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# CHSR&D

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# FOREWORD

Dingie van Rensburg, *Director*  
Francois Steyn, *Acting Director*

## 2007 YEAR IN RETROSPECT

The year 2007 was especially productive and eventful for the Centre, with seven R&D projects in process, of which three long-term projects newly commenced. As has been the tradition since 1993, the Centre's research projects continue to be multidisciplinary and inter-institutional, with notable international and national collaboration. Moreover, close partnership with the Free State Department of Health allows the Centre to pursue its main goal, namely "to contribute constructively towards optimising health services and the health of the people of South [especially the Free State] and Southern Africa".

The earlier HIV/AIDS project, *Public sector antiretroviral treatment: documenting, monitoring and facilitating implementation of the national treatment plan in the Free State* (2004-2007) has been built on in projects on *Models of care* (2007), *Free State: Effective AIDS Treatment and Support* (FEATS) (2007-2010), *PMTCT Effectiveness and Research Linkages in Africa* (PEARL) (2007-2008) and *Baseline study to inform the Youth and Community Wellness Programme in Xhariep, Free State* (2007-2011). Similarly, the earlier TB project, *Joint project on tuberculosis control in the Free State – from infection to cure* (2001-2004) has been followed by *Non-uptake of counselling and testing for HIV among TB patients in the Free State: research to inform intervention* (2007-2010). The latter together with the *Rapid assessment of TB-HIV/AIDS informatics in the Free State: qualitative survey of users' perspectives, problems and suggestions for improvement* indicates the importance of contributing to the broader scientific and policy-making movement towards integrated health system responses to the TB-HIV/AIDS co-epidemic.

The scope of the Centre's work was particularly evident with the *Roundtable on Health Systems and Antiretroviral Access* – jointly convened by the Centre for Health Systems Research & Development, the Centre for Health Policy (Wits) and the Infectious Disease Epidemiology Unit (UCT) – in Bloemfontein on 21-22 October. Delegates came mostly from South Africa, but with sizable representation from SADC countries, Europe and the United States. Forty-three invited papers were presented over the two days. In addition to entertaining several well-informed perspectives and strategies on scaling up anti-retroviral treatment (ART), the presenters considered progress made in respect of a wide range of challenges ranging from both demand and provider sides to integration of TB and HIV and social and preventive aspects of ART. The Roundtable proved to be a apt forum for scientific exchange and policy debate. The content of presentations and discussions at the Roundtable is captured in a forthcoming publication.

Excellence in the R&D endeavours of the Centre was amplified by its director, Prof HCJ van Rensburg, being promoted to Outstanding Professor, an honour bestowed on few academics. Over the past 37 years Prof Van Rensburg has built up a solid reputation, both nationally and internationally, as a researcher and research manager. In addition, Prof Van Rensburg was re-rated as an established researcher, while Dr Heunis was rated for the first time.

2007 was also the year in which Prof Van Rensburg began to scale down his involvement at the Centre with a view to his imminent retirement. Since October 2007, Francois Steyn has acted as director in the absence of Prof Van Rensburg.

Once again, we – the director and acting director – would like to thank all who contributed to the Centre's R&D outputs during 2007. These include our researchers, support staff, postgraduate students, willing collaborators and our generous donors, not least the Faculty of the Humanities and the University of the Free State. In particular, our gratitude is extended to the Free State Department of Health and our research participants – the patients, health workers, managers and policy-makers who so tirelessly engage with us. Lastly, our sincere appreciation to Dr Michelle Engelbrecht who compiled the 2007 Newsreport.

# Foreword

# The Centre for Health Systems Research & Development

**Background**

**Shift in emphasis**

**Mission and goals**

**Nature and scope of work**

**Events in 2007**

**The CHSR&D was established at the UFS in 1993 in recognition of a long-standing tradition of research and training in medical sociology/sociology of health and health care in the Department of Sociology.**

## **BACKGROUND**

The CHSR&D was established at the UFS in 1993 in recognition of a long-standing tradition of research and training in medical sociology/ sociology of health and health care in the Department of Sociology.

The Centre was founded specifically to address the need for social scientific and operational research and related skills in the field of health and health care. Since then it has shown unremitting growth and expansion in terms of staffing, projects, the scope and diversity of its research and development activities, and its financial standing. The establishment and development of the Centre has indeed been marked by progressive entrepreneurship within the academic environment. Today it has an established reputation and an ever-expanding market and clientele for its services and products. After fifteen years of successful operation, the Centre can lay claim to commendable experience and expertise in a number of fields of study and methodological approaches, amid an ever widening basis of national and international collaboration in research.

## **SHIFT IN EMPHASIS**

Since 2000, the Centre deliberately changed its direction in research. Whereas previously the emphasis was mainly on short-term, commissioned and contracted research, the new direction implies greater emphasis on large-scale, long-term research projects. This change was to align more closely with the scientific community and to subject our research to more rigorous peer review. Among other things, this meant aligning more closely with the research programmes, priorities and mechanisms of the NRF and MRC, as well as the Research Cluster initiative of the UFS. As a result, the past few years have seen a significant growth in postgraduate students conducting their research within the Centre, and aligned to the Centre's research projects. In addition, there is a noticeable rise in the number of research publications and presentations, both locally and internationally.

## **MISSION AND GOALS**

The CHSR&D is committed to efficiency, equity and equality in health and health care. It strives to contribute constructively towards optimising health services and the health of the people of South and southern Africa. Over the years, the main goals of the Centre are to:

- Meet the need for social scientific research and development work skills in the field of health and health care.
- Generate and disseminate research findings and information in respect of health and health care.
- Assist in the development and restructuring of health systems with a view to enhancing equity, equality, effectiveness and efficiency.
- Empower staff, students, clients and beneficiary groups through their active involvement in research and development activities.
- Provide training and expand expertise in the spheres of health systems research and development.

## NATURE AND SCOPE OF WORK

Within the framework of these broad goals, the CHSR&D perceives its role as both generating scientific knowledge and acting upon the prevailing policy, information and development needs in the health system of the Free State and of South Africa. The focus areas and activities of the Centre comprise eight main programmes, namely:

- HIV/AIDS/STIs, antiretroviral treatment, sexuality and reproductive health.
- Tuberculosis control.
- Health information systems, health surveys and environmental profiling.
- Health systems research development.
- District health system development.
- Health economics.
- Health policy, legislation and human rights.
- Health management and development.

## EVENTS IN 2007

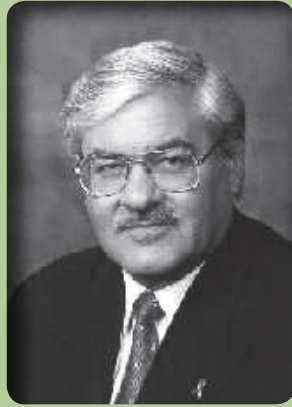
- 1 project completed
- 4 scientific articles
- 1 technical research report
- 3 international conference presentations
- 18 national conference presentations
- Roundtable hosted by the CHSR&D in collaboration with the Centre for Health Policy (Wits) and the Infectious Diseases Epidemiology Unit (UCT)
- Appointment of 3 formidable senior research affiliates

