

## **Rural Rehab South Africa Annual General Meeting 2014**

**Date:** 22<sup>nd</sup> September 2014

**Venue:** Ukwando Rural Campus, Worcester

**Time:** 16.30 -17.30

### **Present:**

There were 17 members, including 4 out of the 5 EXCO members, and 3 non-members present. Please see attached attendance register.

Apologies: Erika Bostock (EXCO) and Charlyn Goliath (SU)

### **Welcome by Kate Sherry, Chair:**

We would like this to be a more informal “Meet & Greet Session” but as we are now registered as an NPO there are some formalities! Introductions were given by the EXCO team, and the conference team (Jana, Charlyn & Pam) and by everyone in the meeting.

### **Minutes from 2013 AGM: Lead by Thandi Conradie, Secretary:**

The minutes of the previous minutes were circulated to the RuReSA membership before the AGM, and read out and seconded by Maryke Bezuidenhout & Pam McLaren at the AGM.

*These minutes are published on the web site.*

### **Report on the work of RuReSa in 2014 from Kate Sherry, Chair:**

*See attached Chair Report for full details.*

The report opened with Kate saying that although the report was feedback we hoped that it would help everyone become aware of the work by RuReSA and to get involved. The essential work of RuReSA is to advocate for good rural rehabilitation services.

There is a hard working EXCO but this small group cannot do all the work. We are trying to develop “task group” activities that individuals can “sign up for” and do as part of their existing work.

### *The Highlights Package:*

- RHAP initiates an **alliance-strengthening project** with RuDASA, RuReSA, PACASA. The Alliance has 2 key activities: rural proofing health policy, and Human Resources for Rural Health (HR4RH). This Alliance works with the DoH on policy development and rural proofing health policies. Note that whilst our work on policy development has been mainly pro bono we have been privileged to learn from the Alliance projects. The Alliance has created a ground breaking opportunity for RuReSA to be asked to NDoH policy meetings.
- RHAP offers us our first ever actual **funding** as part of the above. Until now EXCO has self funded attending meetings and telephone costs. *See the Financial Report later*
- We use the funding to contract Stef Homer as our **coordinator**, which changes our lives.
- We finally manage to open a **bank account** with FNB, and start charging **member fees** so we can become self funding will be our challenge in the next few years.

- The **National Rehab Strategy Task Team** (with Maryke on board) produces a disappointing Rehabilitation draft strategy, and then grinds to a halt. These are the sort of activities we are involved in to “fight battles on your behalf”. The Task teams included: RuReSA, heads of the “profession specific DoH forums” Provincial Rehabilitation Coordinators, a team from Disability Alliance, the professional organisations, and key university lecturers e.g. Theresa Lorenzo. Whilst the individual task teams provided good information, the national leadership was haphazard and we are still waiting for a Final Draft of the Rehabilitation Model. The timeframe seemed unrealistic as much data needed for planning rehabilitation services was not available. What was achieved was getting all of the task teams” on the same page” regarding PHC, rural, and rehabilitation. Issues remain around the MLW and DPOs. We still need “stories” to contextualise rehabilitation. If the Model is not appropriate we have the option of asking Section 27 and RHAP to advocate for improvements on our behalf.
- We start a partnership with **OTASA** to look at making sure OT is included in mental health planning and is linked to the Rural Mental Health Campaign. KS, PM, and SH were participants along with OTs from Manguzi and Mseleni Hospitals.
- We kick off the **Rural Mental Health Advocacy Campaign** (RMHC), with the alliance partners at this Rural conference. The formal launch is on 24<sup>th</sup> September.
- We co-host the **Rural Health Conference 2014** (Worcester, Western Cape, 21-24 September), with the alliance partners and the Ukwanda Rural Clinical School (University of Stellenbosch): PM, JM, and CG were thanked for their hard work and input into the conference programme.

### **Priority areas for the 2014 year**

Our strategic planning weekend took place in February at Twin Streams Environmental Education Centre, Mtunzini; funded by RHAP, and facilitated by Catherine Collingwood (Southern Hemisphere Associates).

We identified the following priorities for 2014-2016:

1. Rural Rehabilitation is **incorporated into health care policy** and service planning at national level. KS presented to the rural proofing working group that informs key government officials, and MB spoke about service development to the WHIRE alumni event
2. Support the **professional development of rural therapists**, in order to address recruitment, sustainability and quality of services. MB and Sunette Wessels were active in the orientation of com servs and advocating better community services to the district rehab co-ordinators in KZN. KS spoke to therapists in EC about NHI. We offered mentoring and clinical consultations to our members but these had limited uptake. The inaugural RuReSA Rural Rehab Healthcare Worker of the Year was given to Jabu Ndlovu, OT at Manguzi Hospital KZN.
3. Develop an expanding, active, representative **membership**. We have 182 members covering all provinces and have formalised a membership package, developed a web site and Facebook page. Most of our information is still distributed via the Google Group.

