

SoPH BULLETIN

The UWC School of Public Health Newsletter

March 2013

Professor Wim Van Damme takes up SARCHI Chair in Health Systems, Complexity and Social Change at the UWC School of Public Health

Interview with Shun Govender

Shun: Prof Van Damme, tell us something about yourself

Wim:

I am from Belgium. I am a medical doctor, but am not practicing medicine any-more as I focused quite early in my career on public health, which I have been involved in for the last twenty five years.

Roughly half of this time I spent overseas in different countries engaged as the medical coordinator in primary healthcare programmes with *Doctors Without Borders* (MSF) in Peru, Sudan,

Guinea and Cambodia. The main focus of the work we did in these countries was on developing primary health care with local communities and expanding coverage of the basic services in very poor areas – often recovering after conflict. Our work was rolling out basic health care.

During the time I was in Guinea there were also very many refugees from Liberia and Sierra Leone. I was in charge of a large refugee programme for three years. It was on the basis of that experience that I wrote a PhD on refugee health. The study is about how to provide refugees with the basic health services in a country and how in the process strengthen the health services for the entire population.

Shun: You are also a professor of public health at the Institute of Tropical Medicine in Antwerp. What do you do at ITM?

Wim: ITM is a medical institute working on biomedical issues, and also with a large public health department. The work we do in the public health department is very similar to the work of the UWC School of Public Health; we also do only post graduate training at the diploma, masters and PhD levels. The big difference is that our work is not about public health issues in Belgium but is oriented to international collaboration. Historically that was directed mostly towards countries in Africa, but it is now very diverse and includes Asia and Latin America.

Antwerp has a very strong reputation in sleeping sickness which is still a major problem in the Congo. Our Institute is quite biomedically focused with a lot of research on Sleeping Sickness, Malaria and indeed HIV. In fact Professor Pieter Piot from ITM was one of the pioneers who in 1984 discovered that AIDS also existed in Africa. He confirmed that the disease that was discovered in the US also existed in Kinshasa and on quite a large scale. He was a pioneer of AIDS research in Africa. We have a large department working on HIV/AIDS, as well as on the



Prof. Wim Van Damme

immunological developments and possibilities for a vaccine, how to monitor and test patients and quality assurance of the new diagnostic tests. We also have people working on the behavioural sciences and HIV prevention.



I am in the Public Health department working on health systems. Our focus on public health is from the medical side. As a biomedical institute we are a medicalised school of public health, more so than here at the UWC School of Public Health, where there is a broader look at public health.

I have personal working collaborations in South East Asia, Cambodia and China where I also worked. In Southern Africa I collaborate on work in Mozambique, Malawi and Ethiopia. It is through these international collaborations and research consortia that I came to know colleagues here at the UWC.

Shun: As the new professor here at UWC, you are going to be the focal person in the new relationship between SOPH and ITM. How do you see this?

Wim: I will occupy the newly created Chair in Health Systems Complexity and Social Change at the School of Public Health. I will do this work as part of a team, together with colleagues from ITM who will join me from time to time. We will have to develop an approach over time how to build a strong collaboration between the two institutions, where we have synergies and where we complement each other. We have a commitment from both sides and I am very excited about the possibilities.

My work at ITM overlaps to a large extent and this is a good thing for collaboration. It would be more difficult if our areas of work were divergent. For example, I witnessed the work of Prof Helen Schneider in the Eden health district, and this is exactly the type of work ITM is also engaged in. I see a conceptual similarity. We have a similar vision for the Masters and PhD training. This latter is one of the areas that I have been asked to focus on from the start of my work here. So the possibility exists for developing exchanges to assist individual PhD students with similar needs for methodological support, writing, publishing and communication skills. It is also possible to offer something more which goes beyond individual candidate-supervisor relations.

Shun: What is your area of specialisation in public health?

Wim:

My research is mainly on health systems. In Africa the entry point often has been the AIDS epidemic and the huge increase in services that are needed to cover that. These services often do not have qualified human resources to deal with the challenges. Beyond that the services are not well prepared to take on chronic lifelong conditions. I am thinking for instance about the provision of lifelong antiretroviral treatment and prevention of mother to child transmission. The other consideration is the idea that a person with a chronic condition, such as HIV or diabetes, can live a good life but that s/he needs another healthcare approach, another mentality, another type of care than for instance, dealing with a child with diarrhoea. Such a shift has not really happened in healthcare.

The whole setup of the health services is much more geared to provide acute and episodic care and not continuous care. I think that in the Primary Healthcare Reengineering in South Africa this is taken very seriously but not so in many African countries.

Shun: Are chronic diseases like diabetes and related illnesses on the rise in Africa?

Wim: In South Africa it is clear that diabetes, hypertension and associated stroke, and kidney problems are rising very rapidly. It is still a bit less in the rest of Africa. It is obviously related to food, exercise and obesity which is quite extreme in South Africa but less say in Tanzania or Ethiopia.





In much of Africa there has been so much focus on AIDS and with the huge buildup of AIDS patients the challenge is how to deal with them. Over time a consistent approach that has been developed. A similar approach could be used to deal with problems like diabetics and people with hypertension. The reality is that many AIDS patients will also get hypertension and diabetes so it is bringing these chronic conditions and how to manage patient treatments together. However, it is still very much a silo approach when dealing with HIV, TB and non-communicable diseases. This is not very helpful. We should rather be saying that there are people who have lifelong chronic conditions and need lifelong support and we should be asking: how should we approach issues of their care. We have to reconceptualise that from a patient and a provider perspective and not from a biological perspective. Whether we say it is a communicable or non-communicable condition, or whether it's a virus or something else, it is not so different whether the chronic condition is diabetes or HIV when we comes to how we should develop an approach to caring for them.

Shun: Is there a tension between long term care and the search for a vaccine, given the amount of resources needed for both types of research?

Wim: Both are complementary. It is necessary to have good treatment and a good vaccine. But none of the technology approaches will solve the problem. It is not because you may have a vaccine that you will not have the disease anymore. The issue therefore is always that you (may) have a technology here or an intervention there, but how do you deliver it? How do you make it accessible to people? And there are a lot of human behavioural factors that make coverage and access to be sub-optimal. So you always have to deal with systems issues, which more broadly is called implementation science.

I think it is complimentary to have people who try to improve the tests, the diagnoses and treatments and try to find a vaccine. But you will always need a system to make this accessible.

Shun: In the global perspective on the fight against HIV and AIDS, Sub-Saharan Africa seems to be falling off the map in terms of numbers and the burden of the disease rather than improving. Does this have any impact on how we in public health should be doing our health systems and other public health research and the way we should engage with policy makers? Are these long term issues for us or will it become manageable?

Wim: Obviously the burden is very high in Southern Africa unlike in Northern or Western Africa. Is it unmanageable? No! South Africa is showing that it is manageable but that it is resource intensive. South Africa is mobilising the financial resources needed and the good news is also that prices are dropping fast. Financially I think it is possible. For poorer countries like Malawi and Mozambique this may not be possible.

The main focus of my research has been on human resources. The issue is that if every AIDS patient needs fifteen minutes of a doctor's consulting time per month, ten minutes of a lab technician's time, five minutes of the pharmacist's time, this becomes impossible to provide and manage for every patient. The numbers are so large that we have to meet the human resource requirements in another way. Like with diabetes, this requires a shift which says if this is a person who will live with this chronic condition for the rest of his or her life, the focus should be how we can empower that patient to deal largely with his or her own problem. This then requires investing in education and support for the patient, and with the large numbers that we are dealing with, to see how they can help one another.