CHSR&D

# The Centre's staff

New staff and staff who left

Staff achievements, awards and grants



**Prof Dingle van Rensburg**  
Director (since 1993)



**Francois Steyn**  
Acting Director (since 1997)



**Heila Oelofse**  
Secretary (since 2004)



**Prof Helen Schneider**  
Professor Extraordinary  
(since 2005)



**Prof Herman Meulemans**  
Senior Research  
Consultant  
(since 2007)



**Dr David Coetzee**  
Senior Research  
Consultant  
(since 2007)



**Prof Frikkie Booysen**  
Senior researcher  
(since 2000)



**Dr Christo Heunis**  
Senior researcher  
(since 1997)



**Dr Michelle Engelbrecht**  
Researcher (since 1997)





**Ega Janse van Rensburg  
Bonthuyzen**  
Researcher (since 1993)



**Kobus Meyer**  
Researcher (since 2001)



**Nandipha Jacobs**  
Researcher (since 2004)



**Hlengiwe Hlope**  
Researcher (since 2004)



**Chantell de Reuck**  
Researcher (since 2004)



**Michele Pappin**  
Junior researcher  
(since 2006)



**Anja Pienaar**  
Junior researcher  
(since 2007)



**Gladys Kigozi**  
Junior researcher  
(since 2007)



**Boitumelo Tlhapuletsa –**  
Junior researcher  
(since 2007)



**Jo-Ann Sejanamane**  
Research assistant  
(since 2006)



**John Matlabe**  
Professional nurse  
(since 2007)



**Anike Erasmus**  
Professional officer  
(since 2007)



**Ohna Nel**  
Financial manager  
(since 2003)



**Bridget Smi**  
Data manager/  
financial manager  
(since 2004)



**Hannes van Biljon**  
Data manager  
(since 2007)



**Theresa Neuhoff**  
Data capturer  
(since 2007)

## NEW STAFF AND STAFF WHO LEFT

**Prof Helen Schneider's** appointment as Professor Extraordinary was extended for a further four years, on the grounds of her thorough experience, expertise and wide exposure – nationally and internationally – in the domains of public health, health policy and management, as well as health policy and systems research. She is a medical doctor with specialist training in community health, and is currently a senior researcher with the Centre for Health Policy (University of the Witwatersrand) and Infectious Disease Epidemiology Unit (University of Cape Town).

**Prof Herman Meulemans and Dr David Coetzee were appointed as senior research consultants at the CHSR&D, particularly to provide inputs in the project “Non-uptake of counselling and testing for HIV among TB patients in the Free State: research to inform intervention”.**

**Prof Herman Meulemans** is a medical sociologist, with interests in TB- and HIV-related research. Among other achievements, he is laureate of the GLAXO Prize for Science Journalism. In 1992, he became associate professor in medical sociology, and in 2003 professor in research methodology and medical sociology at the University of Antwerp. Prof Meulemans has vast experience in quantitative research design and analysis. He is a member of the boards of three health care organisations in Antwerp and Brussels.

**Dr David Coetzee** is a public health specialist with many years' operational experience in primary care and infectious disease service delivery. He has led a number of clinical epidemiology research projects in the areas of TB, HIV/ AIDS, immunisation and STIs. He is the founding director of the Infectious Disease Epidemiology Unit (University of Cape Town), a senior specialist at Groote Schuur Hospital, and affiliate member of the Institute of Infectious Disease and Molecular Medicine (University of Cape Town).

Additional new appointments included: **Anike Erasmus** (professional officer), **John Matlabe** (professional nurse), **Perpetual Chikobvu** (statistical consultant), **Hannes van Biljon** (data manager), **Theresa Neuhoff** (data capturer), **Gladys Kigozi** and **Boitumelo Tlhapuletsa** (junior researchers), and **Nomfazwe Thomas, Lieketseng Masenyetse, Nicolene Booii** (student assistants).

**Francois Steyn started acting as head of the Centre in the retiring director's absence.**

**Ega Janse van Rensburg-Bonthuyzen** left the Centre after 15 years and is now the ART Programme Co-ordinator for the Catholic Relief Services. **Ohna Nel** left the Centre for a position as Development Manager at Paarl School for Neurally Handicapped Children, and **Kobus Meyer** left to do quality improvement for Ingwavuma Orphan Care.

## STAFF ACHIEVEMENTS, AWARDS AND GRANTS

### Dingie van Rensburg

Prof Dingie van Rensburg was promoted to Outstanding Professor at the UFS. This category was introduced in 1991 by the Executive Committee of the Council to give recognition to a small group of exceptional academics. Not many academics have received this status. For the past 37 years Prof Van Rensburg has played a vital role in establishing a culture of scientific publication among young and upcoming researchers. Professor Van Rensburg is well known both nationally and internationally as a researcher and research manager. He has presented papers locally and abroad, and is also involved in various internationally funded research projects. In addition, he has been successful in establishing collaborative relationships with various foreign researchers. In 2007 Prof Dingie van Rensburg was appointed by the Premier as a member of the Free State Provincial Council on AIDS. He was also re-evaluated by an NRF panel and after five years, his rating as an established researcher was reaffirmed.

### Frikkie Booysen

Prof Frikkie Booysen was appointed as a member of the Interim Research Sector Steering Committee of the South African National Aids Council (SANAC). He was also invited to be a discussant at a technical expert meeting on *The Africa Report on Child Rights* organised by the Africa Child Policy Forum held on 18 December 2007 in Addis Ababa, Ethiopia.

### Christo Heunis

Dr Christo Heunis was evaluated for the first time by an NRF panel and received the status of a rated researcher (Level C3).

### Anja Pienaar

Anja Pienaar completed her master's degree in Psychology of Education in June. Dr Zendré Swanepoel (Department of Psychology of Education) and Prof Dingie van Rensburg (Director: CHSR&D) supervised Anja's dissertation entitled *Exploring psychological resilience among pre-adolescents orphaned by AIDS: A case study*. She obtained her degree with distinction at the September graduation ceremony of the UFS.

### Hlengiwe Hlope

Hlengiwe Hlope was awarded an international scholarship by the Ford Foundation for 2008-2010.

# The Centre's staff

# Roundtable – Health Systems and Antiretroviral Access

**The Roundtable, its aim and objectives**

**Contents**

**Main messages**

**Website**

**Funding**

The Roundtable provided a platform for researchers and health policy implementers to share information, experiences and strategies regarding access, delivery and scale-up of antiretroviral treatment (ART).

## THE ROUNDTABLE, ITS AIM AND OBJECTIVES

The CHSR&D, the Centre for Health Policy (Wits) and the Infectious Diseases Epidemiology Unit (UCT) organised a Roundtable on health systems aspects of antiretroviral access at the University of the Free State on 22 and 23 October. The Roundtable provided a platform for researchers and health policy implementers to share information, experiences and strategies regarding access, delivery and scale-up of antiretroviral treatment (ART).

Specific objectives of the Roundtable were to:

- Promote dialogue, exchange and collaboration among stakeholders involved in ART and HIV care.
- Share insights and experiences of researchers and implementers on ART and HIV care.
- Disseminate research results on the implementation, impact and challenges of ART.
- Facilitate reception and implementation of research results in policy, management and practice.
- Identify new agendas for future operational research.

