

TRANSFORMING HEALTH CARE IN SOUTH AFRICA:

A summary evaluation of
The Atlantic Philanthropies'
Nursing Programme



*This evaluation was
conducted by*



Published by

The
A T L A N T I C
Philanthropies

November 2014

*Front cover photograph:
Democratic Nursing Organisation of South Africa*



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*2011: A nursing student doing home visits in the Soshanguve township, Gauteng.
Photograph: Tshwane University of Technology*



Introduction

This publication provides a summary of an evaluation done by Strategic Evaluation, Advisory and Development Consulting (SEAD) in 2012 of The Atlantic Philanthropies' South African Nursing Programme (under its Population Health Programme) from 2006-2012. The report gives some background as to why the programme was initiated, its goals and objectives, how it was designed, and what its main outcomes and broader impact have been. The report ends by outlining the main challenges faced by the programme and key lessons learned.



Background

Nurses form the backbone of health care in South Africa. For many years, however, the profession has been in crisis.

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For many years, however, the profession has been in crisis. The crisis has had dire implications for the vast majority of South Africans who rely on the public health system, and particularly on nurses, to provide them with health care.

In 2006, The Atlantic Philanthropies (Atlantic) launched a nursing initiative as part of its Population Health Programme in South Africa in response to the serious challenges facing the country. Among the most salient facts at the time were:

- While South Africa had one of the highest per capita rates of health expenditure among developing countries, it had some of the worst levels of infant mortality, early childhood malnutrition, and maternal mortality. In addition, the HIV and AIDS pandemic had hit South Africa particularly hard. The pandemic was responsible for 29.8% of deaths in 2000, rising to 50.8% in 2005.¹
- Nurses accounted for 80% of all staff in

primary health care and were largely responsible for caring for HIV and AIDS patients, among others.

However, a shortage of nurses posed a serious threat to the care of these patients, and to health care provision in general. In 2006, the Department of Health reported that there were more than 30 000 vacant nursing posts, most of them in rural areas.²

The nursing crisis was due to a number of factors, including:

- Decisions by the Department of Health to revamp the nursing college system, which led to funding shortages for many colleges in rural and urban areas. This meant that colleges were unable to attract and hire qualified lecturers and provide the necessary infrastructure for nursing students, which had a negative impact on the quality of nursing graduates and the care they could provide.
- A lack of scholarship opportunities to enable lecturers to pursue higher education degrees. Many of those who taught nursing

¹ Coovadia, H, R Jewkes, P Barron, D Sanders & D McIntyre, *The health and health system of South Africa: historical roots of current public health challenges*, The Lancet, Vol. 374, Issue 9692: 5 September 2009, pages 817-834.

² Zurn, Pascal, Carmen Dolea & Barbara Stilwell, *Nurse retention and recruitment: developing a motivated workforce*, The Global Nursing Review Initiative, Issue Paper 4, International Council of Nurses, Geneva: 2005.

Not enough nurses had the background to assume prominent roles in addressing South Africa's health care issues.

students did not have master's or doctoral degrees. Most training institutions did not support or require scholarly activities such as journal publications and conference presentations.

- A preponderance of nurses with one- or two-year nursing degrees, rather than four-year or postgraduate degrees, which left some ill-prepared to address complex challenges.
- Migration and maldistribution of health professionals. Migration of health professionals out of South Africa was a major issue. In 2001 alone, some 4 000 nurses requested verification of their credentials from the South African Nursing Council in order to work in other countries. Moreover, too few nurses were working in rural areas or in the public sector where they were most needed.
- A lack of emphasis on leadership development in nursing education and associations, meaning that not enough nurses had the background to assume prominent roles in addressing South Africa's health care issues.

- A lack of nursing research, leading to a dearth of credible information for policymakers to draw on to improve nursing policy and practice.

The crisis in nursing, however, was also a human rights issue. Most nurses were black and had been neglected and yet blamed for the crisis in the burdened health system.

Suppression of black nurses was particularly accentuated during the apartheid years, when many in positions of authority believed that black women were incapable of passing nursing examinations and consequently were reluctant to train them. The resilient few who persisted in earning their nursing degrees faced daunting obstacles in assuming leadership positions. A 1957 Nursing Act³, for example, made it a criminal offence to provide supervision of white nurses by a nurse from another racial group, regardless of educational experience or qualifications. Through this legislation, black nurses were essentially barred from leadership positions in national associations where they could influence policy on nursing or health care.

³ Nursing Act 69 of 1957.



Goals and objectives of Atlantic's Nursing Programme

Atlantic set out to restore the image and reputation of nursing as a profession of choice in South Africa.

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choice in South Africa. The foundation believed that if it could assist in rebuilding infrastructure, strengthening research, and ultimately restoring the pride in nursing, it would help make a lasting difference to the health and health care of South Africans.

Supporting the revitalisation and development of the nursing profession in South Africa was a good fit with Atlantic's overall approach of involvement in areas that other players had traditionally ignored.

To advance these goals and objectives, between 2006 and 2012, Atlantic invested US\$32.8 million to strengthen:

- Institutions of higher learning – funding new facilities, nursing programmes, curriculum development, faculty positions, and community-based training programmes.

- Professional development of nurses – funding continued education for nurses.

- Research capacity and nursing scholarships – funding new teaching positions, master's and doctoral programmes, and policy research on nursing.
- Nurse leadership – funding national nursing organisations to professionalise the nursing vocation and become a unified voice for nurses.

The ELMA Foundation subsequently joined as a co-funder, awarding several grants to the value of US\$5.7 million from 2008 through 2013 to strengthen nursing in areas such as education, leadership, collaboration among universities, and service improvement.

Theory of change

Atlantic's theory of change is based on significant evidence showing that publicly-funded health care systems with well-trained primary health care professionals offer the best opportunity to deliver quality care to all. The foundation believed that in order to address the nursing crisis in South Africa, it had to start with the institutions that train nurses and help them become world-class teaching facilities able to attract high-calibre staff members and students. In order to produce highly trained nurses who could take on leadership positions and work in areas where they were most needed, much of the infrastructure of nursing colleges and universities needed to be upgraded.