Of course you need the professional staff from time to time when it is necessary, but not every month. It takes six months to a year for the patient to accept his or her condition and make lifestyle changes to go on living. They then need advice and support and not the same intensive care.



There are good experiences here in South Africa with the community health workers, but also in Mozambique and Malawi where they developed peer support groups and clubs. People can share a lot of their experiences and help one another. If the community health worker has the personal experience of living

with AIDS or coping with antiretroviral treatment, or has herself gone through the whole process of being pregnant and breastfeeding a child who is HIV positive, this life experience is so important to share. Such a person can bring to her peer so many things that a doctor or nurse cannot bring. It is about living a good life despite one's condition, which is more than about antiretrovirals. They provide the role models for others to learn from.

Shun: How do you see the need to build research capacity within the UWC School of Public Health?

Wim: It is quite explicit in the description of the SARCHI Chair, namely to groom the next generation of researchers. Training and creating research capacity is slow. You cannot have a short course and expect to have qualified researchers. I think that much has already been done. It is obvious that at SOPH there is good research capacity.

It is true that more of the good researchers are older. I do not yet understand why that is so here at SOPH. But that will be my challenge.

Shun: Is there a need to assist PhD Candidates in choosing relevant PhD topics to research?

Wim: This is another illustration of the challenges that are similar in many institutions. You have to find a balance between attracting people who have their own ideas and pursue their own interests and are committed to researching a particular topic while also having coherence and consistency in your research programme and having people who will work on that. There are very strong centrifugal forces so the tension will always be there.

Research in the field of public health it is very different from that in a laboratory. In a laboratory context they write a very strict protocol and then look for a PhD candidate who will do exactly that. But that cannot be the approach in public health. However, to accept any and everybody with whatever topic is also not good. The way may be to identify areas of work, for example in chronic diseases, and then ask what our niches are. We should concentrate on certain topics and if a person comes with something very different, we can say that that is interesting but we prefer to work in certain niche areas. But it will always need to be negotiated because you need the candidate's interest and drive as well as the capacity to guide such a candidate.

It is also important to have a critical mass of people to be working on similar research interests. I see this everywhere! It is certainly not unique here. It's also related to the fact that you want to attract a PhD candidate who has worked for a number of years and has developed a passion for this or that topic. A good PhD candidate is central to a School of Public Health. This is something we see at ITM. They are the drivers of innovation; they are the ones who are very committed to get publications out. They really create the dynamic. But it has to be managed and the bright ideas have to be projectized and matched with the resources and timeframes available.

Shun: You are a scholar of international standing. Why did you choose to come to UWC SOPH?

Wim: I was asked by people here whom I appreciate and respect very much. In terms of my personal family circumstances this also came at a right time. Of course I have a firm engagement in Antwerp which I cannot just drop. So when it became possible to engage in a partnership on a 50/50 basis between ITM and SOPH my family and I decided that this is a good opportunity that should be taken up. I have a good feeling about this arrangement. Much will depend on how we can collaborate and how we can find our way around practical issues.

Jeanine Uwimana



My PhD Journey... Jeanine Uwimana

My PhD specialisation was in health systems research. The reason why I embarked on my PhD study was based on the desire to grow, achieve the highest level in academia but most importantly to contribute to the body of knowledge in relation to health service improvement for TB and HIV patients.

The interconnectedness of TB and HIV infection and disease is well established. However, the implementation of collaborative TB/HIV activities has been very slow in most sub-Saharan African countries including South Africa. Yet provision of integrated TB/HIV services aims to improve quality of care, and ensure continuity and sustainability.

Most of collaborative TB/HIV activities have been implemented at facility level and not at community level. Where TB and HIV related activities have been implemented at community level, these have typically been single disease based and in silos rather than comprehensive. In the light of persistent barriers to access and utilisation of health facilities, interventions beyond health facility boundaries are vital to hasten the implementation of collaborative TB/HIV activities and improve coverage, access and treatment outcomes. These require community participation in collaborative TB/HIV activities including prevention of mother to child transmission PMTCT. Engagement of community members such as community health workers (CHWs) in health has been proven to be effective in improving access to care and health coverage, treatment outcomes and self-reliance. Hence the work of my PhD was on “*Community participation in collaborative TB/HIV activities including PMTCT by exploring ways of enhancing the provision of TB/HIV/PMTCT integrated services at community level*”.

The research took place in Sisonke district, one of the eleven rural districts of KwaZulu-Natal, with a high antenatal HIV prevalence (39%) and co-infection rate of TB/HIV (80%). Although the CHW program in KZN has been running for more than a decade, the response to HIV and TB prevention and care has been largely vertical and has created a proliferation of different cadres of CHWs. This resulted in multiple household visits and also had a bearing on the kind of TB and HIV services given to patients by the different carers which runs the risk of providing sub-optimal care or missed opportunities in care. My research entailed developing and evaluating a community based intervention which consisted of integrating different cadres of CHWs involved in TB and HIV programs into one CHW; harmonise the scope of practice and the remuneration of CHWs; up-skilling/training of CHWs to provide comprehensive TB/HIV/PMTCT services and establish a facility and community liaison at facility level.

A community randomised trial was conducted to assess the impact of the community based intervention. The research findings demonstrate a significant increase in coverage and uptake of TB/HIV/PMTCT services, linkage to care and improved treatment adherence. In addition, home based HIV counseling and testing by CHWs was feasible and acceptable. Supervision of CHWs was a predicting factor of CHWs’ performance and linkage to care. The outcomes of my study contributed to the change in policy of the community health worker program in KZN and at the national level.

Undertaking my PhD at the School of Public Health has been one of the greatest experiences of my life. A PhD study is a lonely journey but I always had the support of my supervisors who made the journey more enjoyable. I was supervised by three professors: Debra Jackson,

Christina Zarowsky and Harry Hausler. Each supervisor had a special contribution to my PhD work and they complemented each other. I am indebted to them and may God bless them.

The School of Public Health created a conducive environment for me to grow and I always felt welcomed. Each and every person at the school was so supportive in this journey of my PhD starting from Prof. Uta Lehmann, the former director of SOPH. I would say to anyone considering further study in public health, the best choice is UWC. The diversity at UWC and SOPH brings richness to one's experience.

Regarding my future plans, I will continue with my passion to do research in TB/HIV as well as in health systems research. I will also continue to teach and I hope to apply what I have learned back home in Rwanda.

Simukai Shamu



My PhD Journey...

Simukai Shamu

My PhD journey dates back to 2009 when I received a DBBS VLIR scholarship to read for a PhD in Public Health at UWC. The topic of my thesis is "The dynamics of intimate partner violence during pregnancy and linkages with HIV infection and disclosure in Zimbabwe". The major aim was to identify various ways and magnitude of linkages between intimate partner violence during pregnancy and HIV. I was moved by the need to understand what experiences women go through when pregnant at the hands of their "loved ones", their interpretation of these scenarios, and health workers' perceptions of and experiences of responding to women's situations of violence during pregnancy.

My study cross-cuts two major pandemics with high mortality, injury and morbidity in Sub-Saharan Africa - HIV and violence and helps us to further understand how interventions may be planned around the two pandemics to decrease the impact on the population. It asked further questions such as how best can we encourage HIV status disclosure without making women more vulnerable to partner violence.

