MEET THE DYNAMIC NEW CHANCELLOR
of the University of Limpopo

BUILDING BRIDGES
Inside Medunsa’s Faculty of Science
Merger update
ASSIDUOUSLY SEEKING HARMONY

THERE'S A CUMBERSOME WORD WITH A PLEASING MEANING THAT HAS PASSED INTO THE IN DISPENSABLE VOCABULARY OF UNIVERSITY MERGERS. That word is harmonisation. And that's what is still occupying not a few minds on the two campuses of the University of Limpopo as 2008 wears on.

In a nutshell, harmonisation means the process of getting two departments - one at Medunsa, the other at Turfloop - to effectively work as one, even though the two teaching platforms will remain.

Let's take an example. The Nursing Science programmes (one having been delivered at Medunsa, the other at Mankweng Hospital under the auspices of the School of Health at Turfloop) have already been harmonised. In other words, they are now one department. But the new single programme will still be taught on both campuses. Incidentally, in spite of this progress, there are still delays as the university waits for a 'new nursing curriculum framework' to be released by the South African Nursing Council, the body that controls nurse training. So the harmonised in-house programmes are being held in abeyance, and will not be submitted for approval either to the Nursing Council or to the university Senate until the new externally generated framework has been received and examined.

Harmony has also been achieved in the Human Nutrition and Dietetics programmes, including all the support modules in such disciplines as Human Anatomy, Microbiology, Chemistry, Psychology, Statistics, Sociology and many others.

But in other areas of study there are complications and delays.

Consider the Public Health programmes. Both campuses offer postgraduate Masters degrees in this important field. The problem when it comes to harmonisation is that the mode of delivery differs: at Medunsa on-line distance training on the Embanet platform (plus two short contact sessions a year) is used; at Turfloop the direct contact method is used, with each module requiring 45 hours of contact over 12 days.

According to the university's merger manager, Dr Asaph Ndlovu, meetings have already been convened to deal with this harmonisation problem, and a final meeting will be held soon.

Similar difficulties exist in the Pharmacy programmes on offer. Although one curriculum (based on standard units set by the South African Pharmacy Council) is offered on both campuses, the methods of delivery differ. At Medunsa, tuition is programme-based and is provided in conjunction with the Tshwane University of Technology. At Turfloop, on the other hand, the delivery method is content-based.

The imperative, says Ndlovu, is to establish a harmonised delivery method that will be acceptable to the Pharmacy Council which must approve it. It's a daunting challenge, since both modes of delivery have their advantages and disadvantages. Ndlovu's opinion is that at the end of the day it will be the financial realities that will dictate the choice of option.

So the search for harmony is still very much on the agenda.

Editor's note: It has been decided that each issue of Limpopo Leader will report on interesting and important merger issues. Do you have any merger questions? Why not contact us and we'll find answers to them for you.
WE’RE BACK! Our regular readers will have noticed – we hope with considerable concern – that there has been a hiatus in the regular appearance of *Limpopo Leader*. Number 13, the issue you’re reading now, should have been dated Spring 2007. As it is, we’re dating it Autumn 2008. So two issues have been lost. The reasons for this loss are not important. Suffice to say that the in-house difficulties at the University of Limpopo have now been resolved. What is important is that the people of Limpopo will once again be able to read about their premier university and its involvement in so many issues of vital concern to provincial and regional life. We have serious plans for the future of the magazine, and readers will be hearing about them in due course. Meanwhile, we offer our apologies – particularly to our growing band of subscribers – for the break in continuity.

So what’s in the current issue?

Most importantly there is the profile on the new Chancellor. Dr Reuel Khoza was inaugurated late in 2007, and he looks set to inject a new level of energy and determination in the university’s quest to become a premium African institution where excellence and social commitment really matter.

Also featured is the frequently misunderstood subject of local economic development and the arrival at Edupark of the Limpopo Centre for Local Economic Development. This centre will offer research, specialised training and advice to practitioners and to those in local government charged with developmental matters. Then there’s coverage of a small district hospital in Musina that is coping with the impact on the provincial health service of the Zimbabwe refugee crisis.

Talking of hospitals, read the latest news on Polokwane’s new teaching hospital. Building is to commence during the current financial year. And for readers interested in activities at Medunsa, read about the bridging programmes on offer in the Faculty of Science, about dwindling surgeon numbers, and about the exploits of persevering women academics who devote their lives to the health and welfare of others.

There’s more. And there’ll be even more in Numbers 14, 15, 16 and so on.

Please support the magazine by writing to us with your impressions and comments; by subscribing; and by encouraging your company or organisation to consider buying advertising space in the most authoritative magazine in Limpopo province.

THE GEORGE MUKHARI HOSPITAL AT MEDUNSA HAS HAD A TURBULENT HISTORY. More recently it has operated under the threat of downgrading as well as being the subject of various rumours, not all of them pleasant. Nevertheless, the hospital has continued to offer its manifold services to the teeming catchments of Soshanguve and Winterveld, and to provide the essential teaching facilities for the production of around 200 medical professionals each year. Read the facts about this often beleaguered institution. There’ll also be material on mining and the university response to this backbone of the provincial economy.
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Powerful new university leadership

DR REUDEL KHOZA – COMMITTED,

A JUNIOR PSYCHOLOGY LECTURER AND POSTGRADUATE STUDENT WHO LOST HIS JOB FOR POLITICAL ACTIVISM IN 1974 HAS NOW BECOME THE CHANCELLOR OF HIS ALMA MATER. He’s the first Chancellor to be appointed since the old University of the North and the Medical University of Southern Africa (Medunsa) merged into a single institution on 1 January 2005.

Dr Reuel Khoza was inaugurated on 9 November last year.

He’s an apt and dynamic choice for a university that has as its stated vision: ‘to be a leading African university, epitomising excellence and global competitiveness’ and to concern itself on the teaching and research side with ‘finding solutions for Africa’.

If you doubt his suitability, then listen to a brief description of Dr Khoza. He’s a highly successful businessman; he’s an Africanist; he’s a change agent in the forefront of black economic empowerment. He’s currently chairman and major shareholder of Aka Capital, a private equity company. He’s also chairman of Corobrik, Nedsbank Limited, Nedsbank Group, Murray & Roberts Cementation and the Nepad Business Foundation.

On top of all this, he’s the president of the Institute of Directors in South Africa, and he holds directorships on the boards of Protea Hospitality Limited, Nampak, and Old Mutual plc. He’s also on the Presidential Economic Advisory Panel, and a member (and past director and patron) of the Black Management Forum.

The list of the achievements of this 59-year-old South African is hugely impressive. He exudes energy and commitment. He says of his new relationship with his alma mater: ‘I have no interest in being merely a nominal or ceremonial Chancellor. I am concerned and I want to contribute – particularly in helping to develop existing and potential centres of excellence on both campuses.’

He speaks impressively of his concerns over Africa, and of his vision for the continent. In his inaugural address last year he made specific reference to the university’s motto: Providing Solutions for Africa. This means, he declared, that “our stance is clear. We purposefully and emphatically refuse to be conditioned by circumstances imposed by a past of slavery, colonialism, neo-colonialism, racism and apartheid. We choose, instead, to create a new world characterised by the rule of law, human rights, socio-economic development and prosperity. We shall be masters and mistresses of our own destiny … marching to our own brisk rhythm as we take on a rapidly globalising and fiercely competitive world”.