## CONTENTS

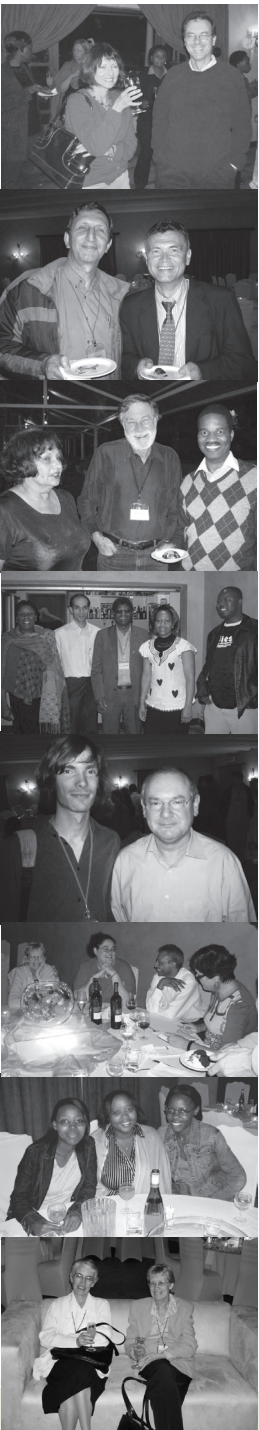
Forty-three invited papers were presented in the following twelve sessions:

- Perspectives on scale-up.
- Increasing access for pregnant women and children.
- Equity and access.
- Demand-side perspectives: patients and communities.
- Human resource challenges and strategies (health professionals).
- Human resource challenges and strategies (community health workers).
- Measuring progress: success and challenges.
- Models of care for ART.
- Integration of HIV and TB services.
- Labour market and social security aspects of ART.
- Challenges in rural settings.
- Social and preventive aspects of ART.

The Roundtable was attended by 210 invited delegates, mostly from across South Africa, but with sizable representation from SADC countries, as well as Europe and the United States.



Prof Helen Schneider, Dr David Coetzee & Prof Dingie van Rensburg



## MAIN MESSAGES

The main messages emerging from the Roundtable included:

- \* The ART programme has thus far demonstrated that the South African health system (and those of other developing countries in Southern Africa) is capable of innovation and performance.
- \* Appropriate ART provision is being made with strong programmes decreasing AIDS mortality.
- \* It is not yet evident whether the ART programme is benefiting the overall health system.
- \* Universal access has still not been achieved; it is thus imperative to scale-up ART.
- \* Models of care vary across the different contexts and levels of care within the larger health system (in governmental and civil society frameworks, and at provincial, district, and facility levels).
- \* Existing models in South Africa are to a large extent doctor- and pharmacist-dependent.
- \* The ART programme has largely been implemented in a vertical manner, thus leading to some undesirable consequences including service fragmentation.
- \* Integrating ART with other HIV-related PHC services, particularly TB, PMTCT and maternal and child health services within a district health system remains critical.
- \* The shortage, distribution, management and supervision of skilled personnel in the public health sector remain serious impediments to efficient ART provision and expansion.
- \* New sources of human capacity are emerging but require further exploration, for example the use of community health workers to ease the burden on professionals.
- \* Patients on ART show significant improvements in their health and ability to continue with normal activities, including participation in the labour force.
- \* A shift from secrecy to public disclosure is necessary to help minimise stigmatisation.
- \* Although ART programmes have had some success in enrolling patients, a significant number fall out of the system. While prevention efforts have to be strengthened, retention of those on treatment remains critical.
- \* An effective monitoring and evaluation system is required to ensure proper progress measurement as well as to generate information for evidence-based planning and decision-making.

**The Roundtable was concluded with a panel discussion steered by four specialists in their respective fields of expertise.**

## FUNDING

The Roundtable was made possible by the generous financial support of the Department of International Development (DfID, UK) and the Centers for Disease Control and Prevention (CDC, USA).

## WEBSITE

The content of presentations at the Roundtable is available at the link: <http://www.uovs.ac.za/faculties/content.php?id=5709&Fcode=01&Dcode=161>.

A post-conference report is foreseen for early 2008.

# Completed projects

**Models of antiretroviral treatment**

# MODELS OF ANTIRETROVIRAL TREATMENT

**Project leader:** Prof Dingie van Rensburg (CHSR&D)

**Researchers:** Dr Michelle Engelbrecht,  
Ega Janse van Rensburg-Bonthuyzen,  
Shirley du Plooy (all CHSR&D) &  
Marisa Wilke (Catholic Relief Services)

**Background and aim:** Initially, the Free State Department of Health introduced the “1x3” model to deliver ART, which entailed a doctor-driven treatment site fed by three nurse-driven assessment sites within the same referral chain. However, it soon transpired that this model was not suitable for all contexts. As a result, various service-delivery models came into practice to accommodate area-specific needs. The aim of this project was to assess the structuring, functioning, strengths and weaknesses of different ART provision models in the Free State.

**Research strategy:** Three public health facilities and two combined Catholic Relief Services facilities delivering ART were purposively chosen to reflect different service-delivery models in the province. The study comprised a set of interrelated research activities, including: facility assessments; interviews with ART service providers; exit interviews with patients; group discussions with community health workers; clinic record reviews of approximately 50% of the interviewed patients, and counsellor diaries. Quantitative data analysis applied in the case of the patient exit interviews, while the other forms of data were analysed qualitatively.

**Findings:** The research found that ART service models are rendered in a fairly uniform way across different sites, with the same process followed in patients being: assessed by a professional nurse; prepared for treatment by lay health workers and nurses; certified by a doctor as eligible for ART, and receiving the first ARV drug prescription. Variations in models do not reveal particular strengths and weaknesses, and achieve the same goal of providing ART. Nevertheless, doctor-initiated ART introduced inherent challenges, i.e. bottlenecks, long waiting times and booking systems, which in effect hampered access to treatment. Furthermore, while lay health workers perform valuable tasks, their full potential in the domain of ART is yet to realise. The vertical nature of the ART programme will take some time to change. For ART to become more integrated, additional PHC staff need to be trained in the programme, and services should not be limited to certain areas of facilities. Although improved integration is called for, the value of dedicated staff for establishing trusting relationships with patients cannot be ignored.

**Funding:** The Doris Duke Charitable Fund and the Infectious Disease Epidemiology Unit (University of Cape Town) funded the research.



# Ongoing projects

Public sector antiretroviral treatment: documenting, monitoring, evaluating and facilitating implementation of the national treatment plan in the Free State

Free State: Effective AIDS Treatment and Support (FEATS)

Non-uptake of counselling and testing for HIV by TB patients in the Free State: research to inform intervention

Baseline study to inform the Youth and Community Wellness Programme in Xhariep, Free State

# PUBLIC SECTOR ANTIRETROVIRAL TREATMENT: DOCUMENTING, MONITORING, EVALUATING AND FACILITATING IMPLEMENTATION OF THE NATIONAL TREATMENT PLAN IN THE FREE STATE

## PROJECT LEADERS

PROF DINGIE VAN RENSBURG (CHSR&D),  
DR RONALD CHAPMAN AND MOSIUOA SHUPING  
(BOTH FREE STATE DEPARTMENT OF HEALTH)

## SENIOR RESEARCHERS

PROFS FRIKKIE BOOYSEN (CHSR&D AND DEPARTMENT OF  
ECONOMICS, UFS), HELEN SCHNEIDER (CHSR&D AND CENTRE FOR  
HEALTH POLICY, WITS), ANDRÉ PELSER (DEPARTMENT OF SOCIOLOGY,  
UFS), HERMAN MEULEMANS (DEPARTMENT OF SOCIOLOGY, UNIVERSITY  
OF ANTWERP) AND DR CHRISTO HEUNIS (CHSR&D)

## RESEARCHERS

DRS GOEDELE LOUWAGIE (DEPARTMENT OF COMMUNITY HEALTH, UFS)  
AND MICHELLE ENGELBRECHT (CHSR&D); FRANCOIS STEYN,  
NANDIPHA JACOBS, EGA JANSE VAN RENSBURG-BONTHUIZEN,  
KOBUS MEYER, HLENGIWE HLOPHE, CHANTELL DE REUCK (ALL CHSR&D);  
NOLA REDELINGHUYS (DEPARTMENT OF SOCIOLOGY, UFS); SHIRLEY  
DU PLOOY, JOE SEREKOANE (DEPARTMENT OF ANTHROPOLOGY, UFS),  
AND EDWIN WOUTERS (DEPARTMENT OF SOCIOLOGY, UNIVERSITY OF  
ANTWERP)

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## The overall project

Longitudinal research (2004-2007) to document, monitor, evaluate and facilitate the rollout of ART in the Free State commenced in January 2004. Substantively, the aim of the study is to construct a *'moving picture'* of the introduction, structuring, rollout and impact of the ART programme. The larger project comprises three specific foci, namely (1) regular client/patient surveys; (2) recurring health services/systems appraisals, and (3) continuous study of the contexts, processes and policies amid which the rollout of the ART programme takes place. Strategically, the aim of the research is to inform ART policy, management and practice, ultimately to report to the Free State Department of Health in its efforts to effectively implement and expand the programme.

