conference 2022

Committees

Organising Committee

Steve Reid (RuDASA - UCT)
Johan Schovers (RuDASA – Garden Route)
Herman Kruger (RuDASA – Garden Route)
Hermann Reuter (RuDASA – Garden Route)
Madeleine Muller (RuDASA – Eastern Cape)
Ernestine Bruinders (RuReSA – Garden Route)
Anthea Hansen (RuReSA – Western Cape)
Cameron Reardon (RuReSA – Western Cape)
Stephanie Homer (RuReSA & RuDASA)
Nthabiseng Sibisi (RuNurSA – Gauteng)
Thabisa Ngcakaza RuNurSA – KZN)
Lunga Gaza (PACASA – Eastern Cape)
Vuthlarhi Shirindza (Student rep – UCT)
Dehran Swart (UCT)
April Cornell (District Office – Garden Route)

Conference Office

Stephanie Homer (Office co-ordinator)
Abigail Dreyer RuDASA (Bank)
Erika Bostock RuReSA (Finance approval)
Marquin Swartland (Scientific Committee)

Scientific Committee

RUDASA

Steve Reid
Johan Schoevers
John Lotz
Victor Fredlund
Indira Govender
Hermann Reuter

RuRESA

Anthea Hansen
Cameron Reardon
Sumaya Gabriels

RuNurSA

Nthabiseng Sibisi
Mbali Mhlongo
Eyitayo Owolabi

PACASA

Edwin Labello

The Conference Partners

RuDASA

The Rural Doctors Association of Southern Africa (RuDASA) is a membership-based organisation actively working towards better health care in rural areas. RuDASA strives for the adequate staffing of rural health facilities by appropriately skilled medical staff; and to be a voice for rural doctors regarding training and working conditions.

Our Vision

For all rural people in Southern Africa to have access to quality health care.

Our Mission

RuDASA strives for the adequate staffing of rural health services by appropriately skilled medical staff and to be a voice for the rural doctor regarding training and working conditions.

RuDASA aims to inspire health workers to work in rural areas, and support and empower those committed to making health care available to all South Africans. We provide a network provides an opportunity for members to connect, share concerns, challenges, good practices and innovative ideas, through a variety of forums. Members can share ideas and request assistance from others.

RuDASA is involved in a number of initiatives to lobby for and address the needs of rural doctors and has also taken on a prominent advocacy role in terms of pushing for improved health in rural areas in general, as well as addressing specific topics, such as the availability of posts in rural hospitals and drug shortages. We aim to be a resource of rural expertise to the South African Government and other stakeholders. From time to time RuDASA has issued open letters and press statements, often with partner organisations, to create awareness of the plight, challenges and successes of rural doctors and other health professionals.

Find out more and join us:
info@rudasa.org.za
www.rudasa.org.za
www.facebook.com/ruraldoctors

PACASA

Clinical Associates as a profession started out in South Africa with the first undergraduate group being admitted to the Walter Sisulu University (WSU) in the Eastern Cape in 2008. There are now three institutions that offer the Bachelor of Clinical Medical Practice, namely the University of Pretoria, University of the Witwatersrand and Walter Sisulu University. Soon after the first graduates were deployed, it was realised that they needed a representative voice in order to receive recognition and to proactively build the profession.

The Professional Association of Clinical Associates in South Africa (PACASA) was established on 10 April 2012. An interim executive management committee was nominated to manage the initial organisational structuring of PACASA, and to develop sound governance principles for the future.

Our Vision

Be a credible representative body and advocate for the recognition and development of clinical associates whilst in partnership with likeminded organizations to provide patient-centred quality healthcare for the general public.

Our Mission

To empower and unite Clinical Associates to provide accessible, equitable and quality healthcare in South Africa.

PACASA is dedicated to

- Strengthening the professional identity of Clinical Associates;
- Strive for a patient centred healthcare system through empowering our members;
- Build healthy, productive, mutually beneficial relationships with the people of South Africa;
- Network with allied professions and organisations;
- Carry out and/or participate in research of the profession and other health related topics

Find out more and join us:
pacasamedia@gmail.com
pacasamembership@gmail.com

RuReSA

118-079 NPO

Rural Rehab South Africa (RuReSA), is a multidisciplinary organisation of professionals committed to providing and improving rehabilitation services in rural communities. We are passionate about creating positive change through rehabilitation which will:

- **Prevent disability**
- **Empower** the disabled through early intervention,
- **Promote** healthy and active lifestyles after disability,
- Enable the disabled to participate fully within their communities, thereby fulfilling the Government goal of, ***"a long and healthy life for all South Africans."***

Why Rural?

Nationally there is approx. 1 therapist per 750 disabled individuals. Most of these therapists are lost to the Private Sector. Therefore, the prevalence of disability is higher in rural areas due to:

- Immense poverty
- Poor access to all health services
- Lack of resources for both the people with disabilities and the therapists

Our Vision is that rehabilitation services are provided within a PHC framework to all rural communities, and are high-quality, comprehensive, appropriate, accessible, and equitable.

Our Mission

- To ensure rehabilitation is integrated into health policy and planning at all levels
- To develop and share best practice models for high-quality, appropriate, accessible, acceptable, and effective rehabilitation services
- To disseminate information and research on: the health needs of rural people, rural rehabilitation, and health policies
- To provide support to recruit, retain and inspire rural therapists.
- To influence the actions of the service delivery community.

We are working with our rural partners, the professional associations, universities and policy makers to ensure this happens.

Find out more and join us:

www.ruresa.com
www.facebook.com/ruresa
ruralrehabsa@gmail.com

RURAL HEALTH CONFERENCE

RuNurSA

Rural Nursing South Africa (RuNurSA) is a membership based network focussed on access to quality healthcare for all. We are inspired by the courageous commitment of nursing professionals in the face of rural health realities and challenges. We seek to influence the change required to improve rural health nursing care.

Nurses are called upon to lead in healthcare , especially in rural environments by stepping forward and becoming a voice to lead and champion nursing issues which will positively affect the health of communities in this country. Nursing leadership has the potential to changes lives, forms teams, build healthcare organisations, and impact communities.

RuNurSA was selected by the International Council of Nursing (ICN) as a voice to lead nursing in achieving the sustainable development goals .We must build on that legacy for rural nurses to have a voice in decisions that affect their practice and to ensure quality healthcare.

Our Vision

Strengthening rural nursing leadership.

Our Mission

To be a voice to lead in the South African health system in addressing leadership, management and governance.

To advocate for quality healthcare political will; appointment of public service managers with the right skills, competencies, ethics and value systems; effective governance at all levels of the health system including rural areas; appropriate management systems; and citizen involvement towards accountable public officials.

Find out more and join us:
ruralnursingsa@gmail.com
www.facebook.com/ruralnursingsouthafricarunursa

The Keynote Speakers

Accessing untapped potential in the South African Health System; optimising clinical associates' contribution

PACASA Keynote: Prof Parimalaranie Yogeswaran (Former Head of the Department of Family Medicine, Faculty of Health Sciences, Walter Sisulu University)

The first group of clinical associates graduated in 2010, and 12 years later, this paper reflects on the achievements of this profession in the South African Health System. It also looks at the challenges faced by the clinical associate profession in South Africa. The paper takes cues from the international experience (first world countries and developing countries)of clinical associates (or physician assistants) regarding their contribution to the respective health systems. The paper highlights the roles and responsibilities carried out by the clinical associates in the South African Health System and a special look at their role during the COVID 19 pandemic in the rural areas of South Africa. As the country moves toward NHI, equipped with lessons learned from the international and the South African experience, this paper explores the opportunities available for optimising the clinical associates' contribution to the South African Health System.

Biosketch:

Parimalaranie Yogeswaran (Yogi) is a Family Physician who has worked in the Eastern Cape Health System for over 35 years. She worked in different contexts in Primary Health Care: Community Health Centres, District hospitals and Regional Hospitals as a Specialist Family Physician. She was one of the founding members of the Family Medicine Department. She recently retired from her position as Academic Head of the Department of Family Medicine, Faculty of Health Sciences, Walter Sisulu University. She is passionate about designing and implementing educational/ training programmes for health professionals in the rural context of South Africa. She was one of the Task team members that implemented the Clinical Associate Programme in South Africa. Her qualifications include an MBBS (Peradeniya- Sri Lanka), M Fam Med (UNITRA), M Sc in Health Informatics (Winchester), and FCFP (SA Peer review).

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Using lessons from Brazil on creating local change in health and health services

International speaker: Mayara Floss

Access to a quality health care is one of the big issues of our time. The lack of access to other social rights add further challenges to our work with rural communities around the world. In this session lessons from the public health system in Brazil will be shared for the audience to learn from the experience of Brazil. It is hoped that these lessons maybe adapted for the rural health care system in South African to achieve equity, so that together we can thrive.

Biosketch:

Mayara Floss is a Brazilian Family Doctor, writer, poet, film maker and activist and currently a PhD student at the University of São Paulo (USP). She works as a Family Doctor in a favela region in Florianópolis - Brazil. She created, and was an Ambassador of, Rural Seeds and is an executive member of the WONCA Working Party on Rural Practice and member of the WONCA Working Party on the Environment. Mayara also is a member of the planetary health group and the Advanced Studies Institute - IEA/USP, and creator and coordinator of the Planetary Health and Planetary Health for Primary Care MOOC. She was the junior co-author of the policy brief recommendations for Brazil of Lancet Countdown 2018 and 2019. She has spoken on women's health at the United Nations in 2018. Mayara is a champion for the health of rural and indigenous people across Brazil.

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The Preceptorship of newly qualified nurses

RuNurSA Keynote: Warren Hansen

Transition to the professional role is difficult for newly qualified nurses. In South Africa the National Department of Health found that newly qualified nurses experience significant challenges when entering the clinical area. The purpose of this study was to investigate professional transition experiences of newly qualified nurses in order to develop a preceptorship model.

A qualitative, descriptive phenomenological study was conducted applying semi-structured interviews to collect data from eleven newly qualified professional nurses, seven preceptors and seven operational managers. Data was analysed using Braun and Clark (2006)'s six steps to thematic analysis. Three themes were discovered and discussed with literature control. The study revealed that newly qualified nurses face transition challenges when entering clinical practice. Newly qualified nurses feel being thrown in the deep end and experience a reality shock while being new to clinical practice.

Biosketch:

Warren Hansen is a Professional Nurse Lecturer at Western Cape College of Nursing; based at Boland Campus, Worcester and currently, concluding his PhD in Nursing Science. Beforehand, Warren was a professional nurse in the operating room at Worcester Hospital. Here he acted as the assistant manager of nursing (night duty) and the operational manager of theatre when asked to or when required but, he was central person for clinical training in the operating theatre. He shared his vision of a multi skilled unit with his unit manager who supported him trying to create a culture of teaching and learning. Warren also promotes humanitarian values and is the administrative officer of a NPO, Foundation Heini Adams, which work to promote the dreams of boys and girls, especially in sport.

warriodenehansen@gmail.com

A ten-point plan to deliver excellent services to all children, youth and adults with cerebral palsy in South Africa

RuReSA Keynote: Gillian Saloojee

It is no secret that care provided to individuals with CP in this country is woefully inadequate. Medical care usually only addresses presenting problems whilst therapy in the public sector is mostly impairment based rather than goal orientated, with an estimated dosage of between 35 and 50 hours over a lifetime. Adults with CP only access medical services when faced with acute health problems.

An excellent service for all individuals with CP is one which enables and promotes maximal participation and inclusion whilst reducing secondary problems such as musculo-skeletal deterioration and the increasing levels of pain and discomfort associated with ageing.

I will argue that this is achievable in South Africa and propose a ten point plan that can deliver the type of excellent care all children, youth and adults have the right to receive, irrespective of where they live.

Key elements of this plan are:
1. Health, social and educational services all share a focus on integration and inclusion of the child into home and family life.
2. Screening programmes for early identification as well as early intervention programmes are established available at clinic level.
3. Every individual with CP is routinely reviewed by a medical and rehabilitation team.
4. Regular growth monitoring of all children with CP and the provision of nutritional support.
5. Clear referral pathways to community support systems and specialized services are established.
6. Rehabilitation intervention follows current best practice which is family centred and focused on participation and goal-directed therapy.
7. Sufficient dosage of therapy is provided throughout the individual's lifespan.
8. Timely provision and fitting of assistive devices.
9. Care and rehabilitation are delivered as close to home as possible.
10. Availability of parent-led peer support services at community-level.

Biosketch Dr. Gillian Saloojee is a paediatric physiotherapist with a special interest in working with children and young adults with cerebral palsy (CP) and their families living in rural resource-constrained settings. Promoting access to quality intervention and excellent services for all children and young adults with CP, irrespective of where they live, has been the driving force behind her work. She is the Founder and former Executive Director of Malamulele Onward, the current Chairperson of the Southern African Academy of Childhood Disability and an honorary senior lecturer in the Physiotherapy Department at the University of the Witwatersrand. gillian.saloojee@gmail.com

Reflections on a lifetime of learning and adapting in rural health care

RuDASA Keynote: Victor Fredlund

Someone once asked a clever man. How can you get good results in your work?
He replied – 'two words; good decisions!'
But how do you learn to make good decisions?
He replied, 'One word. Experience.'
The questioner persisted but how do you get experience?
He replied, 'Two words; Bad decisions!'
39 years and 10 months is a long time in any one place. How does one become relevant and remain relevant in a rural situation. Reflections are by their nature personal but there might be something you can also apply in your setting and in your discipline.

Biosketch:

Victor Fredlund, after a childhood spread between Liverpool, Nigeria and Swansea, went to University College London preclinical and then St George's Medical School in London. Married 1977 and graduated in 1979. In 1981 he started as a medical officer in Mseleni Hospital became Medical Superintendent in 1985 and retired at the end of March 2021. Involved in hospital administration, planning and development as well as day to day clinical practice. He wrote a number of research papers on TB, HIV and Mseleni joint disease and was also, along with his wife, Rachel, involved in community development, water, sanitation, job creation, education, orphan care, youth work and church ministry. They home schooled their three, now adult, children at Mseleni until they were 16 years old when they went to UK to complete school and university. A keen supporter of ARV role out at clinic level and also of rural medical education. He has seen a number of local students off to university and leaves behind a number of them graduated and in Mkhanyakude health care. At present running Ngithume Nkosi, a ministry of SIM South Africa, which seeks to encourage Christian doctors, health and compassion care workers to catch a vision of a life of service to the community in the name of Christ, and to ENJOY the opportunities he and his wife have had.

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Day 1: Thursday, 1 September

Venue A: Main Hall : Building Teams

TITLE	**1. Recruiting COVID-19 cases and household contacts in rural KwaZulu-Natal**
AUTHORS **INSTITUTION**	Ngundu Osee Behuhuma
ABSTRACT	Recruiting COVID-19 cases and household contacts in rural KwaZulu-Natal Osee Behuhuma1, Thandeka Khoza1, Theresa Smit1, Gugulethu Gasa1, Mumsy Mthethwa1, Khanyisani Buthelezi1, Thokozani Bhengu1, Njabulo Dayi1, Dickman Gareta1, Nceba Gqaleni1,2, Alex Sigal1,3, Emily Wong1,4. 1. Africa Health Research Institute (AHRI), South Africa 2. University of Kwazulu-Natal, South Africa 3. Max Planck Institute for Infection Biology, Germany 4. University of Alabama Birmingham, United States Background: The infection and immune dynamics of COVID-19 in a population with a high prevalence of HIV and TB are currently unknown. Understanding SARS-CoV-2 viral dynamics, host responses and household transmission patterns in such settings will inform the public health response to the pandemic. Methods: We conducted a pilot to assess feasibility of enrolling confirmed COVID-19 cases and their household contacts in the AHRI demographic surveillance population. Positive COVID-19 cases and their household contacts were identified by the AHRI COVID-19 surveillance project and offered enrollment in a longitudinal study involving symptom questionnaire, health history and biological sampling. Experience: During the pilot, we offered enrollment to seven COVID-19 cases (42.8% female, age range (26-65), 28.5% HIV positive). According to the AHRI demographic database, these cases had 34 household contacts (median age 17 (range 1-50). 5 COVID-19 index cases (71.4%) consented to the study, while 2 declined due to unwillingness to disclose their COVID-19 status to their families. Of the 5 who did consent, one dis-enrolled after the first study visit due to stigma attached to the COVID-19 diagnosis and unwillingness to disclose to family. Eight of 34 (23.5%) household contacts were quarantined at home. Five of 27 eligible household contacts (18.5%) enrolled in the study. Conclusion: In this pilot, enrollment of COVID-19 cases and household contacts was complicated by cases not disclosing their status to household contacts. As a result household contact enrollment rates were very low. Although post-test counseling for index cases involved explanation of the isolation and quarantine guidelines, when we attempted to enroll the household in our pilot many cases and contacts were away from home attending work and school. Additional research is required to better understand barriers to adherence to COVID-19 public health guidance for people with COVID-19 and their close contacts.
CPD POINTS	Standard

TITLE	**2. An awareness approach and innovation dynamics in promoting COVID 19 medication uptake**
AUTHORS	Sehlule Moyo
ABSTRACT	Background: This research aims to explore the impact of using photo elicitation approach and to make a preliminary assessment of the impacts of photo elicitation use in employing images to support COVID 19 medication uptake and discussions about the reasons why people are hesitant. Intervention description: The research looked into photo elicitation. This is an interviewing technique in research, in which researchers present photographs that they feel could present the activities in which research subjects are engaged during the course. This technique prompted community members to explore their experiences in COVID 19 vaccine uptake. The aim of the methodology is to provide a set of visual prompts that elicit views and answers that may not be forthcoming using other verbal or written techniques. Lessons learnt: The research provided insights into how community members engage with the photovoice process and how photographs complement medication uptake. Photovoice facilitates the dissemination of personalized relevant knowledge, and encourages critical dialogue among community members on health care discourse. Reported difficulties included photography of negative and social concepts, and anxiety when taking photographs due to expectations of its profound message reaching out to its intended recipients and the need to obtain consent from subjects. With preparation, training and discussion of participantsâ€ ™ ideas not expressed through photographs, photovoice is well-suited to this discourse, providing insights complementing other research methods. Advocacy message: Themes were identified representing negative and positive or adaptive purposes of photo elicitation, as a response to educate, to achieve mastery and photo elicitation as a language or form of communication
CPD POINTS	Standard

TITLE	**3. An awareness approach and innovation dynamics in promoting COVID 19 medication uptake. The case of photo elicitation.**
AUTHORS	Tshepho Ndhlovu, Phuthegi Mashigo, Dr Ndumiso Tshuma
INSTITUTION	Rural Health Conference
ABSTRACT	Background: This research aims to explore the impact of using photo elicitation approach and to make a preliminary assessment of the impacts of photo elicitation use in employing images to support COVID 19 medication uptake and discussions about the reasons why people are hesitant. Intervention description: The research looked into photo elicitation. This is an interviewing technique in research, in which researchers present photographs that they feel could present the activities in which research subjects are engaged during the course. This technique prompted community members to explore their experiences in COVID 19 vaccine uptake. The aim of the methodology is to provide a set of visual prompts that elicit views and answers that may not be forthcoming using other verbal or written techniques. Lessons learnt: The research provided insights into how community members engage with the photovoice process and how photographs complement medication uptake. Photovoice facilitates the dissemination of personalized relevant knowledge, and encourages critical dialogue among community members on health care discourse. Reported difficulties included photography of negative and social concepts, and anxiety when taking photographs due to expectations of its profound message reaching out to its intended recipients and the need to obtain consent from subjects. With preparation, training and discussion of participantsâ€ ™ ideas not expressed through photographs, photovoice is well-suited to this discourse, providing insights complementing other research methods. Advocacy message: Themes were identified representing negative and positive or adaptive purposes of photo elicitation, as a response to educate, to achieve mastery and photo elicitation as a language or form of communication
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solutions
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TITLE	**4. COVID19 vaccination step-by-step guide and information for Drakenstein sub-district, CWD, Rural**
AUTHORS	Elana Mentoor (B. Pharm), Ashton Joseph
INSTITUTION	TC Newman CDC
ABSTRACT	An assessment of the intervention implemented to reduce COVID 19 vaccine hesitancy incidence among adolescent young people was conducted during April and October 2021. The intervention model introduced and piloted vaccines as an additional COVID 19 prevalence method to the existing cultural and home remedial unscientific efforts. This paper reports factors influencing COVID 19 vaccine hesitancy amongst this population group in local community settings of South Africa. Intervention description: Qualitative data collection methods including in-depth interviews and Focus Group Discussions (FGDs) in line with the evaluation objectives, explored various categories of the intervention program stakeholders including program beneficiaries, peer educators/ navigators and program managers as well as other key informants involved in policy formulation. Lessons learnt: COVID 19 vaccine uptake amongst adolescent young people did not meet the targets and performed overall at 31% among adolescent young people. A significant increase in uptake, from 9% at end of May 2021 to 35% at end of August 2021 was recorded. Amongst the young adults, vaccine uptake performed overall at 77% of the project target. Policy focus vaccine uptake directed only towards high-risk individual and areas. Hesitancy was influenced by socio cultural norms as well as mainstream myths and misconceptions. Hence there is a need for ensuring awareness campaigns and education in socially mobilized groupings so as to sensitize community about vaccines as a result curbing outages. Advocacy message: For successful roll-out of vaccines, the SA government needs to ensure proper implementation readiness, knowledgeable communities, budget availability over and above external funding as well as the proper introduction of vaccines at all levels of health facilities.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	MBA: University of Stellenbosch Business School (2015). The Effect of Leadership styles on job performance. M. Pharm : University of the Western Cape (2010). Comparison of the Sutherlandioside B levels in two commercially available Sutherlandia Frutescens preparations and the effect of elevated temperature and humidity on these levels. B. Pharm : University of the Western Cape (2004).
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TITLE	**5. Rural doctors' early experiences of coping with the emerging COVID-19 pandemic.**
AUTHORS	Ian Couper Lucie Walters (and colleagues) David Campbell, Ruth Stewart, Jill Konkin Lucie Walters (and colleagues)
INSTITUTION	Ukwanda
ABSTRACT	Background: The emergence of the COVID-19 global pandemic in early 2020 created unprecedented challenges for doctors, particularly in under-resourced health care systems ill-prepared for such a crisis. Frontline rural health care workers often faced the complexities of a previously unknown disease with minimal resources and training, and substantial risk of self-exposure. The combined stressors of increased workload, risk of infection, and fear of exposing their families led to a heightened risk of psychological distress. We sought to better understand how rural doctors responded to the emerging COVID-19 pandemic and their coping strategies. Methods: Early in the pandemic doctors who practise rural/remote medicine across the world were invited to participate through existing rural doctorsâ€ ™ networks. Thirteen semi-structured interviews were conducted with rural doctors from 11 countries. Interviews were transcribed verbatim and coded using NVivo. A thematic analysis was used to identify common ideas and narratives. Findings: Participantsâ€ ™ accounts described highly adaptable and resourceful responses to the crisis. Rapid changes to organizational and clinical practices were implemented, at a time of uncertainty and anxiety, and with limited information and resources. Strong relationships and commitment to their colleagues and communities were integral to shaping and sustaining these doctorsâ€ ™ responses. We identified five common themes underpinning rural doctorsâ€ ™ shared experiences: 1. Caring for patients in a context of uncertainty, fear, and anxiety; 2. Practical solutions - improvising and being resourceful; 3. Gaining community trust and cooperation; 4. Adapting to unrelenting pressures; and 5. Reaffirming commitments. Conclusions: Rural doctors responses to the COVID-19 crisis underscore their strong commitments to their communities, patients
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Professor Ian Couper is Director of the Ukwanda Centre for Rural Health in the Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, since 2016. He is married to Jacqui; they rejoice in having 3 sons, a daughter-in-law, and a grandson. He was a founding member of RuDASA, serves on the Wonca Rural Working Party, and is the African section editor of the Rural and Remote Health journal.
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TITLE	**6. 'What went well'... pulling a rural team together**
AUTHORS	Maryke Bezuidenhout
INSTITUTION	RuDASA, RuReSA, RuNurSA and PACASA
ABSTRACT	The COVID-19 epidemic has provided a unique opportunity for South Africans to see Health Science and Health Systems in action. This past year has highlighted that systems that work in urban areas do not always work in rural areas. Local managers and clinicians have to be quick to adapt to ensure that the areas they serve are protected, maintain access to health services, and have innovative rural solutions . As doctors, nurses, clinical associates and therapists we reflect on the equities and inequities that were highlighted, the best practice that was seen, the solutions that were found, or those that still need to be developed.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Maryke Bezuidenhout is a physiotherapist who has spent 20 years at the rural coalface. She is currently the manager of a 21-strong multi-disciplinary rehabilitation team which works closely with local disability organizations and NPOs to provide comprehensive rehabilitation and disability services within the Manguzi health catchment area. She has a post graduate diploma in health economics as well as a strong public health background. When not advocating vociferously or finding ever more innovative ways to sustain services, she is probably full of grease repairing wheelchairs under a tree somewhere.
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Day 1 afternoon, Venue A Main Hall: Building Teams