But Khoza warned against several dangers that might obstruct such a vision.

The first was the danger of being so proudly African that knowledge coming from ‘a heritage we could not claim as our own’ was sometimes rejected.

“It matters not whence knowledge originates; it matters not what the ideological slant of the knowledge is; it matters not if we cannot claim the knowledge as being part of our intellectual heritage. What matters is the purpose to which the knowledge is put.”

What is the best possible purpose for the University of Limpopo? “Our vision,” says Khoza, “should be to put our educational efforts towards achieving an African Renaissance. And what is this Renaissance but the realisation of a people that they can be masters of their own destiny.”

The second danger against which Khoza warned was what he called the ‘victim mentality’, which is often prevalent in Africa today, and not least in South Africa.

“The realisation and belief that one is the master of one’s own destiny, whether as an individual or a people, is called a sense of
efficacy. Lacking a sense of efficacy means that as a people we consider ourselves subject to the elements; subject to the environment; subject to fate; subject to the will of others; subject to providence. A culture of dependency develops in such a people: a culture of poverty, a culture of no achievement, a culture of no self-esteem, no dignity, no pride.

‘Thus we observe people who seek and expect handouts, donations, alms at every opportunity. We observe people who seek survival and prosperity by stealing and looting. We observe people who expect to be taught rather than to learn. We see people who have perfected the art of blame. They blame colonialism, they blame imperialism, they blame apartheid, they blame capitalism, they blame globalisation, they blame government, they blame nature, they blame God.’

Khoza makes mention of the strides made in the Far East and Pacific Rim when knowledge and the technology from other sources were actively sought out and embraced. ‘By contrast, the African approach has been to quibble about the Afrocentricity or Eurocentricity of knowledge, and to venerate the pedigree of knowledge … But education for an African Renaissance must reject this view. It must recognise that in education there is no shame in borrowing from those who have travelled the road before you. In fact, the core of education is learning more from the experience of others than from one’s own experience.’

The author of these challenging concepts was born in Acorhnoek, a deep rural area not far from the Kruger National Park. He went to school in Tzaneen and Bushbuckridge, matriculating in 1969. At the University of the North he did bachelors and honours degrees in psychology. During his postgraduate years he worked as a junior lecturer and research officer. And it was at this time that he got into trouble with the university authorities.

‘I had become the president of the Psychology Society on campus, and I was also the chairman of the University Choral Society. I used both these platforms to become politically vocal. My choice of songs – their political messages – particularly irritated the authorities. Finally, at the time of the Frelimo rallies in 1974 and after some bad reports from security branch agents – we called them sinister beasts – on campus, I was asked to leave.’

But this setback Khoza turned to his own advantage. He took a job with Unilever and rapidly rose to the position of a brand manager. In 1978 he successfully applied
Powerful new university leadership

DR REUEL KHOZA - COMMITTED, NOT MERELY NOMINAL

for a Shell scholarship to study in Britain. He returned a year later with a Masters in Marketing Management from the University of Lancaster. After a two-year stint with Shell, he started his own management consulting company that grew over the next 16 years into his personal foothold in the world of business. In 2005, he achieved an Engineering Doctorate (Business) from the University of Warwick in the United Kingdom.

And earlier this year he received an honorary doctorate in recognition of 'a visionary African humanist whose outlook and life's work has been informed by a strong sense of integrity, by a humble style of leadership, and by committed service to his country'. Speaking again of Africa and the role that the University of Limpopo could play in it, Khoza explains that the world was diverging as the developed countries continued to outstrip the developing ones. ‘Yet at the same time there is a powerful convergence: the world is a global village. My sense is this: if Africa can take advantage of all the technological aids to learning that are becoming available today, the continent can leapfrog itself into the 21st century. That is the real challenge facing the continent - and our university - today.

‘The imperative, then, is that we pursue excellence - aggressively and actively. I would like to work with the university, looking first at the funding and creation of a comprehensive chair of mining engineering. We should be doing nothing less because of our position in the world’s richest platinum basin. By "a comprehensive chair", I mean not only one professorial chair, but surrounding that chair with other professorial and lecturing positions, research posts, and of course the equipment and infrastructure necessary to make the potential really fly.’

UBUNTU GOES GLOBAL

THE NEW CHANCELLOR OF THE UNIVERSITY OF LIMPOPO, DR REUEL KHOZA, IS OFTEN DESCRIBED AS A ‘DISTINGUISHED AFRICANIST THINKER’. He’s also an astute and highly influential businessman. It should not surprise us therefore that his latest book has as its subtitle: African transformational Leadership for 21st century business. The book is an important contribution to the growing debate around the role of business leadership not only in the rejuvenation of Africa but in leadership generally in the global village.

Central to Khoza’s leadership model is the idea of African humanism or Ubuntu. He begins by describing in detail the Ubuntu philosophy and the scope of African values that it contains. He then looks at Ubuntu-based African leadership in practice, and concludes by describing a new paradigm for leadership based on the co-operative values – such as trust and integrity, sympathy and compassion, consultation and consensus – that are enshrined in Ubuntu. In short, the new paradigm is one that builds leadership on genuine empathy for fellow human beings and on the win-win principle rather than on ruthless competition.

The book has been well-received. Gill Marcus, former deputy governor of the South African Reserve Bank, sees it as ‘an important contribution to our thinking about the development of our intellectual power so as to break the vicious circle that still holds much of Africa in the chains of poverty’. And distinguished writer, Professor Es’kia Mphahlele, remarks that ‘the reader cannot but be captured by the muscle of the style, which lends the work tension and admirable conviction’.

Copies of Let Africa Lead can be ordered from www.letafricalead.co.za
LIMPOPO IN THE NEWS: The Zimbabwean crisis

SMALL HOSPITAL, BIG RESPONSIBILITY

One of the features of Limpopo Leader’s coverage of subjects of relevance to the Province and its premier university is how often these issues are relevant to the national and regional picture as well. To further emphasise these linkages, LIMPOPO IN THE NEWS is set to become a regular feature in a periodical that is increasingly being seen as an important mouthpiece for a province that is decidedly under-reported in the national and international media. The strengthening partnership between provincial government and provincial academic expertise is placing Limpopo in a big way on the regional map. It is appropriate therefore that LIMPOPO IN THE NEWS should look at major news events from the point of view of the province.
IT'S HOT ON THE BORDER, IT'S DUSTY, BUT THE DEPRESSION IS LARGELY CONCEALED. MANY THOUSANDS OF ZIMBABWEANS ARE CROSSING INTO SOUTH AFRICA EACH MONTH, BUT OF COURSE MOST DON'T USE THE BORDER POST AT BEIT BRIDGE. THEY'RE RUNNING FROM ECONOMIC COLLAPSE, FROM AN INFLATION RATE IN EXCESS OF 100,000 PERCENT. THEY'RE WADING THROUGH THE RIVER, CRAWLING UNDER FENCES, EATING WHATEVER THEY CAN LAY THEIR HANDS ON. THOUSANDS ARE ARRESTED EACH WEEK AND REPATRIATED, BUT AN ESTIMATED 3-MILLION HAVE GOTTEN THROUGH.

They head to South Africa’s industrial and commercial heartland, Gauteng. But the point is that each and every one of them must pass through the province of Limpopo.