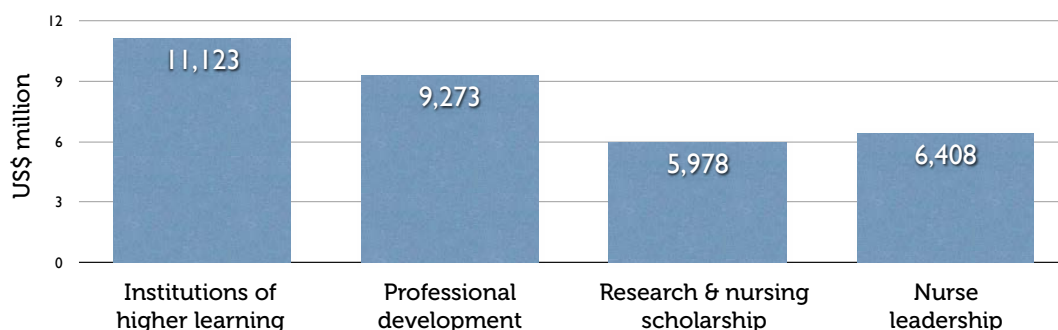
Atlantic also believed it was important that nursing in South Africa took its rightful place at the heart

of the health care system. Consequently, it funded efforts to increase scholarship, strengthen research, and develop leadership.

In addition, nurses have a potentially powerful role to play in their communities as the majority of them are mothers, caregivers, leaders, and role models. Rebuilding their morale, image and recognition would have broader social implications.

Ultimately, Atlantic hoped that its investment would lead to more and better qualified nurses who take pride in their profession, are willing to stay in South Africa, and who would be better prepared to work in the parts of South Africa where they are most needed. The end goal for Atlantic was to improve health care for indigent South Africans who rely on the public health system.

This figure shows Atlantic's investment (2006-2012) across the four main pillars of its South African Nursing Programme, totalling US\$32.8 million.





Evaluation

To track progress in its South African Nursing Programme, Atlantic commissioned an evaluation in 2012, done by Strategic Evaluation, Advisory and Development Consulting (SEAD).

The purpose of this evaluation was to perform a sector-wide review of Atlantic's investment in the South African nursing sector between 2006 and 2012. In the process, SEAD interviewed staff from 16 grantees and gathered information through two structured questionnaires.



2012: 4th year Bachelor of Nursing degree students at the University of Fort Hare. Photograph: Sheena Mentz

Although the evaluation makes comments about individual projects, the mandate given to SEAD was to contribute to a 'big picture' review in order to share knowledge about the overall achievements and impact of

Atlantic's Nursing Programme in South Africa.⁴

The conclusion of the evaluation was that the investment made by Atlantic in the nursing sector has had a major catalytic and sustainable positive impact.

Atlantic's programme was ambitious in scope and size, not only in its effort to catalyse 'whole-sector' changes in nursing, but also because it took on the challenge of addressing a range of issues that were decades in the making.

⁴ For more on SEAD's methodology, see Appendix 1.



Progress to date

The investment made by Atlantic in the nursing sector has had a major catalytic and sustainable positive impact.

Atlantic's investment essentially sought to spark a change

in a sector that was experiencing severe shortages of professionals, neglect of educational institutions, lack of attention by policymakers, and a general lack of professional pride.

Atlantic's programme was ambitious in scope and size, not only in its effort to catalyse 'whole-sector' changes in nursing, but also because it took on the challenge of addressing a range of issues that were decades in the making. Nonetheless, the evaluation found strong indicators that the investment by Atlantic has had a major impact.

The following overarching findings are worth noting before delving into the specific progress made.

OVERALL OUTCOMES

Increased government funding and commitment to nursing

Atlantic's funding enabled the nursing sector to increase its influence on government thinking at a national level. The Nursing Programme's focus on processes of debating and working on specific

difficulties within the nursing sector is likely to have contributed

substantially to a recent government commitment to invest an additional US\$120 million in the sector from 2013 through 2017. This funding will further develop nursing colleges and build homes to house nursing students.

Existing public nursing programmes also needed an infusion of support. One of the most important government interventions occurred as a result of an audit by government in collaboration with Atlantic on the state of nursing college infrastructure.

The audit was prompted by the dismal condition of some public nursing colleges, particularly those in rural areas. As a direct result of this audit, government decided to re-capitalise 122 nursing colleges at a cost of US\$23 million as part of its overall commitment to nursing. This re-capitalisation will mean investment in physical infrastructure, including construction and equipment, as well as in teaching and learning materials.

Increased number of nurses

The number of trained nurses is steadily increasing, as is the level of their qualifications, with many

Atlantic can claim a large role in the increase of the number of nurses between 2005 and 2011, given that its nursing sector grantees produced half of all new nurses in South Africa.



2014: Students at Lilitha College of Nursing in the Eastern Cape.

Photograph: Democratic Nursing Organisation of South Africa

electing to study for four-year degrees or more.

To put it another way, the number of nurses per 10 000 South Africans more than tripled between 2005 and 2011. In 2005, there were 10.9 nurses per 10 000 South Africans,⁵ while in 2011 this had risen to 36.1 nurses per 10 000.⁶ Atlantic can claim a large role in this jump given that its nursing sector grantees funded during this period produced half of all new nurses in South Africa.

The increase in nurses took place in categories such as nurse auxiliaries and enrolled nurses, which require one- or two-year training programmes. As yet, there was no observed increase in specialists, which require four-year courses followed by postgraduate qualifications. The total number of nurses, however, is projected to increase to 56 per 10 000 by 2020, according to the Department of Health.⁷

⁵ Stephen Bevan, *Britain accused of ignoring nurse-recruitment ban*, *The Lancet*, Vol. 366, Issue 9501: 3 December 2005, pages 1915-1916.

⁶ *Human Resources for Health South Africa, HRH Strategy for the Health Sector: 2012/13- 2016/17*, Department of Health: 11 October 2011, page 35.

⁷ *National Strategic Plan for Nurse Education, Training and Practice 2012/2013*, Department of Health: 23 September 2013, page 30.

In addition, fewer nurses are leaving South Africa to work in other countries. In 2001, some 4 000 nurses asked for verification of their credentials for foreign

employment; in 2012, the latest full year available, only 378 did so. This downward trend continued in 2013 with 165 requests for verification of credentials in the first six months of the year.⁸

Improved sustainability and collaboration

Government is assuming responsibility for a number of projects that Atlantic funded, particularly higher education models that have created innovative programmes to train nurses. For example, government will take on the costs of a first-of-its-kind four-year undergraduate primary care nursing programme at the Durban University of Technology. Similarly, local government is adopting a Tshwane University of Technology model of training nurses in previously underserved community settings and will be carrying the bulk of running costs beyond the life of Atlantic's funding.

