



Be kind to yourself. Be kind to others
Wees goed vir jouself. Wees goed vir ander
E ba ya mosa ho wena. E ba ya mosa ho ba bang

News Report 2016

Centre for Health Systems
Research & Development

Sentrum vir
Gesondheidsisteennavorsing &
Ontwikkeling

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA



UFS·UV
HUMANITIES
GEESTESWETENSKAPPE





News Report 2016

Centre for Health Systems Research & Development

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2016 –Year In Retrospect

2016 was a year for opening out new research partnerships and collaborations, both nationally and internationally. Attending this widening of horizons, we began exploring new research topics within our key focal areas of health, health care and health systems research, with an eye to developing innovative proposals that are in tune with shifts in public health and funding environments.

Producing high quality research remains a key objective and to this end we completed three projects:

- *Tuberculosis prevention through systematic household contact investigation in the Free State.*
- *Situational analysis of the implementation of TB prevention and infection control strategies in Mangaung Metropolitan District.*
- *Assessing the implementation of the Integrated School Health Programme (ISHP) in Maluti-a-Phofung.*

We also piloted a new, multi-institutional, multi-level intervention project:

- *PROLIFE: Improving TB outcomes by modifying life-style behaviours through a brief motivational intervention.*

And we entered the second year of our four-year flagship project, which is our Centre's first encounter with Social and Behavioural Change Communication (SBCC) research in the context of Randomised Control Trial (RCT) intervention design. The project has provided a wealth of information and learning experiences to enrich new research ideas and proposals:

- *Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State.*

Research findings were disseminated in nine peer-reviewed journal articles and seven international conference presentations. Initial work on a book-project entitled *Hospitals and hospitalisation in South Africa* also commenced.

As always, we are most thankful to everyone who contributed to our progress in 2016.

2016 – Die Jaar In Retrospek

2016 was 'n jaar waarin geleenthede vir nuwe navorsingsvennootskappe en samewerking ontstaan het, nasionaal sowel as internasionaal. Deur aandag te skenk aan hierdie verbreding van horisonne het ons begin om nuwe navorsingsonderwerpe binne ons vernaamste fokusareas rakende gesondheid te ondersoek, naamlik gesondheidsorg en gesondheidstelsels, met die doel om innoverende voorstelle te ontwikkel, in lyn met die skuiwe in openbare gesondheid en befondsingsomgewings.

Die lewer van hoëgehalte-navorsing bly 'n kerndoelwit en om hierdie rede het ons die volgende drie projekte voltooi:

- *Tuberculosis prevention through systematic household contact investigation in the Free State.*
- *Situational analysis of the implementation of TB prevention and infection control strategies in Mangaung Metropolitan District.*
- *Assessing the implementation of the Integrated School Health Programme (ISHP) in Maluti-a-Phofung.*

Ons het ook 'n nuwe loodsprojek op multi-institusionele, multivlak intervensie aangepak:

- *PROLIFE: Improving TB outcomes by modifying life-style behaviours through a brief motivational intervention.*

Verder het ons die tweede jaar van ons vier-jaar vlagskipprojek betree, waar ons Sentrum vir die eerste keer kontak gemaak het met navorsing oor Sosiale en Gedragsveranderende Kommunikasie (SBCC) in die konteks van 'n Ewekansige Kontroleproef (RCT) intervensie-ontwerp. Die projek het 'n oorstroom van inligting en leerervarings verskaf om nuwe navorsingsidees en voorstelle te verryk:

- *Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State.*

Navorsingsbevindings is in nege portuurbeoordeelde vaktydskrifartikels en by sewe internasionale kongresreferate gerapporteer. Daar is ook begin met 'n boekprojek getitel *Hospitals and hospitalisation in South Africa*.

Soos altyd, is ons baie dankbaar teenoor almal wat tot ons vooruitgang in 2016 bygedra het.

2016 *Nako Ya Selemo Se Fetileng*

2016 e bile selemo sa ho qala dilekane tse ntjha tsa dipatlisiso le ditshebedisano, bobedi maemong a naha le matjhabeng. Mmoho le pharalatso ena ya mapatlelo, re qadile ho lekodisa dihlooho tse ntjha tsa dipatlisiso kahara dibaka tsa rona tsa tjhebisiso tsa bohlokwa tsa bophelo, tlhokomelo ya bophelo le dipatlisiso tsa disistimi tsa tlhokomelo ya bophelo, ka tjhebo ya ho theha dikgothaletso tse nang le boithlahisetso mme tse tsamaisanang le diphetoho bophelong ba setjhaba le mafapheng a phumants'ho ya matlole.