TITLE	**Workshop: Indaba: Vision vs Realities for RuDASA**
AUTHORS	Dr Lungile Hobe
INSTITUTION	Mseleni Hospital
ABSTRACT	In 2014 RuDASA created a strategic plan with a bold vision and outcomes for 2023, but what is the reality of 2022? What has our community of practice achieved? Is that vision still relevant and how do we take it forward? This workshop will be a discussion of the RuDASA Vision for 2023 in order to develop task groups, activities and processes, and timelines, to achieve all the envisioned outcomes.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Lungile Hobe is the Chair of RuDASA and the medical manager at Mseleni Hospital, KZN. She has a special interest in mentorship based on the mentorship she received, during her training, from Umthombo Youth Development Foundation, and a veteran rural doctor mentor. In 2018, she received a Discovery Foundation Rural Institutional Award to improve the quality of care at Mseleni Hospital. Covid-19 meant she had to put her Master of Medicine (MMED) studies - on the barriers to breastfeeding in rural communities -on hold. Discovery has identified her as a â€œyoung doctor to watchâ€?. Lungile hopes â€œto witness quality medical care being offered to rural communities. My idea is a model that goes beyond the hospital into the community. I think COVID-19 has made us realise this can be done with proper planning, infrastructure allocation and the will to do it
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Day 1 morning: Venue B Restaurant: Health Systems

TITLE	**1. What are the barriers and challenges that clinical associates face in practice of their profession?**
AUTHORS	Mr Siboniso Wilson, Dr Mamothena Carol Mothupi
INSTITUTION	Stellenbosch University
ABSTRACT	ABSTRACT Background: Human resources for health are a documented challenge, especially in the global south. In 2002, South-African government following a report by the Ministerial Task Team on Human Resources (Tick Report, 2001) decided to create a new cadre of mid-level healthcare workers. These workers were primarily going to be district based, especially in rural areas. The Clinical Associates (CAs), as known in South Africa were introduced into the South-African Healthcare system in 2011. The introduction of CAs as mid-level healthcare workers was envisioned to help the country counteract medical professionalsâ€™ shortages, especially in rural areas where there is rife shortage of doctors. However, the implementation of this reform has not been adequately studied to understand the experience of CAs in the South African context. Methods: This study was qualitative and adopted phenomenology theoretical framework, explorative and inductive in nature. Data was collected through in-depth semi structured interviews done through telephone with 8 CAs based at level 1 healthcare facilities. Thematic analysis was employed to analyze data. Findings: The study found multiple factors which act as a barrier in quality patient care. The most barrier voiced out being the limiting scope of practice and challenges with the government human resources system, which has not transformed and nor has it been amended to accommodate CAs. The challenges affecting CAs have a direct impact on the emotional wellbeing of CAs. Multiple themes emerged. The CAs made a variety of recommendations to improve their experiences and integration in the health system. Conclusion: The study identified various challenges faced by CAs in their daily practice, which may impact their experiences, patient experience, and the sustainability of the profession. These challenges and barriers voiced out by CAs can be used by policy makers with an aim of developing, shaping, and improving the CAs occupation.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Siboniso is a Health Systems and Policy specialist, a Primary Healthcare Nurse Specialist. He holds a Master of Philosophy in Transdisciplinary Health & Development Studies, Post Graduate Diploma in HIV/AIDS Management, Advanced Diploma in Clinical Nursing Science, Health Assesment, Treatment and Care and R425 Diploma in Nursing (General, Psychiatric &Community) and Midwifery Nursing Science. A seasoned health systems strengthening professional with a keen interest in HRH. Currently employed as Assistant Director at Amajuba Health District in KZN.
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TITLE	**2. How Clinical Associates and their multi-disciplinary professionals contribute to the success and quality of Voluntary Medical Male Circumcision services in the Western Cape province.**
AUTHORS	Ms Nonpumelelo Mahlambi Mr Edwin Leballo
INSTITUTION	Private
ABSTRACT	Clinical Associates were known as mid-level health care professionals who bridge a gap in the South African health system. We have evolved from 2010 . We currently have multiple roles to fill in the Health systems, I.e leadership and management,program coordination, quality assurance, professional development and patient care.We grow, adapt and impact lives positively within the Voluntary Medical Male Circumcision.Method:VMMC is a National Program with existing guidelines to ensure that quality and safety is not compromised.These guidelines are tools to GUIDE us on how to provide QUALITY COMPREHENSIVE MENS HEALTH SERVICES in a team of Multi-disciplinary professionals (MDP). Our MDP team is made up of Clinical Associates, Social workers, Program Assistants,Community Health Care Workers, Nurses and Medical Doctors. We employ systems that address Biological, Psychological and Social needs of each malepatient that we see.With their training and skill, the MDP continuously observes and implements systems specificto their location and circumstances, however some of their work goes unrecognized, unknown and undiscovered. Results:We have identified and refined systems for each VMMC camp in Atlantis, Cape Town and we've learnt: 1.Platforms for Open communication and planning are powerful. 2. Regular In-service training of skills, policies and procedures is needed. 3. Regular Quality Assurance activities are vital. 4. Stakeholder engagements are important. 5. Constant availability of funds is paramount to ensure services are consistent. Our services adapt to situations and the current times we live in, which is the core nature of RUDASA. As such, It is crucial to have an existing feedback system that informs and updates our current guidelines.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Clinical Associate graduate from Wits University in 2016. Started off in Colorectal cancer Research and has found her way in circumcision and now Adolescent health and Men's health. She has ventured in the Voluntary Medical Male Circumcision(VMMC) community as a provider, a site manager, a coordinator, a quality assurance assessor and now manages a team of skilled professionals within the VMMC space. Her vision is to enhance VMMC policies and guidelines and ensure they're adhered to and have team members on the ground inform the progression of such programs.
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TITLE	**3. Telemedicine use by clinical associates in South Africa: An analysis of public sector referrals.**
AUTHORS	Lynn Bust Hloni Bookholane Sanele Ngcobo Ian Couper Kathryn Chu
INSTITUTION	Stellenbosch University
ABSTRACT	Background: In 2008, the South African (SA) government created a cadre of mid-level providers, Clinical Associates (Clin-As) to fill the shortage and maldistribution of doctors, particularly in rural areas. Telemedicine is also a potential solution to improving access to rural health care, and in SA an mHealth app, Vula Mobile, allows local providers to refer/ask advice from specialists at higher-level facilities. This retrospective analysis describes Clin-A referrals made from public sector hospitals and analyses the potential role of telemedicine supervision of Clin-As. Methods: Referrals made by Clin-As on Vula Mobile between 2016 and 2019 were described by facility level, province, referral specialty type, response time, and referral outcome. Counts and percentages were calculated for demographic and outcomes variables. Results: 80% of the 94 Clin-As using the telemedicine app worked in district hospitals. Referrals were made from 8 of 9 provinces to the following most common specialties: orthopedic surgery, family medicine and burn surgery. 42% of telemedicine referrals were resolved via advice only, 45% via outpatient clinic referral, and 13% by inpatient admission. Conclusions: Telemedicine is used by Clin-As working in district hospitals throughout SA. The majority of referrals were resolved without patient referral to another facility. Given that in-person supervision could be limited by doctor shortages, telemedicine supervision could be further expanded to build capacity in this cadre and to improve access to rural health care.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Ms. Bust is a health policy and systems specialist currently working at the Centre for Global Surgery, Stellenbosch University. She received a Bachelor of Science in Medicine, followed by a Master of Public Health degree at the University of Cape Town. She has been involved in a variety of health systems research projects, as well as leading discussions on community participation in global surgery research. She is passionate about health equity and improving access to health for all. Her interests are in universal health coverage and strengthening local capacity in health systems.
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TITLE	**4. Improving the package of care offered by rural district hospitals in the Eastern Cape by tailoring clinical skills training and support according to electronic audits.**
AUTHORS	Dr Jenny Nash Dr JD Lotz
INSTITUTION	Public
ABSTRACT	The Eastern Cape has a large number of district hospitals, with the highest ratio of district hospital beds per target population in the country. However, services offered by each facility vary widely according to staffing and experience, and doctor-patient ratios are well below the national average. The provincial department of health has identified 28 priority hospitals that should provide a basket of care, thereby providing services to smaller surrounding district hospitals, but very few surgical procedures are being performed besides Caesarean sections. In many cases, surgical services are stunted due to lack of confidence in anaesthetic skills - specifically in general anaesthesia. In order to determine the training needs for clinicians in district hospitals, an electronic clinical skills audit tool was adapted from portfolio requirements for training Family Physicians. Using a consensus process to prioritise select skills deemed appropriate to district level services, respondents were asked to indicate their level of confidence in performing or teaching a number of skills according to generalised topics. The electronic tool was circulated on a number of platforms, and responses were analyzed according to district, hospital, and rank. In this presentation, the authors wish to share the general findings of this audit, with a specific focus on the utility of such an electronic tool for prioritising and rationalising training and resources to improve service delivery in a strained fiscal era. Improving surgical and anaesthetic capabilities in rural areas is one such service.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Jenny Nash graduated from the University of Cape Town (South Africa) in 1996 with a MBChB degree. In 1997 she completed her internship at Edendale hospital in Pietermaritzburg. In 1998 she started to work at Mseleni hospital in rural northern KwaZulu Natal, where she worked for 10 years. During her time at Mseleni hospital she completed a Masters in Family Medicine and the Diploma in HIV management. While working at

	Mseleni hospital she had the opportunity of being part of the team who co-ordinated the first district based antiretroviral program in KwaZulu Natal. In 2008 she moved to the Eastern Cape province, where she worked in the primary health care clinics, actively working to expand the antiretroviral program in the clinics. In 2014 she was awarded the Rural Doctors Association (RuDASA) Doctor of the Year award. In January 2015 she joined the Amathole District Clinical Specialist Team (DCST) as the Specialist Family Physician. The DCST supports 12 district hospitals, 5 community health centres and 149 primary health care clinics. In 2015 she was awarded the South African Medical Association Border Local Hero award. She is passionate about providing integrated, quality health care to rural communities, mentoring and teaching health care workers. JD Lotz and his wife Michaela arrived in rural 8 years ago to join a small team of doctors and Madwaleni Hospital, on the Wild Coast of the Eastern Cape. Like the rolling hills of the area, work and life there has had its daily ups and downs, but with the support of colleagues, friends and family, they have been able to grow and thrive in community there. JD is a recently qualified Family Physician after specialising at Madwaleni through the decentralised WSU programme, and has a passion for data - and using it to address the major issues around him. Dr JD Lotz
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TITLE	**5. Reasons cited by rural origin health science graduates for working where they do**
AUTHORS	Gavin MacGregor
INSTITUTION	Umthombo Youth Development Foundation
ABSTRACT	Health worker (HW) shortages especially in rural areas are well documented. To attract and retain HW's to rural areas it is important to understand the reasons why HW's choose to work where they do. Through an electronic survey, 331 rural origin graduates of the Umthombo Youth Development Foundation were asked the reasons why they work were they do. 145 responses were received of which 135 where complete. Ninety-five percent of participating graduates came from KwaZulu-Natal, with 52% coming from the Umkhanyakude district, 17% from the Zululand district, 12% from King Cetshwayo district and 19% from other districts in KwaZulu-Natal. Six graduates came from the Eastern Cape. Participants were asked reasons for moving from a rural hospital, number of years they worked at a rural hospital, and to cite the two main reasons that they worked were they do. Forty-seven percent of participants were working in rural public healthcare facilities (PHCF), 33% in urban PHCF, 12% in the private sector and balance for non-governmental organisations. Thirty percent of rural origin graduates worked at a rural PHCF for 1-2 years, whilst 27% worked at a rural PHCF for seven or more years. Forty percent of graduates cited lack of posts at rural hospitals as the reason they were not working at a rural hospital, followed by the intention to specialise (30%), and lack of professional development opportunities (17%). Reasons cited for working where they do include: Able to serve their community, close to family and friends, cost of living is lower, amongst others.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Gavin MacGregor is the Director of the Umthombo Youth Development Foundation, and has been instrumental in growing and developing the scheme to support more students annually, and partner with more district hospitals in order to address staff shortages in 3 Districts of KwaZulu-Natal.
EMAIL ADDRESS	gavin@umthomboyouth.org.za

TITLE	**6. Will I stay or will I go now?**
AUTHORS	Ms Stephanie Homer Dr Lieketseng Ned
INSTITUTION	NGO
ABSTRACT	Addressing human resource challenges is integral to health systems management and it was an action area in the national rehabilitation strategic plan, aimed at universal coverage and overcoming existing inequalities. RuReSA conducted a quantitive study using a survey as a data collection tool. A Community Service Exit Survey was circulated at the end of each year, to community service officers (CSO) therapists. The survey was distributed online through social media & email platforms. 473 responses were received which provide information on the following themes; geographical area, type of facility they completed their CSO year, the support they received, the positive and negative experiences of their community service, and whether they are staying or leaving the Department of Health after the CSO year ends. Urban and rural placements will be compared for similarities and differences across the different themes. From this data, we will identify recommendations on what could be done to improve CSO work experiences and retain therapists within the Department of Health .
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Lieketseng Ned has a PhD in Health Sciences Rehabilitation from Stellenbosch University, South Africa. She is a senior lecturer at the Centre for Disability and Rehabilitation Studies within the Department of Global Health at Stellenbosch University. Her areas of professional and research interest include critical disability studies, community-based rehabilitation, indigenous knowledges/ methodologies and de-colonial health and education. Her contributions are reflected in her numerous research outputs which include journal articles, book chapters, policy briefs, media engagement opinion pieces and expert guest speaking, published both locally and internationally. She is a recipient of the coveted 2019 Top 200 Young South Africans future leader award from the Mail & Guardian and a distinguished Jakes Gerwel fellow 2021. She has held various national grants including the National Research Foundation (NRF) Black Academics Advancement Programme (BAAP) and Thuthuka grants, Medical Research Council (MRC) Self -Initiated Grant. She is also a recipient of the Stellenbosch Universityâ€ ™s COVID-19 Special Rector Fund and Funding for Innovation and Research into Teaching and Learning grant. Dr Ned is currently the country representative for Community Based Rehabilitation (CBR) Africa Network for South Africa, Chairperson for the Western Rehabilitation Centre Facility Board, and serves as Chief Editor for African Journal of Disability.
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TITLE	**1. Discovery's corporate social investment (CSI) programme**
AUTHORS	Ms Ruth Lewin
INSTITUTION	Discovery Foundation
ABSTRACT	Discovery's corporate social investment (CSI) programme was formed in 1997 while the company was part of the FirstRand Foundation. The founders Adrian Gore and Barry Swartzberg were adamant that their fledgling company should have an arm focused on community support, addressing major healthcare needs. Discovery has incorporated shared value into every single part of its business, with the understanding that purpose drives strategy, not the other way around. The shared-value model is profound because it aligns the interests of the insurer with that of clients and society; there are no trade-offs. The Discovery Fund has contributed significantly to building human capabilities, reducing infant and maternal mortality, protecting the most vulnerable people in our society, and contributing towards improving the capacity of state health resources in its 20 plus years of existence. The Discovery Fund's focus areas were redefined over the years as we committed ourselves to the World Health Organisation's Sustainable Development Goals and the National Development Plans that aim to eliminate poverty and reduce inequality and unemployment by 2030. Discovery's approach was to focus on the issues of scale in maternal and child health, human resources in health and community health. Many of the projects in rural settings are powered by passionate and committed individuals. We have seen phenomenal progress in those projects which have been with us from the start – like Lesedi in Hertzogville in the Free State, African Schools of Mission Clinic in White River and Hlokomela Women's Clinic in Hoedspruit. In 2018, the Discovery Fund donated over R1 million to a grant that enables the Breast Health Foundation to facilitate breast cancer referrals from the clinic to the Helen Joseph Hospital in Johannesburg, helping women to access breast cancer treatment. This has resulted in a more sustainable and proactive approach for women in Mpumalanga where, after research was concluded into the needs and resources available there, an oncology facility has been established at the Tintswalo Hospital. This will enable women to seek treatment a lot earlier without having to travel long distances.
CPD POINTS	Standard
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TITLE	**2. Hlokomela - An award-winning HIV and AIDS educational and treatment programme**
AUTHORS	Christine Du Preez
INSTITUTION	Discovery Foundation

ABSTRACT

k Hlokomela is an award winning HIV and AIDS educational and treatment gramme targeting workers, including foreign migrants, in the agriculture, ure conservation and tourism sectors in Hoedspruit, Limpopo. The project has n running successfully for the past 17 years. An estimated 60 000 people are ched annually through the activities of the programme.

search conducted in 2008 in the Hoedspruit area found that there was a ious HIV epidemic and that farm workers are highly vulnerable to HIV infection. searchers found that **29%** of workers in the community were **infected with** ', a rate of HIV prevalence that was considerably higher than the general ulation of Limpopo.

uring 2018 the National Institute for Occupational Health conducted an valuation study in Limpopo through a survey of the knowledge, attitudes, ractices and HIV prevalence among farm workers. The result of this study uides our activities by highlighting the impact Hlokomela has had over the past 0 years, since the previous prevalence study was conducted in 2008. The tudy showed the HIV prevalence rate to be **down to 6,3% in 2018**.

- Providing peer education on farms (Nompilos)
- Sensitising health care workers, SAPS and the community towards sex workers and migrant populations;
- Running a dedicated women's clinic for cervical and breast cancer awareness, prevention, screening and treatment.
- Offering pre-exposure prophylaxis (PrEP) to people at risk of HIV.
- COVID-19 awareness, screening, community education, testing. And vaccination.
- Promoting healthy lifestyles, condoms, and primary health care services and referrals at fixed clinics and during mobile outreach partner, the Tshemba Foundation offers a unique medical volunteering experience. The organisation places volunteers at Hlokomela as well as at state run clinics and hospitals in Mpumalanga. Tshemba accommodates volunteers free of charge in their well equipped and comfortable Volunteer Centre at Moditlo Private Game Reserve.

CPD POINTS	Standard
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TITLE	**3. Discovery Fund and Breast Health Foundation join forces**
AUTHORS	Louise Turner
INSTITUTION	Discovery Ltd
ABSTRACT	The Breast Health Foundation is a non-profit organisation that was established in 2002 to increase awareness about breast cancer and breast health. Besides creating breast health awareness in South African communities, the Breast Health Foundation helps patients navigate their journey with breast cancer from screening and diagnosis to treatment and recovery. Turner, who is a breast cancer survivor herself, says they see the future of healthcare in South Africa in one word: collaboration. One such collaboration that has already paved the way for accessible healthcare is the partnership between the Breast Health Foundation and the Discovery Fund. "The support that we've received from the Discovery Fund has enabled the women we help through the Breast Health Foundation to still provide for their families while receiving treatment," Turner says. In 2017, the two organisations first crossed paths. The Discovery Fund put R500 000 towards the Breast Health Foundation's development of a programme that educates nurses in community health centres about breast health. The Breast Health Foundation realised that going digital would enhance advocacy and spread detection skills far more quickly. So, in October 2018, a training website was launched at Discovery's headquarters in Sandton. Having trained nurses perform clinical breast exams at local clinics can identify potential breast cancer early on, before patients have symptoms. The Breast Health Foundation found that women in smaller, rural communities struggle to get access to the proper facilities for regular screenings or treatments, which are usually in bigger metropolitan areas. In the small community of Hoedspruit in Limpopo, for example, women who may have breast cancer were identified at the local Hlokomela clinic, but had no effective referral pathway. In 2018, the Discovery Fund, donated over R1 million to the Breast Health Foundation to facilitate breast cancer referrals from the clinic to the Helen Joseph Hospital in Johannesburg. The Discovery Fund facilitated the relationship between the two organisations, with the broad aim of collaborating and sharing resources across its projects. So far, they have helped 15 women on their breast cancer journey. "The Women's Clinic is so much more holistic than the plan for it originally was," says Sonja Botha, a professional nurse who runs the Hlokomela Women's Clinic. "It has developed into a safe haven for women."
CPD POINTS	Standard
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TITLE	**4. HIV care delivery in the Mobile health clinics of eThekwini District in KwaZulu Natal, South Africa: A descriptive evaluation study**
AUTHORS	Ms Silingene Ngcobo Prof Lufuno Makhado Prof Leepile Sehuralo
INSTITUTION	University of KwaZulu Natal
ABSTRACT	Mobile health clinics (MHCs) serve as an alternative HIV care delivery method for heavy HIV burden eThekwini district in KwaZulu Natal province of South Africa. The aim of the study was to describe and profile the HIV care services provided in the MHCs through evaluation process as none has been done before. Method employed was descriptive cross-sectional evaluation study design for n=137 MHCs using a 50-item researcher developed instrument based on two source documents widely available in literature, administered through online platform in order to comply with health and safety regulations of covid 19 during data collection. Data was analyzed using descriptive statistics. Findings revealed that MHCs services are offered through a combination of: open space (n=59;43%), community buildings such as halls, church, homes & creche (n=51;37%), solid built building purposed for MHCs visits referred to as health posts (n=20;15%), vehicle (n=12,9%), tent (n=3;2%), with no electricity (n=105;77%), water (n=75,55%) and sanitation (n=87;64%) services available. Majority (n=123;90%) of MHCs offer HIV care mainly to the adult population (n=133;97%) and provide antiretroviral therapy (n=130;95%). Challenges with staff, monitoring and retaining of patients to care was noted, while good linkage (n=125;91%) and clear referral pathways (n=123,90%) were available. In conclusion standardization and prioritization of HIV care in the MHCs by managers, with specific contextual practice guidelines is vital, in order to attain maximum desired health outcomes.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	PhD candidate in Nursing science, focusing on HIV care provision in Mobile Health Clinics of eThwekwini Municipality in KwaZulu Natal. Professors in nursing serving as research supervisors for the first author in her study.
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TITLE	**5. Implementation and lessons learned in a Department of Health Rural Palliative Care Pilot Project in the George**
AUTHORS	Dr Margie Munnings
INSTITUTION	George Reginal Hospital and Bethesda Intermediary Facility
ABSTRACT	Clinical training medical students at medical schools in South Africa are allocated to district hospitals and community health centres (CHCs). At these facilities, a student preceptor appointed by the relevant university as well as medical officers supervise students. Faculty members visit students during these rotations. During the Covid19 pandemic in 2020, visits by faculty members were severely curtailed due to travel restrictions. At Stellenbosch University 250 fifth year medical students could not be accommodated at Tygerberg Academic hospital, a designated Covid19 facility. We placed the students on a distributed platform in Western and Northern Cape provinces at sites previously used for PHC. The 12-week Integrated Distributed Engagement to Advance Learning (IDEAL) rotation used a range of sites (CHCs, district and regional hospitals). Online support from Faculty was provided to students. Forty-five Faculty from all disciplines including family physicians were each allocated 4-6 students. Students submitted five patients fortnightly on the Vulamobile app. Learning facilitators responded with questions to facilitate patient centred learning. Subsequently the Vulamobile app was used to support medical students from the Nelson Mandela Fidel Castro (NMFC) collaboration at the University of KwaZuluNatal (UKZN) allocated to a rural rotation for 7 weeks. 15-20 students were allocated to four district hospitals. Three academic supervisors were allocated five students each and responded to their Vulamobile patients submissions. Conclusions: The IDEAL rotation at SU successfully accommodated 250 students during a 12-week integrated rotation supported by Faculty members as learning facilitators using the VulaMobile app to facilitate patient centered learning. Subsequently the app was used successfully for a smaller number of students at UKZN.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	I am a medical doctor who has been working in rural hospitals and clinics for over fifty years. I have a special interest in Palliative care. I obtained my Masters in Palliative care, and my Fellowship in Family Medicine, and diplomas in child Health and HIV management. In 1998 I started the Mazoyi home based care programme in Mpumalanga, and in 2000 ACTS clinic which provided care and support for people and their families living with HIV. At present I am part of a team, setting up a Department of Health Rural Palliative Care Pilot Project in the George subdistrict.
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TITLE	6. Epidemiology and management of acute angioedema across tertiary and district-level South African emergency rooms
AUTHORS	Cascia Day, Van der Walt, Crombie, Hendrikse, Peter
INSTITUTION	UCT – FaCE Department

ABSTRACT

Introduction

Angioedema (AE) is potentially life threatening. It is the commonest acute allergic presentation to emergency rooms (ER) with increasing hospitalization rates globally. There is no local data; thus we aimed to investigate acute AE in ERs.

Methods

A retrospective folder review of all patients admitted to Groote Schuur Hospital and Mitchel's Plain District Hospital ERs from 01/06/2018 to 30/06/2020. Patients ≥18 years that were coded T78.3/T78.4 by ICD10 were included. Each event was reviewed, and data collected regarding patient demographics, medical history, management, and outcomes.

Results

A total of 231 events were ICD10 T78.3/4. Of these149 (64.5%) were acute AE. AE events had a median (IQR) age of 42 (27-58) years and 63% were female. Drug induced AE was the most common cause with 42% of the events linked to an offending drug; ACE-Inhibitors were the likely culprit in 65%. 68/149 cases were considered likely histamine-mediated (with known allergen exposure in five cases). Twenty-two (14.8%) of cases reported recurrent AE, none were referred to allergy services. Ten patients were known with Hereditary Angioedema (HAE). The majority of acute AE involved swelling above the shoulders (60%, 90/149), and there was airway involvement in 22 patients with 2 needing intubation. Twenty-one patients were admitted with 6/21 (28.6%) requiring ICU, with no deaths. Guideline management occurred in 83.2%.

Conclusions

AE is the commonest allergy presentation to ERs in Cape Town, South Africa. Bradykinin-mediated AE secondary to ACE-I therapy is the commonest cause. Ongoing awareness is required to ensure accurate diagnosis, and linkage to allergy specialist services for recurrent AE.