⁸ *Verification and Transcription Statistics*, South African Nursing Council: 2005, 2012 and 2013 (Provisional to June 2013).

Atlantic supported the Durban University of Technology to create South Africa's first four-year nursing primary care training programme.



*2012: Nurses and academic staff from the North West and McMaster Universities attending a joint curriculum development workshop at the North West University's Mafikeng campus.
Photograph: North West University*

International collaborations are taking place as well, which can help broaden the knowledge of nurse leaders as well as the pool of funding available as Atlantic exits the field.

The University of Fort Hare, for example, has established an exchange programme with Johns Hopkins University in the United States.

Also, the School of Nursing at the McMaster University in Canada assisted the Mafikeng campus of the North West University School of Nursing Science to develop problem-based learning, as well as master's and doctoral degrees, and post-doctoral studies and research skills. McMaster University is the world leader in training health professional students to address the root causes of health problems. McMaster staff trained North West University staff in this approach, followed by staff training at the North West College, an institution with few resources that teaches nurses to work in underserved areas.

The University of the Free State, meanwhile, has agreements with the governments of Lesotho and Botswana to develop and export to these countries simulation training and competency-based curricula that were created with Atlantic's funding.

SPECIFIC OUTCOMES

Institutions of higher learning

Atlantic's investments helped catalyse improved infrastructure, from funding basic equipment such as desks and chairs, to a highly sophisticated, multimillion-dollar simulation laboratory. These investments targeted nursing universities and colleges located in rural and poor areas that were experiencing severe shortages of nurses.

First-of-its-kind primary care nursing programme

Prior to Atlantic's funding, South Africa had never had a programme dedicated to providing a four-year undergraduate degree to train nurses to work in primary health care, particularly in rural areas. The foundation supported the Durban University of Technology to create South Africa's first four-year nursing primary care training programme. Nursing students train out of a campus that serves

rural communities in KwaZulu-Natal and spend much of their time working in community health centres. The programme uses a case-based training approach that aims to produce independent-thinking professionals who can work in primary health care services and districts where there is a shortage of doctors.

This new programme is meeting not only the health care needs of the population in KwaZulu-Natal but has provided a rare opportunity to aspiring students of rural origin to become nurses, specialising in primary health care at undergraduate level. It is located in an area where applications for nursing training far exceeded the spaces available. The first cohort of 94 nurses graduated in 2013, with more than 300 others enrolled.

Atlantic's funding provided the crucial support needed to establish this new nursing programme. In South Africa, before a new educational programme can receive government funding it must provide a two-year track record of effectiveness and traction. The programme has successfully demonstrated its success, and government began funding it in 2012. In addition, all nursing student fees are flowing



2012: One of three mobile container clinics funded by Atlantic being delivered to the Tshwane University of Technology's site in the township of Soshanguve, Gauteng.

Photograph: Tshwane University of Technology

directly back into the nursing programme rather than going to the broader University, which will help sustain the programme.

An infusion of preceptors to train nursing students

An ongoing challenge for nursing programmes has been finding enough lecturers to meet the demand to provide students with the quality education and mentorship they require to do their jobs effectively. In many nursing colleges and universities, there are simply not enough lecturers. Atlantic supported the University of the Western Cape to develop a preceptorship model in order to assist with the clinical mentoring, training, and development of undergraduate students. The preceptors – professional nurses working in clinical settings – are responsible for the students during their clinical training periods between lectures.

The University of the Western Cape trained 60 preceptors who not only provided clinical training to students but also freed up time for other lecturers and researchers. The University is now receiving enquiries from nurses in other areas who want

Atlantic's funding established a sophisticated simulation laboratory where nursing students can practise their skills on simulated patients that mimic the reactions of real human beings.

to be part of its training programme and become preceptors. This is a model that can effectively assist with the training of large numbers of nurses.

Learning by bringing health services to communities for the first time

In a country with a shortfall of up to 30 000 nurses, one of the most pressing challenges is finding enough clinical facility training positions where students can receive their practical training. In addition, pristine urban classrooms are not the appropriate places to train nurses and give them an understanding of the rural health care situations experienced by so many South Africans. To address both challenges, Atlantic supported the Tshwane University of Technology Adelaide Tambo School of Nursing Science to establish a model that provides opportunities for nursing students to learn by practising in a community with few resources (informal settlements). This had the added benefit of providing health care services to these communities at the same time. The project has created about 50 student training positions to date and treated more than 6 000 patients.

The intervention included a colposcopy unit that could quickly diagnose cancer or pre-cancer cells on the cervix and provide immediate transfer for follow-up care. The project

also comprised a community vegetable garden to promote healthy living and a toy library from which mothers could borrow toys to help in their children's development.

The City of Tshwane local government is adopting the model and will be assuming the bulk of the costs to support these previously underserved communities after the end of Atlantic's funding.

A simulation laboratory where nursing students can practise their skills

Another ongoing challenge for nursing colleges and universities is to provide students with up-to-date, state-of-the-art training to become effective professionals.

At the University of the Free State, Atlantic's funding established a sophisticated simulation laboratory where nursing students can practise their skills on simulated patients that mimic the reactions of real human beings. This enables students to practise

with much more confidence when they go out into the field.



2010: Nursing students practising at the University of the Free State's state-of-the-art simulation laboratory funded by Atlantic.

Photograph: University of the Free State

The simulation laboratory has become so well noted that it is now in high demand among the University's doctors and other health professionals, as well as health professionals from neighbouring countries. As a result, the University's nursing department is generating revenue from the simulation laboratory – some US\$130 000 by 2012 – with nearly all of the income used for scholarship development and to ensure the sustainability of the laboratory.

Collaboration between institutions of higher learning

In South Africa, as in other countries, there is often a tendency to look outside one's own borders for promising practices and learning. However, for the transformation of nursing in South Africa to truly take root and be sustainable, it is crucial that South African educational institutions are willing to share their knowledge and skills. A telling example is the collaboration between the Nelson Mandela Metropolitan University, an institution rich in

resources, and Lilitha College of Nursing, a nearby public nursing college with multiple campuses mostly located in rural areas, and with fewer resources.