Ho hlalisa dipatlisiso tsa boleng bo phahameng ho dutse e le maikemisetso a bohlokwa, mme ho fihla mona re phethile diprojeke tse tharo:

- *Tuberculosis prevention through systematic household contact investigation in the Free State.*
- *Situational analysis of the implementation of TB prevention and infection control strategies in Mangaung Metropolitan District.*
- *Assessing the implementation of the Integrated School Health Programme (ISHP) in Maluti-a-Phofung.*

Hape re thakgotse projeke e ntjha ya tharollo, ya ditsi tse ngata, ya maemong a mangata:

- *PROLIFE: Improving TB outcomes by modifying life-style behaviours through a brief motivational intervention.*

Mme re kene selemong sa bobedi sa projeke ya rona ya sehlooho ya dilemo tse nne, e leng tjhebisiso ya pele ya Setsi sa rona le patlisiso ya Phetoho ya Kgokahano ya Setjhabeng le Boitshwarong (Social and Behavioural Change Communication (SBCC) boemong ba moralo wa tharollo wa Teko ya Taolo ya Kabo ya Lotho (Randomised Control Trial (RCT)). Projeke ena e fane ka letlotlo la tlhahisoleseding le boiphihlelo ba ho ithuta ho matlafatsa maikutlo a tsa dipatlisiso a matjha le ditlhaliso:

- *Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State.*

Ditshibollo tsa patlisiso di tla ajwa dingolweng tsa jenale tse robong tse lekodisitsweng ke bomphato le ditlalehelong tsa diboka tse supileng tsa matjhaba. Mosebetsi o qalang projekeng ya buka e bitswang *Hospitals and hospitalisation in South Africa* le tsona di qadile.

Jwalo ka kamehla re leboha haholo ho batho bohle ba ileng bare tshehetsa kotlehong ya rona ka 2016.

Background, Mission, Aims, Focus Areas

Established at the University of the Free State (UFS) in 1993, the CHSR&D stems from a rich tradition of research and training in medical sociology and sociology of health and healthcare. The Centre was founded specifically to address the need for bio-social scientific enquiry, operational research, and the development of research skills in the field of health systems. It has also accumulated commendable experience and expertise in key methodological approaches: quantitative, qualitative, mixed-methods, and monitoring and evaluation.

The Centre's mission is to generate and disseminate scientific knowledge on health and health systems at local, provincial and national levels, and to use this knowledge to improve and inform new and existing policies, strategies and practices. The Centre also commits to developing health systems capacity via implementation science and postgraduate research training.

Specific aims for realising this mission are to:

1. Meet the need for multidisciplinary research and development in the

domain of health, health systems and healthcare.

2. Generate and disseminate research findings and information on health and health systems, and promote the translation of research findings into policy and practice.
3. Inform the strengthening of health systems with a view to greater equity, effectiveness and efficiency.
4. Provide postgraduate training and capacity building that contributes to expanding expertise in health, health systems, and healthcare research and development.

Our main focus areas of research are:

1. Health systems
 - Includes engagement with public and private institutions as well as community responses, with health policy and strategy, and operational functioning
2. Priority health issues
 - Tuberculosis (TB) prevention and control
 - HIV & AIDS
 - TB-HIV co-epidemic
 - Sexual and Reproductive Health
 - Occupational Health

CHRS&D Staff



Back row (left to right): Ryane Mayne, Alf Moolman, Bridget Smit, Asta Rau, Gladys Kigozi, Christo Heunis
Front row (left to right): Michelle Engelbrecht, Belinda Jacobs, André Janse van Rensburg

Senior research associates

Professor Extraordinary Dingie van Rensburg (CHSR&D)

Research associates

Prof Edwin Wouters (Research Centre for Longitudinal and Life Course Studies [CELLO], Department of Sociology, University of Antwerp)

Prof Francois Steyn (Department of Social Work and Criminology, University of Pretoria)

Dr Kerry Uebel (Free State Department of Health; Department of Internal Medicine, UFS)

Staff Achievements

Dr Gladys Kigozi was awarded Y2 rating from the NRF. She was also in her fourth year of the Vice-Chancellor's Prestige Scholars Programme (PSP) which is geared towards mentoring young scholars, as well as helping to them to establish and sustain networks with leading scholars at institutions of higher learning globally.