I am currently working with the Medical Research Council of South Africa's Gender and Health Research Unit whose goal is to improve the quality of life and health of women through conducting research on gender and health. I am already applying the skills I got from the PhD exercise to continue building a career in public health, specifically in gender, violence and HIV interventions, policy and practice. I am involved in a project called Schools Intervention for Healthier Relationships Evaluation (SHARE) that seeks to reduce gender based violence and risky sexual practices among secondary school learners through positive parental, peer and school strengthening interventions.

With a background in the social sciences where qualitative research is emphasised more than quantitative research, I used to view health through the lens of "thick descriptions" of health phenomena only. However, doing my PhD through different designs - systematic review and meta-analysis, a survey and qualitative research - I now view health as a multi-faceted phenomenon requiring multiple ways of understanding it. Remaining in the field of research after my PhD studies will sharpen my skills in epidemiology. During the PhD process, which I did through publishing peer reviewed journal articles, I learnt how to publish. I had four published peer reviewed journal articles plus one submitted article in my thesis. I learnt that constant writing improves one's writing and that getting other people to read your work improves one's critical thinking. My new position emphasises research and publications and I am convinced that I now have the necessary foundation to do just that. I still have data that has not been analysed from my PhD work and I have already started looking at this and more papers

will be published in the next two years from this data set. During my PhD I also took part in many exercises including conducting other literature reviews, organising a symposium, presenting papers at international conferences. I have gained much and continue to learn in this respect. I also learned that developing a culture of reading is key to being an academic. The weekly SOPH Journal Club was very instrumental in teaching me to critically think and make arguments.

The PhD would not have been successful without the excellent expertise and critical coaching of Profs Christina Zarowsky (my doctoral committee chair), Marleen Temmerman, Naeemah Abrahams and Tamara Shefer. Funding and other support were generously provided by the following institutions: DBBS-VLIR; ADDRf; UWC Faculty research grant, Ghent University, MRC, University of Zimbabwe, UWC Centre for HIV and AIDS Research, SOPH, Harare City Health Department, midwives, research participants and research assistants.

SOPH CELEBRATES RECORD NUMBER OF GRADUATIONS *MASTER OF PUBLIC HEALTH*

LANGDJI, Anne (CUM LAUDE)

Thesis title: Factors that influence disclosure or non-disclosure of one's HIV-positive status to friends, family and regular sexual partners in Linguere, Senegal

Supervisor: Ms Suraya Mohamed



In 2007 my husband and I were fortunate to get study leave from our work to study in South Africa. Willie enrolled at the Institute for Social Development at UWC and later achieved his Masters in Development Studies. As it was a taught programme, we needed to be in Cape Town. I was able to start the coursework for the MPH and completed all but Health Systems Research during that academic year. It was a kind of sabbatical year for us from our service as missionaries with the Evangelical Lutheran Church in America (ELCA), serving in rural Senegal, working in primary health care and animal health.

Being in Cape Town meant I also got to attend both Summer and Winter Schools and meet fellow students. What a great experience! What wonderful, interesting, committed people had also chosen to study at SOPH and work and teach there. The courses were interesting and the richness which came from the diversity of the student body added to my satisfaction at having chosen this programme. We enjoyed one another's company and shared our experiences and histories and backgrounds. Study groups sprang up and we supported one another locally, but also by e-mails as we worked through the different courses. As it took me a bit longer to complete, I've celebrated as I watched classmates from Nigeria, Lesotho, Brazil, Kenya, South Africa and other places complete their degrees.

In 2008 we returned to Senegal to our jobs. As I was pregnant when some of the assignment dates came, I didn't finish HSR. I had to repeat that course in 2009. 2009 brought with it a move from Senegal to Cameroon and a new job that required lots of travel. It was only in 2011 that Suraya Mohamed became my supervisor and she got me back on task to complete my protocol. In January 2012 I returned to Senegal to do my fieldwork on HIV disclosure in the rural community where we had lived and worked for nine years. I also had support from my employer to finish the thesis and the additional positive pressure of knowing that the community of people living with HIV with whom I had developed deep relationships had shared so much of their lives with me, the least I could do was share some of their stories and experiences to inform practice in the area of support for beneficial disclosure.

I am from the United States (US). I've now spent 19 years living and working in West Africa. My husband is Cameroonian. My first degree was in development studies, but my work has mainly been with the health organizations of Lutheran churches in Senegal and the Central African Republic, especially with primary health care programs that trained community health workers. Studying at SOPH was a privilege and an opportunity to formalise and strengthen my public health background. Some friends and colleagues from the US thought I should study in the west in case some day if I need to work in the west I wouldn't struggle to show the relevance of my degree. However I know that what I learned at SOPH gives me a solid background and is applicable to many contexts. In particular I enjoyed assisting with some research projects while in Cape Town and would like to see how I can encourage others to make information about their work available, such as small, but effective primary health work carried out by church-related organizations in West Africa.

My present role with the ELCA is as a Regional Representative in West and Central Africa, focusing on Senegal, Cameroon, Central African Republic, Nigeria, Liberia and Sierra Leone. We live in Cameroon. In this position I have many responsibilities, some far from public health. I often regret no longer focusing solely on public health, but I am still involved at a different level. For instance I sit on the board of the health system of the Evangelical Lutheran Church in Cameroon and advise health-related projects that the ELCA supports in all of the countries where we have relationships. I miss the daily contact with individuals who benefit from the health services, yet realize that it might no longer be the appropriate role for me to play as others take on those roles. I hope that I might continue to find ways to share what I was able to gain through my studies and my contacts with all of you—colleagues, staff and professors—so together we might help the world to become a better place.

ADEYEMI, Benjamin

Thesis: Child Abuse: An Assessment of Recognition Capabilities, Attitudes and Reporting Practices of Primary School Teachers In Pietermaritzburg.

Supervisor: Prof. C. Zarowsky; Co-supervisor: Assoc. Prof. S. Mathews



The research was an observational, descriptive cross-sectional quantitative study which focused on assessing teachers' knowledge, attitudes and reporting practices of suspected child abuse in independent and public primary schools in the Midlands education circuit in Pietermaritzburg. This is in recognition of the strategic role of teachers in breaking the cycle of abuse and the pervasive problem of child maltreatment in South Africa. Results from the study showed that teachers recognised child abuse as a serious issue and are willing to learn and do more. However, there were critical gaps in teachers' responses to child maltreatment which can be addressed with the training repertoire which addresses identified contextual issues shaping teachers' child abuse detection and reporting practices.

I was working as the ARV Rollout Manager for a tertiary hospital in South Africa when I enrolled for the MPH programme. I was fascinated by the idea of pursuing a Masters in Public Health without the added risk and inconveniences associated with temporary unemployment. Fortuitously, I could relate readily with the course content given the nature of my job: it was experiential learning at its best! In retrospect, the decision to attend the optional contact sessions especially the Summer School of 2010 and the Mini-thesis week was very wise. Interacting with some of the best brains in the field of public health during such sessions gave me some leverage and the exciting memories are indelibly etched in my mind. I also met colleagues with whom I have become friends; we motivated one another across the MPH finish line.

However, the whole experience was not without its challenges. Sometimes, assignment submission deadlines clashed with unexpected busy work schedules. It was at such times that the support of my family proved very invaluable. The support from the UWC SOPH support staff—especially Janine and Corinne—and the academic staff was magnificent. Special thanks to Prof Zarowsky and Assoc. Prof. Shanaaz Mathews, for their guidance and enthusiastic support throughout the course of my research.