CPD POINTS	Standard
PRESENTER'S BIOSKETCH	I am an Allergy Fellow in the Division of Allergology and Clinical Immunology at the University of Cape Town
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TITLE	**Rural Seeds Cafe –'What I Wish I'd Known about Rurall Before Comm Serve"**
AUTHORS	Vuthlarhi Shirindza, Mayara Floss Warren Hansen
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Day 1: Thursday, 1 September

Venue A: Kapel : Clinical Practice

TITLE	**Applied ePOCUS in the rural setting**
AUTHORS	Dr Nellis van Zyl – Smith
INSTITUTION	Public
ABSTRACT	In the technological era that we now live in, most district hospitals have access to an ultrasound machine. In many centres, ultrasound is no longer a special investigation, but forms an integral part of the examination. Emergency ultrasound has focused on a few scenarios, ranging from trauma, identifying an aortic aneurysm, deep vein thrombosis as well as focused echocardiography. There are dedicated training programs for emergency ultrasound training, but very little training in other applied uses of ultrasound. Having limited access to special investigations, rural doctors can use ultrasound to answer focused questions about their patients. Is there a parapneumonic effusions? Is there a pericardial effusion present in a suspected TB patient? Is the bladder distended? Is there hydronephrosis in a suspected renal calculus patient? Is there free fluid in the abdomen of a pregnant patient? Is there papilloedema present? Has the patient got left ventricular failure? Apart from aiding the rural doctor in making diagnosis, it can also be applied to a wide range of practical procedures, like pericardiocentesis, vascular access, pleurodesis, ascitic taps, fracture reductions and many more. Teaching and training of ultrasound skills is essential to bring these skills to the rural platform. Getting clinicians familiar with the applied use of ultrasound will greatly benefit their diagnostic ability as well as aide in practical procedures.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr. Nellis van Zyl-Smit is an Emergency Medicine Physician based at George Hospital in the Western Cape. He is involved in post-graduate training of Sonar skills through EMMSA and the DOH as a presenter of the Fundamentals of Emergency Care [FEC] course
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TITLE	**Transdisciplinary emergency skills training tailored to the South African primary and rural healthcare settings**
AUTHORS	Jurgens Staats, Shane Murphy
INSTITUTION	Public
ABSTRACT	Rural Life Support (RuLS) is an emergency skill training innovation that looks to address the gap in acute care service delivery in rural and remote settings in South Africa. The majority of life support courses are drawn from international (first world) settings where population demographics and health profiles do not fit the South African context. Further, these courses are founded on novel medical technologies and robust health systems and referral pathways. The translation of these courses to the South African setting is limited. Rural practitioners play a key role in the initial emergency management of patients and report higher needs than urban physicians for continuous professional development in emergency medicine. RuLS, adapted from the Rural Emergency Skills Training Course of the Australian College of Rural and Remote Medicine, looks to capacitate rural practitioners to effectively manage acute care presentations in their setting. The RuLS course includes a course manual which provides a complimentary theoretical background to the two-day practical course. The recently released third edition includes factual updates and employs blended learning by providing QR codes with links to videos and articles that will enrich the learning experience of participants. The course is structured to be a practical as possible with interactive discussions, advanced procedural skill sessions, and high fidelity simulation-based training. Having a contextually-informed structured approach to any emergency, with the skills to back it up, is essential to building confident, competent and safe healthcare practitioners. At the conference, we request to run three high fidelity simulations (20 minutes each) to create awareness around the pragmatic, evidenced based training that we do at RuLS through the framework of adult-learning theory. Our objective is to garner interest in the course and build partnerships to increase the reach of RuLS across South Africa as we aim to improve acute care in rural settings.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Jurgens Staats is a Family Physician working in the JB Marks Subdistrict of Potchefstroom and Ventersdorp in North West. He shares the

	responsibility as course director of RuLS and is also a certified BLS, ACLS and ITLS instructor. Dr Shane Murphy is a specialist Family Physician (FCFP) registered with the Health Professions Council of South Africa. His qualifications include: MBChB (UP), MPH (UoR), Dip PEC (SA), Dip HIV Man (SA), H Dip Emerg Med (SA), FCFP (SA) and MMed (Wits). He is an instructor on several advanced life support and emergency ultrasound courses, and is the editor-in chief for the Rural Life Support manual.
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TITLE	**Rural Helicopter Emergency Medical Services**
AUTHORS	Mr Garth Moys, Claudia Hodges
INSTITUTION	SA Red Cross Air Mercy Service
ABSTRACT	Optimising the efficient and effective utilisation of Helicopter Emergency Medical Services (HEMS) in the rural areas. What services are available. How to access them. What are their capabilities. Which patients will benefit the most? How to prepare and package patients for helicopter medical evacuation. Safety around helicopters. The Workshop will include a practical session on patient packaging in a helicopter (weather conditions permitting).
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Garth Moys is the Regional Manager for the South African Red Cross Air Mercy Service in the Western Cape, who specialises in the management of high performance medical evacuation teams, comprising of diverse and highly skilled volunteers and professionals who perform time-critical and high risk operations. He has twenty-five years of experience in fire-fighting, emergency medical, aero-medical, wilderness search and rescue, and airborne sea/surf rescue. He currently provides oversight of, and direction to high performance emergency medical rescue and retrieval teams, ensuring high levels of service delivery and safety for crews and patients particularly in remote, rural and difficult access areas. He strives to optimise the efficient, effective and appropriate utilisation of scarce and specialised resources to ensure sustainable and high quality service delivery to the patients who can benefit the most. Claudia Hodges is the Clinician training coordinator and Flight paramedic at the Cape Town Air Mercy service Base. She has been in the EMS for 10 years and in aviation for just over 3 years. She is currently providing clinical support and guidance to the paramedics at Air Mercy Service. She strives to make a difference in the quality of care patients receive and making sure the paramedics have access to as much knowledge as possible, creating a strong team.
EMAIL ADDRESS	garth@ams.org.za

TITLE	**Approach to Tachyarrhythmia and/or Management of the Difficult Airway**
AUTHORS	Dr Francois Marais, Dr Nellis van Zyl-Smit
INSTITUTION	Public
ABSTRACT	The workshop will focus on practical management & the clinical skills required for the management of tachyarrhythmias and the difficult airway Tachyarrhythmias: ---------- Assessment & Stabilisation o Patiens Identification and treatment options for various dysrhythmias Practical Skills review & perform : defibrillation & cardioversion Difficul Airway: ---------- Assessment of the difficult airway Troubleshooting scenarios according to the DAS guidelines [Difficul Airway Society https://das.uk.com/guidelines/das_intubation_guidelines] Practical Skills Basic Airway Maneuvers, Intubation, LMA insertion, Surgical Airway
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr. Francois Marais works for the UCT Faculty of Health Sciences as an academic coordinator of their rural training school, Eden Teaching Platform, in the Garden Route District. He oversees the core emergency skills training sessions of 6th medical students. Dr. Nellis van Zyl-Smit is an Emergency Medicine Physician based at George Hospital in the Western Cape. He is involved in post-graduate training of Sonar skills through EMMSA and the DOH as a presenter of the Fundamentals of Emergency Care [FEC] course.
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TITLE	**Air ambulance demo**
AUTHORS	Johann Schoevers
INSTITUTION	Public
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Day 1: Thursday, 1 September
Venue D: Community Hall: Community and End Users

TITLE	**1. Participatory practice and community led monitoring in prevention research, in Tshwane District**
AUTHORS	Ms Sehlule Moyo, Tshepho Ndhlovu, Phuthegi Mashigo, Carol Dyantyi
INSTITUTION	Best Health Solutions
ABSTRACT	Background: Community Led Monitoring (CLM) is a common mechanism for community input into the research process. The cross-CLM network is a virtual body that brings together the community and relevant stakeholders to prevention research. Ethical guidelines for health research encourage platforms that promote community input in the research agenda to promote an inclusive, responsive and accountable research process. This study aimed to document the contribution and effectiveness of community led monitoring in the prevention research process in Tshwane District. Intervention description: The study team conducted qualitative and quantitative research, including focus group discussions with community led monitors, as well as key informant interviews with data monitors. It looked at literature on the subject of prevention research and how other scholars understood the community led monitoring epidemiology. An online survey was conducted to collect quantitative data from key participatory stakeholders. Data were collected and analyzed using the SPSS software for quantitative research. Tools were translated to comprehensible language, the most commonly used language in the community where the research was conducted. Lessons learnt: The majority of community members had given feedback to researchers and had knowledge about and participated in the prevention research. However, due to limited funding, data monitors were not able to organize a detailed training on the good prevention practices guidelines to fully comprehend the principles outlined. Discussions also revealed that community members find health research language complex, and require more time to critically understand research documents. Advocacy message: Institutions should allocate resources to train and re-train community leaders, research study participants, and data monitors in understanding and implementation of prevention strategies to enhance meaningful stakeholder engagement in research. Data monitors and relevant stakeholders should design a comprehensive plan for monitoring and evaluating all prevention activities. The study highlighted some of the effective avenues to engage all stakeholders in the design and conduct of prevention trials. Community capacity should be enhanced and adequately be funded for effective engagement of communities and researchers.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solutions Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions. Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community-based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys Carol Dyantyi is a Project Manager, currently working at Best Health Solutions.
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TITLE	**2. Health care workers' perspectives on factors influencing the optimization of primary mental health care in the Oudtshoorn sub-district, Western Cape**.
AUTHORS	Prof Louis Jenkins (supervisor)
INSTITUTION	Public
ABSTRACT	Abstract Background: Untreated mental disorders negatively impact families, social life, income and financial obligations, employability, and productivity, and have a high incidence of co-morbidity with other illnesses. While the integration of primary mental healthcare (PMHC) into primary healthcare (PHC) is a priority, many interventions are perceived as poorly planned, not evidence-based and not sustainable. In South Africa, 52% of the population lives in rural areas. There is limited literature on rural mental healthcare in South Africa and even less on integrating PMHC into PHC. Aim: To explore health care workers' perspectives on factors influencing the optimisation of PMHC in the Oudtshoorn sub-district, Western Cape. Setting: The study was conducted between March and July 2021 in the Oudtshoorn sub-district, Garden Route District, Western Cape. Methods: This was descriptive exploratory qualitative research. Purposive sampling was used. Fourteen key informant interviews were conducted. The voice recordings were transcribed verbatim and analysed thematically. Results: Four themes emerged: 1. Ambivalent attitudes to PMHC, 2. Barriers to PMHC, 3. Availability of and access to mental health support staff and 4. Targeted interventions to improve PMHC. The need for evidence-based training methods, reliance on the advanced mental healthcare professional nurses, resource- and funding constraints, the need to improve healthcare worker-specialist collaboration and the lack of quality information systems that measured PMHC services were subthemes. Providing psycho-education and counselling services was difficult due to a lack of trained state sector counsellors and psychologists. Conclusion: Primary mental healthcare funding was inadequate, mental healthcare practitioners were vulnerable to burn-out in this resource-constraint environment, training non-specialists needed to be evidence-based in PHC settings and the need for counselling and psychology services was evident. Mental health programmes needed to be more effective and locally relevant to rural areas.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	I am an Afrikaans-speaking, South African female in my thirties working as a Family Medicine registrar in the Oudtshoorn sub-district and have worked for a number of years at both Oudtshoorn hospital and the PHC clinics. I know the community and health staff very well. My interests are proactive mental health services and skills development. I believe that we can teach a receptive attitude to mental health care and empathy to health care workers and students. We need to work on the training methods and styles used to train health care professionals in mental health care.
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TITLE	**3. A rapid review of the roles of community rehabilitation workers in Community based mental health services in Low- and Middle-income countries**
AUTHORS	Ms Zarina Syed
INSTITUTION	
ABSTRACT	Context: The term community rehabilitation worker (CRW) encompasses a group of mid-level health workers introduced within health care systems to increase accessibility to health care services for individuals within the community sphere. There is a dearth of information capturing their role within mental health service (MHS) provision. Aim: The aim of this study was to summarise the current knowledge on the roles of CRWs in community-based MHS in LMIC. Methods: The reviewers conducted the search between July 10, 2020, and July 17, 2020. The search was conducted on the following databases: Cochrane, EbscoHost, Primo, and Pubmed. Results: The search strategy identified 521 individual records, of which 4 were included. Of the four included studies, two were qualitative descriptive studies, one was a quantitative descriptive study and one was a conceptual study. Discussion: The eight roles identified across the 4 studies were identified and described. These included client illness management, referral, documentation and administration, client and family education, community education, intersectoral collaboration and mediation. The research highlights a knowledge deficit concerning the role of CRWs in the provision of MHS, in LMICs. There is, therefore, a need to improve knowledge and understanding of the roles and responsibilities of these health care aides where MHS provision is concerned. Conclusion: A total of eight roles that CRWs have in relation to MSH in LMICs were identified. These roles are home visits, client illness management, referral, documentation and administration, client and family education, community education, intersectoral collaboration, and cultural mediation. However, there was no data found on CRWs role in MHS in LMICs specifically, indicating a research gap. The reviewers would recommend further research to be conducted on CRWsâ€™ role in MHS in LMICs. The data summarised in this review could be utilised to educate health professionals regarding the role of CRWs.
CPD POINTS	Standard

PRESENTER'S BIOSKETCH	Zarina Syed began her career working as an occupational therapist at hospitals in Cape Town, South Africa . Zarina is passionate about the field of mental health in occupational therapy and has been involved in student education for over 10 years. Her role includes clinical supervision of students, teaching undergraduate and postgraduate students as well as supervision of research. She completed a BSc in Occupational Therapy at the University of the Western Cape (UWC). Her postgraduate studies include a Master of Occupational Therapy (Psychosocial Rehabilitation) and Postgraduate Diploma in Addiction Care, both obtained from Stellenbosch University.
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TITLE	**4. Understanding factors contributing to uncontrolled high blood pressure in Ekurhuleni district: the community health workers' perspective**
AUTHORS	Kganetso Sekome
INSTITUTION	University of the Witwatersrand
ABSTRACT	Background: Uncontrolled high blood pressure has become a concern in underserved communities of South Africa due to its consequence resulting in rising cardiovascular and cerebrovascular diseases. Community health workers (CHW) at a primary care level offer door to door services for patients with chronic diseases and are often key in health education, health promotion, and disease monitoring. Understanding the voice of the CHW in factors that contributes to uncontrolled high blood pressure for their patients can provide insight on strategies for future intervention programme from a systems, patient, and community perspectives. Aim: To explore the CHW's perspective on the factors contributing to their patients' uncontrolled high blood pressure. Methods: In-depth face-to-face interviews were conducted with 22 CHWs from various community health centres in Ekurhuleni district, Gauteng. The interviews focused on: the CHW's knowledge on measures used to control high blood pressure, the CHWs opinions on barriers and facilitators contributing to uncontrolled high blood pressure for their patients, and lastly their perceptions on strategies which can be used to improve the control of high blood pressure. Data analysis following thematic analysis is currently underway. An inductive approach is being appointed to generate codes, themes, and categories. Discussion: This study will shed some insight into the health workers' perceptions as they have engaged with the system, the patient, and the community. It will fill in the missing voice in the design of effective programmes and interventions when addressing uncontrolled high blood pressure. A collaborative strategy in addressing uncontrolled high blood pressure which includes the service providers at community level will enhance the primary health care approach.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Kganetso Sekome is a physiotherapist who also holds a master of public health degree that specialises in rural health. Currently completing his PhD in public and population health between two universities: WITS University school of public health (RSA) and Loughborough University school of sport, exercise and health (UK). Kganetso's research interest is on developing and improving service delivery for rural areas focusing on the management and control of non-communicable diseases for adults. Zaheerah Dawood is a physiotherapist working at primary health care in Gauteng, South Africa. As a physiotherapist Zaheerah has been involved in managerial positions within the sub-district and has developed a strong professional and academic interest in noncommunicable disease management and control from a service delivery point of view. Zaheerah continues to fulfil her education as a master's student in physiotherapy conducting public health research in hypertension. Zaheerah Dawood
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TITLE	**5. The power of innovation and partnership " The Umoya social enterprise, Oxera and Madwaleni**
AUTHORS	Craig Parker
INSTITUTION	Frere Hospital, East London
ABSTRACT	The Covid pandemic showed how remarkably vulnerable to pandemics our urban and rural health systems are. This ranged from equipment to Oxygen supplies to funding and in the wake of the pandemic, we are finding that many of these challenges persist and impact our daily lives as clinicians. One intervention that arose from the pandemic was the Umoya social enterprise that developed the OxERA mask. The OxERA has had a large impact in managing sick Covid patients where staff and oxygen are constrained. Experience is showing that the OxERA mask has significant benefits in non-covid disease in resource limited settings and research is underway to validate this experience. The OxERA was recently recognised and included in the 2022 WHO compendium of innovative health technologies for the low resource settings putting SA on the Global map. Umoya has expanded into further projects such as facilitating an oxygen plant and infrastructure support for Madwaleni Hospital in rural EC as well as becoming a social manufacturing and distribution partner for other NGOs seeking to impact the developing world. If we are to challenge the spiralling costs of medical devices and equipment then a paradigm shift needs to take place in this sector and we believe Umoya is an example of the kind of shift needed. As a Social enterprise we are self sustainable. When partnered with rural facilities such as Madwaleni, at a deep mission level, the collaboration, shared expertise and resources make a powerful combination and helps bridge some of the widening gaps in state funding and support. There are also many great ideas for dealing with our rural challenges out there but the barriers to getting them commercialised and implemented often seem insurmountable. This is where social enterprises such as Umoya are poised to have a significant impact.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Craig was a mechanical Engineer for nearly 20 years before going back to university and studying medicine. He now works in anaesthesia within the public health system at Frere Hospital in the Eastern Cape. He and a group pf volunteers founded the Umoya project to address some of the

	key challenges during Covid-19 and out of this the OxERA was born. He is involved with work in the rural facilities within the Eastern cape arund Oxygen supply as well as anaesthetic training. He is passionate about making rural health care more effective through the integration of engineering and medicine. He lives in East london with his wife, who is also a nurse.
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Day 1: Thursday, 1 September
Venue E: Kerksaal: Clinical Practice

TITLE	**Tuberculous Meningitis in Children**
AUTHORS	Dr Josph Alt
INSTITUTION	Public
ABSTRACT	TBM is the commonest bacterial meningitis in children in the Western Cape. It can be very difficult to recognise and therefore is easily missed. Profound morbidity is a common outcome. This presentation focuses on the clinical presentation of Tuberculous Meningitis in Children .
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	A general Paediatrician at George Provincial Hospital
EMAIL ADDRESS	Joseph.Alt@westerncape.gov.za

TITLE	**Implementing a TB preventive therapy (TPT) programme using community health workers in Khayelitsha: finding the undiagnosed and providing TB preventive treatment.**
AUTHORS	Janet Giddy Helen Cox Colin Pfaff Nolitha Tyeku Anja Reuter
INSTITUTION	MSF (Doctors without Borders)
ABSTRACT	Stroke is the second most common cause of morbidity in South Africa. Disability in South Africa is increasing and putting additional strain on South Africa's healthcare services. A person's well-being, function, and quality of life are determined by healthcare services quality. Most persons with stroke in South Africa have limited access to healthcare and rehabilitation services in the public sector. The implications of no or inadequate stroke care are unclear. It is therefore important to know where there have been positive and negative engagements with stroke care. This presentation will aim to share the experiences of persons with stroke engagement with the health system in South Africa and discuss what this means for healthcare practitioners. We conducted semi-structured interviews with 15 people with stroke living in urban and rural settings in the Eastern Cape and Western Cape, to explore their experiences within the first 24 months post-incident. Interviews were transcribed, coded, and thematically analyzed. Results: Some of the main issues in the care that persons with stroke experienced were related to transport, quality of care, continuity of care and holistic management. Despite these challenges, persons with stroke also reported positive experiences with stroke care services. Conclusion: Conducting interviews with persons with stroke and their caregivers have given us significant information on where the gaps are in stroke care and where there have been positive engagements. This information is vital in learning where and what changes need to be made to improve stroke care in South Africa.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Janet Giddy is a Family Physician with an MPH, and has a background of working in Rural Health and Primary Care. Her professional interests include TB & HIV Care, Maternal and Child Health, Medical Humanities and Health Systems strengthening. She is currently working for MSF (Doctors without Borders) in Khayelitsha implementing a pilot project to improve TB Preventative Care at a primary care level. Prior to this she worked for the Western Cape Department of Health , with a focus on strengthening PMTCT and Maternal and Child Health programmes. Her Medical Humanities interest has been expressed though a collaborative project with two historians writing a history of McCord Hospital. She maintains strong links with many rural hospital colleagues and MSF as an organization works in rural settings in South Africa. Janet believes that Khayelitsha can be considered a rural area as she sometimes sees cows and goats while driving in Khayelitsha,. All of the co-authors work for MSF (Doctors without Borders) in Khayelitsha. Nolitha Tyeku is a professional nurse who has experience in drug resistant TB careand who has worked closely with Janet Giddy in implementing the TPT pilot programme in Khayelitsha. If the abstract is accepted for a workshop, she and Janet will co-facilitate it. Colin Pfaff is the medical manager of the Khayelitsha Project. Anja Reuter is a clinician and researcher who heads up with the drug resistant TB programme. Helen Cox is an epidemiologist who was part of the original team who set up the drug resistant TB programme in Khayelitsha in 2007. She is an Associate Professor at UCT and works part time with the Khayelitsha team.
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TITLE	**1. Developing an occupational therapy curriculum with strong focus on community and rural service delivery: Reflections on the process and selected results**
AUTHORS	Helga Burger
INSTITUTION	Public
ABSTRACT	Background: After attaining the status as sovereign country in 1990, Namibia implemented tertiary educational programmes with the intent to meet the employment needs of Namibia with real-life Namibian experts. Objectives: The need for a â€œNamibianâ€• occupational therapy educational programme was identified by the researcher in 1991. She aimed at including knowledge of local health needs, world view(s), cultures, and peoplesâ€™ participating in occupations in urban, peri-urban and rural environments and contexts (citizensâ€™ lived experience), as integral elements of the new curriculum. Methodologies included (i) participant and nonparticipant observation (citizenâ€™s participation in occupations in rural, urban and para urban settings), (ii) secondary data collection and (iii) archival research related to participation in occupation and occupational therapy curricula. Data collection: Observations of Namibian people participating in occupations in various contexts and environments were reflected on and analysed. Parallel to that process, existing occupational therapy theoretical frameworks, curricula and standards related to curricula development were studied to gauge generic and specific, global and local content. Results: Conjoining results of data analyses led to the first Namibian draft curriculum, which was scrutinised by relevant entities, approved in 2015 by the Allied Health Professions Council of Namibia and the Senate of the University of Namibia. The educational programme was implemented in 2018. Analysing the reflection data and weighing up the findings against robust occupational therapy models resulted in the development of a theoretical framework for the curriculum. Four distinct groups of clients were identified, two of which were community based (urban and rural). Additionally, the importance of performing occupations (nine categories) as part of daily life in (distinct
CPD POINTS	Standard
PRESENTER'S BIOS	Helga Burger, a born and bred Namibian citizen, is the holder of an MSc in Occupational Therapy degree (coursework UCT). She has spent much of her professional life advocating for the profession, mainly so as one of her fundamental beliefs the conviction that occupational therapists can change the lives of vulnerable people and communities and that at a relatively low cost. She has worked in the public and private sector as an occupational therapist, and since 2018, she is employed as a lecturer at the University of Namibia,
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ITLE	**2. Exploring the influences on early career journeys of graduates from a longitudinal integrated clerkship.**
AUTHORS	Francois Coetzee
INSTITUTION	Stellenbosch University
ABSTRACT	Background: Longitudinal integrated clerkships are increasingly being implemented across the globe for both educational benefits and recruitment of rural medical practitioners. It is now 10 years since Stellenbosch University started their longitudinal integrated clerkship and to date the career outcomes of graduates have not been described. It is not known to what extent LIC graduates are motivated to pursue rural careers and what influences their efforts to work in rural environments. Objectives: This research set out to determine the factors that influence the career journeys of doctors that graduated from Stellenbosch Universityâ€ ™s longitudinal integrated clerkship. Methods: Eight graduates, 5 or more years post-graduation, were interviewed by means of semi-structured interviews of 45- 60 minutes. Interviews were recorded and transcribed. Transcriptions were coded for content analysis and thematic analysis was performed using the guidelines of Braun and Clarke. Participants were also asked to draw a depiction of their career journeys, and these pictures were used as prompts during the interviews. Results: Four themes were generated from the data: Being ready for rural practice, a search for social impact, experiences that changed choices and the unexpected challenge of job insecurity. Family preferences, support within a work environment and the availability of posts are important factors in the years following the compulsory community service of LIC graduates. LIC graduates were enabled by their undergraduate training to explore non-traditional career options. They were familiar with rural environments, which took away the strangeness of it and enabled doctors to take on posts in rural environments. LIC graduates preferred working in rural environments and are inclined to return to rural environments after specializing. Conclusions: Participants had transformative learning experiences during and after their LIC training and made career choices that would allow them to have an impact on the health care outcomes of patients.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Francois Coetzee is a family physician, and he is the program coordinator of the Rural Clinical School based in Worcester, South Africa. For 12 years he practiced as a rural clinician and in 2013 he joined the Ukwanda Centre for Rural Health of Stellenbosch University. He has published 10 research articles and 5 book chapters since his appointment at Stellenbosch University. In 2017 Francois was appointed as coordinator of the longitudinal integrated clerkship and the rotation-based program at the Rural Clinical School. Current clinical

	duties include doing outpatient clinics with a focus on chronic disease management including HIV. Current projects include; A research project that comprises tracking of the RCS graduates and documenting their intentions to practice rurally or in urban settings, collaborating with others in the renewal of the medical curriculum at Stellenbosch University, the development and coordination of a new longitudinal integrated clerkship in Upington and faculty development for increased use of workplace based assessment on the distributed training platform.
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TITLE	**3. Transforming the 6th year Family Medicine rotation within the district healthcare system: developing a 2x2 model at the University of Cape Town**
AUTHORS	Liesel Visser
INSTITUTION	Public