André Janse van Rensburg was selected to become part of Emerging Voices for Global Health, a working group of Health Systems Global. It is a collection of young, promising health policy and systems researchers, decision makers and other health system professionals.

Prof Christo Heunis received the prize for 2nd best operational/action research at the 5th Annual Free State Provincial Health Research Day on Use of Research: To promote a long & healthy life for all in the Free State, UFS, 27–28 October.

Belinda Jacobs and **Bridget Smit** each graduated with a FET Certificate in Generic Management of Business Administration from the Batho Pele Development Institute, UFS, 15 June.



Bridget Smit & Belinda Jacobs (CHSR&D)

Staff Development

As part of the Emerging Voices for Global Health, **André Janse van Rensburg** attended a series of seminars and workshops from 3–19 November in Vancouver, Canada. The Emerging Voices initiative is linked to the 4th Global Symposium on Health Systems Research.

Dr Asta Rau & Dr Michelle Engelbrecht attended workshop on Managing Human Resources on 4 April.

Throughout the year, **Dr Michelle Engelbrecht, Dr Gladys Kigozi & André Janse van Rensburg** attended training and were mentored on advanced multivariate statistical analysis using IBM SPSS Statistics 23

New Research Projects

PROLIFE: Improving TB outcomes by modifying life-style behaviours through a brief motivational intervention

Principal investigators: Prof Olalekan Ayo-Yusuf (Sefako Makgatho Health Sciences University); Dr Kamran Siddiqi (University of York)

Project team: Dr Goedeke Louwagie (University of Pretoria); Prof Neo Morojele (Medical Research Council); Prof Steve Parrot; Dr Mona Kanaan; Noreen Medge (University of York); Prof Max Bachmann (University of East Anglia); Dr Tolullah Oni (University of Cape Town); **Dr Michelle Engelbrecht; Dr Asta Rau; André Janse van Rensburg; Ryan Mayne; Mosilo Machere (University of the Free State);** Dr Olu Omole (University of Witwatersrand); Prof John Tumbo (Sefatho Makgatho University)

Smoking and alcohol use among TB patients are associated with poor drug adherence and low treatment success. Addressing these risky lifestyle behaviours in an integrated way could improve TB treatment outcomes. This project aims to develop a complex behavioural intervention, the PROLIFE Model, comprising a brief motivational interviewing (MI) counselling strategy, followed up with SMS messaging. The intervention targets tobacco smoking, alcohol use, and TB & antiretroviral treatment (ART) adherence or ART initiation. The Model will be evaluated in a pragmatic, prospective, two-arm cluster randomised control trial (cRCT) conducted in Primary Health Care (PHC) clinics in high TB-burden communities in three provinces in South Africa.

Development of the PROLIFE Model commenced in 2016. Interviews were conducted with 13 TB managers in the three districts (in the Free State, Gauteng and North West provinces) and one TB manager at national level to assess the capacity and readiness of participating provincial Departments of Health to implement the Model. To identify patient-focused barriers and facilitators to the PROLIFE Model, focus group discussions were conducted with TB patients who drink and/or smoke, as well as with lay health workers. The Model is being piloted in the three participating districts among 27 participants with TB who currently drink and/or smoke. Each participant receives three MI sessions: after enrolment, at 1-month follow-up and at 2-month follow-up. These individual counselling sessions are re-enforced with SMS reminders to participants to stop smoking, stop drinking alcohol and adhere to treatment. Text messages are delivered twice a week over 12 weeks.

Funding: The Newton Foundation, via the South African Medical Research Council (SAMRC), are funding goal 1 and will consider further funding upon completion of goal 1.