Even though the MPH is done and dusted, the skills and knowledge acquired in the process of obtaining the degree are life-long. The results from my research will be shared with relevant stakeholders with the expectation that it will engender actions aimed at improving child maltreatment detection and reporting among teachers.



AKUSOBA, Kenechukwu

The theme of my research is an exploratory study to the barriers to antiretroviral therapy (ART) among adult patients in a rural hospital in the Eastern Cape. The study was done in Empilisweni hospital in Eastern Cape, South Africa, in-depth interview were done on selected patients who default in their ART. The study led to a better understanding to the barriers some patients on ART are facing while on treatment.

The distance learning programme has been quite rewarding as it allowed me work in the morning and then focus on my studies in the evening. It taught me how to be disciplined and how to manage my time effectively.

The experience I have gained in this programme will assist me in contributing to the optimal health of the population around me. The knowledge I gained will help me as a clinician to do health research and contribute in making effective health policies.

ANIKAMADU, Michael

My research title was “Patients’ perspectives on the provision of tuberculosis and HIV integrated services in Sisonke district, KwaZulu Natal”. It aimed to determine whether TB-HIV co-infected clients receive optimal treatment and care in the TB-HIV integrated facilities. It also sought for the features and demerits associated with the intervention including the prospects of replicating it elsewhere.



I did not want to initially compromise my studies and opted to be fully around at the initial stages of my studentship, thereby leaving my job and relocating to Cape Town from my home country. I subsequently returned and continued with the rest of the study as a distance learning student. As a distance learner, I found it convenient collaborating with my supervisors. This saved time and money for me though if given the option, I would have preferred being around till the end of my studies.

As a Public Health professional with over 14 years experience, my study has already been integrated into my career as my carer motivated my venturing into studying Public Health. However, it is worthy of mention to state that my study exposed me to being associated with cross-cutting themes especially in TB-HIV collaboration; Water, Sanitation and Hygiene; capacity building; monitoring & evaluation, etc.

Permit me to use this chance to commend the wonderful UWC. As a student of UWC, the opportunities that I had to work for several international organisations worldwide including the likes of United Nations, European Union, DfID, USAID, etc. were far more than all the opportunities I had prior to my enrolling for the MPH programme. My student ID card was all that I needed to be recruited - attesting to UWC’s global recognition and respect. I imagine how great the opportunity will be now that I am a product of this great institution! I cannot fully express my gratitude to my alma mater UWC for this opportunity of being her graduate. I assure UWC that I shall do my best to deploy all that I learnt from her to contribute to the betterment of humanity in my own small way. The future starts today.



CHIBUGA, Emeritus

I was looking for magnitude of visual impairment among diabetic patients in the east coast region of Tanzania, trying to identify risk indicators for their visual impairment, their knowledge regarding management of diabetes mellitus, their feeling on community perception for them being diabetic patients and subsequent consequences they encounter on activities of daily living while living with impaired vision as compared to those who had no visual impairment.

Application of this study in my profession work/career is very high as my main intention was trying to understand the problems faced by diabetics so as to establish scientific preventive measures to reduce the burden of diabetic eye disease through a public health approach. Results I obtained from my research enabled me to understand several public health gaps which need immediate intervention.

Studying as a distance learning student is very challenging and needs serious commitment. Sometimes it is not easy as employment activities require meeting deadlines which sometimes you have to work after working hours. In addition, sometimes it is difficult to get immediate attention of course instructors, as there is no direct/ face to face contact, and you may not be aware that your instructor/supervisor is sick, has travelled or has other important commitments at the time when you need him/her.

DALAIS, Lucinda

The theme of my research related to overweight/obesity among educators in the Western Cape. With the high prevalence of overweight/obesity in educators, their body weight perceptions, their perceptions about the health risks involved and the barriers to changing their health behaviour was an important topic to research in order to make recommendations for possible future school or educator interventions.



I found the distance learning experience at UWC to be a good one. Although working full time and studying did become an issue at times, I did manage it. It may have been useful at times to be able to attend classes, but at least there was summer and winter school and this was very important to attend during the degree course.

Luckily, I am able to use the knowledge that I've gained through these studies in my current working environment as I work within a research environment where this qualification is very relevant.

DU PLESSIS, Denise

I am a nurse-lecturer and have been lecturing to registered nurses on Distance Mode doing the Bachelor of Nursing Science Degree since 2009 at the University of Namibia – Centre for External Studies.

The theme for my mini-thesis was “ Experiences of Student Support in the Distance Mode Bachelor of Nursing Science Degree at the University of Namibia, 2005-2011” which was a qualitative, exploratory study. The focus of the study was on student support programs.

In spite of the University's efforts (Centre for External Studies) to provide student support, this study has established, as part of the background investigation, that the graduation rate from the Bachelor of Nursing Science programme has been relatively low and slow and a high percentage of students have also discontinued their studies.

The findings reflected positive experiences of support from family and lecturers as well as institutional offerings such as video conferences as well as a number of institutional weaknesses and personal challenges which were contributory to the attrition rates.

Being a student was a real challenge to me, being a distance learner, a married person and a mother. It was difficult for me to juggle my studies between work, household chores and lots of other social commitments. Distance learning required of me to work into the early hours of the morning to get my readings and assignments done. I decided to work as a contract lecturer at the University to enable me to finish my degree. Financially, this was a huge sacrifice and the luxury of forfeiting a steady income has affected us as a family in many ways but at least I could reap the benefits of completing my degree at the end of November last year.

This degree has had many benefits in my teaching career. My lecturers were now more enriching with the latest information/statistics on Public Health Matters and class discussions



and debates have become more enjoyable and stimulating for both the students and me. Being a distance learner myself, I could offer more support to my students on the distance program and knowing now what their expectations are concerning student support has helped me to be more geared up and to think differently when preparing tutorials and when preparing the video conferences for the winter vacation school. This degree has broadened my vision and aroused my interest in Public Health matters especially within the Namibian context.

EGBUJIE, Bonaventure

As a requirement for my graduation I worked on and submitted a thesis on the "Relationship between Socioeconomic status and Cardiovascular Disease Risk Factors Among Black South Africans Living in a Rural and Urban Community". It was a secondary data analysis study, utilizing data from the Prospective Urban and Rural epidemiology study (PURE).



The topic was motivated by the increasing disease burden posed by CVDs in South Africa and the need to elucidate all the factors that could contribute to their occurrence. Being a distance student, I thought initially, judging from what other people say, that it is just about obtaining a degree without doing much work and no real interaction and knowledge impaction. Of course I was soon to change that view because the programme structure especially the module readers and the assignments was roundly engaging and knowledge providing.

I am a medical doctor but with a passion for epidemiology. The MPH training has already and will be of great benefit to me as I worked for various NGOs in the time I was studying and used knowledge gathered to impact these organisations. The research skills will be most beneficial as I hope to go into clinical research and publishing and perhaps become a lecturer in public health someday.



FWAMBO, Mercy

I am currently working as a Laboratory Technologist at the University Teaching Hospital, employed by the Ministry of Health. When I worked for Society for Family Health we did a lot of HIV voluntary counseling and testing outreach programmes in different parts of Lusaka. It was during this time that I developed an interest in public health. My colleague, who was already on the MPH programme from UWC and has since graduated, introduced me to the programme and that is how I enrolled here at UWC. I have just successfully completed my MPH programme.