ABSTRACT

CPD POINTS	Standard

PRESENTER'S BIOSKETCH

EMAIL ADDRESS

TITLE	**4. Rural Onboarding: Structuring an in-service training for rural clinicians**
AUTHORS	Madeleine Muller
INSTITUTION	Walter Sisulu University
ABSTRACT	Background: Rural Health care has a high turnover of its clinicians and every year new health care professionals join rural health care facilities, many of them community service officers. Providing health care in rural health requires a special skill set and clinicians often feel ill prepared after their trainings in large regional and tertiary hospitals. There has been a patchy and irregular attempts at arranging centralised in-service programs that are traditionally either poorly attended or disruptive to clinical services where community service officers are key to service delivery. After a successful pilot in 2021, RuDASA launched a national online 6-week in-service program early in 2022. Program description: The Rural onboarding program was launched in the first week of February and took place over a period of 6 weeks. Each week had one or more themes, and included two webinars from top experts across South Africa as well as resource packs and guided learning. Themes included infectious disease, maternal health, child health, emergency medicine orthopaedics, anaesthetics, trauma, mental health and soft skills. All webinars were recorded and is available on a public YouTube channel. Sessions could be completed at participants own pace. The course was free and all facilitators volunteered their time for free. Outcomes: 183 health care professionals signed up for the course and included community service doctors and rehab clinicians, medical officers, interns and students from across the country. All 9 provinces were represented. Future implementation: The Rural Onboarding program is now being designed as a free online training that can be accessed any time of the year.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Madeleine Muller is a Family Physician and Senior lecturer at Walter Sisulu University, and working at Cecilia Makiwane hospital in Mdantsane, East London. She is on the RuDASA exec co carrying the mentoring portfolio. She qualified as medical doctor from UP in 1995 and obtained her MRCGP in 2003 in the UK. She worked a GP in the UK until returning to South African in 2009. From 2009 until 2017 she worked as a clinical advisor at the NGO Beyond Zero and was awarded a certificate of special merit by RuDASA for her work in mentoring health care professionals in 2010. During this period she helped implement the Advanced Clinical Care program for complicated HIV and created the decentalised Wits RHI ACC training program for doctors. She obtained her DipHIVMan in 2016 and has been the convenor for the Diploma of HIV management since 2020. In 2016 Dr Muller passed the Advanced Health Management Program through FPD / Yale cum laude and served for a year as the acting technical lead for the ACC program in Limpopo and Eastern Cape. She worked at Nkqubela TB hospital from 2017 until 2021 and has served as the Rural representative on the SAMA border
EMAIL ADDRESS	drmullerbz@gmail.com

TITLE	**5. Exploring and Implementing Postgraduate Rural Health Training Needs: Capacitating the Rural Health Workforce towards Local Care**
AUTHORS	Amanda Msindwana, Innocentia Lediga
INSTITUTION	Stellenbosch University, Ukwanda Centre for Rural Health
ABSTRACT	Background The lack of resources, difficult patients, and restricted access to additional training are just a few of the challenges that professionals in rural healthcare have identified as impeding their ability to deliver equitable and high-quality healthcare services. In order to address recognised skill gaps in the treatment and management of patients, rural healthcare workers must have access to further training as this enhances healthcare effectiveness. There has been a good change in health professions education training programs that provide undergraduate students with exposure to and training in rural areas, however, the development and implementation of postgraduate rural healthcare programs for all healthcare professionals have not made significant strides within our context. The aim of this research is to conduct a training needs assessment for healthcare professionals in rural environments. There is a sizable body of research on the educational needs of rural healthcare professionals in high-income countries like Australia, the United States, and Canada, but there is a dearth of information on the postgraduate training needs for all healthcare professionals in developing and low-income countries. In order to inform the development of pertinent curricula for healthcare professionals working in rural contexts, it is necessary to investigate the postgraduate training needs of rural healthcare professionals in Southern Africa. Methods A combination of quantitative and qualitative research methods will be used to carry out the study. The convergent parallel design will be employed. Two data collection points will be used for the study: an interview survey and focus group discussions. Healthcare professionals working in rural contexts and those working in urban contexts who are interested in working in rural settings will be purposefully sampled for the study population. Data will be analysed through descriptive statistics for the survey and thematic analysis for the focus group interviews. Ethical approval will be sought. The study will identify the training needs of postgraduate rural healthcare professionals and inform the development of relevant curricula. This research is prospective
CPD POINTS	Standard
PRESENTER'S BIOS	Amanda A Msindwana is the Postgraduate Leader at Ukwanda Centre for Rural Health. Her professional background is in Speech-Language Pathology and Audiology. She has been involved in public rural healthcare services as well as setup the first placement cohort of Speech Therapy students at the Rural Clinical School as well as coordination thereof. She participated as a professional Board Member on the Health Professions Council of South Africa for a term and a half. Innocentia Lediga is a social scientist and an educator. She is currently based at Ukwanda Centre for Rural Health where she assists with research activities such planning and writing protocols, submitting protocols for ethics and institutional approval, submitting manuscripts for approval, developing funding proposals, managing database spreadsheets, and data entry as well as assisting with the facilitation of research forums among others. She has previously worked as a fieldworker and she understand the intricacies of field research. Her primary research interests are on sexual and reproductive health, maternal mental health and young women. She hopes to pursue health PhD in public health in the next year. She is a member of the South African Council for Educators (SACE) and the South African Sociological Association (SASA). She is also a member of various movements and NGOs aimed at improving the lives of young women. Degrees: MPhil, Transdisciplinary Health and Development Studies Postgraduate Certificate in Education BA Honours, Industrial Sociology, BA, Sociology and Psychology, MA, Social Impact Assessment

TITLE	**6. The exciting path from Rural Health to Running a Department of Medicine**
AUTHORS	Helmuth Reuter
INSTITUTION	Stellenbosch University
ABSTRACT	The presentation focuses on the career path of the presenter from rural practice in Namibia to teaching students the skills needed for clinical practice in rural hospital in southern Africa. It is a reflection of choices made to work in rural communities to becoming a teacher and departmental manager. An essential focus will be the potential role of in-hospital ward rounds in managing clinical problems and learning about the value of the health care team. The presenter will reflect on the early beginnings of the Ukwanda Centre, the Maintenance of Competence Project in the Western Cape and the MSF / Nelson Mandela Foundation sponsored ARV treatment programme in Lusikiski, Eastern Cape with special emphasis on teamwork.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Helmuth Reuter is a infectious diseases specialist, a rheumatologist and professor of internal medicine. He is currently the Executive Head of the Department of Medicine at Stellenbosch University and Tygerberg Hospital and ahs previously been the Director of the Ukwanda Centre for Rural Health. He studied medicine at Stellenbosch University and spent a large part of his career at rural hospitals in Namibia and South Africa. He completed parts of his training in London, Cambridge, Norwich, Paris and at the National Institutes of Health (NIH) in Bethesda, Maryland (USA). He is a member of the American Academy of Science, a member of the American College of Physicians, a fellow of the Royal Society of Tropical Medicine and Hygiene, a fellow of the College of Physicians of South Africa, and a fellow of the Royal College of Physicians of Edinburgh. His research interests include on the one hand clinical teaching and training, and on the other hand, the therapeutic management of infectious and and non-infectious immune mediated inflammatory diseases. He has authored or co-authored more than 100 publications, written 6 chapters in books and he has contributed as an invited speaker at many national and international conferences
EMAIL ADDRESS	hr@sun.ac.za

Day 2, Friday afternoon, Main Hall: Building teams

TITLE	**Workshop: Facilitation for Learning Programme: what's the need?**
AUTHORS	Ian Couper Jacqui Couper
INSTITUTIO	Stellenbosch University
ABSTRACT	Background The Stellenbosch University Network for Strengthening Rural Inter-Professional Education (SUNSTRIPE) project is part of an Africa-wide project to strengthen healthcare delivery through education, especially in terms of HIV, TB and related diseases. Arising from the way this was delivered, and lessons learnt from work we have done before, we have been asked to plan a programme to develop and support those who could become facilitators of such education in the future. This would be done through the African Forum for Research and Education in Health (AFREhealth), using a range of materials, with a focus on interprofessional, scenario-based and person-centred learning. The main target of this programme would be members of healthcare teams serving in rural and underserved areas in South Africa and beyond. Purpose The purpose of this workshop would be to present and obtain feedback on our planned facilitation for learning (FfL) programme. Outline: 1. Presentation of FfL programme by SUNSTRIPE team (10 minutes) 2. Facilitated discussion on potential, possibilities and pitfalls of the programme (30 minutes), to obtain feedback on (amongst other issues): â€¢ The relevance of and need for the programme â€¢ Programme outcomes/objectives â€¢ Content to be covered â€¢ Facilitator characteristics â€¢ Timing and duration of the programme â€¢ Long term sustainability 3. Facilitated discussion on developing a mentoring programme (15 minutes) 4. Wrap up and way forward (5 minutes) Target Who should attend: All health professionals with an interest in facilitating learning and skills development; any frontline healthcare professional who has an interest in how education to strengthen care of patients with HIV, TB and related diseases could best be delivered
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Ian Couper is Director of the Ukwanda Centre for Rural Health, Department of Global Health, Stellenbosch University, since 2016. This follows more than 13 years at Wits University, and nearly 16 years in the Northwest Provincial Department of Health. He is a founding member and past chair of RuDASA, and an executive member and past chair of Wonca Rural. He is married to Jacqui, and they have 3 sons, a daughter and a grandson. He has completed over 100 Park Runs. Jacqui started her working life as an occupational therapist, which has unfolded into diverse work experiences. This included working in a rehabilitation team to develop services at Manguzi hospital, and doing a master's on prevalence of children with disabilities highlighting the number of disabled children that could overwhelm rehabilitation services and health workers. This led to a clinical focus on early child development and intervention and a book called The Precious Years. A move to Cape Town reconnected Jacqui to rural roots and mid-level rehabilitation training at UCT. More recently Jacqui has enjoyed writing some modules for SUNSTRIPE that included teamwork, wellbeing, and mentoring. Developing relationships is a thread in work interests and experiences. Relationships really do matter. Jacqui is married to Ian, and they have three sons, a daughter, and a grandson. Jacqui expresses creativity through her writing and pottery.
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Day 2, Friday morning: Venue B: Restaurant: Clinical Practice

TITLE	**1. Hypoxic lschaemic encephalopathy an overview and data presentation for a 2-year period for the Eden and Central Karoo**
AUTHORS	Nicole Bosch
INSTITUTION	Public
ABSTRACT	The incidence of HIE: 1.5/1000 LIVE BIRTHS IN developed countries and 2.3-26.5 per 1000 live births in developing countries. HIE is a decrease in oxygen and perfusion of the brain of the foetus before and around the time of birth. HIE causes brain injury and can result in cerebral palsy and other cognitive and developmental impairment. Overview of the latest neonatal resuscitation guidelines and update. The entry criteria for cooling. The follow-up of babies who suffered HIE at birth. Data presentation: During a 2-year period, from November 2019 to we have admitted 72 BABIES to our Neonatal unit with HIE, we will give summary of short-term outcomes of the babies.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Nicole Bosch is a medical officer in paediatrics at George Hospital. I have been there since 2021. I enjoy rural medicine and completed my final year of medicine at the Ukwanda site at Worcester 2013. I am hoping to start specialising in paediatrics in the next 5 years, with a special interest in rural health and the impact of service delivery in these areas. On a personal note, I enjoy watercolour painting, baking and hiking. African Sociological Association (SASA). She is also a member of various movements and NGOs aimed at improving the lives of young women. Degrees: MPhil, Transdisciplinary Health and Development Studies Postgraduate Certificate in Education BA Honours, Industrial Sociology BA, Sociology and Psychology MA, Social Impact Assessment (incomplete)
EMAIL ADDRESS	ncpbosch@gmail.com

TITLE	**2. Occupational Therapy for Hypoxic-Ischemic Encephalopathy Injuries in the Rural Setting**
AUTHORS	Elsje Kritzinger
INSTITUTION	Public
ABSTRACT	Many children with hypoxic-ischemic encephalopathy injuries can have limitations in their physical abilities and/or challenges on a cognitive level. This can impact their abilities to complete activities of daily living and prevent them from becoming more independent. For parents in the rural setting, access to therapy and resources can be very challenging. How can the therapist working in the rural setting best meet the needs of these parents and children with limited resources available? A basic treatment overview of the severely affected HIE child.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Elsje Kritzinger worked as OT in Mossel Bay for several years before moving to George, where she now works in the primary care services.
EMAIL ADDRESS	elsjekritzinger@gmail.com

TITLE	**3 It takes two to tango**
AUTHORS	Smangele Khumalo Maryke Bezuidenhout
INSTITUTION	Manguzi Hospital
ABSTRACT	Rehabilitation services in South Africa remain fragmented, poorly coordinated, often centralized to institutions and often stubbornly embedded within the medical model. Quality of care is affected by a rapid turnover of often junior therapists from very different racial, cultural, linguistic and socioeconomic backgrounds, and health systems are notoriously weak. Interventions for children with cerebral palsy often focus almost entirely on the child, with little attention given to the mothers support systems or mental health. Smangele tells a story from personal first hand experience, and years of experience listening to other mothers stories, of their journeys. She highlights and flags key responses and behaviours exhibited by mothers and caregivers who are still struggling to come to terms with their new lives, and the implications this has on approaches to rehabilitation. Without the primary caregiver being fully on-board, rehabilitation programs risk being inefficient and ineffective. She also highlights frustrations with the current health system and approaches to care. (this presentation would most likely be a pre-recorded one, as it is highly unlikely that- without donor funding- Smangele and her son could make the trip)
CPD POINTS	Ethics Webinar
PRESENTER'S BIOSKETCH	Smangele Khumalo is the mother of a heroic teenager with cerebral palsy. She is a trained parent facilitator under Siletha Ithemba NPO, channeling her passion in advocating for improvements in services, acceptance and community integration of children with cerebral palsy through supporting and mentoring other mothers and caregivers of children and teenagers with CP. Maryke Bezuidenhout is a physiotherapist who has spent 20 years at the rural coalface. She is currently the manager of a 21-strong multi-disciplinary rehabilitation team which works closely with local disability organizations and NPOs to provide comprehensive rehabilitation and disability services within the Manguzi health catchment area. She has a post graduate diploma in health economics as well as a strong public health background. When not advocating vociferously or finding ever more innovative ways to sustain services, she is probably full of grease repairing wheelchairs under a tree somewhere.
EMAIL ADDRESS	marykebez@gmail.com

TITLE	**4. Addressing Child Mortality In the communities**
AUTHORS	Stanley Maphosa
INSTITUTION	Nelson Mandela Children's Fund
ABSTRACT	The Nelson Mandela Children's Fund (The Fund) addresses child mortality problems prioritizing the first 1000 days of the lives of children for early detection and management of ante-natal and early childhood development (ECD) elements, i.e. integrating early stimulation of children under the age of two into child health activities. The Fund works with Implementing Partners (IPs). The Fundâ€™s main emphasis is mainly on touching the lives of deeply rural, vulnerable and disadvantaged communities and children, who often are not reached by other interventions and programmes in the country. The Fund does not address the physical problems of medical health units and provision of related tools and infrastructure as the government is responsible for that. The Fund also does not address the issues of professional human resource limitations as identified above. The Fund is limited by both its human and financial resources to handle these issues which will be raised as advocacy initiatives. The Fund programme works with carefully and transparently chosen implementing partners . These IPs are community based and focused organizations that meet the criteria developed by the Fund. The core areas that are critical for the survival, development and thriving of children are family outreach and community outreach activities, strengthening of health systems and advocacy. As such, the Fund seeks to partner with organizations which are working in its core focus areas. The Fund integrates child mortality with other programs . It also provide community services as well as advocate for children and youth issues at local, district and provincial levels. The purpose of this program is also to make certain that the care system responds to the needs of children under-5 to better ensure their survival and development. The work of the Fund aligs with the broad vision of changing the way society treats its children and youth. Society usually takes the death of adults more seriously than that of children, especially those below the age of 5. This program positions the Fund to create that change from local to national level.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Stanley Maphosa is the Chief Programmes Officer of the Nelson Mandela Children's Fund (the Fund) where he oversees five programmes that also cover Monitoring, Evaluation and Special projects. As an executive committee member, he plays an integral part in the strategic development, implementation, and evaluation. Dr Maphosa holds a PhD in Social Sciences degree from the University of Fort Hare where he majored on Youth Sociology in youth agency and participation in decision making processes. He also holds a master's degree in Development Studies (UNISA) and other qualifications in Disaster Risk Management and in Policy Formulation, Implementation and Evaluation

	(Stellenbosch University and UCT). Prior to joining the Fund, Dr Maphosa worked for the Academy of Science of South Africa as Science Diplomat for seven years and World Vision International as a Development, Disaster Risk Management and Advocacy executive at various levels.Presently and past six years: Community Based Education Coordinator of UCT in the Garden Route- training medical students on a rural platform
EMAIL ADDRESS	StanleyM@nmcf.co.za

TITLE	**5. Improving coverage rates for children with cerebral palsy in rural South Africa**
AUTHORS	Maryke Bezuidenhout
INSTITUTION	Manguzi Hospital
ABSTRACT	Manguzi Hospitals' rehabilitation team provides clinic and hospital based cerebral palsy services for younger children, with older children and young adults receiving home visits. A decentralized wheelchair and seating outreach service has been in existence since 2015. With the onset of lockdown 5, the team shifted all clinic and hospital services for people with moderate and severe disabilities to homestead level. The team also embarked on a series of reforms to address key governance issues, including the development of an online electronic patient management system to assist in coordination of care across the various service delivery platforms and professions. Specific attention was also paid to building capacity of the local parent facilitator and peer supporter NPOs, progressively integrating them into the rehabilitation teams service delivery strategy. Additional resources were secured, and a sustained advocacy campaign around securing reliable outreach transport was initiated. An audit was done, examining key program data over the same 6 month period in 2018 and 2021. Service coverage rates for all age groups within the GMFCS level 4 and 5 cohort improved dramatically. Age of obtaining first specialized seating device dropped from 4.4 to 2.1 years, the number of rehabilitation sessions received by children in the 0-5 year old age group improved from 1 per 6 month period to 6 per 6 month period, and proportion of children in all age groups receiving 2 or more seating reviews per annum rose from 10% to 65%. Decentralization, improvements in coordination of care, a trans-professional approach and the involvement of end users in service delivery have been critical learning points.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Maryke Bezuidenhout is a physiotherapist who has spent 20 years at the rural coalface. She is currently the manager of a 21-strong multi-disciplinary rehabilitation team which works closely with local disability organizations and NPOs to provide comprehensive rehabilitation and disability services within the Manguzi health catchment area. She has a post graduate diploma in health economics as well as a strong public health background. When not advocating vociferously or finding ever more innovative ways to sustain services, she is probably full of grease repairing wheelchairs under a tree somewhere
EMAIL ADDRESS	marykebez@gmail.com

TITLE	**6. Advocating for surfactant at Madwaleni District Hospital**
AUTHORS	Michaela Lotz
INSTITUTION	Madwaleni Hospital
ABSTRACT	Complications of prematurity make up almost 50% of cause of neonatal mortality in South Africa with the highest burden of premature deaths at district hospitals level. A combination of strategies, including nasal continuous positive airway pressure (nCPAP) and surfactant replacement therapy (SRT) in management of respiratory distress syndrome, is required to decrease mortality due to prematurity. In line with the HHAPI-NeSS Strategy recommendations, Madwaleni Hospital (MH) has had nCPAP available since 2018, yet until 2021, access to SRT for inborn neonates has been a challenge. MH is in the Mbashe Sub-District of the rural Eastern Cape, an hour and a half by road from a Level 2 or 3 neonatal facility and with no air transfer options currently available. While the best surfactant outcomes are achieved with early rescue treatment, ideally within 2 hours of birth, a 2020-21 file audit highlighted the difficulties referring neonates and long transfer delays with an average time of 26 hours from first discussion to arrival of emergency medical services. Standard Treatment Guidelines and Essential Medicines Lists policy precludes surfactant being available at DH without an on-site or district paediatrician. With an understanding of staff capacity and skills experience and using the audit information, the doctors and pharmacists at MH were able to adapt our service by approaching our referral facility and advocating for the procurement and availability of surfactant for use in appropriate cases. In the last year there have been 14 cases of SRT given at MH. Neonatal care at district rural hospitals has seen significant growth over the last decade. This presentation hopes to provide an example and inspire other rural sites to use advocacy to build better services and address inequitable access and other human rights issues, so that rural children and communities not only survive but can thrive.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	I am a doctor, wife and mother who has been living and working at Madwaleni District Hospital in the rural Eastern Cape for the last 8 years. I have always had a special interest in Child Health but since starting and completing a postgraduate diploma in Community and General Paediatrics have become better equipped and inspired to advocate more for rural children in our sub-district.
EMAIL ADDRESS	drmichaelalotz@gmail.com

Day 2, Friday morning: Venue B: Restaurant: Clinical Practice

TITLE	**1. Managing a child with developmental delay and intellectual disability and supporting the family**
AUTHORS	Willie Breytenbach
INSTITUTION	George Hospital
ABSTRACT	According to an article by Dr K.J Fieggen in the SAMJ of April 2019, vol. 109, no 4, developmental delay and intellectual disability have an estimated world-wide prevalence ranging between 1 and 5%. It certainly is one of the biggest challenges in our paediatric outpatient department to appropriately help families with children with these problems. Thus, with this presentation we hope to provide some approach and clarity on this difficult and challenging subject. Focus on: What will be considered normal development and what are red flags that need investigation? Important things from history. Important things from clinical examination. Possible investigations and their indications. Management of such a child. Some important conditions to consider.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Willie Breytenbach is a paediatrician working in George Regional Hospital since 2000. He is the head of the clinical unit paediatrics.
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TITLE	**2. A reflection on A high risk baby follow up program in a rural setting**
AUTHORS	Lara van Heerden, Adele Snyman
INSTITUTION	Zithulele Hospital
ABSTRACT	Background: A high risk infant is a newborn baby, regardless of gestational age, who requires more monitoring and care than what would normally be provided to a healthy term infant. They face more challenges adjusting to the world outside of the womb and have higher chances of developmental delays and health complications. Literature shows that early intervention from a multi-disciplinary team is important. In rural South Africa there are limited resources in the government sector, which often results in children with poor neurodevelopmental outcomes being identified later on. Zithulele hospital has a high-risk baby follow up program to try to identify children who will need therapeutic. Intervention and start as early as possible. Problem: After a few years of running the program, we realized that the program needed to be reviewed in order to use the resources that we do have optimally. Unfortunately, there is limited research applicable to our context and setting to use as a guide. Design: An OT and physio teamed up to do an observational study, by looking at the neurodevelopmental outcomes of the children recorded in the high-risk infant program. Using this information, we aimed to reevaluate and adapt the program in order to use the resources that we have optimally. Results: This reflection will include what we have learnt, some of the challenges we have faced, and how we aim to adapt the program.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Lara completed her conserve at Manguzi Hospital, which sparked her passion for rural therapy. She worked in private for a while while completing her OMT qualification. She then returned to rural in 2019 when she started working at Zithulele Hospital. She is passionate about providing holistic care and implementing systems that allow for the continuity of care. She has a broad variety of interests which include amongst others include working with high-risk infants and their moms within a multidisciplinary team. Adele Snyman did her comserve at Zithulele hospital. she then moved to Tshwane for a few years where she worked in neuro-rehabilitation whilst furthering her studies. She then returned to Zithulele hospital where she works as an OT. She is passionate about rehabilitation and trying to provide quality care in a rural setting.
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TITLE	**3. The Use And Value Of Play: Perspectives From The Continent Of Africa - A Scoping Review**
AUTHORS	Mush Marie Clare Perrins Gendron Lana Van Niekerk Lizahn Cloete
INSTITUTION	Private
ABSTRACT	Clubfoot is a congenital condition that, if realised early, can be corrected with adequate interventions like the Ponsetti Method. Due to lack of awareness and perceived stigma clubfeet can become a disability. In rural areas many children present late with the condition because parents are not aware of the intervention available. Often the children are discovered by health professionals or community health workers when they are already walking on the back of their feet. Multiple misconceptions about clubfoot are barriers to early intervention. Many of the children with clubfoot do not exercise their rights to education, as it is perceived that the deformity goes together with compromised mental functioning. Throughout the journey of providing services to clients with clubfoot in the Ngaka Modiri Molema District, lit an inspiration to write a story book about clubfoot and the Ponseti Method, that would make it easier for children and parents to understand the condition and therapy. The story book is illustrated by the award winning young South African artist LK Pooe. The aim of this initiative is raising awareness about clubfoot across cultures, by providing easily accessible information to children and parents in the format of a colourfully illustrated story book. to ease access to important information and to improve early access to the relevant therapy, mainly the Ponsetti Method of treating clubfeet.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Mush Perrins fascination with children and learning has been life-long. She worked for 18 years in government, 14+ years at the Red Cross War Memorial Childrenâ€™s Hospital. Mush now runs her comprehensive paediatric private practice from home. She was a long-time part-time lecturer/clinical supervisor for UCTâ€™s O.T. Department, she has presented papers on occupational therapy at international and national congresses, and has presented many paediatric courses in South Africa as well as a few in neighbouring countries. Mush has attended many varied lectures and training courses over the past 40 years, from door gardening to music related to heart beats. Professionally, she has many tools in her tool box, significantly neuro-developmental, sensory integration, sensory modulation and play therapy. Mush completed her Msc. Occupational Therapy in April 2021, her thesis title being Exploring the use of play in health promotion: Perspectives originating from the continent of Africa. Her two children and husband have taught her many a valuable lesson.
EMAIL ADDRESS	mush@isales.co.za