Ongoing Research Projects

Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State, South Africa

Project leaders: Prof Edwin Wouters (University of Antwerp), Dr Asta Rau, Dr Michelle Engelbrecht (CHSR&D)

CHSR&D staff: Dr Gladys Kigozi, André Janse van Rensburg, Alfi Moolman, Ryan Mayne, Bridget Smit, Belinda Jacobs

In the context of a devastating HIV-TB co-epidemic and severe human resource shortages in the health sector, HIV and TB stigma among healthcare workers threatens the health of the workforce as well as the health of the broader population visiting health facilities. In response, the project aims to 1) scientifically assess the extent and sources of HIV and TB stigma among the healthcare workforce in the Free State Province and, 2) refine and test innovative stigma-reduction interventions.

The design applies a combination prevention approach by focusing on clinical, behavioural and structural factors that influence HIV and TB stigma in the workplace. In addition, stigma reduction activities are designed to target three social-ecology levels (individual, community, and structural).

The research is structured as a classic Randomised Control Trial (RCT). A baseline study (completed in 2016) measured HIV and TB stigma in randomly selected hospitals in the Free State among randomly selected respondents—using a self-administered questionnaire with validated scales to measure stigma and other key variables. Data showed stigma levels high enough to warrant HIV and TB stigma-reduction interventions. All piloted and semi-final interventions were thus comprehensively workshoped with Department of Health stakeholders, and will be rolled out in 2017. Post-intervention, all respondents from the baseline will be followed up using the same questionnaire.

Implementation will be assessed midway through the trial. Qualitative data will also be collected to explore if and how interventions influence HIV and TB stigma in the workplace and to uncover the processes through which change happens.

Funding: VLIR-UOS (Vlaamse Interuniversitaire Raad; Flemish Interuniversity Council)

Student funding: 2 x PhD bursaries for students registered at Antwerp University: 1 funded by FWO (Flanders Research Foundation) and 1 funded by BOF (Antwerp University).

Completed Research Projects

Situational analysis of the implementation of TB prevention and infection control strategies in Mangaung Metropolitan District

Project leader: Dr Michelle Engelbrecht

CHSR&D staff: Dr Gladys Kigozi, André Janse van Rensburg, Prof Dingie van Rensburg, Belinda Jacobs, Bridget Smit

Despite an intensified focus on curbing the tuberculosis (TB) epidemic in South Africa, the disease remains a challenge to the country's health system and overall population health outcomes. The high incidence of TB can partly be attributed to poor TB prevention and infection control in public healthcare facilities in South Africa. A situational analysis was undertaken at all 41 Primary Health Care (PHC) facilities in Mangaung Metro to investigate the extent of implementation of TB prevention and infection control strategies in PHC facilities. Fieldwork entailed the following activities at each PHC facility: interviews with the TB nurse (n=41); observations (n=41); interviews with TB patients (n=300) and general patients (n=600); and a self-administered knowledge, attitude and practice questionnaire which was distributed to all nurses and facility-based CHWs (202 nurses and 34 CHWs completed the questionnaires).

Overall, TB infection control was poorly implemented at the facilities. In particular more than a third of the facilities did not have an infection control committee and three quarters did not have separate waiting areas for TB/coughing patients and general patients. Furthermore, observations revealed that only 30% of the facilities had open windows in the consultation room on the day of the visit and the majority of TB nurses were not wearing N95 respirators.

The most frequently reported barrier to implementing good TB infection control was the lack of available equipment (n=22; 40%) and the structure/layout of the PHC facilities (n=13; 23.6%).

The goal is to utilise the findings from the situational analysis to secure additional funding for a phase 2 study to implement and test a multifaceted intervention strategy to enhance TB prevention and infection control in PHC facilities. We envisage such a multifaceted intervention including: education and awareness campaigns for PHC staff and patients; nominating persons to be responsible for TB infection control at the facilities; and promoting healthcare worker access to TB screening and treatment and HIV counselling and testing.

Funding: Internal seed funding, CHSR&D.



Completed Research Projects

Assessing the implementation of the Integrated School Health Programme (ISHP) in Maluti-a-Phofung

Project leader: André Janse van Rensburg (CHSR&D)