Eighty per cent of all public-sector trained nurses receive their education and training through nursing colleges. Lilitha College of Nursing is the second largest such institution in the country and trains about 3 000 nurses annually. However, some of its students fell short of the educational requirements for nursing. The college needed assistance in creating innovative and remedial teaching for students to meet acceptable standards. Through Atlantic's funding, the Nelson Mandela Metropolitan University provided assistance with teaching and learning resources. Staff from both institutions remarked that they are now working together more closely and plan to continue their collaboration.

Government is also providing funds to support the collaboration between these two institutions. Part of this funding will support the training of 20 nurse educators at the Nelson Mandela Metropolitan University to be deployed to Lilitha College of Nursing.

Teleconferencing has allowed nurses in rural areas to study to become advanced nurse midwives while remaining in their communities.



2010: University of the Free State's Atlantic-funded simulation laboratory, which is also used for teleconferencing. Photograph: University of the Free State

Professional development

Training advanced nurse midwives through teleconferencing

Another unmet need in South Africa is the demand for advanced practice nurses. These nurses can perform many of the duties of primary care doctors and are especially needed in areas where a shortage of such doctors exists. It is difficult for nurses working in rural areas – where the need for such care is the highest – to travel to far-off universities to obtain an advanced degree.

KwaZulu-Natal, for example, is hard-hit by the HIV and AIDS pandemic, which accounts for 40% of patients in some clinics. Maternal mortality in the province, meanwhile, has become a major public health challenge, with 250 deaths per 100 000 deliveries, as compared to a national average of 150 per 100 000.

Nurses – and nurse midwives – are the instruments for effective primary prevention and treatment of

HIV-related diseases at local level. However, they are minimally trained in HIV and AIDS diagnosis, prevention and treatment.

To address this need, Atlantic supported a project at the University of KwaZulu-Natal School of Nursing and Public Health to use teleconferencing to allow nurses in rural areas to study to become advanced midwives while remaining in their communities. The project provides advanced training that equips midwives with skills to provide care to women (including those infected with HIV) prior to and after pregnancy. The training of midwives is done via video conference from a central point – the Durban campus – and broadcast in real time to a number of other venues throughout the province.

This project has had a number of benefits, including ensuring that midwife students are taught by top lecturers, and that fewer teachers are training a higher number of students in a shorter period of time than in the past. The teleconferencing project is enabling the provision of quality midwifery care and support to women in a very vulnerable region of South Africa. Some 193 advanced nurse midwives

Atlantic's funding created 110 new, sustainable teaching positions and supported some 340 master's students and 55 PhD students.

have been trained since the project's inception in 2009.

Through an agreement between the Department of Health and the University of KwaZulu-Natal, the training of advanced midwives will continue in the province after Atlantic's exit.

New continuous development courses

Another key challenge for South Africa's nursing profession has been a lack of accredited continuing education opportunities. No formal mechanism has existed for nurses to review and upgrade their skills. To help meet this gap, funding from Atlantic enabled the University of the Free State to greatly expand a training programme that provides a portfolio of continuous development courses with university accreditation for nurses. The courses have increased in number since Atlantic's funding began, from an original four to 23 in 2012.

These continuous development courses are providing an important avenue for nurses across the country to maintain and upgrade their skills. For example, the University of the Free State has established collaborations with a number of provincial Departments of Health, which pay for

their nurses to attend these courses. Some 483 students had enrolled by the end of 2012, meaning

that enrolment fees were already covering the costs of the programme.

Research and nursing scholarship

Scholarship and research are integral components for advancing the nursing profession. When Atlantic initiated its Nursing Programme, scholarship in nursing was a largely neglected area in South Africa. Atlantic sought to re-energise the academic commitment to scholarship in nursing. One strategy to re-ignite the nursing profession was to fund more teaching positions at nursing colleges and universities, with the explicit understanding that government would commit to absorbing the costs of these positions once Atlantic's funding ended. This strategy created 110 new, sustainable teaching positions.

Moreover, there is now a culture within training institutions of lecturers aspiring to higher degrees. Some heads of nursing schools are insisting that their staff become more scholarly through obtaining master's degrees or doctorates, publishing peer-reviewed scholarly articles, and supervising others.

There is also a marked increase in the number of master's and doctoral nursing students. Atlantic's funding supported some 340 master's students and 55 PhD students. Similarly, the number of peer-reviewed articles and conference presentations, which are influencing policy and practice, have also grown. In total, 88 articles have been published or submitted for publication and 173 conference papers have been presented by Atlantic-funded groups, a significant output given the relatively short period of funding.

Grantees are also receiving invitations to present their research at international conferences and are establishing collaborations with internationally recognised universities such as Johns Hopkins University in the United States.

New doctoral programme at the University of Fort Hare

Atlantic provided support to the University of Fort Hare to strengthen its master's degree programme and establish a doctoral programme. At the start of Atlantic's funding in 2008, the University had



2011: Prof Eunice Seekoe, Head of the School of Health Sciences at the University of Fort Hare (right) presenting an award to Siphokazi Mgoma, a 4th-year Bachelor of Nursing degree student.

Photograph: Sheena Mentz

graduated only four master's degree nurses in the history of its nursing school. With injection of support from Atlantic, it had enrolled some 100 master's students

by 2013, with 23 already having graduated. Similarly, the University had an accredited nursing PhD qualification by the end of 2012, which has helped it recruit and retain high-quality lecturers to not only teach nursing students but also supervise doctoral students. In 2013, Fort Hare had 13 doctoral students and 12 pre-doctoral students.

Research into the state of nursing

Atlantic's funding contributed to filling a critical gap in research to inform nursing policy and practice. In the past, policymakers and practitioners had little research that specifically spoke to the situation of nursing in South Africa to use in decision-making. In other health sector professions, it had already been shown how important research can be in changing the face of a profession. For example, a research report on the state of medical doctors in South Africa had led to a huge shift in government focus towards improved working conditions for physicians, including salary increases and recruitment of

The Research into the State of Nursing report has contributed to putting critical nursing issues back on the health policy agenda.

doctors from other countries to relieve work pressure.⁹ No such research existed for nurses, even though they comprise a full 80% of health professionals.