Being a woman, a mother and a health worker, could probably be the reason why over the years I have developed keen interest in maternal and child health. I have for example read a number of articles on infant feeding practices and I know that WHO and its co-operating partners are promoting exclusive breastfeeding in the first six months of an infant's life. But I used to wonder how many mothers would manage to do it successfully. Being on this programme gave me an opportunity to broaden my knowledge on this subject. I once asked a colleague who was on maternity leave how she was going to feed her baby until six months. She told me she already started the baby on formula at 2 months because she had to report back for work after 3 months. I then realized the subject was not as simple as we would like to think.

My experience as a distant learning student hasn't been that easy, I actually did not think I would take more than three years. The most challenging part was the research. Doing research so many miles away from your supervisors is not an easy thing. I am however glad to report that I had dedicated and very supportive supervisors.

I have a passion for maternal and child health and I would like to take this direction as I progress in my career. I am already a health worker and I hope to positively contribute to improving the health of women and children especially those under the age of five who are more vulnerable.

HAGOS, Amir

I've been studying to receive my Masters degree in Public Health at the University of the Western Cape, South Africa. I conducted research to assess the Effect of Place of Selection on Performance of Health Posts and Turnover of Health Extension Workers in Jimma Zone, Ethiopia. The findings greatly contribute to the enhancement and effectiveness of the Health Extension Program, which is one of the priority areas for my country's Federal Ministry of Health. The HEWs are the integral part of the government's health policy in order to improve Ethiopia's health.



The different skills from my study enable me to have a deeper understanding of issues the health sector is faced with and to execute the duties of my office. The advantages of the distance learning program for me, was that it allowed me to be present at my work. The challenge is that it requires a great deal of commitment from the student to stick to the schedule and balance a highly demanding job.

IROEZINDU, Michael

Obtaining Maters in Public Health (MPH) has been top on my career agenda. When the opportunity at the University of the Western Cape (UWC) came up, I relished it! The fact that it was going to be a distance programme also suited me considering my tight work schedule as an Infectious Diseases Physician.

As the programme kicked off the realities unfolded and I realized I needed extra discipline and sleepless nights to pull through. Unfortunately, I could not attend any of the summer or winter schools. Despite all my efforts, I could hardly go beyond half of any of the study materials for most modules. I struggled to meet up with assignment deadlines. How then did I succeed? I would have to give so much credit to my wife for her utmost understanding and friendship. My assignment deadlines were engraved as a tattoo on her mind and she spared me several domestic activities which allowed me to make maximum use of the few hours I had.

When I could not attend the thesis week, I knew I had to work extra hard to finish my thesis in record time. Considering my reasonable experience in HIV medicine, I started by choosing a familiar topic: HIV-related opportunistic diseases among patients receiving highly active antiretroviral therapy. Despite the delay I had in getting UWC ethical approval, the dedication of my supervisors, the cooperation I received from the hospital where I worked all kept me on track.

Now that I have obtained what I can confidently describe as a sound public health training, my practice of Infectious Diseases will begin to wear a new look. I shall surely use the acquired knowledge to move the goal of my practice from successful patient management to the more rewarding goal of improved public health parameters regionally and hopefully globally.

JOAQUIM, Ana Maria

Thesis: The perceptions and experiences of medical technicians of decentralization of the ART programme in Mozambique.

My name is Ana Maria Manuel Joaquim, I am working at the provincial health directorate as human resources manager. I concluded my Master of Public Health with a focus on health workforce development after 3 years of duration. I did this Master's programme through distance learning at School of Public Health - University of the Western Cape. It was not easy for me, since English is not my first language, so I had to improve my English while studying public health. On the other hand, I had to cope with the demand at home and work. Distance learning offered a better way to continue my studies because it allowed me to look after my family and work.



The inputs obtained through my Master's study will be helpful for me in my work setting allowing managing human resources in a right way to attend to the burden of diseases and the demand put on our health facilities.



KANENE, Cuthbert

The aim of my research was to describe and contrast the effectiveness of different models of HIV and TB integration at primary health care level within the Tuberculosis (TB) programme in Livingstone District, Zambia. I came up with this study to try and understand the stage at which our efforts to integrate HIV and TB services had reached as an important intervention to improve the quality of treatment outcomes for patient co-infected with TB and HIV.

I enrolled for the MPH program following a tip from a close associate (Givas Kalangu) who was also studying at UWC. Until I got to do the assignments, I didn't understand why the school of public warned students who are working to be mindful of how they plan their study. As a distant learner, it was challenging to divide time for studies, family and the ever demanding work with PEPFAR programs in Zambia. My supervisor was excellent and patient with my slow pace of studying. She understood my pressure at work and was very professional. This study is a springboard and pillar for my future career as a public health professional currently working on public health program (PEPFAR). It has helped me improve my technical skills to review and professionally develop proposals and generate quality reports for higher level funding.

KHUNGA, Helen



Theme of my research: Factors affecting detection and referral of malnourished children to Primary Health Care (PHC) level in Kanchele community of Kalomo District, Zambia. I choose this theme for my research based on two reasons, firstly because of the high stunting rates among Zambia's under-five children and secondly after having worked with communities in rural Zambia and seeing that the issue of malnutrition was so real. Among the things that made me to do this research was that most children were malnourished but they never went to hospital on time and so I wanted to find out what could be affecting the detection and referral of malnourished children to PHCs in Kanchele community.

This has been an experience that taught me one great lesson i.e to appreciate time and how to best use it. Many are the times I felt like giving up because of pressure from home, school and work. I learnt to also share my challenges with those that had been there before me and I got the strength to move on. To those who are yet to cross I urge to hang in there and you will surely smile like me.

The staff at UWC are remarkable as at times I felt like I was the only person who needed attention and they never showed any emotion but instead gave me all the support that needed.

I should state that I began this journey at post graduate certificate level and worked though to Masters in Public Health. When I started studying the focus was for me to learn continuously and improve in my work. From the time I started studying my status and responsibilities changed at each level. For all this I give credit to the knowledge I gained and I will continue using it as I continue to serve the many Zambian children who need help.



KWENDA, Felix

Mini-thesis title: Factors influencing Male Partner involvement in the mother-to-child transmission of HIV-plus (MTCT-plus) Programme in Gobabis District, Namibia: A Qualitative Study.

It was a three year exciting experience obtaining my masters degree as a distance learner. I managed to complete all the six modules in two years. All my supervisors were very helpful. The most exciting part was conducting the research through focus group discussions. My research participants were so cooperative and were willing to have more sessions as they found the topic quite interesting. The fact that my research participants were from different tribes made the discussions more exciting. Although my research was concentrating on men's participation in MTCT plus programme, I managed to get some insight into the health seeking behaviour of the people in the community which I am

currently working in. This will assist me in improving the management and care of patients in the TB and HIV programmes.

MAKURUETSA, Penny

Thesis: Exploring the functioning of three hospices and the experiences of staff rendering care to patients in Botswana.

Supervisor: Dr. Busisiwe Nkosi

Co-Supervisor: Professor Uta Lehmann.



The journey started four years ago. This was a great blessing and honour for me to be admitted for MPH as it has been my dream for so long. I had a diploma in Community Health Nursing and I wanted a course which could build on what I already had. Therefore MPH was relevant for me and my work. I was also blessed with a sponsorship from my employer and I opted for a full time course, which I did well with my course work. However, when I started my thesis, I encountered some challenges with long distances as and work pressure. This did not discourage me in any way. I had to make sure that I sacrifice my weekends and holidays to do my studies. With work demands, I did not have much time to meet with my supervisors for guidance; I relied heavily on email and telephone communications. It wasn't easy though, but I had to move on and work hard to grasp the critical advice I got from my supervisors. Meeting with my supervisors in Cape Town to refine the thesis assisted so much.

