

## CHAIR'S REPORT 2015

### Introduction (unofficial)

*Last year we invested in eye candy to boost AGM numbers, this year we've gone for the equally appealing but more civilised option of luring you with wine.*

### EXCO 2014-2015:

Chair:	Kate Sherry
Vice-chair:	Maryke Bezuidenhout
Secretary:	Thandi Conradie
Treasurer:	Kate Sherry
Google Group:	Erika Bostock
Rural Health Conference:	December Mpanza
Students and Research:	Jana Muller
Rural Mental Health Campaign:	Shannon Morgan
Students and Community Service:	Heidi Gevers and Lizanne Bronkhorst (student)
Office Co-ordinator:	Stephanie Homer

### The Highlights Package:

2014/15 brought challenges and changes for RuReSA. Not only did it see a record turn-out at our previous AGM, but it also brought new members - particularly to EXCO! Shannon Morgan took the Rural Mental Health Campaign by the horns, Heidi Gevers slid from her student representative role into a community service role effortlessly, Lizanne Bronkhorst mistakenly gave up an afternoon's swimming to attend the EXCO and inadvertently found herself as new student rep, and Jana Muller and December Mpanza joined the EXCO ranks. 2014 - 15 also saw Kate Sherry step down to complete her never-ending PhD and a panic stricken Maryke Bezuidenhout rocketed into acting Chair position for the interim (deer in the headlights effect).

### What did we achieve?

#### **Objective 1: Rural Rehabilitation is incorporated into health care policy and service planning at national level**

RuReSA's mission includes **advocating for improved access to quality rehabilitation services** in rural areas, through encouraging (read 'bludgeoning') the inclusion of disability and rehabilitation in primary health care policies, providing a networking system to disseminate and gather information from our rehab members and generally proclaiming a few basic (and logical) rural-disability-rehab-PHC principles to all who care to listen. The challenges have been significant; but achievements have been sweet. Aside from making it onto Terence Carter's emailing list - which some in the national DoH cannot even claim - RuReSA also played a major role in shaping the **National Disability and Rehabilitation Framework**. Dr Pam McLaren was enlisted to work a small miracle in consolidating the National Disability and Rehab Task Team's information and working it into a policy

framework - and was given the handsome timeframe of 17 days to do it in. In the aftermath, Pam has regained her soul (from a deep dark place) and the Public Sector Rehab Forums and professional organisations have stepped up to the challenge of planning and implementing the document. For once, the various rehab factions have downed their pangas at the **National Joint Forum** and everyone seems to be eventually on the same page (truly a historic moment?)- midlevel workers and all! Time will tell, but at least RuReSA has the privilege of an EXCO member on each professional sub-group working (at the Joint National Forum) on the vital supporting documents. We will be watching (and actively engaged in) this space closely over the next few years.

Incidentally it was largely for this reason that Pam receives the **Lifetime Achievement Award** for her contributions towards rehabilitation at PHC level. Besides her very impressive CV - pioneering PHC rehabilitation services in remote areas during the time when women were normally found in the kitchen, as well as her significant academic contributions. Pam has seen the same initiatives, debates, themes and challenges in establishing rehabilitation as an essential service within PHC come up time and time again over the years..... and yet she was still willing to give it one last go!

**Rural Mental Health Campaign:** we were a protagonist in getting this campaign started with RuDASA, RHAP and several NGOs in the field of Mental Health. The idea of the campaign was launched after a multidisciplinary workshop at the Rural Health Conference 2014. The campaign should be officially launched to the public on October 2015 (Mental Health Month) after much work by Shannon Morgan and team. The focus of the campaign is problems mental health users experience and how we can improve the service delivery - including therapists providing rehabilitation in the community.

**Objective 2: Support the professional development of rural therapists, in order to address recruitment, sustainability and quality of service**

RuReSA has strengthened its working relationships with professional organisations, continued to engage with students through presentations, lectures and rural health clubs, given input to a variety of health planning and policy documents and even made it into the Huisgenoot (a secret professional wish of mine).

Our major contribution to **Rural-relevant CPD** is the **Rural Health Conference** that we jointly organise with RuDASA and PACASA. This is a truly multidisciplinary conference with everyone learning from each other, as well as lots of fun - which is why we allow it to take up 2 to 3 months of our time each year! We are fortunate to get some great key note speakers each year, this year it is Prof Claire Penn, Chair of Speech Pathology and Audiology at the University of the Witwatersrand; and our own sponsors this year (SASHLA, Amtronix, Shonaquip, TRAC).

### **Objective 3: Develop an expanding, active, representative membership**

We are now in the 2nd year of funding from the **Alliance-strengthening initiative by the Rural Health Advocacy Project (RHAP)**, once again many thanks for RHAP funding RuReSA. Stef Homer, our overworked coordinator, has produced miracles yet again. Not only does she herd EXCO members extremely well, but she manages to keep all the strings to our ever-drifting balloons, giving RuReSA a consolidated focus and making sure we can all find the right documents. This year, Stef has created a virtual office, a cloud account for shared documents which we can all access, been a step ahead in anticipating policy input deadlines, dragged 9 EXCO members halfway across South Africa to camp in a small room for 3 days to reflect and strategise, and brought order to entropy.

We introduced annual fees in 2014 ready for the start of our 2015 financial year. There were a few teething problems, and as expected, not everyone paid in. In 2014 our membership was 182 people. This year we had a total of 45 full members (27 paid members, 12 student members, 6 “free for 2015” members). However 35 of the previous members continued to support RuReSA through Facebook, and we are calling these “Friends of RuReSA”. We lost a total of 56% (102) members through attrition (therapists moving out of rural) but mainly by introducing fees.

### **Priority areas for year 2015-16**

1. **Funding to keep us going:** 2016 is the last year that we will receive funding from RHAP so we really have to secure our own funding by building up our membership and asking for some donor funding
2. Develop an expanding, active, representative **membership**
3. The **Rural Mental Health Campaign**
4. **National Disability and Rehabilitation Framework**
5. **CPD development:** The Rural Health Conference is in the Eastern Cape! We are also exploring online CPD with RuDASA and OTASA
6. **Opening up our virtual library to all members:** everything we send out on Google Group we are also saving onto a “cloud” library. We hope to have this organised well enough to open it up to all members so you can download docs to your hearts content
7. **Rural Research:** ideas?

### **Conclusion**

Although we are a minute role player in the grand scheme, **RuReSA continues to be an *ENGAGER*, bringing parties and ideas together.** Our members wear multiple hats - rural therapist, public sector forum EXCO member, professional organisation EXCO/member, task team participant, researcher and advocate.... but throughout which a common message is



lobbied: the principles and strategy of improving rural rehabilitation services at PHC level, and the challenges our end users experience in accessing the current service designs. Gradually it seems to be working - hey, the cogs turn slowly at this level, but they're turning.

We're hoping that we continue to grow in capacity in reach and outcomes during the next few years (read between the lines: anyone with a passing glimmer of interest in becoming involved?).

Thank you to all who have supported us through our teething stage!!

**Maryke Bezuidenhout**

**Vice Chair**