Atlantic commissioned a major research report to fill this gap.¹⁰ This work has contributed to putting critical nursing issues back on the health policy agenda. For example, the study pointed out the dangers of the common practice of employing nurses on short-term contracts, without the rights and benefits associated with a standard contract.

These situations typically occurred through agency nursing (working for an agency that then contracted out its nurses to private health care organisations) or moonlighting. These practices have had a negative impact not only on nurses, who report being exhausted by holding multiple jobs, but also on the public health system, which cannot match the pay of agency nursing.

⁹ *The Shortage of Medical Doctors in South Africa*, Human Sciences Research Council: March 2008.

¹⁰ *Research into the State of Nursing*, Centre for Health Policy, School of Public Health, University of the Witwatersrand: 2008.



2013: Staff at Lilitha College of Nursing's Queenstown campus testing new equipment funded by Atlantic.

Photograph: Nelson Mandela Metropolitan University

The report made several recommendations as to ways in which government could address agency nursing and moonlighting. Prior to this study, these issues were not considered a national policy priority,

and as a result were relatively ignored. At the 2011 Nursing Summit, however, the Minister of Health spoke to this research and referred to moonlighting and agency nursing as 'twin evils' facing the sector.

More importantly, on the basis of the study, the Minister of Health in 2012 directed his department to draft regulations to address the problems of moonlighting and agency nursing. At the same time, the findings and recommendations of the study were included in government's five-year strategy on nursing education, training, and practice, which is the overarching document that guides all government action in nursing. In addition, the Minister of Health has begun speaking out publicly about the equally problematic practice of public sector doctors moonlighting for private hospitals and patients. The Minister has said that moonlighting among nurses cannot be addressed effectively unless action is also taken to tackle the same issue among doctors.

Nurse leadership

Atlantic's grants in this area addressed a leadership gap in nursing. While national nursing organisations existed at the start of Atlantic's programme, they had not yet developed into forums strong enough to advocate optimally on behalf of nurses.

Some of Atlantic's funding went to the Forum of University Nursing Deans of South Africa (FUNDISA), formed in 1995 to promote excellence in nursing education at university level in a collaborative and unified way.

Prior to Atlantic's support, FUNDISA had been run by volunteers who worked as academics employed full-time at their universities. Today, FUNDISA is a professional organisation with a paid Executive Director and its own office building, which it shares with another grantee playing an important role in strengthening nurse leadership, the Nursing Education Association (NEA). The goal of NEA is to inspire, lead, develop, and support all nurses involved in nursing education to actively engage in policy processes through the monitoring of laws, policies, and regulations that govern nursing education.



2011: Participants in the Nursing Education Association's Novice Researcher Project, a landmark project to foster a research culture and enthusiasm for research among nurse educators.

Photograph: Nursing Education Association

FUNDISA and NEA have worked closely together to bring a cohesive and unified voice to nursing education, research and practice. They also report that since

the advent of Atlantic's funding their national profiles have increased markedly, and that they are routinely consulted for input and invited to discussions on nationally relevant nursing issues. For instance, NEA's Executive Director was appointed to the Ministerial Task Team on Nursing Education and Training.

The task team is the main body that provides policy direction on the future of nursing education and investment of nursing resources to make the biggest impact. The team advises funding organisations and government about key gaps in nursing and how best to make investments.

FUNDISA and NEA are also facilitating the exchange of knowledge among all nursing schools and nursing organisations in South Africa.

The two organisations sponsor an annual conference that brings together nursing leaders from around the country. FUNDISA is also collating and synthesising on-going research about nursing, and finding ways to systematically share this with

Atlantic contributed enormously to the development of policies such as South Africa's current nursing strategy.

policymakers, practitioners, and others who seek more evidence-based knowledge.

In total, Atlantic's funding has enabled 14 sustainable leadership positions within professional nursing organisations, and the foundation's support for nurse leadership has ignited robust policy debates and helped amplify the voice of nursing.

Through the provision of technical assistance, Atlantic contributed enormously to the development of policies such as South Africa's current nursing strategy. The Democratic Nursing Organisation of South Africa provided an Atlantic-funded expert for three years to the national Department of Health to provide leadership in the development of the nursing strategy. The strategy was approved by Parliament in 2009, and culminated with the Department of Health's publication of *The National Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17* in September 2013.

A condition of the grant was that government should create a permanent senior position to



2011: Ms Malebona Precious Matsoso, Director-General, Department of Health (middle) with nurses at the National Nursing Summit. Photograph: Nursing Education Association

lead the nursing sector, to be based at the national Department of Health. A Chief Nursing Officer position was subsequently established, and an appointment was made in January 2014.¹¹

Additionally, Atlantic's investment in nurse leadership led to a National Nursing Summit in 2011, which culminated in a plan for the transformation of nursing in South Africa – *Nursing Compact and Roadmap*. Atlantic provided financial support for grantees to participate in pre-summit provincial consultations that helped build consensus and inform the agenda of the National Nursing Summit. Some two-thirds of the resolutions emanating from the summit centred on nursing education and training – a key focus of Atlantic's programme. Likewise, the Atlantic-funded *Research on the State of Nursing* report was instrumental in the lead-up to and planning of the summit and in the development of the *Nursing Compact and Roadmap*.

¹¹ The appointment of the Chief Nursing Officer came after the completion of the SEAD evaluation.



Challenges

The South African nursing sector needs to get to a point where money is effectively invested in the right people.

While it is clear that Atlantic's Nursing

Programme has had a significant impact on the nursing sector in South Africa, SEAD's evaluation identified a number of challenges.

evaluation to track progress, capture learnings, and make adjustments where necessary.