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**The larger project comprises three specific foci, namely (1) regular client/patient surveys; (2) recurring health services/systems appraisals, and (3) continuous study of the contexts, processes and policies amid which the rollout of the ART programme takes place.**

## Survey of patients on ART

**Background and aims:** The general aim of this component project is to ascertain how ART influences patients and how patients respond to ART. More specifically, the aims are to investigate: barriers to accessing ART; the treatment experiences of ART patients; access to food supplements and other care and support mechanisms; the perceived quality of care in the ART programme; the impact of ART on sexual behaviour; determinants of adherence to ART; the impact of ART on health-related quality of life and subjective well-being; disclosure and stigma associated with living with HIV and AIDS, and the utilisation of traditional medicine among ART patients.

**Research strategy:** The patient surveys entail both longitudinal and cross-sectional research among persons eligible for ART. At baseline, patients were sampled randomly in proportion to the number of patients at each health care facility providing ART. Nursing staff recruited a total of 371 patients, some of whom were already on treatment and others who are eligible for but still awaiting treatment. Trained enumerators conducted structured, face-to-face interviews with study participants at baseline and at six-monthly follow-ups. Interviews were also conducted with an additional 200 randomly sampled patients who had initiated ART during each follow-up survey. To date, five rounds of follow-up interviews have been conducted with cohort patients, while three rounds of interviews with a representative cross-section of new ART patients were conducted during 2005-2007. Clinical data for cohort patients are being collected from patient files prior to being merged with the survey data for the purpose of statistical and econometric analysis.

**Findings:** Analyses aimed at investigating how treatment dynamics, material and financial vulnerability, and stigma and discrimination impact on unprotected sex among ART patients revealed that only 7.9% engaged in this practice. Multivariate analysis shows gender, age, failure to disclose to one's spouse or partner, clinical response to ART and lack of access to counselling support to be significantly associated with the likelihood of having engaged in unprotected sex. Longitudinal analysis was performed to examine the impact of bonding and bridging social capital on public disclosure and to describe the complex relationship between bonding and bridging social capital in the context of serostatus disclosure among ART patients. The results identified bonding social capital (treatment buddy and emotional support) as a leverage to maximise potential benefits and minimise potential risks in order to shift the balance towards consistent public disclosure.

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## Appraisal of public ART facilities and services

**Background and aim:** The focus of this component project is to construct a 'moving picture' of the implementation and impact of the ART programme in the Free State public sector over a period of four years. It documents and monitors the effects and influences of ART on the facilities, staff and other health programmes, and vice versa, ultimately to inform decision-making at the provincial, district and facility levels.

**Research strategy:** An explorative, descriptive and evaluative research design is followed. More specifically, a longitudinal methodology is pursued with a baseline and three follow-up appraisals. The gathering of information is limited to the 20 treatment, assessment and combined sites initially identified for ART in the province. Informed by the previous appraisals, the scope of the third follow-up was refined and focused on themes identified as important and responsive to ART scale-up, including matters relating to staff, integration and supervision. Data gathering took

the form of personal interviews with facility managers, nurses co-ordinating ART, and a selection of community-based support workers. Qualitative and descriptive approaches of presenting and analysing data were followed.

**Findings:** By the third follow-up, the number of professional nurse posts filled remained fairly constant, except in one district where three new vacancies were noted. Fewer nurse vacancies existed in the ART programme as opposed to vacancies in the provincial PHC system. As with the previous facilities appraisal, most of the doctor posts remained vacant. As a result of the ART programme not making provision for a large pool of assistant nurses, little direct substitution to this level took place. Similarly, the high vacancy rate of pharmacist assistants prevented shifting tasks from pharmacists to lower cadres of service providers. Nevertheless, the multi-skilling of community health workers to perform a variety of tasks including home-based care, directly observed treatment and lay counselling was still a priority. Professional nurses at the majority of sites were in support of nurse-initiated treatment, but indicated that more training will be needed. Despite broad-based ART training, a limited number of professional nurses actually worked in the programme. Oral and written feedback to frontline staff, as well as feedback on routine data showed an increase towards the third follow-up.

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## Study of the contexts, processes and policies relating to ART

**Background and aim:** It remains important to conduct critical analyses of the contexts, processes and policies amid which ART rollout takes place. Although the focus is on the Free State public health system, the aim is also to situate and assess ART scale-up against the larger and varied backdrop and experiences of other provinces and countries. This component project endeavours to discern important lessons and good practices for wider application.

**Research strategy:** Reviews of literature – scientific and grey – and policies, as well as in-depth interviews with strategic informants at various levels and diverse locations remained the main methodology of this component project. Again these activities were complemented by systematic documenting and analysis taking place through participant observation of the proceedings of the Free State provincial ART Task Team.

**Progress:** Our efforts towards a critical perception of the contexts, processes and policies relating to ART have to some extent become focused on understanding the wider dynamics and changing guidelines in respect of voluntary and provider-initiated counselling and testing for HIV – hopefully as an entry point to a wide ambit of integrated services. In this respect, our policy and literature reviews, as well as our continued interviewing of public health service managers and policy-makers in the TB VCT project simultaneously represent continuation of the ART-related contexts, processes and policies study.

**Funding:** The overall project is funded by the IDRC, AusAID, CIDA, DfID, USAID, and the UNDP of South Africa. Other research support includes research grants from the MRC and the NRF. Assistance was provided by JEAPP, which is affiliated to the AAS.

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PUBLIC SECTOR ANTIRETROVIRAL TREATMENT: DOCUMENTING, MONITORING, EVALUATING AND FACILITATING IMPLEMENTATION OF THE NATIONAL TREATMENT PLAN IN THE FREE STATE

# Ongoing projects

# FREE STATE: EFFECTIVE AIDS TREATMENT AND SUPPORT (FEATS)

## PROJECT LEADERS

PROFS FRIKKIE BOOYSEN & DINGIE VAN RENSBURG (CHSR&D),  
DRS DAMIEN DE WALQUE (WORLD BANK) AND RONALD CHAPMAN  
(FREE STATE DEPARTMENT OF HEALTH)

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AND DR CORINNA WALSH (DEPARTMENT OF HUMAN NUTRITION, UFS)

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DR MICHELLE ENGELBRECHT, FRANCOIS STEYN, NANDIPHA JACOBS,  
KOBUS MEYER, MICHELLE PAPPIN AND HLENGIWE HLOPHE (ALL CHSR&D)



Standing: Lieketseng Masenyetse (CHSR&D), Anike Erasmus (CHSR&D), Boitumelo Tlhapuletsa (CHSR&D), Yolanda Coetzee (FSDoH), Francois Steyn (CHSR&D), Anja Pienaar (CHSR&D), Theresa Neuhoff (CHSR&D), Nandi Jacobs (CHSR&D). Seated: Corrie Le Roux (CHSR&D), Michele Pappin (CHSR&D), Mariëtte Janse van Rensburg (CHSR&D), Lenah Maselesa (Hospice), Prof Frikkie Booysen (CHSR&D and Department of Economics).