CHSR&D staff: Dr Asta Rau, Bridget Smit, Belinda Jacobs

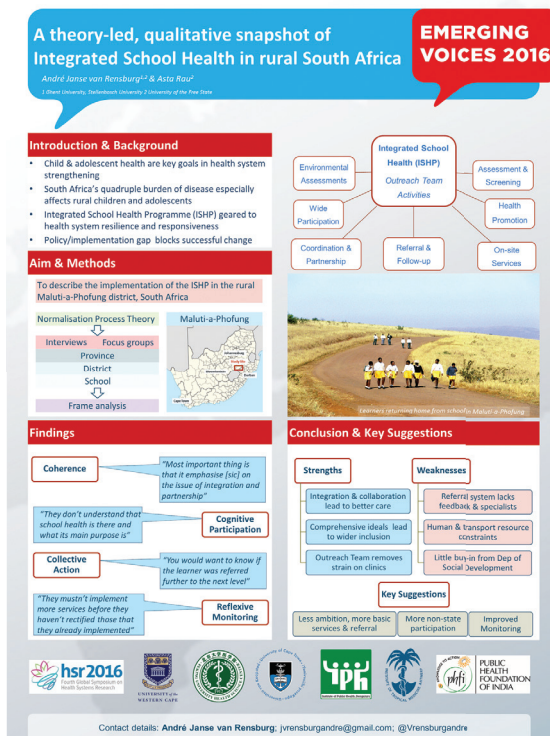
In 2012, the Integrated School Health Programme (ISHP) and accompanying Implementation Guidelines were released in South Africa. Part of government's Primary Health Care (PHC) Re-engineering Programme, it is designed to offer a comprehensive and integrated package of health services to all learners across all educational phases. Piloting in the Free State province occurred in 2014.

Rooted in a qualitative, theory-driven approach, and drawing from semi-structured interviews and focus group discussions with key stakeholders during 2015, an assessment of ISHP implementation was conducted in a key pilot site, Maluti-a-Phofung Local Municipality. Findings indicate that the ISHP is better supported on national level than previous policies, and that there was a collective understanding of the aim and scope of the ISHP.

However, initial ISHP implementation processes suffered from persisting health system constraints such as a chronic lack of rural-based human resources for health and poor referral systems.

Findings were presented at two international conferences in Canada, and an article was submitted for publication.

Funding: Strategic Academic Cluster on Sustainable Development and Poverty Alleviation (UFS); CHSR&D funded the actual research.



Completed Research Projects

Tuberculosis prevention through systematic household contact investigation in the Free State, South Africa

Project leader: Dr Gladys Kigozi (CHSR&D)

CHSR&D staff: Prof Christo Heunis, Dr Michelle Engelbrecht, Bridget Smit, Belinda Jacobs

FSDoH staff: Dr Perpetual Chikobvu (Health Information, Research and Training Directorate)

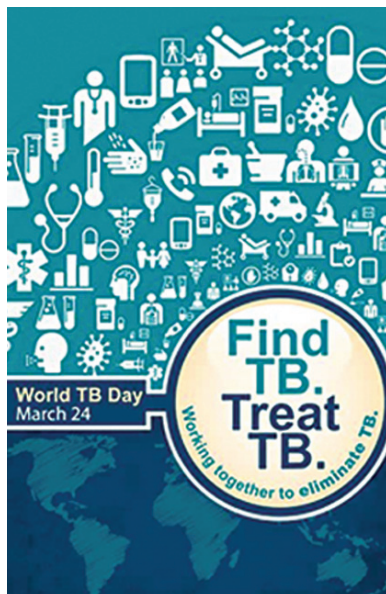
University of Western Cape staff: Dr Jeannine Uwimana

The rationale for this project was five-fold: 1) diagnostic delay is increasingly recognised as an impediment to effective TB control; 2) the national and provincial TB programmes are performing sub-optimally; 3) contact investigation minimises the impact of TB in people living with HIV; 4) because of the high risk of children <5 years for TB, contact investigation may lead to early detection of disease; and 5) systematic investigation of contacts of known or suspected multi-drug-resistant cases may be effective in reducing ongoing transmission of drug-resistant disease/strains of the disease.

The study sought to assess systematic household contact investigation in order to inform a larger multifaceted intervention to improve TB prevention and infection control in the Free State. The objectives were to measure and analyse the status and yield of systematic household contact investigation, and to make recommendations on how to improve systematic contact investigation as part of a multifaceted intervention.

Data were gathered through record reviews, interviews with TB index cases and their household contacts, community health workers, professional nurses and programme managers. Preliminary results were shared with Free State Department of Health. Dissemination of findings is also anticipated at other platforms nationally and internationally. Ultimately, the results will serve to inform intervention development with respect to TB prevention and infection control.