How is this extraordinary influx impacting on provincial health services? To find out, Limpopo Leader travels to Musina. There are plenty of soldiers and their vehicles on the crowded streets. But how is one to differentiate between Zimbabweans and South African civilians? The same question arises in the small district hospital that serves Musina and surrounding boarder region. The refugees often tell lies to conceal their identities.

‘Of course, we don’t call our Zimbabwean patients ‘refugees’, says the hospital’s CEO Simon Netshivhambe. ‘We call them migrants. There are some from Zambia and the DRC as well; but yes certainly, the majority are Zimbabweans. But I must emphasise that we don’t discriminate against patients of different nationalities. There are the SADC and Nepad health agreements that we adhere to. And on purely humanitarian grounds, everyone is allowed access to our services.’

Netshivhambe is precise, friendly, competent. He began his career as a nurse, and now finds himself in a position of considerable responsibility. His small hospital is bursting at the seams. It’s also understaffed. Of the 80 beds available only 65 are being used.

‘The posts are available,’ he says with a slight smile, ‘but it’s difficult to get staff to stay long in Musina. Perhaps it’s too remote; it’s certainly too hot.’

It’s in the outpatients’ department that the real pressure exerted by the Zimbabwean crisis is being felt. Netshivhambe’s five doctors work long hours. To exacerbate the situation, sick migrants are understandably reluctant to disclose their details, or they provide blatantly inaccurate details in order to get treatment before disappearing without trace.

‘This lack of disclosure is a very serious problem for us,’ Netshivhambe admits. ‘Particularly if the patient dies. Then we have to conduct enquiries, trying to find out where the body should go. And we have to hold the body for at least three months while the enquiries are ongoing. Only then can we provide it with a pauper’s funeral.’

Netshivhambe agreed to provide Limpopo Leader with figures. He worked on his computer, calling them up. While he did so he explained that for the past year he had kept detailed ‘migrant statistics’ and had used these statistics to underwrite his request for expanded infrastructure under the provincial Revitalisation Programme. His strategy has worked: next year, in excess of R92-million will be spent on the hard-pressed Messina Hospital (no official name change for the hospital yet).

‘Here are the figures,’ Netshivhambe says. ‘In the nine months between July 2006 and March last year (the end of the 2006/07 financial year) 48 migrants died in the hospital. That’s more than five a month. And of those 48, a full quarter (12) had in the end to be given paupers’ funerals. As you can
Joint prevention programmes involve South Africa with Zimbabwe and Mozambique. Netshivhambe seems confident that the programmes will offer the normal protection against Africa’s biggest killer disease. But if the programmes collapse on the far side of the border, serious problems could arise throughout the malaria-prone Limpopo basin.

Meanwhile, what will Netshivhambe’s hospital get for its R92-million from the provincial Revitalisation Programme?

‘First and foremost a bigger outpatients’ department,’ he explains with considerable satisfaction. ‘In fact, we’re getting a brand new building. There’ll be a gate clinic to reduce the queues at ODP proper, and also a covered waiting area and refreshment kiosk. Then the wards will be expanded to increase the number of beds from 80 to 96, and a new theatre is on the way. The administration offices are also being extended to relieve the current overcrowding.

‘And, oh yes,’ Messina Hospital’s friendly CEO adds, ‘we’re getting a new enlarged mortuary. In fact, it’s already being built. That is certainly the most urgent need right now.’
The first step in making a serious attempt at achieving it is NOT closing Medunsa, as had once been mooted, and the second step must obviously be the building of the tertiary hospital in Polokwane as soon as possible.

‘It is of great importance,’ says Sekoati, ‘that the expertise at Medunsa is nurtured and maintained and strengthened, and then is fully used to develop the new medical school in Polokwane. My department will do everything in its power to support the university in this endeavour. It will be an arrangement – this maintenance of two medical schools under one tertiary educational institution – that has considerable significance at a national level. And for Limpopo, of course, it will have a huge impact: it will transform health services here."

The current situation is that Mankweng and Polokwane hospitals provide a total of around 350 beds, a few of which are privatised in Polokwane Hospital, and with some tertiary services on offer, maintained from Medunsa as the parent medical school. Compare this with what is now on the drawing-board: Mankweng and Polokwane hospitals remain at current strength, while the new tertiary hospital will add 550 beds. That’s 900 beds, more than half of which will be attached to a full medical school for the teaching of health professionals and for research, particularly in those spheres that will benefit Limpopo’s (and indeed the Southern African region’s) predominantly rural population.
The implications of this expansion, and the level at which the expansion will take place, are enormous.

For a start, there are the benefits to be derived directly in the sphere of health services. The most obvious benefit arising from a locally situated tertiary hospital would be a reduction in referrals of seriously ill patients to the tertiary hospitals in Gauteng. ‘This,’ says Sekoati, ‘would not only save lives by reducing the travelling time required to get patients to the appropriate level of care, but would also substantially reduce the costs of top-end care.’

On the training front, locally trained doctors and other health professionals would go a long way to strengthening provincial health services in Limpopo’s extensive rural areas. Since an avowed intention of the University of Limpopo is ‘to be a leading university addressing the needs of African rural communities through innovative ideas’, the impact on rural health problems could be dramatic. This brings a distinct Southern African regional flavour to developments surrounding the new tertiary hospital.

Sekoati: ‘Even though we’re essentially a poor province, we’re already engaged in synergies with some of our SADC neighbours. This is bound to increase with tertiary facilities. The new medical school as it develops will also become increasingly attractive to students from other countries in the region.’

The expansion of health services – provincial and private – will also increase potential for what is now widely referred to as health tourism – people coming from abroad for procedures not so readily available in their home countries. It would also provide young health academics graduating from other universities with major new career opportunities.

‘For an emerging city like Polokwane,’ Sekoati adds, ‘there’s often a problem in attracting professionals in all fields. One of the problems restricting development is a scarcity of top-class health care, particularly for young families and the elderly. This problem is now in the process of being solved – which augurs well for general development. Simply put, the new hospital will make investment in Polokwane and Limpopo more feasible. It will, in short, be an invaluable aid to our growing economy.’

Sekoati is confident that building will start on the new hospital next year. ‘We’re currently engaged in the planning through a process that involves the national departments of Health and Education, as well as the University of Limpopo. The necessary financial resources are coming from national government. It will be a state-owned facility. But we’re currently looking at various management models. In fact, we would welcome suggestions regarding private-sector involvement.’

COULD THIS ALSO BE A FACTOR?
It’s difficult to find out what’s happening behind the scenes, but a private hospital for Polokwane would simply boost local facilities even more, thus enhancing the potential of Limpopo’s capital city as an important health node in Southern Africa.
Local economic development
A CENTRE OF EXCELLENCE FOR RESEARCH, TRAINING AND ADVICE

Some people aren’t wildly optimistic about the capacity of large infrastructure projects - like the new tertiary hospital to be built near Edupark - to stimulate sustainable economic development among ordinary people.

‘It may be that it will be a mixed bag coming from the new hospital in terms of LED,’ says Dr Chris Burman of the Development, Facilitation and Training Institute (DevFtI) based on the Edupark campus of the University of Limpopo. ‘In fact, it could prove detrimental in some ways. Scarce and specialised skills are needed to build and operate a facility like this. There’ll be a tendency to cherry pick these out of the whole province, which could leave some localities worse off than they are now through the process of skills urbanisation. It is difficult to predict precisely the outcomes in these types of cases.’

