PEOPLE TO PEOPLE AMBASSADOR PROGRAMS
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NURSE EXECUTIVES
Delegation to South Africa

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Date:	August 13, 2008	**City:**	Johannesburg
Your Name:	Eric Francque	**Delegation Leaders:**	Carol Watson & Pam Thompson

Our first full day began by meeting our People to People Ambassador Program national guide, Johan van Doesburgh, and our Johannesburg local guide, Kenny Takalo. The delegates and guests were given a brief overview of South African cultural history, as well as the current political climate of the nation. Apartheid, literally translated to mean "separateness" in Afrikaans (the dialect developed among the Dutch speaking Protestant settlers and indentured workforce), was a system of legalized racial segregation enforced by the National Party government of South Africa between 1948 and 1990. Following the general election of 1948, the National Party set in place its program of Apartheid, with formalized policies and practices which "institutionalized" racism. Apartheid was dismantled in a series of negotiations between 1990 to 1993, culminating in the first democratic election in 1994, which essentially extended the right to vote to all adults, without distinction to race, sex, beliefs, or economic or social status.

The delegates continued their briefing with a presentation from a local representative of the **South African Nursing Council**, the body entrusted to set and maintain standards of nursing education and practice in the Republic of South Africa. The Council controls all matters concerning nursing education and training, including the approval and monitoring of nursing schools, the conduct of examinations and the issuing of diplomas and certificates. One of the largest health crises in South Africa is the prevalence of HIV/AIDS, which was very apparent in all our medical facilities tours, both in the provinces and townships . At the end of 2007, there were approximately 5.7 million people living with HIV in South Africa, with almost 1,000 AIDS deaths occurring every day. The average life expectancy in South Africa is now 54 years – without AIDS, it is estimated that it would be 64. Over half of 15 year-olds are not expected to reach the age of 60. The most rapid increase in South Africa's HIV prevalence took place between 1993 and 2000, during which time the country was distracted by major political changes. While the attention of the South African people and the world's media was focused on the country's transition from Apartheid, HIV was rapidly becoming more widespread. Today, hospitals are struggling to cope with the high number of HIV-related cases. In 2006, a leading researcher estimated that HIV-positive patients would soon account for 60-70 percent of medical expenditure in South African hospitals. The prevalence of misinformation and stigma about AIDS in South Africa has not only hampered efforts to increase access to treatment, but has also created a climate of confusion in which prejudice towards people living with HIV thrives. HIV is sometimes seen as being a disease of the poor. In South Africa, there is some correlation between extreme poverty and high HIV prevalence, although HIV is prevalent across all sectors of society.

In the afternoon, after lunch at **The Bull Run** restaurant, the delegates toured **Soweto**, a sprawling township situated just southwest of Johannesburg. With a population of over 3.5 million, much of the struggle against Apartheid played out in the slums of Soweto. The township was in a virtual state of war during the 1970's and 80's. The growth of African townships near Johannesburg (that would later form Soweto) was propelled by the increasing eviction of Africans by city and state authorities. Africans had been drawn to work in the gold mines that sprang up after 1886. From the start they were accommodated in separate areas on the outskirts of Johannesburg, and forced to remain there after strict governmental policies were enacted in 1948. Soweto came to the world's attention on June 16, 1976 with the Soweto Uprising, when mass protests erupted over the government's policy to enforce education in Afrikaans rather than English. Police opened fire in Orlando West on 10,000 students marching from Naledi High School to Orlando Stadium, and in the events that unfolded, 566 people died. The impact of the Soweto protests reverberated through the country and across the world. Many consider the Soweto Uprising as the "beginning of the end of Apartheid".

The delegates and guests then visited the **Hector Pieterson Memorial and Museum**, named after one of the first students killed in protest. Opened in 2002 near the actual location where Pieterson was shot, this museum honors Pieterson and those who died around the country in the 1976 uprising.

Date: August 14, 2008 **City:** Johannesburg
Your Name: Eric Francque **Delegation Leaders:** Carol Watson & Pam Thompson

The delegates visited **Ennerdale SOS Children's Village Medical Centre**, located approximately 30 kilometers south of Johannesburg. The purpose of our visit was to discuss HIV/AIDS issues and its impact on the pediatric nursing field, as well as child wellness exams and immunizations in South Africa. The delegates received a warm welcome by Phuti Mothiba, Acting Coordinator, who provided an in-depth overview of Ennerdale.