4. Health Promotion Through Play Originating From The Continent Of Africa – A Systematic Review

AUTHORS	Mush Marie Clare Perrins Gendron, Lana Van Niekerk Lizahn Cloete
INSTITUTION	Private
ABSTRACT	A scoping review exploring perspectives on the use and value of play originating from the continent of Africa, highlighted the use and value of play in human development, learning and occupation. One of the scoping reviews recommendations was that a systematic review be implemented to examine play as an intervention tool in health promotion within the continent of Africa. Objective: To examine evidence of play used in health promotion intervention with community-dwelling adults and children, originating from the continent of Africa, and to make recommendations for the future use of play as a health promotion tool. Material and method: A comprehensive search using key words (Play) AND (Africa), excluding the 'English language only' filter, yielded 17 004 sources. An initial screen was done to identify sources that fitted the subject area and date range (1/1/2009-9/9/2019), yielding 263 sources. These were screened for eligibility: Peer-reviewed, published sources on play originating from Africa; producing 127 sources. Abstract and title screening, followed by full text screening, guided by PRISMA-P 2015 Systematic Review guidelines, were followed to identify sources for the systematic review. Eligible sources had a health promotion outcome and used play as an intervention tool with adults or children, originating from the continent of African; 23 sources were identified. Results: All sources obtained A grading (JBI Recommendation Grades). Participants were varied in age, settings and numbers. Health topics were wide-ranging. Intervention providers were multi-sectorial. All types of play were apparent, mostly game play. Positive outcomes reported in every source (n =14 outcomes). One negative outcome (rationalised). Limitations: In the absence of more rigorous measurement tools applicable to a combination of the varied methodologies used, measurement scales had to be used. This is an area that continues to be addressed by research institutes. The review included only English published sources, revealed in the information search. Sources in this review originated predominantly from South Africa. Conclusion: Play as a health promotion tool is feasible, meaningful, appropriate and effective. As play elicited positive emotions, was interactive, varied and adaptable, health promotion programs could benefit from using play as an intervention tool. Limited research from African countries outside those in South Africa, requires attention.
CPD POINTS	Standard

PRESENTER'S BIOSKETCH	Mush Perrins' fascination with children and learning has been life-long. She worked for 18 years in government, 14+ years at the Red Cross War Memorial Children's Hospital. Mush now runs her comprehensive paediatric private practice from home. She was a long-time part-time lecturer/clinical supervisor for UCT's O.T. Department, she has presented papers on occupational therapy at international and national congresses, and has presented many paediatric courses in South Africa as well as a few in neighbouring countries. Mush has attended many varied lectures and training courses over the past 40 years, from door gardening to music related to heart beats. Professionally, she has many tools in her tool box, significantly neuro-developmental, sensory integration, sensory modulation and play therapy. Mush completed her M.Sc. Occupational Therapy in April 2021, her thesis title being Exploring the use of play in health promotion: Perspectives originating from the continent of Africa. Her two children and husband have taught her many a valuable lesson..
EMAIL ADDRESS	mush@isales.co.za

TITLE	**5. Understanding the Health and Wellbeing of Incarcerated Orphans and Vulnerable Children in Correctional Services in Eswatini**
AUTHORS **INSTITUTION**	
ABSTRACT	Background Adolescents in juvenile correctional systems are a high risk population with many unmet needs. Health care services in Correctional Services seeks to promote the health of inmates and awaiting trial detainees, identify inmates with health problems, assess their needs and deliver services. The Ready, Resourceful, Risk-Aware (Triple-R) project is supporting the government of Eswatini to prevent new HIV infections and reducing the HIV vulnerability for orphans and vulnerable children (OVCs), adolescent girls and young women. OVCs are reached in communities and in the Eswatini Juvenile Correctional Services (EJCS). Aim: This study aims to understand the health and social needs of OVCs in Eswatini Juvenile Correctional Services. Methodology Secondary data analysis of routine data collected from January 2022 to April 2022 in the correctional service was explored. Working with EJCS Officers, Mentors conduct visits to the facility, recruit and provide consent to interested OVCs for project enrollment, asses health and social needs. Monthly, they provide tailored health education and OVCs identified with health needs are referred for services within ECJS facility. Results 52 OVCs (38 males and 14 females) aged between 14 and 18 years old were enrolled from EJCS facility. 73% OVCs know their HIV status where in 87% are HIV negative, and 13% (5) are HIV positive and are all on ART. 48% of those who are HIV negative are at risk of HIV. 31% (32% males and 29% females) OVCs have experienced sexual abuse in the past 6 months. Conclusion Most (73%) OVCs in EJCS know their HIV status. Almost half (48%) of HIV negative OVCs are at risk of HIV contraction. Lastly, 31% OVCs (mainly males) have had sexual abuse experience in the past 6 months. Recommendation There is need for an effective system for the provision of comprehensive health care services (HIV prevention, social care, social support) to inmates including OVCs. EJCS should understand the health needs of their patients and seek to meet these needs to the greatest extent possible within the available resources and norms for the country. Key terms: HIV : Human Immunodeficiency Virus.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	
EMAIL ADDRESS	

TITLE	**6. Congenital heart disease prevalence, patterns and outcomes at a South African rural district hospital: a cross sectional study**
AUTHORS	Zongezile Makrexeni James Porter
INSTITUTION	Madwaleni District Hospital
ABSTRACT	Introduction: Despite the global prevalence of congenital heart disease (CHD) (8-12/1000 live births), a paucity of epidemiological data originates from Africa. Our aim was to determine the prevalence of CHD among children admitted to the paediatric ward of a rural district hospital in South Africa, the percentage of CHD misdiagnosed on admission and percentage of CHD detected using Focused Cardiac Ultrasound (FOCUS) by a non-cardiologist. Methods: We conducted a retrospective, cross-sectional file review of paediatric ward admissions at Madwaleni District Hospital between January 2020 and December 2021. A total of 1726 patient files were included. Results: Of the 1726 patients, 1309 were under the age of five years and 679 were infants. The prevalence of CHD was 0.7% for all admissions (95% CI: 0.36-1.21)(n=12), 0.84% in under five-year-olds (95% CI: 0.42-1.50)(n=11), and 1.47% in infants (95% CI: 0.71-2.71)(n=10). The most common lesion was a ventricular septal defect (50%, n=6). CHD was misdiagnosed as a non-cardiac condition in 78% (n=7) of admissions with previously undiagnosed CHD (n=9). A FOCUS detected 89% (n=8) of children with previously undiagnosed CHD. The mortality rate of children admitted with CHD was 33% (n=4). Conclusion: At a rural district hospital in South Africa, CHD is common among infant admissions and is often misdiagnosed as a non-cardiac condition on admission. Mortality due to CHD is high in rural areas of South Africa and likely underreported and misdiagnosed. A non-cardiologist performed FOCUS may improve detection rates and outcomes of children with CHD in South Africa.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	I am a medical doctor currently working at Madwaleni District hospital in rural Eastern Cape. I have been here since the start of 2020. Prior to that I spent time as a volunteer medical officer at Mulanje Mission Hospital in Malawi as well as doing my community service at Evander District hospital in Mpumalanga. I have always been interested in paediatrics and have recently completed a 2 year post graduate diploma in community and general paediatrics through the University of Cape Town. I have also done my Diploma in HIV and FC Paediatrics part 1's (paediatric primaries) through Colleges of Medicine South Africa. I am passionate about child health in South Africa and hope to specialise in Paediatrics in the near future. I believe clinicians at primary care level need to be prioritised in terms of skill

	development and resource allocation if we are to truly make in impact in child health outcomes (surviving and thriving) in South Africa. Dr Makrexeni is a paediatric cardiologist who is currently working as the Head of Department of paediatrics at Nelson Mandela Academic Hospital. He is an Academic staff member at Walter Sisulu University and oversees undergraduate and post-graduate training. He has established a catheter laboratory at Nelson Mandela Academic Hospital and is passionate about improving echocardiography skills at district hospitals so that children with cardiac abnormalities can be identified early. Dr James Porter is a family physician currently employed at Symphony way community day centre in Cape Town. He spent four years at Madwaleni District Hospital prior to this where he was involved with postgraduate training and academic oversight at Walter Sisulu University. He is currently involved with a number of research projects in conjunction with the family medicine department at Stellenbosch University as well as a supervisor for Family medicine registrars.
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TITLE	**Workshop: Using data to fill the gap – an exploration of modern data tools to gain lost ground in our fight against TB.** (more focus on data than on TB)
AUTHORS	John Lotz
INSTITUTION	Madwaleni Hospital
ABSTRACT	Despite being recently overshadowed by the urgency of a novel coronavirus disease 2019 (COVID-19) pandemic, tuberculosis (TB) remains a huge burden on global morbidity and mortality. In 2019, TB was the leading global cause of death by a single infectious organism, and the recent global change in focus has had significant impacts on progress made in the fight against TB - deaths due to TB have now increased for the first time in over a decade. In South Africa, testing and treatment of TB have been significantly disrupted; lockdowns caused a 48% decrease in average weekly GXP testing and a 33% decrease in the number of positive TB diagnoses. Rural areas are marked by limited resources and infrastructure, but even amongst rural settings, clinicians and patients may face unique challenges. Good data helps understand these challenges, and can help drive effective interventions. This workshop is a crash course in modern data. Using the pressing issue of TB as a keyhole, it aims to help clinicians understand existing data sources in the public sector, to serve as an orientation to powerful and freely available tools to generate data that can be individualised to unique settings, and to inspire as an encouragement in how to effectively visualise and utilise such data for change. The hope is that a confident grasp of data, existing and novel, can be a powerful tool to help clinicians and communities understand and address the problem of ground lost in the fight against TB, and indeed any other issues in an era where COVID-19 has disrupted many of the fragile systems that once cared for rural communities.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	JD Lotz and his wife Michaela arrived in rural 8 years ago to join a small team of doctors and Madwaleni Hospital, on the Wild Coast of the Eastern Cape. Like the rolling hills of the area, work and life there has had its daily ups and downs, but with the support of colleagues, friends and family, they have been able to grow and thrive in community there. JD is a recently qualified Family Physician after specialising at Madwaleni through the decentralised WSU programme, and has a passion for data - and using it to address the major issues around him. TB is one such major issue.
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ITLE	**Workshop: Making Cause of death data fit for purpose**
AUTHORS	Pam Groenewald Debbie Bradshaw Natasha Kallis, Sudarshan Govender, Oluwatoyin Awotiwon (SAMRC, BODRU) Diane Morof (CDC) Carmen SantFruchtman, Daniel Cobos (SwissTPH)
INSTITUTION	SAMRC Cape Town
ABSTRACT	Background: A high risk infant is a newborn baby, regardless of gestational age, who requires more monitoring and care than what would normally be provided to a healthy term infant. They face more challenges adjusting to the world outside of the womb and have higher chances of developmental delays and health complications. Literature shows that early intervention from a multi-disciplinary team is important. In rural South Africa there are limited resources in the government sector, which often results in children with poor neurodevelopmental outcomes being identified later on. Zithulele hospital has a high-risk baby follow up program to try to identify children who will need therapeutic. Intervention and start as early as possible. Problem: After a few years of running the program, we realized that the program needed to be reviewed in order to use the resources that we do have optimally. Unfortunately, there is limited research applicable to our context and setting to use as a guide. Design: An OT and physio teamed up to do an observational study, by looking at the neurodevelopmental outcomes of the children recorded in the high-risk infant program. Using this information, we aimed to reevaluate and adapt the program in order to use the resources that we have optimally. Results: This reflection will include what we have learnt, some of the challenges we have faced, and how we aim to adapt the program.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Pam Groenewald MBChB; MPhil (Public Health) Dr Groenewald trained in medicine at Stellenbosch University and after a few years of practicing clinical medicine she worked in the pharmacology department at UCT for a few years where she became interested in the management of drug-resistant TB. In 1991, she joined the TB unit of SAMRC and worked in drug-resistant TB surveillance. She subsequently completed a MPhil (Public Health) at UWC. Since 2001 she has worked part-time in the Burden of Disease Research Unit setting up a local mortality surveillance system in the Western Cape as well as training doctors in

	medical certification of cause of death. She is also working on the National Burden of Disease and Comparative risk assessment studies with a focus on the smoking attributable burden. She is currently co-PI on the CDC-funded National Cause-of-death validation study which aims to validate the causes of death reported on death notification forms and estimate correction factors for cause specific mortality fractions. Professor Debbie Bradshaw Prof. Bradshaw trained as a biostatistician and completed her doctorate at Oxford University. During her career as a researcher, she has developed expertise in epidemiology and demography. She has published extensively and led the first national burden of disease study. She is committed to improving the use of data for decision making and has provided technical support to the National Department of Health and the World Health Organisation. Her main research interests are mortality profiles, health transition and inequalities in health and more recently excess deaths as a measure of the impact of the COVID epidemic. She co-heads the South African WHO-FIC and is an honorary Professor in the School of Public Health and Family Medicine at the University of Cape Town
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TITLE	**1. Management of common hand emergencies**
AUTHORS	Pieter Jordaan
INSTITUTION	Private
ABSTRACT	Hand emergencies are very common, including closed fractures, finger and hand amputations and hand sepsis. To diagnose and manage these conditions a basic understanding of anatomy is very important. A large percentage of hand injuries can be managed conservatively and these injuries as well as their management will be discussed. It is, however, very important to know which conditions should be referred for further management. Severe hand sepsis has a high morbidity and can even be fatal in certain patients. Early diagnosis and recognition of at risk patients are essential.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Pieter Jordaan is an Orthopaedic Hand surgeon. He completed his undergraduate training at the University of Stellenbosch in 2003 and his Orthopaedic training through the University of Cape Town in May 2016. He then stayed on as a Hand Surgery fellow at Groote Schuur Hospital until December 2016. In 2017 he completed an Upper Limb Fellowship at Wrightington in the UK and in 2018 a Hand and Peripheral Nerve Fellowship at the Queen Elizabeth Hospital in Birmingham. Pieter then completed the European Hand Surgery Diploma in 2021, to become a fellow of the European Board of Hand Surgeons and became an International member of the American Society for Surgery of the Hand. In 2022 he has been approached to become a founding member of the Educational committee for the Global Nerve Foundation. He is currently residing in George, with his wife, two children and collection of pets and practises in the Garden Route Hand Unit. Pieter has a passion for research, teaching and is an ever enthusiastic fly fisherman.
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TITLE	**2. Approach to common hand problems and forearm problems**
AUTHORS	Pieter Jordaan
INSTITUTION	Private
ABSTRACT	Carpal tunnel syndrome and trigger fingers are some of the most common hand conditions seen in general practice, besides these there are many other tendon conditions such as De Quervain's tenosynovitis. Carpal tunnel syndrome is not the only compressive neuropathy of the median nerve and diagnosis of other sites of compression is important to avoid treatment failure. Arthritis of the hand is very common and there are surgical options to manage pain in these patients. Many of these conditions can be managed conservatively initially, but it is important to know when surgical management is preferred. For those who perform surgery, some basic surgical approaches and anatomic variations will be discussed..
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Pieter Jordaan is an Orthopaedic Hand surgeon. He completed his undergraduate training at the University of Stellenbosch in 2003 and his Orthopaedic training through the University of Cape Town in May 2016. He then stayed on as a Hand Surgery fellow at Groote Schuur Hospital until December 2016. In 2017 he completed an Upper Limb Fellowship at Wrightington in the UK and in 2018 a Hand and Peripheral Nerve Fellowship at the Queen Elizabeth Hospital in Birmingham. Pieter then completed the European Hand Surgery Diploma in 2021, to become a fellow of the European Board of Hand Surgeons and became an International member of the American Society for Surgery of the Hand. In 2022 he has been approached to become a founding member of the Educational committee for the Global Nerve Foundation. He is currently residing in George, with his wife, two children and collection of pets and practises in the Garden Route Hand Unit. Pieter has a passion for research, teaching and is an ever enthusiastic fly fisherman.
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TITLE	**3. Local Anaesthetic Blocks: A vital skill for rural doctors**
AUTHORS	Petra Bouwer
INSTITUTION	Mossel Bay Provincial Hospital
ABSTRACT	The COVID-19 pandemic presented many rude awakenings with regards to our communities. One of these is the spotlight cast on our burden of violence within our communities, especially with the influence of uninhibited alcohol use. The Western Cape Department of health reported 2547 trauma related cases presented to its facilities over the Easter Weekend 2022. From personal experience, these injuries are no longer superficial lacerations or bruises, but include severed digits, multiple fractures and tendon injuries. Our population is also becoming more riddled with comorbidities such as ischemic heart disease, diabetes and hypertension. This poses an increased need for doctors in our hospitals to provide effective local pain management and procedural anesthesia for patients with these injuries whilst limiting the need for deep sedations/general anaesthesia in high risk patients and decreasing the risk of local anaesthetic overdose. Knowledge on how to perform effective local anaesthetic blocks is thus a vital skill required in our hospitals. I will be presenting procedural techniques for performing common local anaesthetic blocks, including supra-clavicular blocks with ultra-sound guidance. .
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	I am currently a 2nd year registrar in Family Medicine working in the Mossel Bay Sub-district. I obtained my MBChB degree at the University of Pretoria in 2015. I have completed my internship at Port Shepstone Hospital, KZN in 2017, followed by community service and 2-years medical officer duties at Thebe Hospital in the Thabo Mofutsanyana District in the Free State. During this time I successfully completed my Diploma in Anaesthetics with the Colleges of Medicines of South Africa. I have experience in clinical governance as intermittently acting clinical manager at Thebe Hospital during my employment there and I am also currently engaged in my institutions Pharmaco-Therapeutics Committee, Palliative Care Team and NHLS laboratory audits. I have a passion for rural health and I always strive to improve the level of care received by our rural communities.
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TITLE	**4. Hand therapy on the move: taking therapy to harder-to-reach communities**
AUTHORS	Juane Visser, Amy Button, Melissa Janine Westig, Lauren Holmann Derryn Palmer, Z.de Kock, C. Jones, A. Folly, J. Joubert, K. van Stormbroek
INSTITUTION	Care@Midstream
ABSTRACT	Objective: One of the challenges to delivering hand rehabilitation services in rural areas is the need to travel between sites and efficiently set up hand therapy clinics in different spaces. This case report presents a prototype of a portable hand therapy station designed by South African community service occupational therapists working in rural and peri-urban settings. This practice innovation seeks to be responsive to local evidence, the occupational profiles of the patients, and contextual realities. Methods: A portable hand therapy prototype was developed by documenting challenges, practice realities and needs experienced by the community service occupational therapists working in low-resource settings. This information was used to design a traveling hand therapy station kitted with essential items for practice. Feedback from therapists piloting the prototype in rural and under-resourced areas was used to further refine the traveling hand therapy kit. Results: A traveling hand therapy â€œback-packâ€? kit was designed. The prototype included appropriate assessment tools and equipment; relevant activities to facilitate the use of occupation-based therapy; basic splinting materials; customizable home programmes responsive to language barriers; splinting regimes; and other modalities required for hand therapy. Estimates of the typical costing were calculated, along with information regarding which resources could be restocked through state tender procurement. Conclusion: This practice innovation aims to support South African occupational therapists in improving the hand therapy services for patients in rural communities. As newly graduated therapists working in under-resourced areas, the developers of this kit experienced first-hand the need to think creatively around the challenges of providing hand therapy services in this context. This practice innovation is the result of their learning and adapting to the demands of rural practice. It is hoped that this will enable therapists to thrive in the rural context and improve the quality of hand rehabilitation services available in rural communities.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	This project was written by a group of occupational therapists completing their community service year in 2021 who were involved in a hand therapy community of practice under the supervision of an experienced hand therapist. They come from a variety of different backgrounds but they all completed their community service year in 2021 at rural and peri-urban settings. They are now working in a variety of different settings in the government and private sectors.
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TITLE	**5. Rural repairs for ruptured service delivery: our multi-disciplinary experience growing in tendon repairs of the hand.**
AUTHORS	Ashley Kay -Hards, John-D Lotz
INSTITUTION	Madwaleni District Hospital
ABSTRACT	Traumatic hand injuries are common in South Africa, accounting for a third of all traumatic injuries seen in public hospitals, and typically affecting younger males who engage in physical labour for income. Opportunities for income in rural areas are limited, but the impact of a poorly functional hand has further-reaching effects than only impacting income. In one rural context, an overburdened tertiary orthopaedic service struggled to accommodate for the high demands of their referral network, unable to reliably offer tendon repairs. Service delivery was then further disrupted during the coronavirus disease 2019 (COVID-19) pandemic, where tertiary services closed to all non-emergent referrals, including tendon injuries of the hand. A rural district-level facility sought to address the inequity and injustice in access to care, by adapting its care package to provide a basic tendon repair service that required specialised skills, but no other advanced technology or resources. Advocacy from the rehabilitation department encouraged Family Medicine registrars to make use of in reach opportunities to learn the skills necessary to offer basic extensor, and flexor hand tendon repairs locally. A strong rehabilitation department provided the ongoing care needed following repairs. This presentation aims to describe the evolution of the service, outline a few cases of hand tendon repairs and their outcomes, and present a case study of a most recent successful case. With the acquisition of the necessary skills, namely surgical repair and appropriate rehabilitation, successful tendon repairs require few resources unavailable to rural settings. This new service directly addressed the inequity and injustice of poor access to care experienced by local rural communities, offered hope to rural individuals, and encouraged local healthcare workers. With this presentation, the authors hope to offer an encouraging example of learning, adapting, and thriving in a rural healthcare setting..
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Ms Ashley Kay -Hards started working as an Occupational Therapist at Madwaleni Hospital in 2017. She joined as a community service officer and over the last 6 years has diversified her skill set- she refers to herself as the jack of all trades. Despite being a jack of all trades she is the most excited about the paediatric population which led her to complete a diploma in community and general paediatrics through the Univeristy of Cape Town in 2021. She feels passionately about assisting all children within their family units to thrive. JD Lotz and his wife Michaela arrived in rural 8 years ago to join a small team of doctors and Madwaleni Hospital, on the Wild Coast of the Eastern Cape. Like the

	rolling hills of the area, work and life there has its daily ups and downs, but with the support of colleagues, friends and family, they have been able to grow and thrive in the community there. JD is a recently qualified Family Physician after specialising at Madwaleni through the decentralised WSU programme, and has a passion for data - and using it to address the major issues around him. TB is one such major issue.
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TITLE	**1. Managerial factors influencing the implementation of NIMART services in the Mobile health clinics of eThekwini Municipality in KwaZulu-Natal**
AUTHORS	Silingene Ngcobo, Lufuno Makhado, Leepile Sehuralo
INSTITUTION	Best Health Solutions
ABSTRACT	Background Mobile health clinics (MHCs) are instrumental in rolling out HIV care. The integration of HIV care into decentralized services is a structural facilitative factor for the implementation of nurse initiated antiretroviral therapy (NIMART). Managerial structure and support determine success health programs. Objectives To describe and explore managerial factors influencing the implementation of NIMART services in the MHCs of eThekwini Municipality in KwaZulu Natal. Methods Qualitative Explorative Descriptive methods was employed. North-West University Human Research Ethics Committee approved the study, provincial and local health authorities granted operational approval. Twelve study participants were recruited using purposive sampling technique. Data collection using audio-recorded, semi-structured, online, one-on-one interviews was conducted. Atlas-TI & descriptive statistics was used for analysis. Results Managers with one to 5 years managerial experience were from provincial (67%) and local (33%) authorities, majority were females (92%), with ages between 35 and 58 years. 83% had other management roles. Three themes and thirteen subthemes emerged from the study: Challenges in implementing NIMART services in MHCs, Positive factors influencing implementation of NIMART services in MHCs and Suggestions to strengthen implementation of NIMART services. Subthemes were shortage of staff, shortage of medical equipment for NIMART services, challenges with infrastructure, lack of budget for NIMART services, Nurses are trained in MIMART, continuous meetings, Proper planning, more nurses should be trained on NIMART, employment of more nursing personnel, collaboration with relevant stakeholders, proper infrastructure for NIMART and need for allowances. Conclusion Managersâ€™ role in NIMART implementation at MHCs remains critical and needs significant improvement.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	PhD candidate for Nursing studies focusing of HIV care services offered in the mobile health clinics of eThekwini Municipality District in KwaZulu Natal. Professors in Nursing sciences and play a role of a supervisor for the study embarked on by the first author.
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TITLE	**2. Increasing efficiency in pre-exposure prophylaxis uptake for men who have sex with other men through the use of risk assessment: A mixed method approach**
AUTHORS	Phuthegi Mashigo, Dineo Thaele, Tshepo Ndlovu, Nellie Myburgh, Carol Dyantyi, Sehlule Moyo, Ndumiso Tshuma
INSTITUTION	Zithulele Hospital
ABSTRACT	Background: Men who have sex with other men are a distinct key popula¬tion group, reached by the successive sampling of population size estimation. The pre-exposure prophylaxis uptake rate among men who have sex with other men is about 3.1%, which is lower than that of other key population groups. The research deployed a field team with a specially designed risk as¬sessment tool to help increase the uptake and efficiency of pre-prophylaxis uptake among this population group in region 7, a rural setup in Tshwane. Intervention description: During the course of the routine program implementation, the field team assessed the outcome of deploying the risk assessment tool for PrEP uptake in the identified region. This risk assessment tool is a questionnaire administered by trained health care workers and data monitors to assess recent risky behaviors among this key population group, such as having sex without using preventive methods, and sharing sharp objects. Individuals assessed to be at high risk of HIV were offered PrEP. A retrospective comparative analysis was conducted using data collected prior and after the deployment of the risk assessment tool. Lessons learnt: Prior to risk assessment tool deployment, about 4 of the 67 identified men who have sex with other men who were offered PrEP tested HIV positive, which is a rate similar to the HIV prevalence among the age 15–64 general population in the region. During the course of the research, positive volume was reduced to 21, but 46 of those individuals tested positive. The monthly PrEP uptake rate increased from 0–3% to 32% with the use of the risk assessment tool Advocacy message: The deployment of the risk assessment tool among men who have sex with other men helped reduce HIV testing volume, increased PrEP uptake efficiency, and resulted in decreases in case detection. Plans are underway to scale up the tool's use across all supported health facilities in the region..
CPD POINTS	Standard