Funding: 1) African Doctoral Dissertation Fellowship of the African Population and Health Research Center, in partnership with the International Development Research Centre; 2) NRF: Thuthuka.



Publications



PEER-REVIEWED JOURNAL ARTICLES PUBLISHED BY CHSR&D STAFF

Janse van Rensburg AP, Engelbrecht MC, Yassi A, Nophale LE, Bryce E & Spiegel JM.
Selected features of nurses' occupational health and safety practice in three Free State provincial public hospitals. *Occupational Health Southern Africa*, 22(2): 8-14.

Wouters E, Rau A, Engelbrecht M, Uebel K, Siegel J, Masquillier C, Kigozi G, Sommerland N & Yassi A.

The development and piloting of parallel scales measuring external and internal HIV and tuberculosis stigma among healthcare workers in the Free State Province, South Africa. *Clinical Infectious Diseases*, 15(62 Suppl 3): S244-S254.

Janse van Rensburg A & Fourie P.

Health policy and integrated mental health care in the SADC region: strategic clarification using the Rainbow Model. *International Journal of Mental Health Systems*, 10: 49.

Janse van Rensburg A, Rau A, Fourie P & Bracke P.

Power and integrated health care: shifting from governance to governmentality. *International Journal of Integrated Care*, 16(3): 17.

Engelbrecht MC, Janse van Rensburg A, Kigozi G & Van Rensburg HCJ.

Factors associated with good TB infection control practices among primary health care workers in the Free State Province, South Africa. *BMC Infectious Diseases*, 16:633.

PEER-REVIEWED JOURNAL ARTICLES PUBLISHED BY CHSR&D RESEARCH ASSOCIATES

Wouters E, Masquillier C & Booysen FLR.

The importance of the family: a longitudinal study of the predictors of depression in HIV patients in South Africa. *AIDS and Behavior*, 20(8): 1591–1602.

Wouters E, Booysen FLR & Masquillier C.

Who should we target? The impact of individual and family characteristics on the expressed need for community-based treatment support in HIV patients in South Africa. *PLoS ONE*, 11(10): e0163963.

Masquillier C, Wouters E, Mortelmans D, van Wyk B, Hausler H & Van Damme W.

HIV/AIDS competent households: Interaction between a health-enabling environment and community-based treatment adherence support for people living with HIV/AIDS in South Africa. *PLoS ONE* 11(3): e0151379.

Martins-Fonteyn E, Loquiha O, Wouters E, Raimundo I, Hens N, Aerts M & Meulemans H.

HIV susceptibility among migrant miners in Chokwe: a case study. *International Journal of Health Services*, 46(4): 712–733.

BOOK PROJECT, FOR PUBLICATION IN 2017

Title: Hospitals and hospitalisation in South Africa

Editor: Prof Christo Heunis

Contributors: Prof Dingie van Rensburg (CHSR&D), Prof Laetitia Rispel (University of the Witwatersrand), Dr Mark Blecher and Mr Jonatan Davén (National Treasury), Dr Kerrin Begg (Business Sculptors)

The book sets out to describe and analyse major trends and changes in hospitals and hospitalisation in South Africa from a socio-historic and health systems perspective. The target market includes healthcare and hospital scholars and practitioners, policy makers, managers, healthcare professionals, and healthcare planners and developers. Eight chapters respectively address: 1) the hospital and its place in the healthcare system; 2) global hospital and hospitalisation history and trends; 3) South African hospital and hospitalisation history and trends; 4) supply and resourcing of hospitals in South Africa; 5) human resources and health professionals in hospitals in South Africa; 6) hospital financing and expenditure in South Africa; 7) patients, public participation and ethics in hospitals in South Africa; and 8) hospital management and governance in South Africa. Publication in 2017 is anticipated – this is opportune because South Africa is currently in the first phase of a 14-year endeavour to implement National Health Insurance towards universal health coverage – a policy shift with profound implications for hospitals and hospitalisation in both the public and private sectors. Socio-historic and health systems understanding of hospitals and hospitalisation can aid in addressing the many anticipated and unanticipated challenges ahead.

Conferences

INTERNATIONAL CONFERENCE PRESENTATIONS

Engelbrecht MC, Kigozi G, Janse van Rensburg A & Van Rensburg HCJ.