As the government of Botswana implements continuum of care in collaboration with Civil Society, (NGOs/CBOs), I had the urge to study the experiences of the hospices providing care for terminally ill patients. The findings indicated that hospices in Botswana are mostly driven by religious organizations and while all the facilities are experiencing similar challenges, government aided facilities seemed to be performing much better than those not government aided. Information gathered from the study will be of great value in ensuring advocacy of support for hospices for continuity of care. The course will also impact on my work as it will build on my career by improving the quality of life for terminally ill patients. I am now in a better position to carry on research, monitoring and evaluation and health developmental projects. Lastly, the support I got from my supervisors, the school administration cannot be over emphasized. I don't have adequate words to describe it. Perseverance was the key to my success.



MOKGATHLE, Tuduetsa

I became interested in Public Health when I was employed by the Botswana Harvard School of Public Health AIDS Initiative Partnership for HIV Research and Education. As a Laboratory Research Assistant, I was involved in several national and international research projects, during which I felt my public health training was limited especially in areas such as primary health care, epidemiology and ethical issues.

The Masters in Public Health with the School of Public Health was perfect for me as it offered a wide variety of relevant courses I needed to strengthen my public health knowledge, especially research methods. I carried out research entitled "Factors Associated with Maternal Mortality in South East Botswana". The research was a case-control study using review of medical records to describe the profile of maternal deaths and the maternal and health facility risk factors associated with them. The experience I gained through the research study cemented the theory I had learnt during my coursework, especially in Measuring Health and Disease II and Health Systems Research II. This MPH will enable me to follow any public health research career I choose or even with furthering my studies.

The distance learning option offered me the flexibility and convenience I required. Initially, I was overwhelmed by the fact that I would not have direct contact with staff at the university and was not able to put faces to names. However, the communication that was sent to us in the form of the programme handbook, memos and emails reflected a team that was available and approachable. Additionally, we were given excellent tools to succeed in the programme with respect to going through the modules and reading materials, becoming organized and disciplined. Finally, the staff responded to queries and questions timeously and efficiently. The Yahoo and Google groups also gave us an opportunity to keep in touch not only with the faculty, but also with our colleagues. This was good for moral support and sharing of information.

Overall, I am thoroughly impressed by the level of organization with which the programme is run and am proud to have been part of such a resourceful and well-functioning team.

MUBEKAPI, Constance

Thesis Title: Workplace Stress and Coping Strategies among Nurses in HIV/AIDS Care: Geita District Hospital, Tanzania.
Supervisor: Verona Mathews



I learnt that the UWC was offering a degree in MPH from my colleagues. Coming from a Nursing background, my involvement with SOPH started with an enrolment to the Postgraduate Certificate Level. I managed to navigate through the milestones of the postgraduate certificate and on the basis of academic performance; I qualified for the MPH program. Distance education was not always easy; however, electronic interaction provided accessibility to lecturers. Moreover, the summer and winter schools alleviated some anxieties. The lectures provided inestimable knowledge and guidance during contact sessions.

The process of conducting and writing the Mini-Thesis Report was challenging. I gained invaluable experience that I will forever cherish. My study focused on workplace stress and coping strategies among Nurses in HIV/AIDS care. Within this setting, the research process opened my eyes to the valuable and yet neglected human resources for health. Findings revealed that nurses were confronted with organisational, logistical and occupational challenges amid poor support and coping mechanisms. I applaud the nurses in this district, who have to work under stringent conditions and yet at the same time, finding work fulfillment.

Many thanks to the School of Public Health team and in particular my supervisor-Verona Mathews and the administration staff, Corinne and Janine. I will forever value and appreciate their support. To the entire SOPH team, continue with the good work that provides others with inspiration and hope, as it is through hope and determination that we gather the courage to face the tasks that can sometimes seem so daunting.

MUSUMALI, Rose

I have obtained a Masters in Public Health Degree.

My research aimed to explore the disclosure experiences of HIV positive workers of four Ministries in the Zambian Public Service. The findings provided a rich insight into the experiences of people living and working with HIV; and these findings have great potential to inform policy and programming of the HIV response in Zambia.

As a mother, worker and student with the University of the Western Cape, the support I received from my supervisors and the school administration all culminated in my success as a “fully baked” MPH graduate. The flexibility of an option of taking 3 instead of 6 modules per year (slow track) greatly helped me manage the course while juggling my personal and professional work expectations.

I work at both policy and programming levels in the area of HIV/AIDS in my country. My study will therefore greatly help inform the strengthening of policies and programmes aimed at supporting people living with HIV, especially among those that are in workplaces.



MWANZA, Mike



Thesis: Evaluation of the Outpatient Therapeutic Programme (OTP) for Management of Severe Acute Malnutrition (SAM) in Three Districts of Eastern Province, Zambia

Supervisor: Professor Thandi Puoane

Working for the National Food and Nutrition Commission of Zambia as a Principal Nutritionist, 2013 has been a significant year for me as I finally completed my Master in Public Health (MPH). My experience as a Masters student has been affirmative although the expedition has been long and solitary that needed support and inspiration from my family, workmates, friends, supervisor (Professor Thandi Puoane) and administrative staff (Janine and Corinne). My expedition to attainment of my MPH was rough for I had to combine work, studies and family tasks. I had the privilege of attending contact sessions during my studies which provided chances to network with lecturers and students from other countries.

My thesis evaluated the Outpatient Therapeutic Programme (OTP) for management of severe acute malnutrition (SAM) in three districts of Eastern Province, Zambia. The OTP is an innovation for treating SAM without medical complications in children 6 to 59 months of age as outpatients within their communities using Ready to Use Therapeutic Food. A cross sectional study with a positivist approach was used. OTP management of SAM is effective in reducing case fatality rates and improving health outcomes (Recovery and mortality rates, average weight gain and average length of stay in OTP) when compared with internationally accepted Minimum Sphere Standards for Therapeutic Feeding Centres. It is recommended that the OTP approach must be scaled up within the three districts and within the province. The MPH strengthened my analytical skills and knowledge in managing, monitoring and evaluation of nutrition and public health programmes at various levels of implementation.



NAKATHINGO, Phillemon

Research Theme: Assessing Knowledge, Attitude and Practice of male condom use among male employees age fifty and older at a mining company in Southern Namibia.

The study was motivated by the fact that, upon literature review, numerous studies in Namibia in the area of HIV and AIDS focus more on a population aged below 49 years. Therefore, this study looked at older men in particular as a neglected population as far as HIV and AIDS research is concern.

The study was further stimulated by the fact that approximately 65% of employees enrolled on Namdeb HIV and AIDS Management Programme are older men. Hence determining their knowledge, attitude and practice of male condom use would enable the design and problem specific and oriented interventions.

The journey was exciting, motivating, demanding and challenging. Exciting in the sense that it: allowed me to study while earning incomes; taught me self-discipline in meeting assignment deadlines; allowed me to apply daily learning into practice.

It was demanding in the following ways: finding balance between full time employment, study and family was tough; support from lectures and the entire teaching team is limited; there is less physical interaction with the teaching team and fellow students. At many times technology failed me.