Then there’s Tim Wilkinson, team leader of Limpopo LED, a unit set up within the provincial Department of Housing and Local Government to help deliver sustainable local economic development. ‘I suppose you can describe LED as all those mechanisms that get local economies going, and that pull poor people into the process by making economic opportunities accessible to them. The critical things for LED to thrive are economic growth and education. They go hand in hand. Thereafter, building LED is relatively straightforward. You can take a book off the library shelf and do it. But it’s not happening in Africa. All the evidence indicates that investment in infrastructure and education reduces poverty and promotes growth. However in Limpopo this is not happening, with budgets underspent and infrastructure investment low.

What then IS happening in Africa – and in Limpopo and Polokwane? What are the models being used? Where are the successes, and why the failures? How can local government structures better deliver on their responsibilities with regard to socio-economic upliftment? How can the uneducated and the poor become an integral part of their own local economies? The questions seem endless ...

The good news, though, is that they are shortly to be addressed in a methodical way by experts in the field. Enter the Limpopo Centre for Local Economic Development (LCLED).

The centre is to be established with money from the European Union under the terms of a memorandum of agreement between the Department of Housing and Local Government (the contracting authority) and the university which will run the
LCLED. In fact, it'll be housed inside the Turfloop School of Leadership alongside DevFTI, and Dr Burman will run it.

The main objective, says Wilkinson (who sees the establishment of the LCLED as something of an exit strategy for EU involvement in the province), will be to aid in the reduction of poverty through pro-poor growth.

‘That will be the overall objective,’ Burman adds. ‘More specifically, though, because of the centre’s location in Limpopo, the focus will be on the creation of a Limpopo centre of excellence in pro-poor rural LED. With the emphasis on the rural which characterises most of our province.’

The memorandum of agreement between the province and the university was signed in August; the EU has pledged R7-million over the next two years; and it is expected that the LCLED will open its doors for business during the second quarter of 2008.

‘The plan,’ explains Burman, ‘is to hook the centre immediately into the international network of similar centres and university departments working in LED. These linkages will be crucially important if we are to deliver real value for money in our three focus activities of LED research, LED capacity development, and a LED advisory service. In all these fields, we’ll be trying to give LED a crisper modus operandi in Limpopo by drawing upon our own provincial strengths as well as the experiences of others.’

According to the LCLED business plan, three specific areas for research have already been identified. They are:

- **Competitiveness.** Economies that are competitive and have a good business environment seem to reduce poverty faster. Therefore a major theme for research will be to better understand international and local competitiveness.
- **Land reform.** A major constraint to investment and farming viability is the lack of precise ownership rights. In response to these difficulties, the centre will immediately focus on the thorny issues of community land and development, and post-land-restitution farm viability.
- **Markets for the poor.** A special research focus will attempt to understand why markets are not working for the poor in rural Limpopo, and Southern Africa generally, and then to test interventions designed to make labour, product, capital and markets more accessible to and inclusive of the poor.

Capacity building will take the form of special training programmes, built on the knowledge emerging from the research and tailored for government officials and NGOs. The centre’s advisory services will be geared to assisting organisations to develop and deliver LED and will include assessments of local economies, the development of pro-poor growth strategies, and monitoring and evaluation.

The EU’s funding has been granted with the stipulation that the LCLED must be self-sustaining within two years.

Burman: ‘It’s obvious that the trio of activities – research, capacity building (training), and advisory services (consulting) all lend themselves to income generation. Indeed, the aim is to begin earning from the first year of operation, when the forecast is a total of R600 000, rising to R6-million in year four when the centre is expected to employ a full-time staff of eight.

‘The emphasis on development in Limpopo must be maintained,’ Burman concludes, ‘and I have no doubt that the LCLED will contribute greatly to maintaining the necessary urgency with which everyone here should be applying their minds to the impediments that stand in the way.’

Wilkinson states: ‘This is a tremendous opportunity for the university to use the seed funding from the EU to create a centre of excellence. I hope they pick up on the challenge and deliver the centre for Limpopo’.
Profile: Dr Chris Burman
HE’S A TRAVELLING MAN
MEET CHRIS BURMAN. He’s a lean and restless forty-year-old who looks as if he could reach for his suitcase at any moment and simply disappear. He’s certainly done his share of travelling. He’s also done a sizeable share of development work. That’s why he’s in charge of the Development Facilitation and Training Institute (DevFTI) housed within the Turfloop School of Leadership at Edupark. He’s been there for not much more than two years, but already his achievements are mounting up.

There have been contracts with Unesco and the National Development Agency which asked DevFTI to research the relationship between co-operatives and productivity – as well as co-organising a provincial conference entitled ‘Making Rural Voices Count’ with the Office of the Premier. For the provincial government, Burman is designing training courses in media and communication, and he’ll shortly be putting the European Union-funded Limpopo Centre for Local Economic Development on the map (see story on page 12).

‘There’s so much potential here,’ he says. ‘And I’m ambitious. I want to make a real success of DevFTI.’

Burman was born into a middle-class family in Birmingham in the United Kingdom. His father was a surgeon who accepted a two-year posting to Bulawayo (in Zimbabwe) just as the young Burman was reaching school-going age. Perhaps this early disruption to routine contributed to Burman’s restlessness and insatiable curiosity about the world. There were other influences as well.

‘After I had completed my A levels,’ he recalls, ‘I didn’t really know what I wanted to do. So I took my gap year and went to Brazil and worked in a children’s home and hospital. From my genteel Birmingham background into the jungle of northern Brazil – that was a major culture shock. But I thrived on it.’

Back home, Burman drifted about, finally ending up on England’s extensive commercial canal systems, taking young people on adventure holidays and then becoming involved in the restoration of old barges to museum quality. But such activities, however enjoyable, could not detain him indefinitely. Shortly after his 24th birthday, he was back in the developing world.

This time it was West Africa. He had gone to assist with a tourism and haulage enterprise in Ghana, and he very soon became a partner in the business.

‘I did a lot of driving myself. It was wonderful. I drove from country to country. I found myself relishing Black Africa. Here was the thrilling source of which Brazil had provided such strong echoes. Once I drove for five days across the desert to Timbuktu where I bought some beautifully made French cakes. Another time I drove through Cameroon and down into central Africa. Everywhere I went the poverty gripped me; and I suppose it was on those trips and during those years that the idea of development began its long gestation in my head.’

Not unsurprisingly, then, by the time he was 30, Burman was living in a caravan and doing a development studies degree at the University of East Anglia in Norwich. But his travelling days were by no means over. He took himself to the Durban campus of the University of KwaZulu-Natal to do a Masters. But the subject of his dissertation – the relationship of funders’ expectations to the realities of rural development – was in the northern parts of Limpopo, so it was inevitable that he finally make contact with people at Turfloop. The result was that he moved to Polokwane, and had his doctorate conferred on him by the University of Limpopo in 2004.