TB infection control knowledge, attitudes and practices of healthcare workers at PHC facilities in Mangaung Metropolitan, South Africa. 47th Union World Conference on Lung Health, Liverpool, UK, 26–29 October.

Heunis JC.

Public hospital challenges at the onset of National Health Insurance in South Africa. International Conference on General Practice & Hospital Management, Dubai, UAE, 8–9 December. Proceedings published in the Journal of General Practice, Open Access, 4(5): 29.

Janse van Rensburg A & Rau AHM.

Qualitative assessment of the Integrated School Health Programme in a rural district of South Africa. 3rd Student and Young Professional Global Health Summit, Vancouver, Canada, 12 November.

Janse van Rensburg A & Rau AHM.

A theory-led, qualitative snapshot of Integrated School Health in rural South Africa. Presented at the 4th Global Symposium for Health Systems Research, Vancouver, Canada, 16–18 November.

Kigozi G, Engelbrecht MC, Janse van Rensburg A, Van Rensburg HCJ & Heunis JC.

Assessing tuberculosis patients' knowledge, attitudes and practices: research to strengthen infection control interventions in PHC facilities in South Africa. 47th Union World Conference on Lung Health, Liverpool, UK, 26–29 October.

Rau AHM, Engelbrecht MC, Kigozi GN, Janse van Rensburg AP, Uebel KE, Masquillier C, Sommerland N & Wouters E.

A sensitive topic, a hard-to-reach population, and a randomised-control trial: Roles and restrictions for qualitative research. 2016 European Sociological Association (ESA) Research Network 20 (RN20) Qualitative Methods Conference, Jagiellonian University, Cracow, Poland, 1–3 September.

Van Rensburg HCJ & Heunis JC.

Hospital management in South Africa: policy directions and challenges (Keynote). Conference on General Practice & Hospital Management, Dubai, UAE, 8–9 December. Proceedings published in the Journal of General Practice, Open Access, 4(5): 36.

Conferences

NATIONAL AND LOCAL CONFERENCE PRESENTATIONS

Chikobvu P, Heunis JC & Kigozi NG.

Multi-level monitoring and reporting of the Sustainable Development Goals. Health Systems Trust Conference 2016, Boksburg, 4–6 May.

Malakoane B, Chikobvu P, Heunis JC & Kigozi GN.

Public Health Sector Balanced Score Card: a pilot study. Health Systems Trust Conference 2016, Boksburg, 4–6 May.

Heunis C, Kigozi G, Chikobvu P, Botha S & Van Rensburg D.

Risk factors for mortality in TB patients: a 10-year electronic record review in the Free State. 5th Annual Free State Provincial Health Research Day, University of the Free State, Bloemfontein, 27–28 October.

Janse van Rensburg AP, Fourie PP, Bracke P & Van Rensburg HCJ.

Collaboration among government and non-government mental health service providers in a South African health district. Public Health Association of South Africa (PHASA) Annual Congress, East London, 19–22 September.

Janse van Rensburg AP, Engelbrecht MC, Kigozi GN & Van Rensburg HCJ.

TB infection control in primary healthcare clinics: audit results from Mangaung Metropolitan Municipality, Free State province. Public Health Association of South Africa (PHASA) Annual Congress, East London, 19–22 September.

CONFERENCES ATTENDED

Dr Asta Rau & Dr Michelle Engelbrecht attended the Médecins Sans Frontières (MSF) Scientific Day Africa 2016, University of Witwatersrand School of Public Health, Johannesburg, 9 June.

Prof Christo Heunis & Dr Gladys Kigozi attended the Health Systems Trust Conference 2016, Boksburg, 4–6 May.



Teaching and Postgraduate Supervision

COMPLETED MASTER'S DEGREE STUDIES

Gwara, Siku, Ms:

Master of Development Studies. Dissertation title: *The perceived impact of inadequate water supply and sanitation on people's health: a case study of Budiriro 5 high density suburb of Harare Metropolitan Province in Zimbabwe*. Supervised by Prof JC Heunis and Dr NG Kigozi.

Kanjipite, Webby, Mr:

Master of Development Studies. Dissertation title: *Male involvement in the Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Kasama district, Zambia*. Supervised by Dr MC Engelbrecht.