TECHNICAL SKILLS

Prior to Atlantic's funding, most grantees had never had outside donor assistance and as a result generally lacked the skills to manage a complex, multi-pronged programme. Ensuring that timelines were met and outcomes achieved required a new set of skills for many. Specific challenges included:

- Ensuring appropriate financial management.
- Negotiating with internal and external service providers.
- Creating new sets of policies and procedures, which often needed to be approved by different stakeholders.
- Negotiating and collaborating with a series of internal and external stakeholders to ensure projects moved forward successfully.
- Navigating challenging internal procurement policies and procedures.
- Planning and implementing monitoring and

RECRUITMENT OF NURSING STUDENTS

A number of grantees noted extremely high levels of applications to their nursing programmes. One reason for this is poverty and the fact that nursing students receive a sizeable stipend while training. This makes the profession attractive even to those who may not necessarily be passionate about nursing. Furthermore, there is a huge disconnection between the large numbers who apply, the significantly fewer that in fact enrol, and the even fewer that ultimately graduate. Student recruitment, screening and selection processes could be improved to ensure better mutual alignment of interest and compatibility between students and nursing training programmes. There also seems to be over-subscription in certain programmes (nursing auxiliaries), while there is glaring under-subscription in certain other qualifications, particularly at specialisation level.



2010: Mobile clinic for cancer screening and consultation funded by Atlantic. Photograph: Tshwane University of Technology

GRADUATION OF NURSING STUDENTS

While the evidence shows that there has been a consistent increase in the number of people entering the nursing profession for the first time, by 2012, the graduation rate of those who entered the four-year professional nursing training programme did not seem substantially changed from the 16% reported in 2006. The reasons for this are multi-faceted and complex.

The impact of Atlantic's funding may only have come through in earnest from 2013 onwards, as many who form part of this increased student body have yet to complete their training cycle.

Moreover, the South African nursing sector needs to get to a point where money is effectively invested in the right people. Some of the challenges in this regard seemingly relate to the training required to address real population health needs, as well as the transition from high school to university life,

given the weak high school education provided at most rural schools. The SEAD evaluation also observed a lack of coherent student recruitment and academic competency screening systems at most nursing training institutions, as well as a lack of academic and psycho-social support for enrolled students. These challenges in combination manifest themselves in high failure and/or drop-out rates.

CLINICAL FACILITIES

It was widely reported to the evaluators that an injection of significant resources was required to improve training capacity and space to allow existing nursing education institutions to produce nurses at the required rate and competencies.

The Tshwane University of Technology model of extending learning space and practice opportunities into communities will by no means solve this challenge, although it does potentially contribute to addressing it while serving communities at the same time.



*2011: Staff and students from the Tshwane University of Technology providing primary health care services and student training in the Soshanguve township, Gauteng.
Photograph: Tshwane University of Technology*

GOVERNMENT FUNDING AND APPROVAL

In many cases, grantees' work hinged on securing government funding and approval to move forward. Grantees often had to wait months or even years for government sign-off before their projects could begin or be fully implemented.

A related issue is that even though the National Treasury has approved an initial amount of US\$12 million during the 2012/13 financial year for the nursing colleges re-capitalisation programme, little of the allocated budget has actually been released due to capacity problems in the Department of Health.

In late 2013, Atlantic was in discussion with senior government officials to provide short-term consultants who would identify the sources of administrative bottlenecks, with the goal of expediting disbursements. For example, in some cases the hold-ups seem to be due to

nursing college leadership and their respective provincial government officials in more rural areas experiencing difficulties in designing appropriate strategic plans, or in understanding the national Department of Health's requirements to access funding.

SUSTAINABILITY

Atlantic has encouraged many of its grantees to become more sustainable, but it should be recognised that some of the Atlantic-funded projects are still fragile because of a lack of diversity of funding and institutionalisation. In the absence of ongoing external funding, there is a real risk that some of these projects may not survive.



Lessons learned

A key lesson is the importance of securing clear and up-front take-over commitments from stakeholders before starting a project.

A number of valuable and instructive lessons can also be distilled from the SEAD evaluation.

ESTABLISH CONTRACTUAL CLARITY

Despite Atlantic consulting extensively with external organisations and participants prior to investing, the level of contractual clarity with host institutions or government departments to take over projects and funding responsibilities after the grant period ended varied.

A key lesson is the importance of securing clear and up-front take-over commitments from stakeholders before starting a project.

The Durban University of Technology, for example, made an upfront institutional commitment to sustain the project funded by Atlantic. In contrast, the lack of such a commitment at the beginning of the project by the Tshwane University of Technology threatened its sustainability until a direct intervention was made and a commitment by local government and the University was secured just before the end of the project.

ANALYSE CAPACITY BEFORE MAKING GRANTS

It is important that planning for sustainability in staff and organisational capacity should include an analysis of the following leadership skills prior to the initiation of funding:

- Technical skills and knowledge in the field or the ability to access such knowledge.
- The personal drive and authority to access and convince other role players in the system.
- The willingness to add the additional responsibilities of a large project on top of regular work duties.
- The project management planning and implementation skills to roll out the project and achieve the outputs planned.
- An effective internal financial management system that enables money to flow and procurement to be effected as required as well as an understanding of the internal financial rules and regulations.
- The required financial management skills and reporting capability.

Other funders should consider giving a larger group of potential projects a smaller initial amount of seed funding to develop their ideas and strategies, and show what could be done.



2014: Nurses from the Democratic Nursing Organisation of South Africa celebrating International Nurses Day in Soweto.

Photograph: National Nurses United

PROVIDE SEED FUNDING FOR INITIAL PLANNING

Though Atlantic consulted extensively in the nursing sector prior to the overall programme being launched, some grantees felt that more could have been done to prepare them for greater productivity and sustainability. That said, it is clear that in some instances grantees did not take advantage of support that was offered.

Going forward, other funders in similar circumstances should consider giving a larger group of potential projects a smaller initial amount of seed funding to develop their ideas and strategies, and show what could be done. Only after showing progress, leadership and possible sustainability or longer-term impact should funders allocate major instalments of money. The potential downside of such an approach would be that historically advantaged groups might continue to perform better and attract the larger grant funding later on.



Conclusion

The Atlantic Philanthropies' six-year, US\$32.8 million investment to re-ignite nursing in South Africa shows evidence of real impact. The impact is seen in government's increasing commitment to nursing and in the growing sophistication of the nursing profession. The number of nurses is increasing and the institutions that train them have better facilities, more qualified instructors and more advanced degree offerings.

Work still remains to be done, however. The nursing sector has suffered years of neglect and the absence of ongoing external funding may mean that some of the projects funded by Atlantic will not continue. The impact of this on health outcomes will not likely be seen for another five to ten years.