Founded in 1982, the local association was officially registered as an aid agency in 1984 and is the oldest and first SOS Village in South Africa. Ennerdale is a private, charitable, social development organization, and operates as an affiliated member of SOS-Kinderdorf International, the largest private welfare organization for children in the world. Originally formed as a clinic responding to issues such as HIV, hunger, thrush and acute dysphasia, the mission of Ennerdale today lies in its "Family Strengthening Programme" (FSP).

FSP enables local orphaned or abandoned children affected by the HIV/AIDS pandemic to have food on the table, medical care, clothing, and to receive an education. Eight to ten children are cared for in small family-type homes, and are raised like brothers and sisters. Ennerdale comprises 16 family houses, an administration and service area and houses for the village director and the SOS aunts. The head of the family is the SOS mother (23 in total), who provide the 160 orphaned children with the affection and security they need for sound development. Ennerdale is also surrounded by four remote, rural camps staffed by caregivers and volunteers who provide regular home visits. House Mother Rebecca Ngikelana outlined the Ennerdale Community Project which serves individuals in remote areas. Ted Taylor, corporate fundraiser at Ennerdale, then provided an overview on fundraising, indicating support sources through private donations, government relief funding, as well as through CBO (community based organizations) support. Phuti and Mom Rebecca then gave us a tour of the very clean, orderly family houses and adjacent Ennerdale grounds. Delegates were rushed by a large group of lively children, all hoping to get their pictures taken. After a short visit, the delegates then drove approximately 20 kilometers where Phuti gave us a tour of a 20-bed hospice located in a very serene rural setting surrounded by very lovely vegetable gardens.

In the afternoon, the Delegates traveled back to Johannesburg to visit **Garden City Hospital**, a 365-bed facility privately owned by Netcare, renowned for its commitment to providing world class facilities in disciplines such as pediatrics, neurosurgery, orthopedic surgery, stem cell transplants, and psychiatrics. After discovering that our original host Sister Margaret Sayer, head of the clinical department, was on leave, delegates were warmly welcomed and oriented to the hospital by Bill Smith, head of the nursing training department. With a volume of over 2,000 patients per month, Garden City serves a very diverse community with a large concentration of Muslim patients. Considered a teaching hospital, Garden City oversees 128 students and four facilitators under licensure requirements as outlined by the South Africa Nursing Council. Bill noted that the goal at Garden City was to "train and retain" as much as possible. Dialogue then occurred regarding the nursing shortage commonalities U.S. and South Africa. Bill's uniform was also of interest to delegates as it resembled that of a ranking officer in the U.S. military. An RN had a red stripe, midwifery a green stripe, etc. Bill then led a tour of Garden City where Delegates engaged in informal conversations with various "matrons" or unit managers. Matrons indicated that a very strong focal point is the care of HIV/AIDS patients where Garden City sees up to 3,500 new infections per day. Toward the end of the tour, delegates had a lively conversation with Dr. Miles Bartlett, the Garden City Clinic's intensive care specialist and pediatrician who leads the only ICU in the country that offers hypothermic treatment for child victims of near-drowning accidents. After our visit to Garden City, the delegates commented on how welcoming the staff was and willing to share information. We were also surprised at the high level of security throughout the hospital, as well as certain safety oversights (some guardrails were down in the pediatrics ward). In their discussions with unit managers, the delegates also witnessed similar problems and challenges with regard to nurse staffing and patient acuity.