However, albeit challenged and demands encountered, I sincere thank the lecturer team, the student administrator and each member of the SoPH team who in one way or the other contributed to the success of my study. Thank you very much all.

NUUYOMA, Vistolina

Thesis: An exploration of perceptions regarding the feasibility of implementation of Kangaroo Mother Care in the maternity ward of Tsumeb district hospital, Namibia

My name is Vistolina Nuuyoma, I am working as a tutor at the Keetmanshoop Regional Health Training Centre under the ministry of health and social services in Namibia. I completed my Masters degree in Public health at the University of the Western Cape, which I started in 2009. My research focused on perceptions of health workers regarding the implementation of Kangaroo Mother Care in Tsumeb district hospital.



My journey as a distance student was very challenging because I had to combine work, studies and my family responsibilities. I have been integrating what I have learnt at UWC into my daily work since the beginning of my studies, I am now confident to teach subjects such as community health nursing science, health information systems and research methods. I am grateful to obtain my MPH this year and hope to enroll for my doctoral degree soon.



NYATONDO, Justin K.T.

I am glad I have finally completed my MPH which I embarked on while still working as a medical officer in eastern Namibia. My mini-thesis sought for a more detailed understanding of the prevalence and factors associated with first line highly active antiretroviral (HAART) regimen modification at a rural hospital in Namibia.

I am now working for the United States Peace Corps in charge of the agency's health program in the country. I have also worked and participated at national level in HIV prevention, care and treatment programs with the Ministry of Health and Social Services. The experience and exposure I got through the MPH program has helped me modify my career and enabled me fit in the various challenging jobs I have held to date. Despite the struggle between fulfilling the academic demands of the course, work, extensive travelling and family, I found my supervisor and all staff at SOPH really supportive. I owe my success to them.

SEMASAKA SENGOMA, Jean Paul

I obtained a master degree in Public Health with focus on Human Resources development.

My research theme was about predictors of burnout amongst nurses in paediatric and maternity wards of district hospitals of Kigali City, Rwanda.



Burnout is a condition of emotional exhaustion (EE), depersonalization (DP), and a reduced sense of personal accomplishment (PA) that can occur among individuals who work with people in some capacity. Burnout is more prevalent in the helping professions, and high levels of burnout have been documented in all categories of nurses.

The magnitude and factors of burnout among maternity and paediatric nurses in Kigali district hospital or in Rwanda in general is unknown, because up to now no previous study has been done in Rwanda to measure burnout among health professions. However there are reasons to think that it does exist. A descriptive and analytical quantitative cross-sectional study was conducted to measure the level of burnout and its possible associated factors among nurses of two district hospitals in Kigali City. All 126 nurses working in the maternity and paediatric sections of Muhima and Kibagabaga District Hospitals were included in the study.

Burnout was found associated with being young and inexperienced, having less training, having at least one child, working longer hours, experiencing workloads as demanding, poor perceived

control of the work, perceived staff shortages and workplace conflicts. However, good communication, job satisfaction and trust in colleagues and in hospital management, appeared to be protective for all three dimensions of burnout.

I think that I can describe my experience like this: It seems to me that it was so quick although it was very hard". What was very hard was to manage working on my job and meet the assignment deadlines and to have time for meeting other social and familiar responsibilities.

My study is a good help to my professional work because I am working in a teaching institution and we are planning to launch a similar program. I think that what I have learnt will help me in course preparation and facilitation. On the other hand my study helped me to be confident and to gain some interesting knowledge in my day to day activities.



SHABA, Keith

My research was about reviewing public health data to determine types and quantities of errors which could significantly affect programme implementation.

Reviewed data for Acute Flaccid Paralysis (AFP) surveillance from clonical and laboratory sources for the period 2004-2008 from 46 countries of the World Health Organization, African Region.

As a data manager at the regional office of WHO, the study provided me with more insight of data quality issues which I will be addressing through my work plan to improve reliability of data for decision making and contribute to the eradication initiative.

SHABA, Samuel

My research entitled "Providers' and Patients' perspectives on the quality of Antenatal Care (ANC) Services in three Public Hospitals in Abuja Nigeria" sought to document and describe the perceptions of pregnant women, health care workers and health managers' about the quality of care at ANC at the three public hospitals whereI conducted the research. It was also aimed at determining the satisfaction of the pregnant women with the quality of care they received. This is because complications of pregnancy and childbirth are a major cause of death for women of reproductive age in Nigeria, Abuja inclusive. Most of these deaths are clustered around labour, delivery and the postpartum period and they are largely preventable by the provision of quality antenatal care and prompt treatment of obstetric emergencies. It is believed that quality care in ANC will not only guarantee that pregnant women receive adequate care ensuring safer pregnancies and deliveries, it will also result in good utilization of such services where they exist, are easily accessible and affordable.



My experience at studying as a distance learning student has been quite enriching, involving self discipline in the proper planning and apportioning of my time between the demands of work, family and studies. God willing, I intend to carry my studies to the PhD level. The knowledge and skills garnered at the masters level have taught me necessary skills in research which can be applied in other areas in the health sector. Therefore as a prospective Senator of the Federal Republic of Nigeria in the not too distant future I intend to champion the cause for better funding, proper monitoring, execution and evaluation of programs that will ensure a better healthcare service for the general populace. So help me God.



WELDEMARIAM, Abiot

I obtained my MPH, focusing on health workforce. In fulfilling the master's degree, I conducted my study by exploring the influences of nurses' motivation in Butajira Zonal Hospital, Ethiopia. My distance learning was frustrating for a short while, especially in the beginning, but as you go on doing your study, you find it capacitating and powerful. This is because the support and guidance you get from the UWC staff eases your worries and provides you with an enabling atmosphere. Moreover, the staff is responsive, helpful and facilitates the learning process. The learning materials like the modules, CDs and lecture notes are greatly reliable for distance learners. The sandwich courses strengthen the distance learning very much. As head of the Rural Health Program office, the skills and knowledge which I gained will help me in my practice.

AVONG, Eunice

Thesis title: Prescribing practices in the Social Health Insurance Programme at secondary hospitals in the Federal Capital Territory, Abuja, Nigeria
Supervisor: Ms Hazel Bradley

AZIA, Ivo

Thesis: Barriers to adherence to antiretroviral treatment in a regional hospital in Vredenburg, Western Cape.
Supervisor: Prof B. van Wyk

BASHE, Noxolo

Thesis title: The perceptions and experiences of nurses about the quality of nursing care in a district hospital in Cape Town, South Africa
Supervisor: Prof Uta Lehmann Co-supervisor: Dr Busisiwe Nkosi

FOLEFOC, Asongna

Thesis title: Treatment outcome of HIV-1 infected children on antiretroviral therapy in the Limpopo Province of South Africa
Supervisor: Prof Debra Jackson

GOVENDER, Thashlin

Thesis title: Factors that influence utilization of primary health facilities by adolescents in Tafelsig, Mitchells Plain
Supervisor: Ms Nikki Schaay

MASHINGAIDZE, Linda

Thesis title: A description of the insights and attitudes of undergraduate health sciences students into the inter-professional education programme at UWC: Experiences of Occupational Therapy Students.
Supervisor: Prof Ratie Mpofu Co-supervisor: Prof David Sanders

MUTANDI, Gram

Thesis title: Quality of HIV/AIDS care provided to adult patients at an urban health centre in Namibia
Supervisor: Prof Jon Rhode Co-Supervisor: Prof Brian van Wyk