**Background and aims:** The study has three broad objectives, namely to present a broader view of treatment success, to develop a more complete model of the determinants of treatment success, and to understand the nature of links between treatment and prevention. More specifically, the project aims to determine: how access to ART impacts on labour productivity and the time allocation of patients and other household members; how access to ART impacts on household welfare; how access to ART and to nutritional supplementation impacts on educational and health outcomes for children in households with ART patients; how individual, household and facility-level characteristics impact on adherence to ART; how access to an adherence supporter and/or to nutritional supplementation impact

on adherence to ART, and how access to ART and to an adherence supporter impacts on the sexual behaviour of ART.

**Research strategy:** The study is being conducted in twelve PHC clinics/community health centres in the Free State where ART is currently available. At these sites, a baseline and two follow-up rounds of interviews are conducted with a random sample of ART service providers, ART patients, households of ART patients, and households from the general community. The experimental Zelen design of the study allows ART patients (or the households including ART patients) to be randomly assigned to one of three groups: one group receiving ART only; a second group receiving adherence support from

experienced ART patients following initiation on ART, and a third group receiving both adherence support and nutritional supplementation. Randomly sampled households from these communities comprise a fourth comparison group. Clinical markers, obtained from patient files, will be tracked over the course of the study. In addition, anthropometric measurements of all individuals participating in the study will be collected during the household interviews. To date, approximately 500 patients have been recruited into the study. It is envisaged that patient recruitment and patient interviews will be completed in early 2008.

**Funding:** The Development Economics Research Group (DERG) of The World Bank and the Netherlands Support Programme of The World Bank.

# NON-UPTAKE OF COUNSELLING AND TESTING FOR HIV BY TB PATIENTS IN THE FREE STATE: RESEARCH TO INFORM INTERVENTION

**PROJECT LEADER** PROF DINGIE VAN RENSBURG (CHSR&D)

**PRINCIPAL RESEARCHER** DR CHRISTO HEUNIS (CHSR&D)

**RESEARCH CONSULTANTS** PROFS HELEN SCHNEIDER (CHSR&D AND CENTRE FOR HEALTH POLICY, WITS), YVONNE BOTMA (SCHOOL OF NURSING, UFS), HERMAN MEULEMANS (DEPARTMENT OF SOCIOLOGY, UNIVERSITY OF ANTWERP) AND DR DAVID COETZEE (INFECTIOUS DISEASES EPIDEMIOLOGY UNIT, UCT)

**RESEARCHERS** DR MICHELLE ENGELBRECHT, GLADYS KIGOZI, ANJA PIENAAR, NOMFAZWE THOMAS AND PALESA TLADI (ALL CHSR&D)



Standing: Edwin Wouters (Department of Sociology, University of Antwerp), Prof Dingie van Rensburg (CHSR&D). Seated: Dr Christo Heunis (CHSR&D), Gladys Kigozi (CHSR&D), Prof Herman Meulemans (Department of Sociology, University of Antwerp).

**Background and aims:** Despite a decade-long call for increased HIV testing among TB patients, uptake of voluntary and provider-initiated (where applicable) counselling and testing (C&T) for HIV remains low – especially in South Africa and in the Free State. Policy directives alone seem to be insufficient in soliciting appropriate public health systems and patient/community responses. It is unlikely that the non-uptake quandary will be solved by any lone-standing intervention. Instead, an integrated multifaceted intervention is needed to address the resources, attitudes, fears, stigma and skills of public health care workers and patients.

**Research strategy:** This four-year project takes place in two phases: Phase I is a fact-finding investigation among patients, health workers and managers to identify barriers and facilitators to uptake of C&T by TB patients, as well as a review of provincial, national and international policies and literatures. Phase II entails the development, implementation and testing of the multifaceted intervention. Like the fact-finding fieldwork, this will be done in the Thabo Mofutsanyana and Lejweleputswa districts of the Free State, following a quasi-experimental design with these districts randomly assigned to experimental and control groups.

**Progress:** Various Phase I activities were completed in 2007, including facility surveys and the collection of facility-based routine TB and HIV data at 44 facilities across the two districts. A total of 79 structured interviews were conducted with clinic supervisors, hospital matrons and doctors, as well as clinic and hospital TB and HIV nurses. Data gathering among 92 community health workers (lay counsellors and DOT supporters) involved in the TB and HIV programmes took the form of semi-structured, home-language group interviews. Interviews with 13 TB and HIV programme managers took place at the sub-district, district, provincial and national levels.

The fact-finding data was cleaned, coded, computerised and analysed. Both the group interviews with community health workers and the individual interviews with health managers were subjected to content analysis. The policy and literature reviews are still in the process of being completed.

**Funding:** The four-year project is funded by the National Research Foundation (NRF) and the UFS. Funding for the fact-finding phase has been provided by the Department for International Development (DfID, UK).

# BASELINE STUDY TO INFORM THE YOUTH AND COMMUNITY WELLNESS PROGRAMME IN XHARIEP, FREE STATE

## PROJECT LEADER

PROF DINGIE VAN RENSBURG (CHSR&D)

## RESEARCHERS

FRANCOIS STEYN, ANJA PIENAAR, BOITUMELO TLHAPULETSA  
(ALL CHSR&D)

**Background and aims:** Continued collaboration between the Flemish and Free State provincial governments resulted in the Youth and Community Wellness Programme (YCWP) for the Xhariep district. This initiative has four main intervention areas, namely HIV/AIDS awareness and prevention, support for the infected and affected, access to health care, and infrastructural development at schools. In 2007, the Centre was tasked to undertake a baseline study prior to the implementation of the YCWP. The aims of such study are to guide and facilitate the implementation of the YCWP, as well as to inform the impact of the programme over a five-year period.

**Research strategy and progress:** A four-pronged research strategy is followed. First, an audit of all schools (approximately 110) in Xhariep will be undertaken to determine the situation regarding the intervention areas of the YCWP, particularly regarding nutrition services, sanitation, water provision, access to health care, and life-skills training directed towards school-going and out-of-school youth. Secondly, a knowledge, attitudes and beliefs survey will be conducted about HIV/AIDS and other sexuality matters among a sample of Grade 6 learners in the district. Thirdly, a profile will be constructed of existing activities related to life-skills training and HIV/AIDS prevention and mitigation, in particular civil society's responses to the wellbeing of children and youth within

these contexts. Lastly, the research will determine and refine verifiable indicators to track the progress and impact of the YCWP over time. During 2007, a number of key stakeholder interviews have been conducted and preliminary baseline instruments have been developed. Literature and policy reviews have also commenced. Primary data will be gathered in early 2008, and respondents include school principals, educators, learners and service providers. Secondary data from routinely collected sources will be incorporated into the final baseline report. Specific proposals in respect of the various focus areas of the YCWP will be made, especially regarding the needs of schools per geographic area.