Meanwhile, though, he had found the time to spend a short period in Australia where he became involved in the challenge of providing sustainable sources of ‘bush food’ into the cities for the Aboriginal poor who have little taste for western food. Aboriginals are regularly diagnosed with diabetes because of the absence of their preferred foodstuffs. ‘It would seem that the Aboriginal people are some of the few people whose diabetes can be reversed if they eat their own preferred foodstuffs – but getting it into the city on a sustainable basis is a serious challenge,’ explained Burman. When he came back to South Africa to pick up his degree, the University offered him the DevFTI job.

‘Limpopo is changing rapidly,’ he observes, ‘and the challenge is to respond. I really like the aim of the university – to be a leading university while addressing the needs of African rural communities through innovative ideas – and I’m ensuring that DevFTI’s focus is in line with this.’

But will he stay? ‘I’d like to stay in Africa,’ he admits. Limpopo must hope that he will linger in this part of it for at least a few years more.
Dr David Norris’s original research was to establish phenotypic base data that broadly defined the various breeds in terms of optimum size, growth rate, feeding requirements, as well as egg size and output. Next step was to be a programme of selective breeding to improve the productivity of the chickens without damaging their amazing adaptability to the Southern African environment. But this step was hampered by the fact that Norris was working with one-day-old chicks from the Animal Improvement Institute’s centre in Irene.

Now the situation has radically changed. Norris and his co-researchers have got hold of an incubator. This means that selective breeding can be fully controlled.

‘In other words,’ Norris explains, ‘improved growth rates for meat and greater egg production characteristics can be achieved through generations of selecting chickens that are genetically superior in the desired traits.

The R75 000 incubator, which arrived late in 2006, has been jointly funded by the National Research Foundation (NRF) and the university. Indeed, the NRF has given R300 000 over the next three years to support the indigenous chicken research being undertaken at Turfloop.

The incubator finely controls temperature. Humidity is achieved by spraying in water at a preset rate. Air inlets provide the required oxygen, and condensate is perpetually drained away. Chicken eggs take 21 days to hatch, and the machine has a capacity of 1 680 eggs that can be divided into 12 sets for phased hatching. An automatic mechanism turns the eggs every hour.

‘The incubator is a powerful tool for selective breeding,’ says Professor Jones Ng’ambi, an animal nutritionist at Turfloop, ‘but of course it needs to be surrounded by high-quality supplementary research and data collection if its use is to be optimised. For example, work on improving productivity by changing or supplementing what the chickens eat is essential if selective breeding is to make any sense. But of course these elements make wonderful topics for postgraduate research.’

Chris Mbajiorgu, a doctoral student from Nigeria, is tackling one such research topic: the effect of various nutrients on meat and egg production of the indigenous Venda chickens. Not surprisingly, Ng’ambi and Norris are Mbajiorgu’s supervisors.

‘Obviously,’ he says, ‘my first job is to establish some baseline data regarding what chickens at various rural homestead sites are actually eating. I’ll do this by analysing crop content. Then the question will arise regarding improvements to the diet. I’ll be concentrating on protein intake and energy requirements. But it’s not simply a matter of finding the
chosen Turfloop? ‘I believed I’d get the best basic knowledge here,’ he explained, ‘and my belief has been confirmed.’ The University of Limpopo awarded Mbajiorgu a Masters degree after his research into vitamin C and lysine supplementation to the feed of broiler chickens to improve live weight, growth rate and lower mortality.

‘Yes,’ he says with a smile, ‘I’ll definitely be going home, but not before my indigenous chicken PhD is completed. This should be by 2009.’

ideal diet regardless of cost. What is available locally? How can low-cost supplements, or better still locally produced supplements, enhance existing diets?’

And he adds: ‘The underlying consideration here is that small improvements in meat and egg production will make big improvements in human nutrition and income at the village level.’

Mbajiorgu completed his first degree – a five-year B Agric (Honours) in animal science – in Nigeria before coming to Turfloop in 2005. Why had he
However, since national policy for higher education does not provide for foundational qualifications and the term ‘foundation programme’ does not accord with the formal definition of a programme, which is ‘a purposeful and structured set of learning experiences that leads to a qualification’, government recently made the suggestion that the foundation programmes be part of a whole degree programme in which foundational provision is located. Such a programme is termed an ‘Extended Degree Programme (EDP). This is in line with Education White Paper 3,’ explains Songca.

‘The essence of the EDP is that it takes learners who are considered to have inadequate schooling and puts them through a degree programme that is longer and more in-depth than the traditional minimum three-year degree programme. Throughout students are given additional support with curriculum review being at the core. An EDP degree is quite different to a normal three-year degree. It’s not, as is often mistakenly assumed, a feeder programme into the normal degree because the extended learning continues throughout the four-year course. In fact, the two are run on separate curricula,’ he adds.

What has placed the University of Limpopo ahead of the game with this new EDP programme is that for many years it has focused quite heavily on providing adequate tuition to disadvantaged students - more so than has been traditionally offered in universities - through Unify, which provided a more holistic approach to foundation provision.

Songca notes that the university had already been contemplating a change in direction for foundation provision by the time government introduced the concept of EDP. ‘These factors placed us ahead both in experience and in our proactive anticipation of new government thinking.’

EDP degrees can be offered in any university course. The onus is on each faculty to determine if the extended degree programme can and should be offered. ‘We quickly decided that our faculty would benefit significantly from the programme so we opted

FILLING THE KNOWLEDGE GAP BETWEEN HIGH SCHOOL AND HIGHER EDUCATION HAS TAKEN ON NEW MEANING IN THE FACULTY OF SCIENCE AND AGRICULTURE AT MEDUNSA. It’s embarking on an ambitious programme that is seeing government and higher education institutions in an associated bid to ensure that graduates are on a par with universities around the world - and it sees the University of Limpopo leading the field in establishing this programme.

Professor Sandle Songca, Director of the School of Physical Sciences, gives the background to this dynamic situation. ‘The Bachelor of Science Extended Degree Programme at the university has its roots in the successful implementation of the University Foundation Year for Maths and Science - Unify - and the foundation courses that were offered at Medunsa.

‘Unify was conceptualised as an intervention programme within the then Faculty of Mathematics and Natural Sciences, the Faculty of Health Sciences, and the Faculty of Agriculture at the former University of the North. The overall purpose of the programme was to increase both quantity and quality of historically disadvantaged students with potential to succeed entering the faculties. Unify students enrolled for a year-long programme in Mathematics, Chemistry, Biology, Physics and English and Study Skills. They were also given computer-aided instruction and compulsory career guidance. When they completed the programme, students could follow any science programme in the three faculties. Since 1992, Unify has successfully provided services to more than 2 000 students who have gone on to study sciences within the university,’ elaborates Songca.

‘The Medunsa Foundation Programme has its background in the university’s response to students who wanted to pursue medicine without having met all the matric subject requirements. The students were then enrolled in a BSc programme with additional support in the subjects in which they had lower grades. In certain cases this meant completing the programme over a study period of four years instead of the normal three.’
for it with 200 BSc students - 167 on the Turfloop campus and 50 at Medunsa,' says Songca.

‘Implementing extended degrees is no walk in the park. Firstly, about twice as much staff and student time as the corresponding regular course is needed. Secondly, the Bachelor of Science Extended Degree Programme is a four-year degree that covers all areas of tuition in the current Faculty of Science and Agriculture.