UMUNNA, Zeluwa

Thesis title: Explore the factors that contribute to barriers to the utilization of health services at the primary care level - A study of two primary health clinics in Nasarawa State, Nigeria
Supervisor: Dr Thubelihle Mathole

SOPH CELEBRATES RECORD NUMBER OF GRADUATIONS

POSTGRADUATE DIPLOMA IN PUBLIC HEALTH



COETZEE, Jennifer

To do any study as a distance learner is very difficult and demands a lot of sacrifice, commitment determination, perseverance and hard work. On reflecting back I remember my friends told me it is suicide. My work, family responsibilities and my studies demanded my full attention and I had barely time to go out or visit friends and extended family. I had many challenges during the two years of my study but thanks to the support from the staff of SOPH, my family, Merle Alexander and Hilda Vember I

had the courage to persevere. I have learned to manage my time, to consult, manage by my objectives and think critically and analytically. I also learned to set goals, prioritize, monitor and evaluate. I learned the importance of team work, collaboration and networking. I have learned to appreciate information technology and the off campus library was a great help with my literature reviews. During summer and winter schools I have come into contact with different people from different countries and cultures and I have learned so much from them. I am still in contact with some of them.

I have been integrating pieces of my study models into my current work situation. For example the knowledge of the epidemiology, population and health development and health promotion modules has sensitized me to monitor the clinic statistics hence the opening of the Bellville Men's Health clinic. The Health Promotion module has highlight the importance of community participation and partnership therefore I have forced partnership with health centers at UWC, CPUT, School of Pharmacy and a number of NGO's that operate in the area, namely Ecclesia Tygerberg Hospice Omega, Touching Nations, Hope SA, Health for Men, Aresta and the Health committee. I have also engaged my staff in a number of community outreach programs that include: Health promotion activities at schools, outreach services to factories and other workplaces. Engaged the Somalia leadership and Aresta NGO for interpretation and health promotion for Somali's attending the health services.

KHANA, Kenneth

Studying has been an enriching experience that provided me the opportunity to study while at work and obtain academic qualifications that enhanced my skills in public health – this expedited my promotion at work. It came with the major challenge of having to balance the workload in the office with the need to keep a steady pace of study – and often I fell behind. It requires discipline and commitment. The best way to balance distance education while you work is to study on a slow track.



Throughout my studies I had the opportunity to integrate what I learnt into my professional work especially the leadership and management skills that I gained. My goal is to become an all-round public health practitioner able to provide focused leadership in public health/development work settings.



KANGWA, Kowa

I recently obtained my postgraduate diploma in Public Health after studying part time for two years. I found the program quite flexible as I was able to study during hours that suited my schedule, though a lot of discipline and hard work was required as a distance learner. I found the program to be quite an eye opener and hope to use many of the concepts I learned to help and uplift other people.

KANYERERE, Joyce

Doing my Postgraduate Diploma in Public Health as a distance learner was difficult but very rewarding. My office work, family responsibilities and study materials (modules and readers) made me very nervous at the start of my studies. At the beginning, I thought of giving-up my studies but thanks to my family members and my boss at work for their moral support. I have realised the value of learning through consistent work. I have learned how to manage time, to consult, to read and to critique my work. The learning materials that SOPH provided were educative. Currently, I am motivated to apply for Master of Public Health next year.



As a Health Educator, I have been integrating materials from my modules through teaching, practical work and through students' organisations that I lead. My contribution during meetings about health issues at schools, communities and workshops has improved because of my improved knowledge through the public health training that I obtained.

CLOETE, Elizabeth

IKANDI, Simon

GROOTBOOM, Desmond

KAPEMBE, Tabita

MGUMANE, Sisanda

MOSES, Lorraine

SIMFUKWE, Patrick

VAN DER WALT, Charmaine

SOPH Staff Publications

1.



Assessment of the uptake of neonatal and young infant referrals by community health workers to public health facilities in an urban informal settlement, KwaZulu-Natal, South Africa

Dudzile Nsibandwe, Tanya Doherty, Petrida Ijumba, Mark Tomlinson, Debra Jackson, David Sanders and Joy Lawn

BMC Health Services Research 2013, 13:47 doi:10.1186/1472-6963-13-47

Published: 6 February 2013

Abstract

Background

Globally, 40% of the 7.6 million deaths of children under five every year occur in the neonatal period (first 28 days after birth). Increased and earlier recognition of illness facilitated by community health workers (CHWs), coupled with effective referral systems can result in better child health outcomes. This model has not been tested in a peri-urban poor setting in Africa, or in a high HIV context.

Methods

The Good Start Saving Newborn Lives (SNL) study (ISRCTN41046462) conducted in Umlazi, KwaZulu-Natal, was a community randomized trial to assess the effect of an integrated home visit package delivered to mothers by CHWs during pregnancy and post-delivery on uptake of

PMTCT interventions and appropriate newborn care practices. CHWs were trained to refer babies with illnesses or identified danger signs. The aim of this sub-study was to assess the effectiveness of this referral system by describing CHW referral completion rates as well as mothers' health-care seeking practices. Interviews were conducted using a structured questionnaire with all mothers whose babies had been referred by a CHW since the start of the SNL trial. Descriptive analysis was conducted to describe referral completion and health seeking behaviour of mothers.

Results

Of the 2423 women enrolled in the SNL study, 148 sick infants were referred between June 2008 and June 2010. 62% of referrals occurred during the first 4 weeks of life and 22% between birth and 2 weeks of age. Almost all mothers (95%) completed the referral as advised by CHWs. Difficulty breathing, rash and redness/discharge around the cord accounted for the highest number of referrals (26%, 19% and 17% respectively). Only 16% of health workers gave written feedback on the outcome of the referral to the referring CHW.

Conclusions

We found high compliance with CHW referral of sick babies in an urban South African township. This suggests that CHWs can play a significant role, within community outreach teams, to improve newborn health and reduce child mortality. This supports the current primary health care re-engineering process being undertaken by the South African National Department of Health which involves the establishment of family health worker teams including CHWs.

Trial registration number

ISRCTN41046462

Keywords:

Health seeking behaviour; Child health; Neonate; Newborn; Community health workers; Referral completion; Primary health care; Urban health; HIV

<http://www.biomedcentral.com/1472-6963/13/47/abstract>

2.

Of Remedies and Poisons: Recreational Use of Antiretroviral Drugs in the Social Imagination of South African Carers

Fiona Larkan, Brian Van Wyk, Jamie Saris

Abstract

During an ethnographic study of barriers to, and compliance with, antiretroviral (ARV) treatment in the South Africa's West Coast region, our team came across a general sense amongst health care providers that there was a lively illicit trade in antiretroviral medications. In itself, this is seen to be a barrier to adherence for many of their patients whose medication is traded to, or stolen by, drug dealers. Independent anecdotal evidence is emerging about this trade, though there has been little hard data verifying the existence of a recreational market for ARVs.

While there are rumours that efavirenz (some of whose side effects are hallucinogenic) is being used in the manufacture of crystal methamphetamine (locally 'tik'), such reports, in themselves, do not seem able to explain the ubiquity (and the confidence) of the belief in this trade amongst the health care providers with whom we have interacted. This paper explores aspects of the off-label trade of ARVs (as we have come to know it) and, as importantly, how rumor and knowledge of this trade has gained increasing currency in the social imagination of health and social care workers. This, we argue, could precipitate a real crisis in the Government's public rollout programme.

African Sociological Review 14(2) 2010; <http://ht.ly/6NyHn>