**Funding:** The Flemish International Co-operation Agency funds the baseline research

# Ongoing projects

# New projects

**Rapid assessment of TB-HIV/AIDS  
informatics in the Free State:  
Qualitative survey of user's  
perspectives and suggestions for  
improvement**

**CHSR&D – SUNY Twinning  
Partnership Programme**

**The PEARL Study – PMTCT  
Effectiveness in Africa: Research  
and linkages**



# RAPID ASSESSMENT OF TB-HIV/AIDS INFORMATICS IN THE FREE STATE: QUALITATIVE SURVEY OF USER'S PERSPECTIVES AND SUGGESTIONS FOR IMPROVEMENT

## PROJECT LEADER

PROF DINGIE VAN RENSBURG (CHSR&D)

## RESEARCHERS

DRS CHRISTO HEUNIS AND MICHELLE ENGELBRECHT, GLADYS KIGOZI AND ANJA PIENAAR (ALL CHSR&D)

## FIELDWORKER

LEONA SMITH (FORMERLY FREE STATE DEPARTMENT OF HEALTH)

**Background and aims:** Due to high patient volumes inundating health care providers serving the TB and HIV & AIDS programmes, recording and processing of routine information may be regarded as a lesser priority (i.e. second to the health care needs of patients). The HIV&AIDS/STI/TB/CDC Directorate of the Free State Department of Health commissioned an appraisal of the situation, the aims of which are to: (1) assess users' perceptions of the quality, user-friendliness and value of the TB-

HIV/AIDS information system, and (2) determine the accuracy of TB programme information collated at the provincial level compared to that recorded at the facility level.

**Research strategy:** Following an exploratory qualitative approach the investigation includes structured interviews with facility managers and TB programme co-ordinators. The fieldwork is conducted in all five districts of the province. In each district a mobile clinic, fixed

clinic, community health centre, and district hospital were purposively selected. Data forming part of the TB programme's routine statistics was recorded for a random sample of 20 TB patients (80 per district) from patient files and electronic registers. This data will be compared to the corresponding data for these patients as recorded at the provincial level by the HIV/AIDS/STI/TB/CDC Directorate.

**Funding:** The Free State Department of Health funds the research.

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## CHSR&D – SUNY TWINNING PARTNERSHIP PROGRAMME

### PROJECT LEADERS

PROF DINGIE VAN RENSBURG (CHSR&D) AND DAVID ODEGAARD (STAR PROGRAM, SUNY DOWNSTATE MEDICAL CENTER)

### CHSR&D TEAM

PROF FRIKKIE BOOYSEN, DRS CHRISTO HEUNIS AND MICHELLE ENGELBRECHT, FRANCOIS STEYN, NANDI JACOBS, HLENGIWE HLOPHE, ANJA PIENAAR, HANNES VAN BILJON, GLADYS KIGOZI, BRIDGET SMITH (FINANCES) AND DATA CAPTURING STAFF

### SUNY COLLABORATORS

PROFS JACK DEHOVITZ (DEPARTMENT OF PREVENTIVE MEDICINE AND COMMUNITY HEALTH), ANJALI SHARMA (DIVISION OF INFECTIOUS DISEASES), JAYASHREE RAVISHANKAR (DEPARTMENT OF MEDICINE), PAUL EHRLICH (DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY) AND PAUL RISKA (BUREAU OF TUBERCULOSIS CONTROL, NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE)



Standing: Theresa Neuhoff, Anja Pienaar, Lieketseng Masenyetse, Hlengiwe Hlophe, Michele Pappin, Gladys Kigozi, Palesa Tladi, Dr Christo Heunis (all CHSR&D).  
Seated: Francois Steyn (CHSR&D), Dr Michelle Engelbrecht (CHSR&D), John Capati (American International Health Alliance Twinning Centre), Nandi Jacobs (CHSR&D), Boitumelo Tlhapuletsa (CHSR&D).

## CHSR&D – SUNY TWINNING PARTNERSHIP PROGRAMME

**Background:** The HIV/AIDS Twinning Center of the American International Health Alliance (AIHA) approached the CHSR&D to enter into a partnership with an American institution with similar interests in TB and HIV/AIDS-related research and development work. A tender was advertised inviting institutions to submit proposals for collaboration with the CHSR&D in respect of the TB C&T and FEATS projects, and was awarded to State University of New York (SUNY) Downstate Medical Center.

**Twinning strategy:** Twinning Center programmes are PEPFAR supported and the partnerships are volunteer-based, peer-to-peer institutional relationships that operate to meet the needs of the recipient institution. In the case of the CHSR&D these needs amount to:

- Optimal data management and integration of data from various sources using statistical software.
- Advanced analysis of data.
- Improved methods for translating research findings into effective policy and practice changes.

The first exchange visit will take place in January 2008, during which a work-plan for the partnership will be developed. Subsequent activities include research and training visits from SUNY officials, while CHSR&D staff will attend courses at the John Hopkins University in Maryland, USA.

**Funding:** Funding is provided by the AIHA HIV/AIDS Twinning Center.

# New projects

# THE PEARL STUDY – PMTCT EFFECTIVENESS IN AFRICA: RESEARCH AND LINKAGES

**PROJECT LEADER (SA)** DR DAVID COETZEE (THE INFECTIOUS DISEASE EPIDEMIOLOGY UNIT, UCT)  
**RESEARCHER** DR MICHELLE ENGELBRECHT (CHSR&D)  
**STUDY NURSE** JOHN MATLABE (CHSR&D)



Standing: Dr Michelle Engelbrecht (CHSR&D).  
Seated: Wendy Zijdel (Centre for Infectious Disease Research, Zambia), Dr David Coetzee (The Infectious Disease Epidemiology Unit, UCT).

**Background and aims:** The Centre for Infectious Disease Research in Zambia (CIDRZ) oversees the overall implementation of the PEARL study in four African countries – Ivory Coast, Cameroon, Zambia and South Africa. The purpose of the study is (1) to measure the prevalence of HIV among pregnant women in designated delivery facilities and (2) to ascertain the proportion of HIV-exposed infants delivered to women who receive a PMTCT intervention. In South Africa the study takes place in the Western Cape (co-ordinated by the Infectious

Disease Epidemiology Unit, School of Public Health and Family Medicine at the University of Cape Town which oversees the project in South Africa) and Free State (co-ordinated by the CHSR&D).

**Research strategy:** In the Free State, ten delivery facilities (five clinics and five hospitals) and one referral hospital were randomly sampled from which an estimated 1 210 cord blood samples will be collected. Nurses assisting during birth complete short questionnaires and collect anonymous specimens of cord blood from discarded placentas, which are tested for HIV

antibodies. Specimens found to be seropositive are tested for nevirapine. These analyses will provide a community-wide picture of HIV-prevalence and PMTCT coverage in the four participating countries.

Concurrently with the cord blood surveillance, a retrospective review of clinic-level data over the past five years will be collected, including routine statistics related to HIV/AIDS, PMTCT and ANC.

**Funding:** The Centre for Disease Control and Prevention (CDC) funds the research.

# Publications

## ARTICLES IN SCIENTIFIC JOURNALS

BOOYSEN F LE R, VAN RENSBURG HCJ,  
BACHMANN M, LOUWAGIE G & FAIRALL L

The Heart in HAART: Quality of life of patients enrolled in the public sector Antiretroviral Treatment Programme in the Free State province of South Africa. *Social Indicators Research*, 81: 283-329

HEUNIS JC, VAN RENSBURG HCJ &  
MEULEMANS H

SANTA vs. public hospitalisation for tuberculosis: the patient experience in the Free State. *Curationis*, 30(1): 4-14.