To glean more lessons from Atlantic's investments in the nursing sector that may be useful to others, the foundation is commissioning a series of case



2011: Dr Ursula Ramathuba, the first ever doctoral nursing graduate from the North West University's Mafikeng campus. Photograph: North West University

Through its investment in the South African nursing sector – the largest in history by a single foundation – Atlantic has helped enhance the role of nurses as the backbone of the country's health care system.

studies that will aim to demonstrate in more detail how these investments have increased the number of nurses in South Africa and promoted best-practice models for nursing training and development.

Also, an evaluation of Atlantic's overall primary health care and human resources in health investments, excluding nursing, is planned. This evaluation should provide further insights about the impact and lessons learned in terms of making a large commitment to

strengthening the health workforce.

Through its investment in the South African nursing sector – the largest in history by a single foundation – Atlantic has helped enhance the role of nurses as the backbone of the country's health care system. In a context of a growing burden of diseases, nurses provide much-needed health care, especially to those who are underserved, poor, and rely on the public sector for health services.



APPENDIX 1

Evaluation methodology

Questionnaire development and data gathering

Based on the objectives and deliverables set out in the terms of reference, SEAD developed a questionnaire that was distributed to grantees for completion.

Interviews conducted

A series of meetings/interviews were conducted by SEAD in Bloemfontein, Cape Town, Durban, East London, Johannesburg, Pietermaritzburg, and Pretoria (refer Appendix 3).

SEAD was able to conduct interviews with all but one of the groups identified.

Data purpose and data quality statement

The specific mandate to SEAD was to provide a sector-wide evaluation.

Given the nature of gathering project level data across the sector and translating this into overarching big picture data, there is a risk of making generalisations in an effort to identify sector-wide learning. Few statements of learning would apply to each and every single project staff interviewed.

There were also issues of insufficient or poor data quality with regard to the information obtained from grantees. In order to move towards quantitative rigor and support for conclusions, it was decided to attempt to gather such data across the nursing cluster projects. However, the accuracy of the data received was difficult to assure, and comparability – because of the diversity of projects – was at times challenging.

APPENDIX 2

Projects funded in Atlantic's South African Nursing Programme

INSTITUTIONS OF HIGHER LEARNING

Grant number	Year	Grantee	Grant title	Grant description	Grant amount ZAR	Grant amount US\$
14849	2006	University of KwaZulu-Natal Foundation	Empowering Midwives for Healthy Mothers and Healthy Babies	To provide advanced training to midwives so that they can provide quality midwifery care and support to women, including those infected with HIV	17 000 000.00	2 653 700.00
15568	2007	University of the Western Cape (UWC)	Core Support to the UWC Nursing School	To strengthen faculty capacity at the UWC School of Nursing for increased production of appropriately trained nurses	9 800 000.01	1 350 440.00
15998	2007	The South African Institute for Advancement	Nursing Education Programme	To improve the quality of nursing education in South Africa by making a series of grants to key institutions	1 729 899.97	238 380.22
17446	2007	Tshwane University of Technology Advancement Office	Developing a Community of Practice Education Model	To support the Adelaide Tambo School of Nursing Science in developing a community of practice education model	16 000 000.00	2 204 800.00

INSTITUTIONS OF HIGHER LEARNING (continued)

Grant number	Year	Grantee	Grant title	Grant description	Grant amount ZAR	Grant amount US\$
17447	2007	University of the Free State (UFS)	Transforming Nursing Scholarship and Clinical Practice	To strengthen the UFS School of Nursing's teaching, learning and research capacity	16 000 000.00	2 204 800.00
17576	2007	University of KwaZulu-Natal Foundation	A Virtual School for Nursing: Tele-education for Rural Nursing Education in KwaZulu-Natal	To support a Virtual School for Nursing and tele-education for rural nursing education in KwaZulu-Natal	1 000 000.00	137 800.00
17577	2007	University of Stellenbosch	Transforming Nursing Leadership through Innovative Postgraduate Education and Research	To support the transformation of nursing leadership through innovative postgraduate education and research	1 000 000.00	137 800.00
17664	2007	Centre for Education Policy Development	UNEDSA (University-based Nursing Education South Africa) Grant Coordination and Management	To facilitate the transformation of scholarship at grantee universities by strengthening research, clinical practice, and nursing education	2 550 000.00	351 390.00
17440	2009	North West University	Collaboration between Mafikeng campus of North West University and McMaster University, Canada	To provide capacity development support to the nursing science department at the North West University (Mafikeng campus)	18 500 000.00	1 844 450.00
SUBTOTAL					83 579 899.98	11 123 560.22

PROFESSIONAL DEVELOPMENT

Grant number	Year	Grantee	Grant title	Grant description	Grant amount ZAR	Grant amount US\$
15569	2007	Durban University of Technology (DUT)	Mid-level worker training capacity at DUT	To do a feasibility study on DUT's capacity to train an increased number of mid-level nurses with a special focus on nursing auxiliaries	600 000.00	82 680.00
16077	2007	Management Sciences for Health (MSH)	Technical assistance to Lilitha College of Nursing	A planning grant to MSH to assist Lilitha College of Nursing in developing a proposal to be submitted to Atlantic for funding	469 186.00	64 653.83
15961	2008	KwaZulu-Natal College of Nursing	Strengthening Institutional Capacity of the College of Nursing	To strengthen the institutional capacity of the KwaZulu-Natal College of Nursing in order to enhance its training and research capacity	12 000 000.00	1 716 000.00
15965	2008	Nelson Mandela Metropolitan University	Institutional support to Lilitha College of Nursing	To strengthen the institutional capacity of Lilitha College of Nursing in order to enhance its training and research capacity	13 800 000.00	1 973 400.00
16550	2008	Durban University of Technology	Undergraduate nurse training programme	To establish a new undergraduate nurse training programme	30 000 000.00	4 290 000.00
17600	2009	Limpopo College of Nursing	Institutional support to Limpopo College of Nursing	To strengthen the capacity of nurse training at the Limpopo College of Nursing	11 500 000.00	1 146 550.00
SUBTOTAL					68 369 186.00	9 273 283.83