Date: August 15-17, 2008 **City:** Cape Town
Your Name: Eric Francque **Delegation Leaders:** Carol Watson & Pam Thompson

After having traveled from Johannesburg to Cape Town late Friday, August 15, delegates and guests boarded the coach in the sleepy, early hours of Saturday, August 16 to drive down **Cape Peninsula**. Our Cape Town local guide, Vanessa Raynard gave us a historical and cultural overview of Cape Town, as well as a guided tour of townships along the coast. Our first point of interest was **Kirstenbosch National Botanical Garden**, renowned for the beauty and diversity of the Cape flora and magnificence of its setting against the eastern slopes of Table Mountain. Founded in 1913, Kirstenbosch grows only indigenous South African plants, covering 528 hectares and supporting a diverse fynbos (African shrubland), flora, and natural forest. The cultivated garden (36 hectares) displays collections of South African plants, particularly those from the winter rainfall region of the country. At this point, Guide Vanessa Raynard referred to the beautiful day and surroundings as "drop dead gorgeous", which would affectionately become the tagline and private joke of delegates and guests for the remainder of the trip.

After spending two hours in the botanical garden, delegates and guests boarded the coach to drive further down the beautiful coastline. We drove along Chapman's Peak Drive, heading toward **Chapman's Peak,** the mountain on the western side of the Cape Peninsula, about 15 kilometers south of Cape Town. While the eastern flank of the mountain rises fairly gradually, the western flank falls sharply for hundreds of metres into the Atlantic Ocean. Our next stop was the **Cape of Good Hope**. As we drove into the Cape area, we were greeted by friendly, wild ostriches and dramatic, white-watered coastlines. The Cape of Good Hope is a rocky headland on the Atlantic coast of South Africa. There is a common misconception that the Cape of Good Hope is the southern tip of Africa, but in fact, the southernmost point is Cape Agulhas, about 150 kilometers to the southeast. However, when following the coastline from the equator, the Cape of Good Hope marks the psychologically important point where one begins to travel more eastward than southward. Before lunch, we made one final stop at **Boulders Beach**, a popular tourist stop and home to a colony of African penguins that settled there in 1982. Named after inlets of granite boulders right off False Bay, this penguin colony is home to approximately 3,000 of our feathered friends.

On Sunday, August 17, delegates and guests had "freedom of choice" in activities for the day. Some opted for an all-day safari located outside of Cape Town. Others met early for the **Gospel Township Tour**. Visitors were given a private tour of the Kayamandi township, and were warmly greeted by residents who opened up their homes. At the conclusion of this tour, the group attended a very lively church service. In the late morning, Delegates and guests met at the beautiful waterfront to take a ferry to **Robben Island**, an island in Table Bay, just seven kilometers off the coast of Cape Town. Former South African President and Nobel Laureate Nelson Mandela, alongside many other political prisoners, spent decades imprisoned here during Apartheid. After touring the grounds of the island, a former prisoner gave a very intimate and powerful tour of the jail cells.

At the end of this very full day, all delegates and guests reconvened at our Cape Town hotel, and drove to the nearby Guguletu township to have dinner hosted by the Liziwe family in their guest home. We were warmly greeted by Donald Qubeku and his wife Liziwe Ngcokoto, and served a wonderful dinner and dessert. After dinner, the very colorful Donald told us the story of how he and his wife created the guest house. After an early retirement, Donald decided to build a house with bricks from demolished buildings donated by his employer. With the help of the community, they painstakingly cleaned each of the 60,000 bricks that built his home. Today, the Liziwe Guest House boasts guests from South Africa, Holland, Germany, Scotland, the U.S., and People to People!

Date:	August 18, 2008	**City:**	Cape Town
Your Name:	Eric Francque	**Delegation Leaders:**	Carol Watson & Pam Thompson

The delegates spent the morning at the **University of Western Cape (UWC), School of Nursing**, located approximately 20 kilometers from Cape Town city center. The university as a whole is a leading research and teaching institution in South Africa and has played a unique role in the struggle against Apartheid. Founded in 1959 for the purpose of educating non-white youth of the region, student and faculty protests from 1973 through the mid 90's placed the university at the center of opposition to Apartheid. Delegates were introduced to Professor Thembisile Khanyile, PhD, Director of Nursing and Deputy Dean in the Faculty of Community and Health Sciences, and Dr. June Jeggels, head of the clinical program.