‘A student currently enrolled in the programme has a choice of furthering studies in any combination of courses that are currently on offer within the faculty. The development of properly articulated BSc (EDP), therefore requires a review of all these possible study routes that a student can follow. Any attempt to do this at once is a recipe for failure. Hence, I see the development and delivery of a successful BSc (EDP) as a process that would go through at least three major phases: Phase one being the development and pilot phase; phase two, consolidation and expansion; and phase three, delivering and sustaining a successful programme,’ concludes Songca.

GETTING IT RIGHT WITH INDUSTRY

Several other issues came to light as the dynamics of the EDP were being thrashed out. The first was the number of possible courses which the faculty offers. ‘We had about 55 course options available for students – about 30 of which are unlikely to ever be taken up because they offer combinations that are just not feasible. We realised that we needed to rationalise the options to streamline our faculty for optimum efficiency,’ says Songca.

At the same time, a question had arisen at an industry association meeting that was brought to the faculty boardroom table. It was, ‘why don’t we see students from historically black universities in the workplace? The decision was taken to go out into industry and ask what it is that they want in qualifications from potential employees.

Songca explains the rationale behind the research project. ‘We know that training at higher education level can no longer be done whimsically. We must be fully accountable to industries that are running the economy. We also need to be responsible to student loan providers. These organisations are key stakeholders in our students’ futures.’

This Medunsa-led initiative involves taking its Programme & Qualifications Mix (PQMs) to industry associations, professional associations, and directly to the workplace to find out what is useful to them. ‘We will then compile reports and by the time the school boards sit in August next year the idea is to have a clear picture of what is desirable and what can be cut out of our faculty offering.

‘This project will give us several benefits. Apart from guiding us in which courses we should offer and which we should drop; it will also help us design useful curricula; it’s likely to generate sponsors for our students; and it will make us better known in industry,’ Songca states.

He’s proud of the fact that Medunsa’s faculty of natural sciences is leading the field on so many levels - and admits to a subtle competitiveness in the academic world. But this is quickly tempered with the assertion that collaboration among universities is far stronger. ‘We have been working with other institutions in helping them to establish their EDP degrees – and we will doubtless share our learning experiences as we progress,’ he emphasises.
BEING COMMITTED TO THINGS THAT COUNT

‘BE COMMITTED TO THINGS THAT COUNT, RATHER THAN TO THINGS THAT CAN BE COUNTED.’ That’s the quotation at the beginning of Professor Sandile Songca’s curriculum vitae. It’s by his wife, Reverend Mizana Songca. It says a lot about the man and what motivates him in his professional and personal life.

And knowing what counts is half the battle won.

For Songca, it has doubtless included service to the world of science. He has made significant contributions to it since his student days at the University of Transkei in the early 80s.

He describes those days as somewhat discouraging. He achieved his BSc and BSc Hons, but was aware of the vast disparity between that university’s standards and those of the historically white universities.

While studying for his Masters, he got caught up in the groundswell of political activism and joined the mass exodus of exiles to Europe. It was in London that he continued his studies and achieved his MSc and PhD degrees at Queen Mary and Westfield College.

Effective teaching methods have been an ongoing interest for Songca, and while in exile he conducted research into the teaching of science with particular emphasis on laboratory teaching and affiliated interests, with a research team at the University of Surrey in England. One of the spin-offs of this research was the creation of the Workbook-Based Teaching Methods Research Programme, which Songca pioneered. ‘The main aim,’ he explains, ‘was to address the problem of academically underprivileged students into entry level chemistry. Some of the objectives of the programme included the improvement of independent learning skills of first-year students. The programme proved quite successful and attracted funding from the private sector as a provider of local or indigenous teaching resource materials.’ More recently, Songca’s interests have been in the development and application of teaching and learning materials using modern technology.

Then came 1994 and the euphoric ‘coming home’ of exiles – in time to cast their ballots.

Back in South Africa, he returned to the University of Transkei’s Department of Science, which by this time was serving both BSc and Medical School.

‘I was appointed senior lecturer in Organic Chemistry and was then promoted to associate professor. In 2000 I took a research sabbatical as a visiting professor at the University of Cape Town at the Liver Research Institute, following which I accepted the position of senior lecturer at the University of Zululand.

‘When the Methodist Church, for which my wife is a minister, moved her to Pretoria in 2004 I joined Unisa as a senior lecturer but I had been keen to join Medunsa, and when I was approached to join this university as professor and HOD of Organic Chemistry, I eagerly accepted the position. That was in August 2004.

‘I then became deputy dean of science for the interim period of the merger and on retirement of the interim dean at the end of 2005, I became interim acting dean.’ For Songca, it was then a short step to his current position of Director of the School of Physical Sciences – Medunsa campus.
CATCHING THE SCIENCE BUS – EARLY

‘SCIENCE UNFOLDS THINGS. I love it. It plays an important role in our lives - and it’s something we can apply all the time.’ Florence Seseng, Outreach Programme Co-ordinator for the University of Limpopo’s (Medunsa campus) Faculty of Science and Agriculture, is responsible for passing on this passion and understanding of all things scientific to school learners in the university’s surrounding areas.

That’s what the Mobile Science Laboratory, the commonly called ‘science bus’, which this year celebrates 10 years of service to the local schools, is designed to do.

The bus is kitted out with a demonstration bench that can be wheeled into classrooms; a generator for electricity at those schools that may not have; an extensive supply of chemicals, equipment, apparatus, and models relating to biology, physical science and mathematics syllabuses for grades 9-12; and additional ‘gadgets’ that make science interesting.

Seseng, who has a BSc degree in chemistry and biochemistry from the University of Potchefstroom, outlines the rationale behind the launching of the bus on 13 November 1997. ‘The science bus project is a means of developing awareness and interest in science and technology among high school learners by making science apparatus and training available to underprivileged schools. Our role is not to take over the science lessons, but to offer assistance to teachers in the use of equipment, conducting experiments and demonstrations, and to enhance basic knowledge, skill and attitudes in science education.

‘We also try to make the community at large aware of the impact of science and technology on our everyday lives, not least on the environment and our health.’

Seseng says she has about 20 schools that she visits once a month in and around Ga-Rankuwa, Mabopane, Winterveld, Hammanskraal and Kwa-Mhlanga - at a rate of one school per day. Efforts are always made to fit into the school’s timetable. A memorandum of understanding (MOU) has been signed between the university and the participating schools to strengthen the established ties.

When she conducts experiments for learners, she explains the fundamental concepts, prepares the learners before the exercise and then performs the school syllabus experiments with the learners. With the aid of pre-set worksheets on which they report their observations, the learners are guided to do the experiments. Seseng believes it’s making a big difference to their levels of understanding.

All teachers agree and want the visits increased.

‘The best thing about visiting schools is the excitement and interest it generates among learners. Also seeing them suddenly understand something they have only been able to read about in their textbooks before,’ Seseng says enthusiastically. 'It makes it all very worthwhile.'

Seseng’s contact numbers are: 012-521-4610 or 084-442-3941 Email: seseng@medunsa.ac.za

Florence Seseng, Outreach Programme Co-ordinator for Medunsa’s Faculty of Science
Under the knife

REVERSING THE TREND OF DWINDLING SURGEON NUMBERS

By Janice Hunt

Surgeon numbers around the country are dropping, and the onus is on medical schools to reverse the trend. This is the firm opinion of Dr Arian Mokhtari, senior specialist in Medunsa’s Department of Surgery, as he outlined several challenges that his department is facing – and tackling.