RESEARCH AND NURSING SCHOLARSHIP

Grant number	Year	Grantee	Grant title	Grant description	Grant amount ZAR	Grant amount US\$
15689	2007	Human Sciences Research Council	A study on the profession and education of nurses in South Africa	To support an extension of the Study on the Profession and Education of Nurses in South Africa	600 000.00	82 680.00
16125	2007	Worcester Hospital	Nurse Learnership Project	To provide support to Worcester Hospital in the training of pupil nursing auxiliaries and enrolled nurses	447 000.00	61 596.60
17445	2007	University of the Western Cape	Positioning the School of Nursing as a Centre of Excellence in Scholarship	To support the UWC School of Nursing as a centre of excellence in scholarships	16 000 000.00	2 204 800.00
17578	2007	North West University	Centre for Nursing Policy and Leadership Outcomes (CENPOLL)	To enable a national nurse and patient outcomes survey which will throw light on how the working environment and standard of nursing qualifications impact on nurse retention, productivity, and patient outcomes	1 000 000.00	137 800.00
17609	2007	University of Fort Hare	Developing Nursing Scholarship	To support the Department of Nursing Science in developing a nursing scholarship programme	16 000 000.00	2 204 800.00
15962	2008	Centre for Health Policy	Nursing Policy Development and Practice Research	To develop and strengthen the evidence for improved nursing policy development and practice in South Africa	9 000 000.00	1 287 000.00
SUBTOTAL					43 047 000.00	5 978 676.60

NURSE LEADERSHIP

Grant number	Year	Grantee	Grant title	Grant description	Grant amount ZAR	Grant amount US\$
15211	2006	Centre for Education Policy Development	6 th Annual Congress of Midwives Society	To support the 6 th Annual Congress of Midwives of South Africa to be hosted by the Eastern Cape provincial government in December 2006	600 000.00	93 660.00
15068	2007	Centre for Education Policy Development	Technical Assistance to the National Department of Health	To provide technical assistance to the national Department of Health for accelerated human resource planning and management, human resources policy reviews, and resource targeting	5 000 000.00	689 000.00
16907	2008	Nursing Education Association (NEA)	Planning grant	To support NEA towards the growth and development into a professional organisation	698 000.00	99 814.00
16908	2008	Centre for Education Policy Development	Forum of University Nursing Deans of South Africa (FUNDISA) planning grant	To support FUNDISA with a planning grant in the development of a legal entity	698 000.00	99 814.00
15699	2009	South African Nursing Council (SANC)	Institutional Support to SANC	To develop the capacity of the newly established SANC for the implementation of the provisions of the Nursing Act of 2005, especially with regard to the areas of governance, nursing practice, and education and training	6 000 000.00	598 200.00

NURSE LEADERSHIP (continued)

Grant number	Year	Grantee	Grant title	Grant description	Grant amount ZAR	Grant amount US\$
16548	2009	Nursing Education Association (NEA)	Professionalising NEA	To strengthen nurse educator organisations for strategy development and advocacy	12 750 000.00	1 271 175.00
16793	2009	Forum of University Nursing Deans of South Africa (FUNDISA)	Professionalising FUNDISA	To provide support to FUNDISA in order to transform into a national professional organisation	5 730 000.00	571 281.00
17170	2009	Democratic Nursing Organisation of South Africa (DENOSA)	Building the capacity of DENOSA	To build the capacity of DENOSA through the revival of the DENOSA Professional Institute	19 170 000.00	1 911 249.00
20286	2011	Centre for Education Policy Development	National Nursing Summit	To support provincial roadshows and advocacy events to ensure optimal participation of nurses in the National Nursing Summit to be convened by the national Department of Health from 28 to 30 March 2011	2 000 000.00	84 000.00
20633	2011	Centre for Education Policy Development	UNEDSA (University-based Nursing Education South Africa) Project Management Services	To support the Forum of University Nursing Deans in South Africa (FUNDISA) in the coordination and management of the UNEDSA programme	5 560 011.01	789 521.56
SUBTOTAL					58 206 011.01	6 407 714.56
TOTAL					253 202 096.99	32 783 235.21

APPENDIX 3

Interviews and site visits conducted

Interviewee(s)	Organisation	Site visit	Where
Mrs Hasina Subedar	External consultant	NO	
Ms Mogashoa and others	Limpopo College of Nursing	NO	
Prof Marthie Bezuidenhout	Tshwane University of Technology	YES	
Prof Mashudu Davhana-Maselesele, Mrs Hunadi Rakhudu and Ms Nombulelo Zulwayo	School of Nursing Science, North West University	NO	
Mrs Nelouise Geyer and Mrs Sharon Vasuthevan	Nursing Education Association (NEA)	YES	Pretoria
Mr Tendani Mabuda and Mrs Thandi Manganye	South African Nursing Council (SANC)	NO	
Ms Thembeke Gwagwa, Dr Dapney Conco and Mr Wonder Mlotshwa	Democratic Nursing Organisation of South Africa (DENOSA)	NO	
Dr Elizabeth Mokoka	University-based Nursing Education South Africa (UNEDSA)	NO	
Prof Laetitia Rispel	University of the Witwatersrand	NO	Johannesburg
Prof Magda Mulder, Mrs Y Botma, Mrs M Reid and others	University of the Free State	YES	Bloemfontein
Prof NS (Thandi) Gwele and one other	Durban University of Technology	NO	
Mrs Shanti Ramkilowan, Dr Lulu Nkonzo Thembu, Mrs Sangeetha Maharaj and others	KwaZulu-Natal College of Nursing	YES	Pietermaritzburg
Prof Busisiwe Purity Ncama and Ms Thandiwe Ndebele	University of KwaZulu-Natal	NO	Durban

INTERVIEWS AND SITE VISITS CONDUCTED (continued)

Interviewee(s)	Organisation	Site visit	Where
Prof RM van Rooyen and Ms Numvuyiseko	Nelson Mandela Metropolitan University	NO	East London
Prof Eunice Seekoe, Ms Sheena Mentz and Ms Elizabeth Yako	University of Fort Hare	YES	
Prof Hester C Klopper	Forum of University Nursing Deans of South Africa (FUNDISA)	NO	Cape Town
Prof Oluyinka Adejumo	University of the Western Cape	YES	



SEAD is a health-focused management consultancy, specialising in the following service areas:

- Health strategy
- Health programmes
- Strategic information & monitoring and evaluation

The
ATLANTIC
Philanthropies

Published by The Atlantic Philanthropies
November 2014



Copy-editing, proofreading & production management: Helle Christiansen

Layout & design: Limeblue Design – info@limeblue.co.za