PRESENTER'S BIOSKETCH	Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys Dr Nellie Myburgh is a Senior Associate Researcher at The Best Health Solutions Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions. Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solutions Dr Ndumiso Tshuma is a Public Health Specialist, with more than 15 years experience in health related work
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TITLE	**3. The impingement of the COVID-19 pandemic on pre-exposure prophylaxis service provision: Views from the lens of PrEP dedicated healthcare workers in South Africa**
AUTHORS	Carol Dyantyi, Dineo Thaele Sehlule Moyo Tshepo M Ndhlovu Dr Nellie Myburgh
INSTITUTION	Best Health Solutions
ABSTRACT	Background: A high risk infant is a newborn baby, regardless of gestational age, who requires more monitoring and care than what would normally be provided to a healthy term infant. They face more challenges adjusting to the world outside of the womb and have higher chances of developmental delays and health complications. Literature shows that early intervention from a multi-disciplinary team is important. In rural South Africa there are limited resources in the government sector, which often results in children with poor neurodevelopmental outcomes being identified later on. Zithulele hospital has a high-risk baby follow up program to try to identify children who will need therapeutic. Intervention and start as early as possible. Problem: After a few years of running the program, we realized that the program needed to be reviewed in order to use the resources that we do have optimally. Unfortunately, there is limited research applicable to our context and setting to use as a guide. Design: An OT and physio teamed up to do an observational study, by looking at the neurodevelopmental outcomes of the children recorded in the high-risk infant program. Using this information, we aimed to reevaluate and adapt the program in order to use the resources that we have optimally. Results: This reflection will include what we have learnt, some of the challenges we have faced, and how we aim to adapt the program.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Carol Dyantyi is a Project Manager at The Best Health Solutions. Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys Dineo Thaele is a Senior Researcher at The Best Health Solutions Dr Nellie Myburgh is a Senior Associate Researcher at The Best Health Solutions Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions. Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solutions Dr Ndumiso Tshuma is a Public Health Specialist, with more than 15 years' experience in health-related work.
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TITLE	**4. Quality improvement survey amongst key and vulnerable populations utilizing HTS services. A survey report of Kopano Ke Maatla**
AUTHORS	Elsie Etsane,, Frank Chauke, Sinah Lebogo, Likhwa Sithole
INSTITUTION	Best Health Solutions
ABSTRACT	Affiliation: 1 The Best Health Solutions, Johannesburg, South Africa 2 Kopano Ke Maatla, Johannesburg, South Africa Background: The need for ensuring good welfare for key and vulnerable populations has grown to be a â€˜ thing of nowâ€™ phenomenon, especially for most non-governmental organizations. The quality of improvement detailing HTS service provision has not reached its level best yet, this due to some discrepancies and hindrances by the provision of this particular service in health care centers. One of the organizations which has tapped into that interest is Kopano Ke Maatla. The organization provides community HTS in Region 3 of Tshwane district, including stigma and discrimination reduction among key and vulnerable populations. During interactions with beneficiaries utilizing the HTS, requests were identified to increase the services the organization provides by catering for their other health needs. Intervention description: The study aimed to identify the health needs of male and female key and vulnerable populations utilizing the services of Kopano Ke Maatla, as well as to assess the satisfaction rate of their beneficiaries. In doing so, the study took both a qualitative and quantitative direction in its data extraction and implementation plan. The study was undertaken for twenty days during May â€“ June 2021. A questionnaire was distributed to both male and female beneficiaries of age groups ranging from 15â€“ 65+, during the 20 days period. Inclusion in the study was voluntary, on site and completed by beneficiaries of community HTS. During the study period, HTS were provided to 373 beneficiaries, and all of them (100%) completed the questionnaire Lessons learnt: Though not statistically significant, the results indicate that GBV (21%), Family Planning (20%) and Pap Smears (19%), followed by Prostate screening (17%) are the services mostly needed by the respondents who utilize community HTS around Atteridgeville. The satisfaction rating by respondents regarding HTS provision was over 95%. A few respondents (less than 1%) request to have a copy of their HIV test results. Advocacy message: There is a need to expand the community-based health services provided for key and vulnerable population beneficiaries. A more intense and broad study is needed to assess the health needs of key and vulnerable populations. This will assist the health planners to provide services that are relevant to communities being served. Involvement and collaboration with other community health stakeholders.
CPD POINTS	Standard

PRESENTER'S BIOSKETCH	Elsie Etsane is a Director at Kopano Ke Maatla Frank Chauke is a Health Coordinator; Communications and Marketing at Kopano Ke Maatla Sinah Lebogo is a Community Linkages Strategist at Kopano Ke Maatla Bruce Silomba is a Communications Officer at The Best Health Solutions Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions Keotshepile is a Human Rights Advocate at The Best Health Solutions Likhwa Sithole is a Community Development Practitioner at The Best Health Solutions Kabelo is a Human Rights Advocate at The Best Health Solutions
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TITLE	**5. Structural vulnerability and the impacts of the COVID-19 pandemic: An assessment of risk behaviors and prevention needs among sex workers, in SA**
AUTHORS	Nellie Myburgh, Ndumiso Tshuma, Tshepo Ndlovu, Carol Dyantyi, Sehlule Moyo, Phuthegi Mashigo, Dineo Thaele
INSTITUTION	Best Health Solutions
ABSTRACT	Background: Continued high levels of non-adherence to implemented regulations consistently and immensely contribute to new outbreaks within sex worker spaces. The unprecedent¬ed COVID-19 pandemic, as well as measures undertaken to mitigate it, may have altered the way of operation for most sex workers. To inform COVID 19 prevention for this population, the research explores sex worker's experiences amidst this period and lockdown regulations. Intervention description: The study will look into certain areas where most sex workers operate. It aims to incorporate the Response Driven Sampling as one of data collection methods. This will partner with local community individuals with vast knowledge of sex workers and their areas of interest. The Response Driven Sampling technique recruited community based indi-viduals who helped in identifying hotspots. Wisdom of the crowd introduced interested sex worker individuals to offsite study personnel using secure video-conferencing on tablets in private indoor and outdoor spaces. Trained interviewers obtained verbal informed consent be¬fore administering brief quantitative surveys and in-depth qualitative interviews via video. Thematic analysis identified common experienc¬es related to COVID 19 risks and prevention needs within the spheres of sex workers. Lessons learnt: In the COVID-19 context, most par¬ticipants described having the same routine, with minimal changes to their behaviors or mask and sanitizer access. However, participants discussed numerous structural challenges worsened by COVID-19, in¬cluding difficulty securing income, for example reduced ability to hustle and reduced access to clients and healthcare. Most of their clients were not coming through the same way as they used to due to restrictions and pandemic fears. Par¬ticipants also described stigmatizing experiences of being vulnerable and presumed positive for COVID-19 within healthcare settings. Advocacy message: Rather than drastically altering sex worker be¬haviors, the research's findings illustrate how large-scale public health emergen¬cies like COVID-19 may impact vulnerability among sex workers indirectly through changes in social and structural contexts. The research's expanded mobile outreach across regions helped sex workers maintain access to masks, sanitizers and test centers. Sex worker narratives instead highlight¬ed how COVID-19 exacerbated structural vulnerability by destabilizing access to their services while intensifying stigma through the con¬flation of COVID regulation violations in their manner of work. Key words: sex workers, vulnerability, COVID 19

CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Dr Nellie Myburgh is a Senior Associate Researcher at The Best Health Solutions Carol Dyantyi is a Project Manager at The Best Health Solutions Dr Ndumiso Tshuma is a Public Health Specialist, with more than 15 years experience in health related work Dineo Thaele is a Senior Researcher at The Best Health Solutions Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions. Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solutions
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Day 2: Friday, afternoon, Venue D: Community Hall: Clinical Practice

Pre-Workshop preparation:

https://vimeo.com/744161451/24c9b329c1

TITLE	Context counts- accounting for context in the development of pain management services for persistent pain in rural primary care settings.
AUTHORS	Cameron Reardon, Mr Brett Mason, Associate Professor Dawn Ernstzen Dr Hanno Stoffberg, Professor Romy Parker
INSTITUTION	Stellenbosch University
ABSTRACT	Despite advances in the management of persistent pain, pain management in rural contexts remains a challenge. Promising, efficacious treatment options exist as do clinical practice guidelines for primary care settings but these have not necessarily translated into practice in rural communities. One important consideration that may influence the efficacy of pain management is context. The premise that â€œrural is differentâ€? is accepted. Contextual difference is not only evident in the rural urban divide but exists across different rural communities too. Healthcare interventions should account for context in their design to ensure that rural communities are not left behind. To this end, as has been argued elsewhere, utilising an appreciative lens (considering the strengths of rural communities) rather than a deficit lens (considering what rural communities lack) may more readily inspire innovation for change. This interprofessional workshop will follow an appreciative inquiry approach in order to identify opportunities for enhancing persistent pain services in diverse, rural communities. In small groups, participants will be guided through the â€œ4Dâ€? process of appreciative inquiry: â€¢ Discover â€“ Participants will learn from each other by sharing their best experiences of pain management in a rural contexts. â€¢ Dream â€“ Participants will consider what thriving looks like as they envision an ideal future of pain management in rural contexts. â€¢ Design â€“ Participants will explore how to adapt their current

	services and co-construct a new way forward â€¢ Destiny â€“ Participants will consider how to sustain proposed changes moving forward. Workshop objectives: 1. Appreciate the influence of context on pain management services and identify opportunities to enhance services in rural communities. 2. Develop an actionable strategy to transform pain services in rural communities. 3. Provide participants with a strength based change management model that leverages contextual opportunities for innovation and is useful across diverse contexts. 4. Facilitate the formation of an interprofessional community of practice.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	
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Day 2 Friday morning, Venue E: Kerksaal, Health Systems

TITLE	**Workshop 1: Strengthening the Rural Voice for Resilient Recovery**
AUTHORS	Nathan Taylor , Russell Rensburg
INSTITUTION	RHAP
ABSTRACT	As the heights of the Covid-19 pandemic seemingly pass, the challenges to rural healthcare left in its wake are deeply complex. Many of these precede the pandemic itself and are only left worsened. On the other hand, increasingly constrained public finances, delayed reforms, weak accountability, failing public trust, and a tepid state response amongst other factors raise serious alarm as to these will be addressed. We know that to protect, let alone advance, rural South Africans' right to health in this context will require a committed effort to ensure a resilient recovery. Yet what does that look like now? In truth, rural healthcare workers and communities already know what resilience looks like. The Rural Health Advocacy Project (RHAP) itself was born out of their commitment to it; in order to actively raise the voices of those who would otherwise be silenced. This in turn led to the creation of the well-known Voice Project, aspiring to empower healthcare workers to become health advocates in their own right. However, we know the significant challenges ahead require more than single entities or individual advocates. And in recognising that, RHAP looks to prioritize the task of strengthening existing rural voices towards reviving and building a stronger rural healthcare network and lobby. To aid this, we seek to hold an interactive workshop for the rural healthcare associations and other important actors for the Rural Health Partners Network. The aims of this session are to: • Analyse the short-to-medium-term political landscape for rural health, • Discuss the current capacities and challenges for RHPN members, • Identify the various priorities between members towards a collective agenda, • Investigate ways to support RHPN members in advocacy capacity-building and other. This session can be limited to a 1-hour session, with follow-up engagements planned.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Nathan Taylor is a member of the Rural Health Advocacy Project, serving as coordinator of their Policy and Partnerships unit. Russell Rensburg is a health activist working towards equitable health access to quality health care for rural and underserved communities and serves as the current RHAP director. He has over 15 years' experience working on strengthening

	health systems, with 8 of those spent managing technical assistance in Eastern Africa and South Africa. He has a strong interest in strengthening the responsiveness of public finance allocation processes towards advancing the realization of constitutionally enshrined socio-economic rights.
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TITLE	**Workshop 2: How to turn vulnerability into a strength; an essential tool in developing clinical courage, adaptability, and resilience**
AUTHORS	Hans Hendrick
INSTITUTION	Dr Harry Surtie Hospital
ABSTRACT	In our work as doctors on the frontlines of South African medicine, we are often challenged to do things that are very uncomfortable, procedures and consultations we have never attempted. It takes us out of our comfort zone, and this leaves us vulnerable: that feeling of been exposed, lonely, threatened. But there is great power in facing vulnerability. Somewhere along the last 20 years as a doctor working in rural hospitals, I have come to the realisation that if we can allow ourselves to be vulnerable, we also open the door for tremendous growth. Once we learn that there's no equation were taking risks, braving uncertainty and opening ourselves up to emotional exposure equates to weakness (Brown B, 2012), we can work on the rough side of uncomfortable€• more easily. Clinical courage (pushing yourself to the limit of your clinical skill to help patients), adaptability in the face of an ever-changing, sometimes fractured health system and resilience, that ability to keep going when things are tough, will all benefit from the ability to deal with vulnerability. This 1-hour workshop propose to discuss some of the theory behind these concepts and then demonstrate their use to an individual or to a team through story-telling and sharing.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Family Physician with a love for rural clinical work. Have worked in the Western Cape (Ceres Hospital 2006-2016), Eastern Cape (Zithulele Hospital 2016-2021) working for Walter Sisulu University. Currently working at Dr Harry Surtie Hospital, Upington, in the Northern Cape. Affiliated with Stellenbosch University through Ukwanda Centre for Rural Health (Department of Global Health). Taking part in the development of the Diploma in Rural Health by chairing the "Clinical Skills" module.
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TITLE	**Workshop: Ethics workshop on dealing with diversity: a patient-centred consultation with a sexually or gender diverse client**
AUTHORS	Elma de Vries
INSTITUTION	Nelson Mandela University
ABSTRACT	How do we deal with clients who may be very different from how we perceive ourselves to be? The HPCSA Ethics Guidelines outline health professionalsâ€™ duties to patients to include: â€œMake sure that their personal beliefs do not prejudice their patientsâ€™ healthcare. Beliefs that might prejudice care relate to patientsâ€™ race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.â€• Beautiful words, but how do we do it practically? This workshop will start with a brief presentation on what a patient-centred approach to sexually or gender diverse clients may look like, applying the medical ethical principles of beneficence, non-maleficence, autonomy and justice. The focus will be on specific aspects such as pronouns and careful language when asking about sexual history, demonstrated with short videos of simulated consultations. This will be followed with case discussions in small groups, to identify what ethical practice could look like in specific scenarios, with feedback to the bigger group. The intended learning outcomes of the workshop are that participants will: â€¢ understand ethical aspects of consulting with clients with diverse sexual orientations â€¢ understand ethical aspects of consulting with clients with gender diversity (transgender, nonbinary, etc.) â€¢ apply a patient-centred approach to different scenarios of interacting with sexually and gender diverse clients.
CPD POINTS	Ethics - The focus of this workshop is on the ethical aspects of a consultation in the context of sexual and gender diversity. it is important for the whole clinical team to understand a patient-centred approach to sexually and gender.
PRESENTER'S BIOSKETCH	Elma de Vries is a family physician who is passionate about the right to access healthcare for marginalised populations. Elma served as chairperson of the Rural Doctors Association of South Africa (RuDASA) 2000-2004 and was the first President of the Board of MÃ©decins Sans FrontiÃ¨res South Africa (MSF) in 2007-2009. Elma is a founding member and current secretary of the Professional Association for Transgender Health South Africa (PATHSA), and a co-author of the SAHCS Gender Affirming Guideline for South Africa. Elma is completing a PhD in Health Science Education with the topic â€œHow can the process of professional identity formation of a gender-affirming practitioner inform medical curriculum

	change?â€• Elma was a senior lecturer in Family Medicine at UCT, and senior family physician at Heideveld CDC until early 2022. Elma has been appointed as the MBChB Programme Coordinator at the new medical school at Nelson Mandela University in Gqeberha from March 2022.
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Day 3: Saturday, 3 September

Venue A: Main Hall : Health System

TITLE	**Panel Discussion: Overcoming Challenges of Providing Choice on Termination of Pregnancy (CTOP) Services in a Rural District**
AUTHORS	Zilla North Carl Firmin Panelist Cora Rautenbach Cameron Joseph Judiac Ranape Francois Potgieter
INSTITUTION	Harry Comay Hospital
ABSTRACT	Panel Discussion (2 hours) STRUCTURE: Two-hour program with five speakers given ten minutes each to speak. Moderators have two planned questions to start the audience discussion. Fifty minutes will be allowed for discussion. Moderators will summarize and conclude the discussion. CONTENT: Carl Firmin: provide an overview of the need for CTOPs in South Africa and the Garden Route and discuss relevant acts and protocols Cora Rautenbach: share experiences of counselling pregnant women in distress about various options (CTOP, adoption, foster care, parenting) Cameron Joseph: ethical considerations about foetal life and the taking of that life, as recently presented to the UNESCO World Bioethics Conference Judiac Ranape: provide a personal religious perspective motivating for the need for safe CTOP services Francois Potgieter: a doctor and manager's experience of overcoming challenges of providing CTOP services in a rural district hospital. PURPOSE: To provide participants the opportunity to discuss the barriers to implementation of the CTOP (Choice on Termination of Pregnancy) programme. As an essential service, we realise that it is fraught with challenges and yet being made available in the Garden Route with varying level of success. We are aware that there are people with very diverging convictions and approaches to manage pregnant women in distress. We would like to provide a safe space for colleagues to listen to one another, grapple with their own attitude and pave a path forward on this very difficult yet essential health program. INTENDED OUTCOME: To assist health care workers to discuss the practical and personal realities to providing a service to pregnant women in crisis. To assist managers overcoming challenges they face to provide dignified access to safe CTOP services.
CPD POINTS	Ethics – Access to sexual and reproductive healthcare is a constitutional right and

	on a broader perspective is part of the universal right to health. The Choice on Termination of Pregnancy (CTOP) Act of 1996 was a major step towards commitment to providing comprehensive sexual and reproductive health services in an equitable and rights-based approach. Despite abortion being legally available, unsafe abortion is still an avoidable factor of maternal deaths after more than two decades of abortion law reform in South Africa. The CTOP Act 92 of 1996, with its amendments, provides a legislative framework; however, more is needed to reaffirm the sexual and reproductive health freedom. Many health care providers cite ethical reasons for not performing Choice on Termination of Pregnancy services, yet it is our ethical responsibility to implement comprehensive health services that our community members are entitled to. Panelist have extensive training and experience in ethics, which can be provided when applying for ethics points. (Reference: Ramprakash Kaswa, Parimalaranie Yogeswaran, Abortion reforms in South Africa: An overview of the Choice on Termination of Pregnancy Act, (S Afr Fam Pract. 2020;62(1), a5240. https://doi.org/10.4102/safp.v62i1.5240).
PRESENTER'S BIOSKETCH	Moderator 1: Zilla North worked at a clinic in George, then was Medical Manager of George Hospital (2016-2021) and presently is Manager Medical Services George-subdistrict. Moderator 2: Gail Holton worked at clinics in the Knysna subdistrict before moving into nursing management and presently is Assistant Manager Nursing Garden Route District. Carl Firmin, Head of Obstetrics & Gynaecology, George Hospital Cora Rautenbach, Pregnancy Counselling Co-Ordinator, YFC Options Care Centre George Cameron Joseph, UCT MBChB student with training in ethics Judiac Ranape, Nurse Trainer, Southern/Western Sub-Structure: Facility Based Services Francois Potgieter, Clinical Manager, Knysna Hospital
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Day 3: Saturday morning: Venue B: Restaurant : Building Teams

TITLE	**1. Bowel and bladder problems in people with spinal cord injury in Manguzi, KwaZulu Natal: Experience and long-term needs**
AUTHORS	Lauren Tomes Sonti Pilusa
INSTITUTION	University of the Witwatersrand
ABSTRACT	Abstract: Bowel and bladder problems are common secondary complications experienced by people with spinal cord injury. Bowel and bladder problems affect the quality of life and participation in social life. There are limited studies on the experience of bowel and bladder problems among people with SCI in rural South Africa. Objectives: 1. To explore the experiences of bowel and bladder problems and long term needs in people with spinal cord injury. Setting: Manguzi, KwaZulu Natal Method: Explorative qualitative study design was employed. Semi-structured interviews were conducted with nine in and outpatients with SCI at Manguzi Hospital. All interviews were transcribed verbatim, and a thematic analysis was conducted to identify the themes. Results: The main theme that emerged for bowel problems was â€œFrustratingâ€? and the categories were: affects social life and intimacy, management takes time and is costly, causes physical pain is emotionally taxing. The main theme for bladder problems was â€œlack of controlâ€? the categories were worrying about leaking, which affects wellbeing, and feeling unheard. The long-term care needs for bowel and bladder problems included proper toilets, nappies, Dulcolax for ease of bowel movement and information on diet and how to better manage their bowel and bladder problems. Conclusion: The findings show that bowel and bladder problems are frustrating affecting the well-being of people with SCI. These findings point to the need for health professionals and policymakers to strengthen bowel and bladder care for people with SCI. Keywords: spinal cord injury, bowel and bladder problems, long-term care needs
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	BSc. Physiotherapy graduate and MSc Physiotherapy in Community Health candidate at the University if the Witwatersrand Senior Lecturer in the Physiotherapy Department at the University of the Witwatersrand PhD, MPH, BSc Physiotherapy
EMAIL ADDRESS	Lauren.tomes351@gmail.com

TITLE	**3. The importance of multi-disciplinary teams for expanded clubfoot treatment**
AUTHORS	Karen Mara Moss
INSTITUTION	Steps Charity NPC
ABSTRACT	Abstract Introduction: Spinal cord injury is a traumatic, life-altering event that is usually associated with loss of motor and sensory function and secondary complications. Sexual problems are one of the secondary complications that affect people with SCI. Studies on the experience of sexual problems and long term needs among people with SCI in rural South Africa are scarce. Objectives: 1. To explore the experiences of sexual dysfunction in people with spinal cord injury 2. Identify long-term care needs related to sexual problems Setting: Manguzi, KwaZulu Natal, South Africa Method: This study used an explorative qualitative study design. Nine in and outpatients with SCI at Manguzi Hospital were interviewed. All the interviews were transcribed verbatim and analyzed using thematic analysis. Results: The main theme that emerged for the sexual problems was â€œworryâ€? and the categories were: affects self-image, lack of understanding from partners and concerns that partners will leave them because they arenâ€™t sexually satisfied. The long-term care needs for sexual problems included the need for sexual enhancement pills, tips on how to maintain an erection and last longer, as well as knowledge on how to satisfy their partners. Conclusion: The findings show that sexual problems are worrisome and can affect relationships among patients with SCI. There is a need to support people with SCI who want to improve their sexual lives. Implications: Practice: Sexual counseling and education should be part of rehabilitation for people with SCI. Research: Research on therapeutic interventions for sexual health and SCI is recommended. Keywords: spinal cord injury, sexual problems, long-term care needs.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Karen's work through Steps has revolutionised clubfoot care in South Africa, Namibia, Botswana and the Seychelles. She is part of Global Clubfoot Initiative Global Clubfoot Initiative Pre-Service Training (PST) Working Group, and speaks at conferences globally. She is planning the first clubfoot conference in African, to be held in November 2022. As a direct result of Karenâ€™s work in introducing the Ponseti method for clubfoot to southern Africa, the number of babies successfully treated is in the thousands and over 1172 Medical professionals have been trained. The Ponseti method is best practice taught in medical schools. She developed the award-winning Steps Clubfoot Care support programme for expanding effective clubfoot treatment which has 35 clubfoot clinic partners in the state sector. She contributed to the Africa Clubfoot Training (ACT) curriculum and has organised 21 clubfoot training workshops and 6 global webinars. She is working with various stakeholders to expand the role of MDT for sustainable clubfoot care that is available close to where patients live.
EMAIL	karen@steps.org.za