**Report on the current Finances from Stephanie Homer, Office Co-ordinator:**

*See attached Financial Report for full information.*

We are fortunate to receive R90000 in funds from RHAP this year which has enabled RuReSA to employ a co-ordinator for 8 hours per week; and fund travel and accommodation expenses of EXCO, or delegated RuReSA members to attend important meetings with stakeholders; and enable us to fund some members to attend the conference (Jabu, Harry and Heidi) and learn more about RuReSA in order to contribute more to the work we do. Most of the funds are allocated for specific activities but people can apply for reimbursement of expenses if they attend a function on our behalf or to promote rural rehabilitation best practice. RHAP funding will continue for a maximum of another 2 years and then we need to be more self-sufficient. This year we have started formal membership fees of R175 pa, and requests for payment of fees will go out in January 2015. So far this year we have received R2100.00 in fees.

**Questions & Comments from the group:**

1. Membership fees for students? *Response: Free!*
2. 4 students from University of Stellenbosch (US) were funded to attend the conference and have had very positive responses to the programme so far. *Response: we will ask the local university in the province where the conference is held to sponsor student registration fees, accommodation & travel.*
3. DM offered to help with developing funding ideas and contacts for sponsorship for the next conference.
4. Suggestion for an award for the student presentations at the conference . *Response the conference committee do give an award for the best student presentation. This is given out during the closing ceremony.*
5. Could we establish a list of roles or ideas for members to contribute towards and ask people to sign up for specific tasks? *Response: MB will circulate a list of ideas, our major focus has to be PHC policy development for rehabilitation.*
6. HS asked how we were building capacity via recruitment and develop interest groups within the membership? *Response: we are developing a student membership drive and ad hoc interest groups e.g. the mental health group. Capacity development is part of the Strategic Plan 2013-2017, and enabled us to sponsor some people to attend the conference to learn more about our work i.e. HS, HG, and JN.*
7. JS said RuReSA has done a lot for the ECHCAC at policy level via Thandi Conradie, Shannon Morgan, and Karin Galloway. *Response: RuReSA works with the Rural Alliance (RHAP, Section 27 & RuDASA) on EC Health. We need more support from EC therapists - mainly to provide information, case studies and examples of problems "on the ground" e.g. Number of people waiting for wheelchairs/hip replacements etc*
8. RuReSA was thanked for putting out the "Go rural" video from Free State and the slide presentations of working rural by RuReSA. JM said that they had inspired many students at SU

to apply for rural posts. It was suggested that they were uploaded to RH4U (Rural Health for You). *Response: SH to add link RH4U to web and TC to Facebook*

9. JM suggested the universities need to fight for change and this can be done by RuReSA providing a “Research Needs List” that their PhD students can select from. This was backed by DM. *Response: research is part of our Strategic Plan and will probably discussed at the 2015 Planning session. We also need to increase awareness of how students should do clinical risk management.*
10. The Rural Mental Health Campaign had a successful inaugural workshop on Sunday. There will be campaign launch messages and a campaign team announced at the closing ceremony on the 24<sup>th</sup>. KS, JN, SH, SM, and HS were all involved.
11. Rural Conference 2015: we need to have more time for a “Meet & Greet” session or workshop with our members, and not just an AGM.
12. It was great regret that the EXCO team bade farewell to Pam McLaren, a veteran member of rural rehabilitation and keen contributor to RuReSA. PM remains enthusiastic about the role of RuReSA and will continue helping with data and research through her work with DART.

#### **Election of Committee Members:**

Nomination Forms received from people willing to assist RuReSA EXCO:

- December Mpanza, UKZN: help with funding and marketing
- Shannon Morgan, Jabulani Foundation: help with mental health campaign and ECHAC work
- Lizette Bronkhorst, PTS at Wits: help with student affairs

In addition, as part of their sponsorship, Jabu Ndlovu and Harry Selala have agreed to help out with components of the Mental Health Campaign; and Heidi Gevers with student and com serv affairs.

#### **Closure:**

It has been incredible to watch ruReSA grow at this critical time for health and disability in our country. We are enormously grateful for the support of our rural alliance partners and others who offer encouragement and advocacy for good rural rehabilitation.



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Kate Sherry, Chair



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Thandi Conradie, Secretary

<b>RuReSA AGM 2014 Attendance Register</b>		
<b>Name</b>	<b>Organisation</b>	<b>Email</b>
Lizanne Bronkhorst	Wits Rural Health Club, GP	<a href="mailto:lizanne.bronkhorst@gmail.com">lizanne.bronkhorst@gmail.com</a> 076 370 2398
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