LOUWAGIE GM, BACHMANN MO, MEYER K,  
BOOYSEN F LE R, FAIRALL LR & HEUNIS C

Highly active antiretroviral treatment and health-related quality of life in South African adults with human immunodeficiency virus infection: a cross-sectional analytical study. *BMC Public Health*, 7: 244.

WOUTERS E, MEULEMANS H, VAN RENSBURG HCJ,  
HEUNIS JC & MORTELMANS D

Short-term physical and emotional health outcomes of public sector ART in the Free State province of South Africa. *Quality of Life Research*, 16: 1461-1471.

## TECHNICAL REPORTS

ENGELBRECHT M, JANSE VAN  
RENSBURG-BONTHUYZEN E, DU  
PLOOY S, WILKE M, STEYN F,  
MEYER K, VAN RENSBURG  
HCJ, JACOBS N, PAPPIN M &  
PIENAAR A

*Models of care for antiretroviral service delivery in the Free State.* Bloemfontein: CHSR&D.

# Presentations

## INTERNATIONAL

### HEUNIS JC

Patient satisfaction with ART: preliminary findings of a cohort study the Free State. 3<sup>rd</sup> South African AIDS Conference on Building Consensus on prevention, treatment and care. Poster presentation. ICC Durban, South Africa, 5-8 June.

### HLOPHE H

*The evolving experiences of Community Health Workers in the Free State.* 3<sup>rd</sup> South African AIDS Conference on Building Consensus on prevention, treatment and care. ICC Durban. South Africa, 5-8 June.

### VAN RENSBURG HCJ

*Human resources for HIV care: Are there solutions to the challenges confronting South Africa?* Presentation at the 3<sup>rd</sup> South African AIDS Conference on Building Consensus on prevention, treatment and care. ICC Durban, South Africa, 5-8 June.

### VAN RENSBURG HCJ & STEYN F

*Did ART strengthen the public health system? Human resources for health and for ART in the Free State.* Presentation at the 3<sup>rd</sup> South African AIDS Conference on Building Consensus on prevention, treatment and care. ICC Durban, South Africa, 5-8 June.

## NATIONAL

### BOOYSEN F LE R

Labour force participation and access to disability grants: lessons from the experiences of Free State ART patients. Roundtable on Health Systems and Antiretroviral Access. Bloemfontein, 22-23 October.

Labour force participation and access to disability grants: lessons from the experiences of Free State ART patients. Economic Research Southern Africa (ERSA) workshop. Breakwater Lodge, Cape Town, 6-7 December.

### BOOYSEN F LE R, GELDENHUYS JP & STONE A

The South African patient: A diagnosis and prognosis of Health Economics teaching and research. Economic Research Southern Africa (ERSA) workshop. Kopanong Lodge, Benoni, 16 August.

The South African patient: A diagnosis and prognosis of Health Economics teaching and research. Biannual conference of the Economic Society of South Africa (ESSA). Indaba Lodge, Johannesburg, 10-12 September.

### BOOYSEN F LE R & PAPPIN M

Trajectories of some clinical, socio-behavioural, psycho-social and economic outcomes of ARV treatment. Roundtable on Health Systems and Anti-retroviral Access. Bloemfontein, 22-23 October.

### BOOYSEN F LE R & SUTTEN C

Efficiency of Primary Health Facilities in the Free State. Economic Research Southern Africa (ERSA) workshop. Kopanong Lodge, Benoni, 16 August.

Efficiency of Primary Health Facilities in the Free State. Biannual conference of the Economic Society of South Africa (ESSA). Indaba Lodge, Johannesburg, 10-12 September.

ENGELBRECHT MC, COETZEE D & SCHNEIDER H

Models of ART care: benefits and challenges across three provinces. Roundtable on Health Systems and Antiretroviral Access. Bloemfontein, 22-23 October.

HEUNIS JC

Predictors of dissatisfaction with ART services in the Free State. Roundtable on Health Systems and Antiretroviral Access. Bloemfontein, 22-23 October.

The TB-HIV/AIDS co-epidemic and a project to engender co-management. CHSR&D Seminar Series. Centre for Health Systems Research & Development, University of the Free State, Bloemfontein, 16 February.

*Non-uptake of counselling and testing among TB patients in the Free State: research to inform intervention.* National TB&HIV Quarterly Meeting. Free State Department of Health, Bloemfontein, 30 May.

HLOPHE H & SCHNEIDER H

*Community Health Workers: Integral members of the primary health care system?* Roundtable on Health Systems and Antiretroviral Access. Bloemfontein, 22-23 October.

HLOPHE H

*Treatment buddies and adherence to medication among patients on public-sector antiretroviral therapy in the Free State.* 2<sup>nd</sup> Annual Population Association of Southern Africa (PASA). Mafikeng, 24-28 September.

ANJA PIENAAR

*Exploring psychological resilience among pre-adolescents orphaned by AIDS: A case study.* The First Education Students' Research Conference, University of the Free State, Bloemfontein, 22 September.

SCHNEIDER H, VAN RENSBURG D & COETZEE D

*Health systems and the Comprehensive Plan: four years on.* Roundtable on Health Systems and Antiretroviral Access. Bloemfontein, 22-23 October.

STEYN F & VAN RENSBURG D

*Human resources for ART: key dilemmas.* 11<sup>th</sup> Joint Civil Society Monitoring Forum Meeting, Johannesburg, 31 August.

*Managing staff shortages for ART: experiences from the Free State.* Roundtable on Health Systems and Antiretroviral Access. Bloemfontein, 22-23 October.

VAN RENSBURG, HCJ

*Human resources for HIV care in the Free State: constraints and strategies.* Consultative Workshop on Staffing integrated HIV services – focus on primary and community-level care, Cape Town, 15-16 March.

# Presentations

# Staff development initiatives

## INTRODUCTION TO SPSS AND STATISTICS

Francois Steyn, Christo Heunis, Ega Janse van Rensburg-Bonthuysen, Michelle Engelbrecht, Hlengiwe Hlope, Anja Pienaar, Gadys Kigozi and Nandi Jacobs attended a three-day introductory SPSS course on analysing quantitative information, data management and charting results. The course was offered from 11-13 June and from 26-28 November at the UFS.

## 38TH UNION WORLD CONFERENCE ON LUNG HEALTH

Anja Pienaar attended a workshop on designing training for health care workers using innovative methods including teachback approaches. This one day workshop was held during the 38th Union World Conference on Lung Health, hosted in Cape Town from 8-12 November.

# Visitors to the Centre

**Christel Op de Beeck** (Flemish International Co-operation) visited the Centre sporadically regarding the baseline of the Youth and Community Development Programme in Xhariep. The intervention forms part of the five-year co-operation agreement between FICA and the Free State governments.

**Dr David Coetzee, Felicity Gopolang** (The Infectious Disease Epidemiology Unit, University of Cape Town) and **Wendy Zijdel** (Centre for Infectious Disease Research in Zambia) visited the Centre on several occasions in connection with the PEARL study. In addition, **Dr David Coetzee** also visited the Centre to provide input for the models of care research and the TB C&T study, as well as to assist with the organisation of the Roundtable on Health Systems and Antiretroviral Access.

**Prof Herman Meulemans** and **Mr Edwin Wouters** (University of Antwerp) visited the Centre during March, April and October to among other things provide special expertise and inputs in the study on non-uptake of counselling and testing for HIV by TB patients and to attend the Roundtable on Health Systems and Antiretroviral Access.

**Dr Subroto Banerji** and **Ms Annatjie Peters** (Centers for Disease Control and Prevention) visited the Centre on 8 February for discussions on the CHSR&D's activities and future collaboration.