TITLE	**4. A decolonised approach towards the management of physio and mental health**
AUTHORS	Mmabatho Langa
INSTITUTION	Public :Tzaneen, Limpopo
ABSTRACT	Topic: Affiliated health professionals working in multi-disciplinary teams can extend the reach of clubfoot treatment, further reducing disability from untreated clubfoot. We need to extend the accessibility of clubfoot treatment programmes offering the Ponseti method (the non-invasive correction of clubfoot) particularly in under-resourced and serviced areas. Key to achieving this goal would be the inclusion of affiliated health professionals as part of a multi-disciplinary team. Evidence shows that physiotherapists are proving as effective as surgeons for clubfoot management. The Uganda clubfoot programme was the first to train orthopaedic officers to apply Ponseti casts due to the shortage of doctors and many neglected cases. Care for birth defects: -Must take place as close to home as possible especially in rural settings where it can be very difficult to access medical services - The cost of travel from outlying areas to main centres is a definite factor precluding patients from receiving the necessary treatment, particularly as multiple appointments are required as part of the initial treatment phase -The care should also be as simple as possible Case studies: A Physio led multi-disciplinary teams in NHS UK clinics A South African clinic multi-disciplinary team Conclusion: The Ponseti Method for clubfoot can be offered in rural and distanced settings by multi-disciplinary teams. Physiotherapists and other affiliated health professionals have a valuable role to play as part of multi-disciplinary Ponseti clubfoot treatment teams to increase access to treatment and prevent disability. Specific clubfoot training is essential for any new member of a clubfoot treatment team . Outcome: Multi-discplinary teams for clubfoot management would lessen the burden on the healthcare system without removing doctor's role or autonomy and freeing up resources to allow more patients to be treated in rural areas..
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Mmabatho is a physiotherapist with a master's in public health specialising in rural health. She is based in a public hospital in Limpopo province and is also an Atlantic fellow for health equity based at Tekano. Apart from her passion in rural health she is also involved in sport physiotherapy and is affiliated with the Limpopo Academy of sports..Senior lecturer in the physiotherapy department at the University of the Witwatersrand PhD, MPH, BSc Physiotherapy
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TITLE	**5. Using electronic health records to strengthen case management by rural rehabilitation PHC teams**
AUTHORS	Maryke Bezuidenhout
INSTITUTION	Manguzi Hospital
ABSTRACT	With the onset of Covid, the Manguzi rehabilitation department shifted services for people with moderate and severe disabilities to homestead level. People with disabilities often have multiple comorbidities and require complex case management and coordination of care by a multi-disciplinary team. Existing services are most often fragmented, centralized and poorly coordinated within the public sector. This shift required significant strengthening of end-user group organizations as well as the development of an electronic patient management system by the Manguzi team. The electronic system has been built around a patient health record- including the scheduling of appointments and tracking of assistive devices, with specific data then extracted to inform priority program performance dashboards. In addition to the real-time program performance feedback and workload statistics, the system also organizes patients requiring home and clinic follow ups into their respective feeder clinic pages, allowing clinic teams to see at a glance what their coverage rate is for key services such as wheelchair reviews, home based care and high risk baby follow ups. Implementation of the system has required strong leadership, additional resources and a multi-pronged team management strategy, yet benefits extend beyond coordination and retention in care and include improvements in orientation of new clinical staff, budgeting and reporting purposes. It has been a long, intense but exciting journey
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Maryke Bezuidenhout is a physiotherapist who has spent 20 years at the rural coalface. She is currently the manager of a 21-strong multi-disciplinary rehabilitation team which works closely with local disability organizations and NPOs to provide comprehensive rehabilitation and disability services within the Manguzi health catchment area. She has a post graduate diploma in health economics as well as a strong public health background. When not advocating vociferously or finding ever more innovative ways to sustain services, she is probably full of grease repairing wheelchairs under a tree somewhere.
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TITLE	**6. Describing the rehabilitation workforce capacity data in the public sector of three rural provinces in South Africa: a cross-sectional study**
AUTHORS	Thandi Conradie Karina Berner Quinette Louw
INSTITUTION	Stellenbosch University
ABSTRACT	The World Health Organisation emphasises the need to address the gaps in health systems where rehabilitation services are not well integrated. The need for rehabilitation is growing globally and thus, rehabilitation services must be scaled up significantly. However, upscaling poses a significant challenge in many low-and middle-income countries. An equitably distributed rehabilitation workforce that is sufficient in number and skills is vital to achieving an efficient rehabilitation service. In South Africa, regions with the largest disability rates are usually the areas where rehabilitation is least accessible due to inadequate rehabilitation workforce capacity. Identifying the gaps in rehabilitation workforce capacity data and providing baseline data will assist with the assessment of the rehabilitation workforce. This paper reports on a cross-sectional study to describe the rehabilitation workforce data in the public sector of three rural provinces in South Africa. A cross-sectional study using a web-based and telephonic survey was conducted. This study found that there is a low density of rehabilitation workforce and an inequitable distribution of therapists between rural and urban and levels of care, with the lowest number at rural and primary care. With the increasing need for rehabilitation, it is vital that the rehabilitation workforce capacity is strengthened and prioritised, ensuring integration at all levels of care and services.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	I worked as a physiotherapist at Madwaleni Hospital in the rural Eastern Cape for 7 years. I have just completed my masters and am currently starting my PhD which will look at rehabilitation guidelines for primary health care. I have been part of the RuReSA EXCO for a number of years. I am also currently a research assistant for Prof Quientte Louw in the Department of Health and Rehabilitation Sciences where I am assisting with numerous projects such as Rehabilitation Capacity Assessment and Telerehabilitation.
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TITLE	**1. A Preliminary Readiness Assessment: A district hospital's ability to support a National Health Insurance Contracting Unit for Primary Health Care**
AUTHORS	Claire Botha , Russell Rensburg
INSTITUTION	Public
ABSTRACT	The Rural Health Advocacy Project (RHAP) commissioned a study with the aim to establish the readiness of rural district hospitals with reference to the National Health Insurance (NHI). Specifically, RHAP wanted to establish whether rural district hospitals would be in a position to support Contracting Units for Primary Health Care (CUPs) as it is contemplated in section 57 (4) (b) of the NHI Bill. This section deals with the period during which the health system is expected to transition from the old to the new and it is anticipated that district hospitals will have to shoulder a lot of the responsibilities until the fledgling CUPs are able to do so on their own. Zithulele District Hospital was selected as it is fairly representative of rural district hospitals and due to the fact that it is located in an area characterised by the challenges associated with rurality. The readiness assessment is regarded as preliminary due to the fact that the NHI is still very much a work in progress. Despite this, the study was able to glean some valuable insights about the hospitalâ€™s capacity in certain key competency areas. The competency areas considered are based on the functions assigned to CUPs as reflected in section 37 (2) of the NHI Bill. Two key aspects of the study are worth mentioning. Firstly, the active participation of the hospital management who provided key inputs, information and context. Secondly, the usage of an assessment tool which was specifically developed for this study. As background this presentation will cover an introduction to NHI, the centrality of the CUPs and the relationship between CUPs and the district hospital. It will also deal with the key findings of the case study as well as the recommendations emanating from it. It is hoped that the participants will have a clearer understanding of the challenges ahead and of the possible legacy benefits that can be attained as we get ready to implement the NHI. By Claire Botha and Russell Rensburg.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	A health economist and policy analyst with a focus on public sector policy analysis, health financing and economics, costing and resource allocation, Dr. Claire Botha's work experience spans more than 15 years, in diverse sectors such as government, nongovernment, higher education and research management.
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TITLE	**2. Impact of Electricity Shortage on Healthcare Delivery In Hospitals. A Tool for Policy Augmentation& Development**
AUTHORS	Edwin Leballo
INSTITUTION	PACASA
ABSTRACT	Section 27 of the Constitution provides that everyone has the right to have access to health care services, a right taken away every time during load shedding. Most of District Hospital have no sufficient power backup during electricity shortages, denying people the right to health care. Load-shedding depend on the extent of the shortage of generation capacity to meet the country's electricity demand. South Africa has a two-tiered, and highly unequal, healthcare system in the world. Method: Health policy is best understood as a set of overarching principles on how care is delivered. Amid the serious crises South Africa finds itself in recent years, it is clear that blackouts are not going anywhere. Many concerns about the safety of patients and staff at government hospitals have been raised amid continued load shedding. Load shedding may potentially increase the risk of sepsis in patient from theatre, death in patient on life support, massive delays. The (NHI) is designed to pool funds to provide access to quality affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status. Results: Radical health policies should be created and implemented to prioritize lives of the patients at all times. There is a huge need for specific realization of hospital electricity policy augmentation as an approach for integrity boots for public hospitals. Now it' s the time for policy to ensure that essential services are excluded from any interruptions by allowing self-reliance electricity production, management and maintenance. Conclusion: Rolling blackouts are here to stay. A need to exclude hospitals from load shedding is very critical. As the country moves towards multiple electricity power sources by allowing renewable energy players, hospitals should also be have their own specific multiple source of electricity power.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	
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TITLE	**3. Applying diffusion of innovation to intervention development: Photovoice as a campaign strategy for PrEP uptake in Johannesburg**
AUTHORS	Phuthegi Mashigo, Tshepho Ndhlovu, Phuthegi Mashigo, Dr Ndumiso Tshuma
INSTITUTION	Best Health Solutions
ABSTRACT	Abstract Introduction: Spinal cord injury is a traumatic, life-altering event that is usually associated with loss of motor and sensory function and secondary complications. Sexual problems are one of the secondary complications that affect people with SCI. Studies on the experience of sexual problems and long term needs among people with SCI in rural South Africa are scarce. Objectives: 1. To explore the experiences of sexual dysfunction in people with spinal cord injury 2. Identify long-term care needs related to sexual problems Setting: Manguzi, KwaZulu Natal, South Africa Method: This study used an explorative qualitative study design. Nine in and outpatients with SCI at Manguzi Hospital were interviewed. All the interviews were transcribed verbatim and analyzed using thematic analysis. Results: The main theme that emerged for the sexual problems was â€œworryâ€? and the categories were: affects self-image, lack of understanding from partners and concerns that partners will leave them because they arenâ€™t sexually satisfied. The long-term care needs for sexual problems included the need for sexual enhancement pills, tips on how to maintain an erection and last longer, as well as knowledge on how to satisfy their partners. Conclusion: The findings show that sexual problems are worrisome and can affect relationships among patients with SCI. There is a need to support people with SCI who want to improve their sexual lives. Implications: Practice: Sexual counseling and education should be part of rehabilitation for people with SCI. Research: Research on therapeutic interventions for sexual health and SCI is recommended. Keywords: spinal cord injury, sexual problems, long-term care needs.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys. Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solutions Dr Nellie Myburgh is a Senior Associate Researcher at The Best Health Solutions Dr Ndumiso Tshuma is a Public Health Specialist, with more than 15 years experience in health related work Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions.
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TITLE	**4. Considering the voices of the periphery: An awareness centered approach to photovoice as a visual methodology in PrEP uptake for sex workers in West Rand District**
AUTHORS	Carol Dyantyi, Sehlule Moyo, Phuthegi Mashigo, Tshepo M Ndhlovu
INSTITUTION	Best Health Solutions
ABSTRACT	Affiliation: 1 The Best Health Solutions, Johannesburg, South Africa 2 Wits RHI, Johannesburg, South Africa 3 Garankuwa YMCA, Tshwane, South Africa Background: Photovoice has been indicated to have an awareness approach and benefits for its participants, such as empowerment and critical reflection. This method has not gained setbacks being examined its potential exclusively in sex workers. Intervention description: In an awareness centered approach, an identified group of sex workers who participated in the assessment were asked to consider ways in which photographs reflect their experiences for PrEP uptake. Photographs were used as discussion starters. These were normally posted on social media and some taken by field teams during the course of the research, but mostly came from social media platforms, which included posters. Most of the data were extracted on the comment section. Lessons learnt: The research aimed to identify photovoice benefits and its limitation in terms of outreach for PrEP uptake amongst sex workers in West Rand. The photovoice method serves different areas of interest, such as empowerment, enhanced technological relationships and understandings, peer support, creative expression and sense of achievement for the intended goal. Photovoice projects higher in personal relevance and intensity when linked with the greater awareness benefits through social media. Most of these identified themes are supported by the wider literature on photovoice and its educative purposes for PrEP uptake. The limitations indicate that photovoice is not suitable for all and requires adaptation for individuals and the potential seriousness of social issues. Advocacy message: Implications for photovoice adoption can be a helpful intervention for PrEP uptake. Further research is required to develop the limited evidence base, particularly quantitative research that would enable comparisons to be made with other interventions.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Carol Dyantyi is a Project Manager, currently working at Best Health Solutions. Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solutions Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions.
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TITLE	**5. Acceptability of WhatsApp groups as a platform for health education among adolescent girls and young women in South Africa**
AUTHORS	Tshepho M Ndhlovu, Sehlule Moyo, Phuthegi Mashigo, Ndumiso Tshuma
INSTITUTION	Best Health Solutions
ABSTRACT	Abstract Introduction: Spinal cord injury is a traumatic, life-altering event that is usually associated with loss of motor and sensory function and secondary complications. Sexual problems are one of the secondary complications that affect people with SCI. Studies on the experience of sexual problems and long term needs among people with SCI in rural South Africa are scarce. Objectives: 1. To explore the experiences of sexual dysfunction in people with spinal cord injury 2. Identify long-term care needs related to sexual problems Setting: Manguzi, KwaZulu Natal, South Africa Method: This study used an explorative qualitative study design. Nine in and outpatients with SCI at Manguzi Hospital were interviewed. All the interviews were transcribed verbatim and analyzed using thematic analysis. Results: The main theme that emerged for the sexual problems was â€œworryâ€? and the categories were: affects self-image, lack of understanding from partners and concerns that partners will leave them because they arenâ€™t sexually satisfied. The long-term care needs for sexual problems included the need for sexual enhancement pills, tips on how to maintain an erection and last longer, as well as knowledge on how to satisfy their partners. Conclusion: The findings show that sexual problems are worrisome and can affect relationships among patients with SCI. There is a need to support people with SCI who want to improve their sexual lives. Implications: Practice: Sexual counseling and education should be part of rehabilitation for people with SCI. Research: Research on therapeutic interventions for sexual health and SCI is recommended. Keywords: spinal cord injury, sexual problems, long-term care needs.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Tshepho M Ndhlovu is a Politics and Public Management Honors Degree who currently w at Best Health Solutions, specializing in Human rights and advocacy work. Sehlule Moyo is a Public Health Specialists, currently working at The Best Health Solution Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys Dr Ndumiso Tshuma is a Public Health Specialist, with more than 15 years experience in heal related work
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TITLE	**6. Effectiveness of sources of information on Pre-Exposure Prophylaxis (PrEP) among female sex workers in Soweto, South Africa**
AUTHORS	David Mnkandla Dr Ndumiso Tshuma Tshepho Ndhlovu Sehlule Moyo Phuthegi Mashigo
INSTITUTION	University of the Witwatersrand
ABSTRACT	Affiliation: 1 The Best Health Solutions, Johannesburg, South Africa 2 Wits RHI, Johannesburg, South Africa 3 Garankuwa YMCA, Tshwane, South Africa 4 NACOSA Gauteng, South Africa Background: Sources of information on PrEP have an impact on HIV response and towards ending HIV by 2030. Identifying how and where individuals seek information is vital to convey the most effective messages to reduce new HIV infections. The objective of this study was to assess the sources of information on PrEP among female sex workers (FSW) and young women (YW) in Soweto, South Africa. Intervention description: Quantitative data were collected using close ended questionnaire. A total of 31 female sex workers and young women completed the questionnaire. Descriptive and inferential statistics analysis was done. Lessons learnt: Most of the respondents (64%) used social media to access information on PrEP. WhatsApp (62%) was mostly used by young woman (21%), FSW (10%). YW also indicated that they received PrEP information from Facebook (71%). The majority of the respondents were not part of any WhatsApp group that shared information on PrEP but were interested in joining one. The majority of the respondents also indicated that they have always accessed information on COVID 19 from WhatsApp groups and would be interested in receiving PrEP information through short video clips, edutainment, fliers and TikTok videos shared on WhatsApp. Advocacy message: The use of social media and WhatsApp as a means of disseminating PrEP information among FSW and YW could potentially reach out to the key population groups
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Sehlule Moyo is a Provincial Manager, currently working at NACOSA Dr Ndumiso Tshuma is Director and Public Health Specialist at Best Health Solutions. Tshepho M Ndhlovu is a Human Rights and Advocate Officer currently working at Best Health Solutions. Sehlule Moyo is a Public Health Specialist, currently working at The Best Health Solutions Phuthegi Mashigo is General Secretary at YMCA Ga Rankuwa, a community based organization advocating for HIV/AIDS prevalence amongst adolescent girls and boys
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Day 3, Saturday morning,Venue D; Community Hall: Community& End User

TITLE	**1. Initial Findings and Experiences of an Evidence-informed Ecological Approach to the Prevention of Alcohol Use Amongst Youth in the Garden Route**
AUTHORS	Asanda Sithole, Hermann Reuter
INSTITUTION	Public
ABSTRACT	Problem Statement Harmful alcohol use is common amongst adolescents. Early us high risk for developing alcohol use disorder. Alcohol use leads to many societal c including teenage murder and suicide. Approach SAHARA, an NGO in George, h with government departments (Health, Education, Social Development, George M UCT and other stakeholders to start the Planet Youth process. We follow the Icela ecological model based on: Local Coalition and Capacity Building, Data Collectio Surveys, Community Goal-setting and Action, Provide Better Access to Recreatio and Safe Environment, Long-term Planning: Repeat Steps Annually. In Iceland thi reduction of binge drunkenness amongst 15-year-old youth from 43% to 5% over Results 588 grade 8 learners (14-15 years old) of two high schools were surveyed. will increase by time of conference and updated data will be presented]. 53% of bo of girls drink alcohol. More than 80% of learners who use alcohol get drunk when alcohol. 21% of boys and 28% of girls were drunk in the month of the survey. Cig smoking amongst boys varied from 13% to 41% and amongst girls from 4% to 45 of hookah pipe averaged at 47% of boys, 44% of girls. Afterschool activities have strong preventive factors. We found 41% of boys and 64% of girls never participat and 59% of boys and 73% of girls never do outdoor activities like gardening, walk going to the beach. Conclusion It is a concern that more than 50% of youth (14-15 alcohol and make use of nicotine products. As levels of afterschool activities are v believe that we have an opportunity to implement changes resulting in a reduced p substance use.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Asanda Sithole is presently the Youth Organiser of SAHARA in George. He also works as assistant teacher at Thembalethu Primary School where he provides counseling and support group services. He is intimately involved in the Planet Youth process. He has prior experience in marketing and the George Youth Cafe. Hermann Reuter is presently the CBE coordinator of UCT in the Garden Route and director of SAHARA. He has an MBChB degree. He has many years experience in HIV program development and implementing community-based treatment for harmful substance use. He has worked for the Treatment Action Campaign, Doctors Without Borders and the Department of Health.
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TITLE	**2. Families and gardens need love to flourish**
AUTHORS	Sonia Thomas
INSTITUTION	Hero (Heal Equip Restore Optimise Strengths),
ABSTRACT	Knysna Initiative for Learning and Teaching (KILT) is a Non-Profit Company providing systemic support to 17 government schools in the Greater Knysna Area. KILT aims to enable principals and their teams to transform their schools into centers of excellence that equip young people with the adaptability and resilience to thrive in our rapidly changing world. An essential element of this model is the provision of holistic psycho-social support for learners, with focus on counselling and mentorship of learners, support of parents and nutritional health of families. This presentation alludes to ongoing programmes that were developed to provide support to learners and their families through a multidisciplinary team during the Covid-19 pandemic. Food insecurity became a pressing concern for many families during the pandemic. At the end of hard lockdown, parent support groups were initiated which focused on the development of back-yard vegetable gardens. Strong community leaders were identified who recruit group members within their streets. The goal of the groups is to provide much needed nutritional supplementation for the family, a platform where family bonding can occur as well as a means to share relevant information on parenting and encourage referrals for counselling. Leaders are provided with information on topics such as stress, positive communication, parenting styles and parental involvement in education, which they disseminate to their group members. Since nutritional health is vital for children to thrive academically, KILT recognised the potential for improving nutrition in schools through the expansion and support of seven school vegetable gardens. Healthy produce becomes available to supplement school meals and surplus is provided to community soup kitchens. Eco clubs were initiated where skills are taught that can be transferred back into their homes. These activities utilise the KILT ethos which incorporates learner, parent, school and community as essential elements to health and healing.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Sonia Thomas has the community and family at heart. Her experience is in residential care and youth work for 20 years (Masizame Child and Youth Care Centre and Sinethemba Child and Youth Care Centre) whilst completing several courses in Child and Youth Care and Restorative Justice. She continued to upskill herself by completing a Social Auxiliary Work course which helped her tremendously in preserving families. Her involvement with children and youth in residential care and facilitating programmes with youth and their parents came full circle in her work currently as Parent Programme Leader at KILT (Knysna Initiative

	for Learning and Teaching) and Hero (Heal, Equip, Restore, Optimise Strengths) and where she initiated the family backyard garden programme. Andrea Visagie is a registered clinical social worker with a love for helping people. Over the past 9 years she has gained extensive experience working with culturally and socio-economically diverse populations in a variety of settings. In her current role at KILT (Knysna Initiative for Learning and Teaching) and Hero (Heal, Equip, Restore, Optimise Strtenghts) as a trauma counsellor, she works in the KILT affiliated primary schools where her work is primarily focused towards assisting children to improve their mental health. Her clinical social work training includes a postgraduate qualification in clinical social work, with a focus on trauma and mental health. Prior to that, she earned two bachelor's degrees from different universities (Psychology and Social work). Before joining the company, she was affiliated with an employee wellness company as a part-time employee wellness clinician whilst working as the head of department for a child protection organization. Andrea is the co-author of a journal article publication in Social Work/Maatskaplike Werk and awaiting feedback from another academic journal on her next publication. Lynn Stoker is a Registered Counsellor and has a Masters degree in Play Therapy. She is founder and director of the organisation Hero (Heal, Equip, Restore, Optimise Strengths) which provides holistic support to traumatised children and their families. Hero is a service provider to KILT (Knysna Initiative for Learning and Teaching). She manages 9 KILT programmes that are designed to support learners emotionally and academically, within the context of the family and broader community.
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TITLE	**3. Profile of physical activity levels of hypertensive adults from a rural sub-district in Mpumalanga province.**
AUTHORS	Kganetso Sekome
INSTITUTION	University of the Witwatersrand
ABSTRACT	Background: Hypertension is the leading cause of death and disability in rural populations of South Africa, exceeding communicable diseases such as HIV/AIDS. Increasing the frequency and intensity of physical activity to meet the global physical activity recommendations has shown to have positive effects on systolic and diastolic blood pressure. There is a lack of profiling of physical activity of rural adults diagnosed with hypertension. This information is important to inform tailored interventions. Aim: To provide a descriptive profile of self-reported physical activities of rural South African adults with hypertension. Methods: 429 adults aged 40 years and above from a rural sub-district in Mpumalanga completed a long physical activity questionnaire telephonically. The questionnaire asked about physical activity from a set of five activity domains: job-related physical activity; Transportation; Housework, house maintenance, and caring for family; Recreation, sport, and leisure-time; Time spent sitting. Results: Full data analysis is currently underway. Initial results: Average age was 65 years (SD=10years), male = 179 (42%), female = 250 (58%), employed = 225 (52%), unemployed = 204 (48%). High frequency of physical activity is observed during walking as part of work with the lowest frequency observed at leisure physical activity including recreation and sport. Males have high levels of vigorous physical activity compared to females while females have high levels of moderate physical activity compared to males. There is a high amount of time spent sitting on weekends. Low physical activity levels observed when walking from place to place excluding walking for work. There is a low frequency of physical activity spent on transportation which includes car, bicycle, and train. Male participants showed high frequency in walking compared to females. No gender difference was observed in time spent sitting. Employed participants have a higher frequency of physical activity compared to unemployed participants only for vigorous physical activities. Conclussion: The profile of daily physical activity particularly for rural populations is important in informing interventions that address physical activity. For this study population, it is observed that high levels of physical activity are linked with walking as part of paid/unpaid work, while sedentary behaviour is observed on weekends. These are special considerations for the design of physical activity interventions
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Kganetso Sekome is a physiotherapist who also holds a master of public health degree that specialises in rural health. Currently completing his PhD in public and population health between two universities: WITS University school of public