He says surgery as a speciality is losing its appeal to young doctors, both men and women, but especially women. The main reasons are long and irregular working hours, difficult and demanding conditions and remuneration. There are also many other specialities that are more ‘lifestyle-friendly’.

‘Of the approximately 450 surgeons who are active around the country, many are getting old and will soon be packing away their scalpels for good, leaving even more gaps in this profession. We need to find ways to build up the numbers again, which means we need to attract young doctors before they leave university,’ says Mokhtari.

Another difficulty confronting the department is keeping up with technological changes within surgery. ‘We are dealing with this issue, but we are still a step behind international developments,’ he notes.

Mokhtari explains that surgery has undergone three main development stages in the past few decades. The first was traditional open surgery. The second was the start of minimally invasive surgery (MIS), which became particularly popular in the 80s and 90s. This stage includes laparoscopic procedures – a modern surgical technique in which operations in the abdomen are performed through small incisions and the insertion of an endoscope. This instrument generally consists of a tube, a lighting system to illuminate the organ, a lens system to transmit the image, and a channel that allows entry of a medical instrument. A specific benefit to this type of surgery is the quicker recovery of patients.

The third stage, which is still experimental in most parts of the world and is becoming popular in the USA and Europe, is scarless or natural orifice surgery, using the latest flexible endoscopic techniques.

These new technologies are dramatically increasing costs in health care and it is becoming increasingly difficult for medical schools and their funders to implement the technologies at teaching level. As a result, many of these advances can be found only in the private sector. Mokhtari believes that medical schools are under an obligation to students and registrars to bring this level of teaching back to their institutions. This, he maintains, will go some way to attracting people to the surgical speciality.

These are dilemmas that particularly face postgraduate training, but the Department of Surgery handles teaching of undergraduates as well. This responsibility comes with its own set of issues to be tackled.

‘Fear is a very real problem for many young medical students at undergraduate level. They often pick up an unrealistic idea of surgery and choose to avoid it rather than overcome their misgivings. Special training at this level can make a tremendous difference to their understanding of the demands of surgery, as well as giving them confidence and an interest in surgery as a speciality.

‘Though it’s true to say that some students are gifted surgeons with natural talent, it is possible to teach technical skills to those who may not have special talent in this field.

‘It’s also important to make sure that we give adequate training across all stages of surgery, even for those students who may feel that they would prefer to focus on MIS. It sometimes happens that MIS operations need to be converted to open surgery,’ says Mokhtari.

Surgical Skills Laboratory

While these and probably many other issues will doubtless continue to confront Medunsa’s Department of Surgery in time to come; an important step towards
meeting these challenges has been taken with the recent substantial upgrading of the Surgical Skills Laboratory.

With the help of industry, this laboratory – which officially opened in March this year – is now a great venue to introduce doctors and junior registrars to surgery, says Mokhtari, who has been highly involved in the setting-up process. Laparoscopic equipment has been installed in the laboratory, enabling training in technically advanced surgical processes.

An accredited three-day training course aimed at houseman and junior registrar level, called Basic Surgical Skills, is run twice a year in the Surgical Skills Laboratory for about 15 delegates per course.

This course was introduced to South African medical schools by Dr Damon Bizos, head of Surgical Gastroenterology at Johannesburg Hospital. It teaches technical skills as well as other domains of surgical competence through supervised video presentations. This course is in fact, often an introduction to other sub-specialties such as gynaecology, ENT, thoracic surgery, and other fields, notes Mokhtari.

He is also keen to introduce the supplementary intermediate and advanced skills courses to Medunsa to further enhance the medical school’s postgraduate surgical training.

‘The realities of health care in South African state hospitals mean that there is a lot more emergency and trauma work than in private hospitals. This places teaching obligations of technically advanced surgical procedures all the more on this and other medical schools as experience in hospitals will be limited,’ he says.

Other fields that the department is now able to consider establishing within the laboratory include vascular surgery training, as well as the percutaneous insertion of a tracheotomy through the ENT Department. (In surgery, percutaneous refers to procedures where inner organs are accessed through needle-puncturing.) And the cardio-thoracic surgeons are planning to use the laboratory for training in coronary artery grafts.

At present, much of the training is done on human anatomical models as well as on animal parts. Since the new laboratory was established, plans are underway to introduce training on anaesthetised pigs as pigs are very similar to humans internally. Mokhtari hastened to add that any activity involving live animals is first approved by the Ethics Commission.

While the focus of the Surgical Skills Laboratory is predominantly on postgraduate training, it is also becoming a valuable venue for dexterity training for undergraduates, and exposing them to aspects of surgery that could encourage an interest in taking it up as a profession.

‘This laboratory has opened up new avenues for us in surgery, and we believe it will pay handsome dividends for our department into the future,’ says Mokhtari.
Under the knife

THE SPECIALITY THAT DEMANDS AN ADVENTUROUS SPIRIT

BY JANICE HUNT

‘YOU HAVE TO BE VERY ADVENTUROUS TO DO SURGERY. IT’S THE NATURE OF THE SPECIALITY.’

That’s according to Dr Sooraj Motilall, who qualified as a surgeon from Medunsa’s Department of Surgery last year.

He opted for general surgery for the very reasons that send less adventurous registrars scurrying for other specialities - those that don’t demand the instantaneous life and death decision-making skills that general surgery so often does.

Motilall, a Durbanite, attended Medunsa as an undergraduate. He achieved his MBChB degree and then returned to Durban to complete his internship and community service at RK Khan Hospital in Chatsworth, a suburb in the eThekwini health district. It was there that he was exposed to the hospital’s ‘exceptionally well-run surgical unit’ under renowned surgeon and HOD, Mr Yusouf Desai, who became his mentor, and he was duly inspired to do surgery as his speciality.

He returned to Medunsa in 2001 as a registrar in the Department of Surgery.

The thing about surgery is that it’s a very decisive field. You seldom have time to consider your options for too long. You have to make life-saving decisions immediately. It’s also an area of medicine in which you are exposed to a broad scope of diseases and surgical procedures. You are constantly learning how to cope with new experiences and situations,’ explains Motilall.

He adds that although general surgery is one of the disciplines that demands longer working hours compared to other surgical and medical disciplines, as well as a greater degree of commitment, it is highly rewarding at the end of the day.

Motilall says his five years in Medunsa’s Department of Surgery have been valuable, and provided excellent training in all facets of general surgery as well as sub-specialities such as cardiothoracic, paediatric, plastic, urological, and orthopaedic surgery. He adds that one of the particularly beneficial aspects of his Medunsa registrarship was working in the Dr George Mukhari Hospital which, as a major tertiary referral hospital that accepts patients from Polokwane Hospital, gave him exposure to patients from an extremely wide catchment area as well as a great variety of surgical and clinical experience.

He also believes he benefited greatly from the tremendous academic emphasis in the department, led primarily by HOD Professor Charles Modiba. ‘He constantly encourages registrars to do research before qualifying. Meetings are also held almost daily and are extremely detailed, and there is also a high degree of patient follow-up by the professor. ‘His focus is on our qualification, and that makes achieving it that much easier,’ states Motilall. ‘I also gained phenomenal experience in general surgery from Professor Lethogela Meshack Nthe, a brilliant teacher and surgeon,’ he says.