For the past three years, the UWC School of Nursing has remained the largest undergraduate nursing program in the country with a current enrollment of 1,154 students. In 2001, the Minister of Education did a "shape and size" exercise, with the goal of identifying the need for nursing education in the Western Cape. The minister identified dentistry and nursing as two key areas needing educational focus to meet the growing demands of community access. The nursing school curriculum is community care-based in its approach to primary care, as many graduates eventually work in rural and remote areas. Thus, Professor Khanyile believes that the process of producing a professional nurse is best achieved through developing a "community oriented, generalist nurse, competent in meta-cognitive, problem-solving, partnership-building and self-directed learning skills."

The South African Nursing Council sets and maintains nursing standards on the baccaleurate level. UWC nursing students are registered with the Council, and on completion of course work and 4,000 clinical hours during a four year term (over 1,000 must be in community settings such as midwifery and general nursing), students will apply and gain licensure. There is no state licensing exam; after completion of the program, the Council recognizes competency, and nurses are automatically registered. The Council also requires each student be supervised one hour every two weeks. Upon completion, students are required to do one year of community service. (For a two year program, the Council offers a category of "enrolled nurses"). The UWC student/faculty ratio is currently 1:50. There are 22 clinical supervisors and two lab assistants. The median student age is 30 years. The student ethnic demographics are representative of the Western Cape: 47 percent colored, 44 percent black (or African), with the remaining Asiatic, Indians and a few whites. In terms of gender, approximately 40 out of 302 first year students are male. When interviewed individually, most want to work in U.K. or U.S. The UWC School of Nursing is the first in the country to use a contracted, onsite managed simulation model of teaching with ordinary community members. Data is collected on feedback such as clinical experience, knowledge of patient rights, etc. Professor Khanvile continued to stress the comprehensive nature of the UWC program and says this is unique to South Africa as nurses in rural areas see patients who have little or no access to doctors or pharmacists. The professor then discussed the nursing shortage in this South African region, identifying the top three reasons why nurses leave: low salaries, poor conditions (lack of resources), and disease in country (primarily HIV/AIDS and TB), and that nurses get frustrated and leave. Feedback from students and practitioners in South Africa indicate that care is becoming "too technical". Delegates raised many questions. Does UWC partner with faculty in other countries? We learned that for over 20 years, UWC has partnered with the University of Missouri in research collaboration, as well as in faculty and student exchanges with Holland and Sweden. Does UWC work with marginalized students? Professor explained that the school affords every opportunity for a student to succeed (exam, re-evaluation, supplementary exam) as well as tutoring for math, science and English as a second language. Faculty shortage issues were also brought up and commonalities were identified here and abroad. University teaching requirements in South Africa are a masters at a minimum. Of the 26 UWC staff, five have doctorate degrees. Another question arose regarding nurse leaders for administration. First year nursing students learn the basics. Students in their second and third year focus on unit management, and fourth year students focus on professional development pulling all disciplines together. Post-graduate students typically enter a masters in public health program.

Dr. Joan Osborne, a U.S. delegate from Broward General Medical Center gave a 20 minute presentation on "Organizational Commitment to Patient Safety". She provided a case study from her hospital on how a nurse provided the wrong dosage resulting in the patient's death, and how this nurse's processes provided a learning (rather than a blaming) opportunity, to implement further policy. After her presentation, Mr. Tenana Maboodan, Director of Nursing of the Western Cape province, joined us and led a discussion regarding patient safety issues in South Africa. Delegate Elaine Patalski spoke briefly about the United States-based patient safety initiative, Transforming Care at the Bedside (TCAB).

Date: August 18, 2008 **City:** Cape Town
Your Name: Eric Francque **Delegation Leaders:** Carol Watson & Pam Thompson