	health (RSA) and Loughborough University school of sport, exercise and health (UK). Kganetso's research interest is on developing and improving service delivery for rural areas focusing on the management and control of non-communicable diseases for adults.
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TITLE	**4. Sociocultural perceptions about physical activity and dietary habits that may influence behaviour change from hypertension.**
AUTHORS	Lauren Tomes Sonti Pilusa
INSTITUTION	University of the Witwatersrand
ABSTRACT	Background: Over 50% of adults from rural South Africa are hypertensive. Apart from pharmaceutical treatment, lifestyle changes such as increasing physical activity and reducing dietary salt have been strongly advocated for the control of hypertension. For adults in a rural South African population, a large dependence on anti-hypertensive medication is observed but the disease control remains low, and this may be due to low adherence to lifestyle recommendations. A major reason for low adherence to intervention programs may be that the recommended intervention plan does not match well with the specific needs of the individual. Aim: To explore the social and cultural beliefs, perceptions and practices regarding physical activity and diet from hypertensive adults living in rural Agincourt. Methods: Nine focus group discussions were conducted with hypertensive adults aged 40 years and above from Agincourt sub-district. Each session began with brief introductions and then followed by a short discussion on what the participants know about hypertension, the average normal blood pressure reading as well as their awareness of their blood pressure status. Physical activity and dietary habits were then introduced as the main subject of discussion using a focus group interview guide. Probing questions were introduced to get more insight on a specific topic. A thematic analysis approach was used to generate codes, categories, and themes. Data obtained through transcripts were analysed using an inductive approach. Discussion: In order to change behaviour of a population, one needs to better understand the contextual realities at play that may influence a specific behaviour. Full data analysis of this study is currently underway. This study will lead to the development of an intervention for the control of hypertension in the defined study setting.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Kganetso Sekome is a physiotherapist who also holds a master of public health degree that specialises in rural health. Currently completing his PhD in public and population health between two universities: WITS University school of public health (RSA) and Loughborough University school of sport, exercise and health (UK). Kganetso's research interest is on developing and improving service delivery for rural areas focusing on the management and control of non-communicable diseases for adults.
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TITLE	**5. Stakeholders' views on the utility and employment strategies of clinical associates**
AUTHORS	Arthur Setlhapelo, Sonti Pilusa
INSTITUTION	Public
ABSTRACT	Introduction: Clinical associates (ClinAs) were introduced into the South African healthcare system to increase the numbers of skilled health professionals. However, little is known of their contribution to the health system in general. The aim of the study was to evaluate the utility and employment strategies of ClinAs in the public healthcare sector. Methods: A sequential explanatory mixed-methods design was used. An online survey was used to collect data on the views and knowledge, and experiences of key operational stakeholders who work with ClinAs. Online interviews explored strategic stakeholdersâ€™ perceptions on the utility of ClinAs as part of the Human Resources for Health strategy. Results: A total number of 45 key operational stakeholders from 19 hospitals participated in the survey (response rate of 59%). Clinical associates were perceived to have contributed to the joint management of common health conditions at hospitals There was high agreement reported on conditions of ClinAs practice being met, with the required individual professional awareness. The high agreement was also reported regarding ClinAs being able to work with other healthcare workers and contributing to the improvement of health services. There was however low agreement regarding the positive impact of recruitment and retention strategies on ClinAs. The key strategic stakeholders in the qualitative phase of the study revealed the slow progress made in the areas of career development, career progression, posts, scope of practice and professional autonomy due to the uncertainty regarding the scope of practice and perceived lack of support for the Clinical Associate Programme. Conclusion: Clinical associates in the public health sector have joined existing healthcare workers in maintaining and improving health services at hospitals. However, the progress made has been slow due to the lack of support for the professionâ€™s growth. The findings indicate the need for key strategic stakeholders to support the Clinical Associate Programme, increase employment of ClinAs, and allow the government to attract and retain ClinAs by having supportive workplace environment that improves professional growth and autonomy.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Arthur B Setlhapelo Clinical associate working for Northern Cape Department of Health Qualifications: BCMP (UP), MPH (UP), DOH (UKZN), Dip in HIV Man (Stell) Prof Liz Wolvaardt Associate Professor at the School of Health Systems and Public Health, University of Pretoria BCur (Pret), MPH (Pret), PGCHE (Pret), PhD (Pret)
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ITLE	**6. Sexual history taking lacking in patients with diabetes and hypertension in rural routine primary care consultations in Dr K Kaunda Health District, South Africa.**
AUTHORS	Deidre Pretorius, Motlatso G Mlambo, Ian D Couper
INSTITUTION	University of the Witwatersrand
ABSTRACT	Background: Patients want to talk to doctors about their sexual health needs but find that their complaints are often negated. The aim of the study was to observe and describe the patient-doctor interaction dynamics of routine consultations in primary health care settings in Dr Kenneth Kaunda Health District, North-West province South Africa, to improve sexual history taking. Methods: The study design was a grounded theory approach. One hundred and fifty-one consecutive consultations with adult patients at risk of sexual dysfunction due to diabetes and hypertension, were video recorded. All the doctors working at 10 primary care facilities were recruited. Doctor-patient interactions were recorded during a normal working day. Following the consultations, patients completed demographic questionnaires and sexual dysfunction questionnaires (IIEF and FSFI). At the end of the recordings, doctors reflected on their consultations and sexual history taking. Analysis entailed open coding followed by focused and verbatim coding using MaxQDA 2018 software. Results: No history taking for sexual dysfunction took place. Ninety-four percent of the 81 sexually active women had sexual dysfunction symptoms and only 1/48 man (2%) reported no erectile dysfunction. Patients wanted receptive doctors to ask about their sexual health, whilst doctors expected patients to tell. Doctors admitted that they did not even think about sexual dysfunction and did not consider it a priority. The patient-doctor interaction was doctor centered. Doctors and patients blamed an influx of patients and long waiting times for sub-standard consultations. Consultation time was lost on poorly organized patient files and laboratory results that were retrieved on the doctorsâ€™ personal mobile phones. Conclusion: Sexual history was inhibited by patient, doctor, and health system factors. Although sexual history is an integral part of comprehensive history taking during a routine consultation, patient-doctor-system engagement need to change to facilitate sexual history taking.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Deidre Pretorius lectures social sciences and health communication at the Division of Family Medicine at the University of Witwatersrand. Her passion is sexual medicine and medical counseling. She also coordinates the MMed Family Medicine post graduate degree.
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Day 3, Saturday morning,Venue E: Kerksaal: Community& End User

TITLE	Transforming Difficult Interactions: “managing the patient who is 'difficult'"
AUTHORS	Madeleine Muller
INSTITUTION	Walter Sisulu University
ABSTRACT	Patients can be challenging, but so can colleagues, managers and sometimes ourselves. The health care facility, whether rural or not, is always a high pressure environment and not the easiest of workplaces. Even if you are having a good day, you might be dealing with highly stressed colleagues, patients or family. This one hour fun webinar is an update of the traditional â€œdifficult patientâ€? topic and was presented at the Rural Onboarding orientation. It was highly recommended by participants as a workshop for the RHC. In this presentation we will deepen our understanding of how high pressure environments change one's neurophysiology, and, with the latest knowledge of neuroscience and behavioural science, develop some advanced tools in dealing with difficult situations. By understanding the neuro-physiological factors driving â€œdifficultâ€? behaviour, we can better navigate relationships with our patients, our colleagues and our loved ones. This workshop is for any clinician who wishes to improve their skills in dealing with difficult relationships - in the workplace or at home.
CPD POINTS	Standard
PRESENTER'S BIOSKETCH	Madeleine Muller is a Family Physician and Senior lecturer at Walter Sisulu University, and working at Cecilia Makiwane hospital in Mdantsane, East London. She is on the RuDASA exec co carrying the mentoring portfolio. She qualified as medical doctor from UP in 1995 and obtained her MRCGP in 2003 in the UK. She worked a GP in the UK until returning to South African in 2009. From 2009 until 2017 she worked as a clinical advisor at the NGO Beyond Zero and was awarded a certificate of special merit by RuDASA for her work in mentoring health care professionals in 2010. During this period she helped implement the Advanced Clinical Care program for complicated HIV and created the decentalised Wits RHI ACC training program for doctors. She obtained her DipHIVMan in 2016 and has been the convenor for the Diploma of HIV management since 2020. In 2016 Dr Muller passed the Advanced Health Management Program through FPD/ Yale cum laude and served for a year as the acting technical lead for the ACC program in Limpopo and Eastern Cape. She worked at Nkqubela TB hospital from 2017 until 2021 and has served as the Rural representative on the SAMA border branch since 2011. Dr Muller teaches the dynamics of difficult relationships to medical students, interns, clinicians, and in 2022 has included this workshop to schools across SA. For anyone who has experienced the stress and anxiety of challenging interactions.
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Thursday					
8-9:00	Registration: Coffee & Tea	**KEY:**	*** red star are ETHICS sessions**	pink backgroud = On line presentation	
9:00-11:00	**Plenary: Learning, Adapting, and Thriving** - Session Chair: Steve Reid (UCT) **Chris Macpherson**, Mayor of Oudtshoorn: ***Welcome to Oudtshoorn*** **Lizette Phillips**, Western Cape Chief Director - *Rural Health Services:* ***Achieving Distributive Justice in Rural Services*** **Mayara Floss**, World Organization of Family Doctors (WONCA) Working Party on Rural Practice: ***Using lessons from Brazil on creating local change in health and health services*** **Parimalaranie Yogeswaran Prof Yogi,** Former Head of the Department of Family Medicine, Faculty of Health Sciences, Walter Sisulu University: ***Accessing untapped potential in the South African Health System; optimising clinical associates' contribution*** (PACASA Keynote Speaker)				
11:00-11:20	Tea Carpe Diem Dance Group				
	A: Main Hall (with on-line access)	**B: Restaurant** (with online access)	**C: Chapel** (not online)	**D: Community Hall** (not online)	**E: Kerksaal** (not online)
11:30-13:30	**Building Teams**	**Health System**	**Clinical Practice**		
	COVID Thabisa Ngcakaza (RUNURSA)	**Coverage** Thabang Sepiroa (PACASA)	**Emergency care - EMS Sims** (RUDASA - Johan Schoevers)		
	1. Ngundu Osee Behuhuma: Recruiting COVID-19 cases and household contacts in rural KwaZulu-Natal	1. Siboniso Wilson Nene: What are the barriers and challenges that clinical associates face in practice of their profession?	Workshop 1: Nellis van Zyl-Smith: Applied ePOCUS in the rural setting		
	2. Sehlule Moyo: An awareness approach and innovation dynamics in promoting COVID 19 medication uptake.	2. Nompumelelo Mahlambi: How Clinical Associates and their multi-disciplinaryprofessionals contribute to the success and qualityof Voluntary Medical Male Circumcision services intheWesternCape province .			
	3. Tshepho Ndhlovu: Generating demand for COVID 19 services among adolescent young people in City of Tshwane, South Africa	3. Lynn Hazel Bust: Telemedicine use by clinical associates in South Africa: An analysis of public sector referrals			
	`4. Ashton Joseph: COVID19 vaccination step-by-step guide and information for Drakenstein sub-district, CWD, Rural	4. Jenny Nash: Improving the package of care offered by rural district hospitals in the Eastern Cape by tailoring clinical skills training and support according to electronic audits.	Workshop 2: Jurgen Staats: Transdisciplinary emergency skills training tailored to the South African primary and rural healthcare settings		
	5. Ian Couper: Rural doctors' early experiences of coping with the emerging COVID-19 pandemic	5. Gavin Mc Gregor: Reasons cited by rural origin health science graduates for working where they do			
	6. Maryke Bezuidenhout: 'What went well'... pulling a rural team together during COVID	6. Stephanie Homer: Will I stay or will I go now?			
	Lunch				
	A: Main Hall (with on-line access)	**B: Restaurant** (with online access)	**C: Chapel** (not online)	**D: Community Hall** (not online)	**E: Kerksaal** (not online)
14:30-16:30	**Building Teams**	**Health System**	**Clinical Practice**	**Community & End User**	**Clinical Practice**
	RUDASA Indaba Madeleine Muller (RUDASA)	**HIV - Women's Health - Palliative Care - Working with Community** Nthabiseng Sibisi (RUNURSA)	**Emergency care - EMS Sims** (RUDASA - Johan Schoevers)	**Community Health Workers** (UCT - Dehran Swart)	**Tuberculosis** Herman Kruger (Oudtshoorn Sub-district)
	Workshop: Lungile Hobe & Mayara Floss: Vision vs Realities for RuDASA	1. Ruth Lewin: Discovery's corporate social investment programme	Workshop 1: Garth Moys: Rural Helicopter Emergency Medical Services	1. Sehlule Moyo: Participatory practice and community led monitoring in prevention research, in Tshwane District	1. Joe Alt: Tuberculous meningitis in children
		2. Christine Du Preez: Hlokomela - an award winning HIV educational and treatment programme		2. Megan van der Linde: Health care workers' perspectives on factors influencing the optimization of primary mental health care in the Oudtshoorn sub-district, Western	
		3. Louise Turner: Discovery Fund and Breast Health Foundation join forces		3. Zaarina Syed: A rapid review of the roles of community rehabilitation workers in Community based mental health services in Low and Middle income countries	
		4. Silingene Ngcobo: HIV care delivery in the Mobile health clinics of eThekwini District in KwaZulu Natal, South Africa: A descriptive evaluation study	Workshop 2: Francois Marais: Approach to Tachyarrhythmia and/or Management of the Difficult Airway	4. Kganetso Sekome: Understanding factors contributing to uncontrolled high blood pressure in Ekurhuleni district: the community health workers' perspective	2. Workshop: Jannet Giddy: Implementing a TB preventive therapy (TPT) programme using community health workers in Khayelitsha: finding the undiagnosed and providing TB preventive treatment
		5. Margie Munnings: Implementation and lessons learned in a Department of Health Rural Palliative Care Pilot Project in the George subdistrict of SA		5. Craig Parker: The power of innovation and partnership - the Umoya social enterprise, Oxera and Madwaleni	
		6. Cascia Day: Epidemiology and management of acute angioedema across tertiary and district-level South African emergency rooms			
16:30-17:30	TEA	**Rural Seeds Café:** Vuthlarhi Shirindza: "What I Wish I'd Known about Rural Before Comm Serve" Mayara Floss (WONCA)	**Workshop: Air ambulance demo** Johan Schoevers (RUDASA)		
17:30-19:00	**RUDASA AGM**	**RURESA AGM**	**RUNURSA AGM**	**PACASA AGM**	
	Dinner: Mayor of Oudtshoorn Program Director: Hermann Reuter				

Friday					
8:30-10:30	**Plenary: Learning, Adapting, and Thriving** - Session Chair: Guin Lourens (RUNURSA), Maryke Bezuidenhout (RURESA) **Warren Hansen:** ***Preceptorship of Newly Qualified Professional Nurses*** *(RUNURSA Keynote Speaker)* **Gillian Saloojee:** ***A ten point plan to deliver excellent services to all children, youth and adults with cerebral palsy in South Africa*** *(RURESA Keynote Speaker)*				
11:00-11:20	Tea				
	A: Main Hall (with on-line access)	**B: Restaurant** (with online access)	**C: Chapel** (not online)	**D: Community Hall** (not online)	**E: Kerksaal** (not online)
11:00-13:00	**Building Teams**	**Clinical Practice**	**Health System**	**Building Teams**	**Health System**
	Health Education Steve Reid (UCT)	**Cerebral Palsy** Thandi Conradie (RURESA)	**Data Management for Health** Erhardt Heydenrych (Oudtshoorn)	**HIV … woman's health** Jennie Nash (RUDASA)	**Resilience** Nthabiseng Sibisi (RUNURSA)
	1. Helga Burger: Developing an occupational therapy curriculum with strong focus on community and rural service delivery: Reflections on the process and selected results	1. Nicole Bosch: Hypoxic Ischaemic encephalopathy an overview and data presentation for a 2-year period for the Eden and Central Karoo	Workshop 1: John-D Lotz: Using data to fill the gap - an exploration of modern data tools to gain lost ground in our fight against TB.	1. Silengene Ngcobo: Managerial factors influencing the implementation of NIMART services in the Mobile health clinics of eThekwini Municipality in KwaZulu-Natal	Workshop 1: Russell van Rensburg: Strengthening the Rural Voice for Resilient Recovery
	2. Francois Coetzee: Exploring the influences on early career journeys of graduates from a longitudinal integrated clerkship.	2. Elsje Kritzinger: Occupational Therapy for Hypoxic-Ischemic Encephalopathy Injuries in the Rural Setting		2. Dineo Thaele: Increasing efficiency in pre-exposure prophylaxis uptake for men who have sex with other men through the use of risk assessment: A mixed method approach	
	3. Liesl Visser: Transforming the 6th year Family Medicine rotation within the district healthcare system: developing a 2x2 model at the University of Cape Town	3. Smangele Khumalo: It takes two to tango		3. Carol Dyanti: The impingement of the COVID-19 pandemic on pre-exposure prophylaxis service provision: Views from the lens of PrEP dedicated healthcare workers in South	
	4. Madeleine Muller: Rural Onboarding: Structuring an in-service training for rural clinicians	4. Stanley Maphosa: Addressing Child Mortality In the communities - the First Thousand Days	Workshop 1: Pam Goenewald: Making Cause of death data fit for purpose	4. Elsie Etsane : Quality improvement survey amongst key and vulnerable populations utilizing HTS services. A survey report of Kopano Ke Maatla	Workshop 2: Hans Hendriks: How to turn vulnerability into a strength; an essential tool in developing clinical courage, adaptability and resilience
	5. Amanda Msindwana: Exploring and Implementing Postgraduate Rural Health Training Needs: Capacitating the Rural Health Workforce towards Local Care	5. Maryke Bezuidenhout: Improving coverage rates for children with cerebral palsy in rural South Africa		5. Nellie Myburgh: Structural vulnerability and the impacts of the COVID-19 pandemic: Assessing risk behaviors and prevention needs among sex workers, in South Africa	
	6. Helmuth Reuter: The exciting path from Rural Health to Running a Department of Medicine	6. Michaella Lotz: Advocating for surfactant at Madwaleni District Hospital		6. Zwelihle Blessing Shongwe: Quality maternal care: Implementation of hypertensive disorders in pregnancy guidelines for teenage pregnant women in KwaZulu-Natal	
	Lunch				
	A: Main Hall (with on-line access)	**B: Restaurant** (with online access)	**C: Chapel** (not online)	**D: Community Hall** (not online)	**E: Kerksaal** (not online)
14:00-16:00	**Building Teams**	**Clinical Practice**	**Clinical Practice**	**Clinical Practice**	**Community & End User**
	Health Education Francois Marais (UCT)	**Children with intellectual disability** Herman Kruger (Oudtshoorn Sub-district)	**Hands** Johan Schoevers (RUDASA)	**Pain Management** Amanda Msindwana (RURESA)	**Patient-centred Care** Madeleine Muller (RUDASA)
	Workshop: Ian Couper: Facilitation for Learning Programme: what's the need?	1. Willie Breytenbach: Managing a child with developmental delay and intellectual disability and supporting the family	1. Pieter Jordaan: Management of common hand emergencies	Workshop: Cameron Reardon: Context counts - accounting for context in the development of pain management services for persistent pain in rural primary care settings. Video for pre workshop viewing. https://vimeo.com/744161451/24c9b329c1	Workshop: Elma de Vries: Ethics workshop on dealing with diversity: a patient-centred consultation with a sexually or gender diverse client
		2. Lara van Heerden: A reflection on A high risk baby follow up program in a rural setting	2. Pieter Jordaan: Approach to common hand problems and forearm problems		
		3. Mush Marie Clare Perrins Gendron: The Use and Value of Play: Perspectives from the Continent of Africa - A Scoping	3. Petra Bower: Local Anaesthetic Blocks: A vital skill for rural doctors		
		4. Mush Marie Clare Perrins Gendron: Health Promotion Through Play Originating from the Continent of Africa – A Systematic Review	4. Janine Visser: Hand therapy on the move: taking therapy to harder-to-reach communities		
		5. Understanding the Health and Wellbeing of Incarcerated Orphans and Vulnerable Children in Correctional Services in Eswatini	5. Ashley Kay-Hards: Rural repairs for ruptured service delivery: our multi-disciplinary experience growing in tendon repairs of the hand.		
		6. Peter Schellnus: Congenital heart disease prevalence, patterns and outcomes at a South African rural district hospital: a cross sectional study			
18:00-20:30	**Gala Dinner: Prize Giving** Program Director: Herman Kruger				

Saturday					
7:30-9:00	RHC committee can do a handover to the RHC Exec & RHC 2023 Chair: Hermann Reuter	**parkrun** at Surval Olive Estate			
9:00-11:00	**Plenary: Learning, Adapting, and Thriving** - **Session Chair: Lungile Hobe** (RUDASA) **Victor Fredlund:** ***Reflections on a lifetime of learning and adapting in rural health care*** *(RUDASA Keynote Speaker)* **Nic Crisp,** DDG National Health Insurance: ***Implications of the National Health Insurance for Rural Health Practitionars***				
11:00-11:20	Tea				
11:30-13:30	**A: Main Hall** (with on-line access) **Health System** **TOP - Ethics** JD Lotz (RUDASA)	**B: Restaurant** (with online access) **Building Teams** **Rehab** Maryke Bezuidenhout (RURESA)	**C: Chapel** (not online) **Health System** **Innovation** Thabisa Ngcakaza (RUNURSA), Nompumelelo Mahlambi (PACASA)	**D: Community Hall** (not online) **Community & End User** **Prevention** Dehran Swart (UCT)	**E: Kerksaal** (not online) **Building Teams** **Optimizing Care** Mirja Delpoort (Oudtshoorn)
	Zilla Noth: Panel Discussion: (Ethics) Overcoming Challenges of Providing Choice on Termination of Pregnancy (CTOP) Services in a Rural District	1. Lauren Tomes: Bowel and bladder problems in people with spinal cord injury in Manguzi, KwaZulu Natal: Experience and long-term needs	1. Claire Botha: A Preliminary Readiness Assessment: A district hospital's ability to support a National Health Insurance Contracting Unit for Primary Health Care	1. Asanda Sithole: Initial Findings and Experiences of an Evidence-informed Ecological Approach to the Prevention of Alcohol Use Amongst Youth in the Garden Route	Workshop: Cameron Reardon: No health without a (rural rehabilitation) workforce
		2. Lauren Thomas: Sexual problems in people with spinal cord injury in Manguzi, KwaZulu Natal: Experience and long-term care needs (20 min)/Potential space for more presentations	2. Edwin Leballo: Impact of Electricity Shortage on Healthcare Delivery in Hospitals. A Tool for Policy Augmentation & Development	2. Sonia Thomas: Families and gardens need love to flourish	
		3. Karen Mara Moss: The importance of multi-disciplinary teams for expanded clubfoot treatment	3. Phuthegi Mashingo: Applying diffusion of innovation to intervention development: Photovoice as a campaign strategy for PrEP uptake in	3.Kganetso Sekome: Profile of physical activity levels of hypertensive adults from a rural sub-district in Mpumalanga province.	
		4. Langa Mnabatho: Working on a decolonial approach towards rehabilitation in rural Limpopo province	4. Carol Dyantyi: Considering the voices of the periphery: An awareness centered approach to photovoice as a visual methodology in PrEP uptake for sex workers in West Rand District	4.Kganetso Sekome: sociocultural perceptions about physical activity and dietary habits that may influence behaviour change from hypertensive	Madeleine Muller: Transforming Difficult Interactions: "managing the patient who is 'difficult'"
		5. Maryke Bezuidenhout: Using electronic health records to strengthen case management by rural rehabilitation PHC teams	5. Tshepho Ndhlovu: Acceptability of WhatsApp groups as a platform for health education among adolescent girls and young women in South Africa	5. Arthur Setlhapelo: Stakeholders' views on the utility and employment strategies of clinical associates	
		6. Thandi Conradie: Describing the rehabilitation workforce capacity data in the public sector of three rural provinces in South Africa: a cross-sectional study	6. David Mkhanda: Effectiveness of sources of information on Pre-Exposure Prophylaxis (PrEP) among female sex workers in Soweto, South Africa	6. Deidre Pretorius: Sexual history taking lacking in patients with diabetes and hypertension in rural routine primary care consultations in Dr K Kaunda Health District, South Africa. (might not attend)	
	Lunch				
14:30-15:30	**Plenary: How Covid has changed our ethical judgement? - Chair: Charles Dreyer** (Oudtshoorn Sub-district) **Lungile Hobe** (RUDASA), **Maryke Bezuidemhout** (RURESA), **Thabang Sepiroa** (PACASA), **Nthabiseng Sibisi** (RUNURSA)				
15:30-16:00	Best presenter awards **Hermann Reuter** (UCT)				
16:00-16:30	Tea and padkos				

Important notes to read before the conference

Attending the conference venue at De Opstal

- When driving to De Opstal the last turn off might be confusing. Driving from Oudtshoorn heading toward the Cango Caves the venue is on the lefthand side of the road (as google map will show you). However, we would like conference goers to take a turn to the righthand side just before the venue. We will place a big sign next to the road. This road curves back through a bridge underneath the road and will take you to the bigger parking area available for conference goers near the conference area.
- For those who actually stay at De Opstal, you can follow Google maps and turn into an easy-to-miss turn to the left in a bend and park on the smaller parking area near the reception.

Attending the virtual conference

- To make sure you can join the conference you must register & pay before the evening of 30th August so that we can send the conference links to you.
- Your entrance to the virtual conference will be the email address you included in your registration form
- Our intention is to stream all plenaries and the proceedings in the two main venues, called hall and restaurant, where there will be mostly oral presentations and a panel discussion.
- We took the difficult decision to not stream all venues for two reasons: a) last year we experienced a nerve-wrecking struggle trying to stream from four venues, with sometimes online participants joining a wrong venue, missing large parts of the presentations, or having no visuals or poor audio. b) it is hard for people facilitating workshops to structure them so that the participants in the venue get their full value and at the same time trying to incorporate the online participants. Thus, we want to rather offer only a limited portion, but trust that this can be of higher quality.
- To prove that you attended while the conference was being streamed there will be question polls. CPD points will be allocated for those sessions that show you were connected AND completed the poll for that session
- We will communicate with speakers and delegates via MailChimp, please check it does not go to your Junk mail

For any other information, visit our online platforms: https://www.ruralhealthconference.org.za/
https://www.facebook.com/RuralHealthConference/
Or contact Cornell April: 072 174 4948 (administration)
or Hermann Reuter: 071 233 1606 (scientific and social program)
or Dehran Swart: 082 422 2007 (media)