Ngxangane, Portia, Mrs:

Master of Development Studies. Dissertation title: *Potential barriers to and facilitating factors for referral in the context of primary health care re-engineering in Thabo Mofutsanyane District*. Supervised by Prof JC Heunis and Dr NG Kigozi.

Peleka, Victor, Mr:

Master of Development Studies. Dissertation title: *Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia*. Supervised by Prof JC Heunis.

TEACHING AND RESEARCH CAPACITY BUILDING

All CHSR&D research staff contributed to the design and delivery of our Health and Development module (EDSL7900) for the Master of Development Studies (Faculty of Economic and Management Sciences: Centre for Development Support).

Dr Asta Rau presented the following:

- Lecture on research methods to 3rd year Community Service Learning students, 29 February.
- Master's seminar on *Improving the quality of qualitative research* to students in the Governance & Political Transformation Programme of the Department of Political Science, 28 July.
- Master's seminar on *The quality of qualitative analysis* to the Sociology Department's *The Narrative Study of Lives* programme, 17 October.

Community Engagement

Prof Christo Heunis edited the abstract book of the 5th Annual Free State Provincial Health Research Day, Free State Department of Health and UFS, Bloemfontein, 30–31 October.

Prof Christo Heunis co-chaired the session on diabetes at the 5th Annual Free State Provincial Health Research Day, Free State Department of Health and UFS, Bloemfontein, 30–31 October.

Dr Gladys Kigozi participated in a panel discussion entitled: *Interdisciplinary research practices: applying interdisciplinary insights*, held at the University of the Free State's Centre for Africa Studies, 18 July.

Dr Michelle Engelbrecht and **Dr Asta Rau** served on the Free State Department of Health's Provincial Research committee.

Visitors to the CHSR&D

Prof Edwin Wouters from the Medical Sociology stream of CELLO (Research Centre for Longitudinal & Life Course Studies) in the Department of Sociology at the University of Antwerp, visited on 12–16 September to collaborate on the project: *Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State, South Africa.*

PhD student **Ms Nina Sommerland**, also from CELLO at the University of Antwerp's Department of Sociology, visited in February to collaborate on the project: *Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State, South Africa.*

Prof John Eyles, Distinguished University Professor at McMaster University, Canada, and SARCHi Chair in Health Policy and Systems at the University of the Witwatersrand, visited on Friday 25 July. We discussed his work and ours with a view to collaborating in the future.

Dr Iyola Faturiyele, Project Manager/Clinical Advisor of the Health First Project in Lesotho visited us to explore possibilities for research collaboration.



From left to right: Nina Sommerland (University of Antwerp), André Janse van Rensburg & Bridget Smit (CHSR&D)



Prof John Eyles (McMaster University & University of Witwatersrand)

Visits by CHSR&D staff to other institutions

Dr Asta Rau & Dr Michelle Engelbrecht visited Prof Laetitia Rispel, Prof Linda Richter and Prof Jane Goudge at the University of the Witwatersrand (WITS) School of Public Health in Johannesburg, from 7-10 June, to discuss our current work and explore future collaborations.

André Janse van Rensburg visited Prof Edwin Wouters at the Research Centre for Longitudinal & Life Course Studies (CELLO) at the University of Antwerp on 15-16 December for our shared research project: *Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State, South Africa.*

André Janse van Rensburg spent an intense few months from 28 November 2016 to 6 January 2017 working on his PhD articles with Prof Piet Bracke at the Health and Demographic Research unit of Ghent University in Belgium.

Dr Michelle Engelbrecht and Dr Gladys Kigozi visited Dr Nigel Sherriff, Ms Natalie Edelman, and Dr Laetitia Zeeman, at the Centre for Health Research, School of Health Sciences, University of Brighton on 21 October 2016 to discuss our work and explore future collaborations.

Dr Michelle Engelbrecht & Dr Gladys Kigozi also visited Dr Erin Stern and Dr Jurgens Peters at the London School of Hygiene and Tropical Medicine on 24 October 2016 to discuss research collaboration.



Drs Asta Rau & Michelle Engelbrecht (CHSR&D)



From Left to Right: Dr Nigel Sherriff (University of Brighton), Dr Gladys Kigozi (CHSR&D), Dr Laetitia Zeeman (University of Brighton), Dr Michelle Engelbrecht (CHSR&D) & Ms Natalie Edelman (University of Brighton)



Thank You

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