Our final day of professional visits began at the **Stellenbosch Municipality**, representing five sub-districts located 50 kilometers east of Cape Town and considered the oldest settlements of South Africa. The major portion of the Stellenbosch area is utilized for agriculture (mainly wine production), serving people living on or near the poverty line. We were greeted by Mrs. Denise Johnston, the sub-district manager of 17 clinics (10 walk-in facilities, five mobile (farm routes), and two satellites). These rural, European Union-funded clinics, serve a total population of 123,178 individuals and employ 125 individuals. The main medical issues being treated are HIV/AIDS and ARV services (anti retro viral), TB, and walk through services for fertility/family planning, immunizations, and chronic conditions. Mrs. Johnson gave an overview of all 17 clinics, detailing monthly head count numbers (numbers ranged from 950 up to 5,300), and primary reasons for visits; adults were primarily treated for HIV/AIDS and TB, while children were also seen for upper respiratory issues. Mrs. Johnston painted a very sobering picture of health care in the region which was certainly the theme of the day: few nurses providing care to large numbers of people. After Mrs. Johnston's presentation, delegates were given a tour by of the nearby **Stellenbosch Hospital** by Pieter Barbers, assistant director of nursing. Barbers helps oversee this 95 bed hospital which employs 36 sisters (professional nurses with a four year degree) and 60 nurses (holding a two year degree). The hospital also runs a walk-in clinic which serves up to 200 individuals per day, which delegates noted as very over-crowded.

After our hospital tour, delegates visited the **Khayamandi Clinic** and the nearby **Don and Pat Bolton Clinic**, respectively. On our drive, we saw block after block of misshapen one-room homes, constructed with cast-off and recycled materials that painted a picture of the economic status and sub-standard living conditions of the region. Delegates walked into the Khayamandi Clinic reception area and witnessed a packed waiting room of adults and children waiting for treatment. With an average monthly headcount of 5,400, this publicly funded clinic serves those needing HIV/AIDS, TB, and family planning care. As a staff nurse provided a quick tour, the impressions from the delegates were that the clinical resources were very basic, at best. Medical supplies and treatment rooms were orderly arranged, but the presence of technology was low. Two patients being treated for TB sat in a room that had a single fan to provide ventilation as nurses wore partially covering face masks. The delegates then departed for the Don and Pat Bolton Clinic. Serving an average monthly headcount of 960 people, this clinic also serves people in low socioeconomic conditions. This clinic provided a focus on the physician role. Dr. Richard Davids, medical supervisor, gave a brief presentation on South African health system, including a history of Apartheid and how health care was "very divided" with preferential services given to whites. In the greater Stellenbosch area, Dr. Davids supervises 10 medical officers, all who experience very scarce commodities. Most doctors are generalists with a broad scope of skills; OB-GYNs remain the largest in demand. While he says Stellenbosch does a "pretty good job with what they have", he says that they can always do better, which elicited nods from U.S. delegates. He then lauded the nurse's role and referred to patient care delivery as "nurse-drive, doctor-supported". As we concluded our tour of these rural clinics, the overall impressions of the delegates was the lack of general clinical resources, the staggering volume of patients, and low number of on-site nurses.

After leaving the rural areas, the afternoon visit to the **Lentegeur Clinic** concluded our professional visits in the Cape Town area. The clinic operates in the Mitchells Plain District, once considered a "coloured township" due to the Group Areas Apartheid Act of the 1970's and now home to 350,000 people. In the clinic, we were greeted by Sister Nyangu, the onsite manager who has overseen the facility for the past 18 years. When delegates entered the waiting room, a steel cage surrounding the reception area with a sign stating, "no guns on premises", seemed to highlight the tone of this rather urban, rough clinic environment.

Consistent with the concerns of the rural clinics, the main areas of treatments are HIV/AIDS, TB, and family planning. The physical plant of the clinic had interesting signage regarding STD prevention, TB care, as well as the warning that dental extraction would not be given to healthy teeth (indicating a popular trend of youth to extract teeth to decorate with gold implants). Lentegeur's average monthly headcount is 4,500 patients with an alarmingly low staff of only seven nurses (one sister, four professional nurses, two staff nurses). TB treatments require direct observation procedures, with follow-up occurring to patients who don't return for treatment – which proves to be somewhat common. Co-infection with HIV and TB is a big problem, as well as those with TB unwilling to test for HIV/AIDS due to societal stigma. Regarding family planning, the Mitchells Plain area sees a large prevelance of teen pregnancy. While Lenteguer has a strong clinical presence, the support in schools is usually unsupportive for education and training. Terminations of pregnancy occur as early as 12 years. Our visit concluded with an impromptu discussion with Guy Leslie, a drug counselor volunteer who spoke of the high presence of alcohol and drug addiction in the area.