**John Capati** (Interim Country Director, American International Health Alliance Twinning Centre) visited the Centre on 6 December to discuss the CHSR&D-SUNY Twinning Partnership Programme.

**Dr Mead Over** (Center for Global Development, Washington DC) and **Prof Alok Bhargava** (University of Houston, Texas) visited the Centre from 21-26 October for ongoing discussions on the World Bank-Netherlands-funded ART study. **Prof Bhargava** also visited the Centre from 19-27 June, during which time he worked with Prof Frikkie Booysen and Dr Corinna Walsh at developing, piloting and revising the activity module employed in the individual questionnaire of the FEATS household survey.



# Postgraduate training by staff

HIV/AIDS and development

Health and development

Applied development research

Research methodology for sustainable agriculture

Current doctoral studies

Completed master's studies

Current master's studies

## HIV/AIDS and development

**Profs Frikkie Booysen and André Pelsler.** The module (MDS713) of the MDS programme contextualises the epidemic and its ramifications in the development sphere, with an emphasis on the critical evaluation of policy responses to the developmental challenge posed by the HIV and AIDS pandemic.

## Health and development

**Prof Frikkie Booysen.** The module (MDS 712) of the MDS programme equips students with an understanding of the health challenge, health policy, the reciprocal link between health and development, health systems issues, and the evaluation of developmental and health interventions used to enhance population health and development.

## Applied development research

**Prof Frikkie Booysen.** The module (MDS 704) of the MDS programme introduces students to the essentials of applied research methods, including aspects of research design, data collection and sampling strategies. The module aims to guide students towards completing a preliminary literature review and draft research proposal for the MDS mini-dissertation.

## Research methodology for sustainable agriculture

**Francois Steyn.** The module (MVL 721) forms part of the Master's course in Sustainable Agriculture and aims to instil an understanding of research methodology that could be used in developmental agriculture research, as well as of the compilation of research plan.

## Current doctoral studies – with supervisors

**De Reuck C** – PhD (Sociology): *Health needs assessment of male and female antiretroviral treatment patients in the Free State public health sector.* Profs Engela Pretorius (Vice-Dean: Faculty of the Humanities, UFS) and Dingie van Rensburg (CHSR&D).

**Geldenhuis JP** – PhD (Economics): *Equity and health sector reform in post-apartheid South Africa.* Prof Frikkie Booysen (CHSR&D and Department of Economics, UFS).

**Hlophe H** – PhD (Development Studies): *The role of treatment buddies in the public-sector antiretroviral treatment programme in the Free State.* Profs Frikkie Booysen (CHSR&D and Department of Economics, UFS) and Helen Schneider (CHSR&D and Centre for Health Policy, Wits).

**Janse van Rensburg-Bonthuyzen E** – PhD (Sociology): *Tuberculosis control through DOTS: assessing the application of the National Tuberculosis Programme in the Free State clinics.* Profs Dingie van Rensburg (CHSR&D) and Engela Pretorius (Vice-Dean: Faculty of the Humanities, UFS).

**Kigozi G** – PhD (Interdisciplinary): *Facilitating factors and barriers to the uptake of HIV counselling and testing amongst tuberculosis patients in the Free State Province (South Africa).* Drs Christo Heunis (CHSR&D) and Henriette van den Berg (Psychology).

**Lopez MI** – PhD (Health Economics): *HIV/AIDS policies and absorptive capacity in South Africa: identifying the bottlenecks, unleashing the capacity.* Profs Edina Sinanovic (Health Economics Unit, University of Cape Town) and Frikkie Booysen (CHSR&D and Department of Economics, UFS).

**Steyn F** – PhD (Criminology): *Approaches to the diversion of child offenders in South Africa: a comparative analysis of programme theories.* Profs Dap Louw (Department of Psychology, UFS) and Dingie van Rensburg (CHSR&D).

**Wilke MC** – PhD (Nursing): *Models of care for antiretroviral treatment delivery: a faith-based organisation's approach.* Profs Yvonne Botma (School of Nursing, UFS), Dingie van Rensburg (CHSR&D) and Dr Ruth Stark (Catholic Relief Services).

**Wouters E** – PhD (Sociology): *Physical and emotional health outcomes of public sector ART in the Free State, South Africa: A critical study.* Profs Herman Meulemans (Department of Sociology, University of Antwerp, Belgium) and Dingie van Rensburg (CHSR&D).

## Completed master's studies – with supervisors

**Du Plooy S** – MA (Anthropology): *Female initiation: becoming a woman among the Basotho*. Profs Dingie van Rensburg (CHSR&D) and Piet Erasmus (Anthropology).

**Gill W** – MDS: *Understanding the Impact of HAART on Sexual Risk Behaviour: "Lessons from a Small Village"*. Prof Frikkie Booysen (CHSR&D and Department of Economics).

**Otto V** – MDS: *A study to investigate HIV/AIDS-related awareness and attitudes among secondary school students in Southern Lesotho*. Dr Michelle Engelbrecht (CHSR&D).

**Phakoana-Folou N** – MBA: *Managing emigration and the drain of nursing brains in Lesotho's public health sector*. Prof Frikkie Booysen (CHSR&D and Department of Economics).

**Pienaar A** – M.Ed (Psychology of Education): *HIV/AIDS affected children: the language of resilience*. Prof Dingie van Rensburg (CHSR&D) and Dr Zendré Swanepoel (Department of Psychology of Education).

## Current master's studies – with supervisor

**Apatu D** – MDS: *Policy responses to the problem of orphaned and vulnerable children: a case study of Swaziland*. Prof Frikkie Booysen (CHSR&D and Department of Economics).

**Chimedu M** – MDS: *Needs, resources and coping among caregivers of orphans: evidence from Epworth, Harare*. Francois Steyn (CHSR&D).

**Dlungwana Z** – MDS: *An analysis of factors leading to the poor implementation of home-based care in the Free State*. Dr Michelle Engelbrecht (CHSR&D).

**Mayanga N** – MDS: *An investigation into the targeting approaches of orphaned and vulnerable children in the Harare and Makoni district, Zimbabwe*. Francois Steyn (CHSR&D).

**Mdzeke NE** – Master's in Governance and Political Transformation: *An appraisal of community involvement in the governance of primary health care clinics in the Makana local service area*. Francois Steyn (CHSR&D).

**Molise KC** – MBA: *An audit of Lonmin Platinum Mine's HIV/AIDS policy as a response to the impact of HIV and AIDS: A case study*. Prof Frikkie Booysen (CHSR&D and Department of Economics).

**Motlolometsi W** – MDS: *Determining the knowledge, attitudes and perceptions of midwives towards completion of the partogram*. Dr Michelle Engelbrecht (CHSR&D).

**Mtonga-Mukumbuta P** – MDS: *A descriptive study on land tenure security among widows in Moonzwe community*. Dr Christo Heunis (CHSR&D)

**Musonda C** – MDS: *A review of the performance of home-based care programmes in Zambia*. Dr Michelle Engelbrecht (CHSR&D).

**Nekundi LM** – MDS: *Developing a strategy to address the needs of street children in the Oshana Region, Namibia*. Francois Steyn (CHSR&D).

**Poller S** – MDS: *HIV/AIDS lifeskills training in Namibia*. Dr Michelle Engelbrecht (CHSR&D).

**Serekoane J** – MA (Anthropology): *The socio-cultural context of patients undergoing antiretroviral treatment in Petrusburg: an anthropological perspective*. Profs Dingie van Rensburg (CHSR&D) and Piet Erasmus (Anthropology).

# Postgraduate training by staff