‘There’s a big difference between being a registrar and a consultant,’ Motilall explains. ‘When you’re a consultant, the course of action that you decide on is actually what happens - so it must be the right one.’

As for the future? In January 2008 Motilall was offered a post to further sub-specialise in Trauma Surgery at Johannesburg Hospital. He took up the post in February, which is a two-year programme towards a Fellowship in Trauma.
Women to the fore
A WOMAN OF ACTION AND ACHIEVEMENTS

BY JANICE HUNT

THREE HATS, IT CAN PROBABLY BE SAFELY ASSUMED, WOULD BE DAUNTING TO WEAR FOR MOST PEOPLE, PARTICULARLY IF EACH OF THE HATS REPRESENTS A JOB AS DEMANDING AS THE OTHERS – BUT FOR DYNAMIC PROFESSOR OLGA MZILENI OF MEDUNSA, IT’S ALL IN A DAY’S WORK.

The three hats that Mzileni wears include HOD for Internal Medicine, HOD for Pulmonology, and head of Tshepang ARV Clinic at George Mukhari Hospital. To those designations she would no doubt also proudly add mother, grandmother and church builder.

Internal medicine is the speciality that involves the diagnosis and non-surgical treatment of diseases in adults, especially of internal organs. Pulmonology is a sub-speciality within internal medicine and deals with diseases of the lungs and respiratory tract.

Apart from wearing her many hats with alacrity, Mzileni has also achieved the George Mukhari Woman of Excellence Award in 2004 and the Best Clinical Department Award for Internal Medicine, also in 2004.

A key strength that has no doubt reinforced Mzileni’s ability to manage so much, so effectively, is her ability – and willingness – to keep lines of communication wide open among all the hierarchies of the university, from the top to the bottom.

WHERE IT ALL BEGAN

Hailing from the Transkei, Mzileni completed her Junior Certificate and went to Johannesburg, where she started her medical journey in 1966 at Baragwanath Hospital as a trainee nurse. She finished

Professor Olga Mzileni
her training with the highest marks in all the General Nursing exams written in South Africa – white and black – which earned her the Cecilia Makiwane Medal 1969. She followed this achievement with midwifery, and again achieved the highest marks, this time ever achieved in the course.

Mzileni then returned to the Eastern Cape where she worked at Livingstone Hospital for five years. But she soon became frustrated. She wanted to do more for her patients. She wanted to do the work done by doctors and be more involved in saving lives. So she left nursing and caught up her missing matric, teaching herself maths and physics and achieving better symbols than full-time students were achieving. She then enrolled at Fort Hare University for her pre-med. The following year she moved to Medunsa and achieved her MBChB with distinction in 1983.

She worked for a year as a medical officer and Professor Frans Pretorius, then head of Medunsa’s Department of Internal Medicine, recognised Olga Mzileni’s potential as a specialist. She started her postgraduate studies and achieved her M Med Internal Medicine in 1989. During this time Professor Pretorius encouraged her to start a Pulmonology Clinic, which she did with great success while still a registrar. And, as with everything Mzileni undertakes, with a lot of hands-on involvement.

Pulmonology training, which was not yet available at Medunsa, then followed at Groote Schuur and Tygerberg hospitals in Cape Town for Mzileni, earning her a qualification in 1994 as a pulmonologist – the first black woman in South Africa to achieve this position. In fact, there hasn’t been another black South African woman to qualify as a pulmonologist since then, and Mzileni is constantly striving to recruit suitable doctors to pursue this challenging speciality.

She picks up the story, ‘When I returned from Cape Town I set about transforming the Pulmonology Clinic into a pulmonology unit, registering it as a training department and ensuring that it was adequately equipped for the task. This included establishing a lung function department with highly specialised equipment. Right from the start, the clinic serviced the whole hospital – performing services such as lung biopsies, needle aspirations, and so on,’ says Mzileni.

By 1996 Mzileni was principal specialist and senior lecturer in her department. Two years later she spent a year in London at Middlesex Hospital as a Fellowship Student. On her return she took over as HOD Internal Medicine and HOD Pulmonology from Professor Pretorius who had retired, and in 2000 she achieved her professorship.

Her departments have thrived under her management, and the excellent results achieved by both undergraduates and postgraduates are testimony to the emphasis placed on qualifying. To further enhance the training offered, Mzileni applied for government sponsorship to establish a skills laboratory for her Internal Medicine students. It gives them training in basic procedures such as taking blood and putting up drips.

Mzileni recently graduated with a ‘Women in Higher Education – Executive Leadership’ course through the Wits Business School. This she believes will help her improve her insight and management of her various departments even further.

Looking ahead, Mzileni has aspirations for all her responsibilities. She has a deep desire to produce more pulmonologists, particularly specialists who will stay in the country and build up the specialisation locally. Similarly, for Internal Medicine, she would like to see more postgraduates taking up the speciality. As it is, Medunsa’s Internal Medicine postgraduates are known for their excellent results and research skills, and are highly sought after in international institutions.

As for Tshepang ARV Clinic (see story in box), Mzileni is working to improve the down referral system. ‘Patients who are settled in their treatment should be attending the satellite clinics, freeing up the facilities at Tshepang for new patients,’ she explains. She also aims to increase and improve the level of research and data analysis from the ARV clinic, which in her opinion is absolutely essential for progress in the management of the disease.

Mzileni’s personal aspirations are no less ambitious. She aims to finish her PhD, which is already at revision stage, and be more active in her church ministry. As it is, last year she felt called by God to build a church out of her own pocket in Kroonstad, which, after much careful planning, she achieved in 19 days! It’s 215 X 105 square metres – and since it opened, is growing steadily in numbers. ‘When I told the pastor of the church that I was going to put up a building for them, he said they had been crying for one for 21 years! They had been meeting in a shack for many years.’

Mzileni’s philosophy in life is probably well summed up by 19th century scientist and author Henry Drummond, who said: ‘Unless a man undertakes more than he possibly can do, he will never do all he can do.’ O nly, he obviously didn’t know at that stage that he was actually referring to a woman!
Women to the fore
MAKING LIFE BETTER FOR THE PATIENTS

BY JANICE HUNT

THE NEED FOR AN AIDS CLINIC AT GEORGE MUKHARI HOSPITAL BECAME CLEAR TO PROFESSOR OLGA MZILENI AS EARLY AS THE 1980S WHEN SHE AND PROFESSOR HEATHER CREW E-BROWN, HEAD OF MICROBIOLOGY, WERE THE FIRST TO DIAGNOSE AIDS IN SOUTH AFRICA IN 1985, IN A PATIENT WHO WAS ADMITTED WITH TUBERCULOSIS.

'We couldn’t work out why this patient was not responding to any treatment,’ recalls Mzileni. ‘Eventually we identified the HI virus and realised we had an Aids case on our hands. It was exciting for us as a medical team, and I remember that we published a paper on the case at the time.’

That was in the very early days and much water has flowed under the clinic’s bridge since then. Today it is known as the Tshepang ARV Clinic at George Mukhari Hospital, supplying anti-retrovirals to more than 3,000 patients per month. The clinic has also just moved into brand new, large and modern premises that were built from scratch according to Mzileni’s specifications.

HOW IT STARTED
Once Aids was diagnosed, Mzileni decided to establish an Aids clinic – in the midst of her other duties. She determined that the clinic’s services would be based on research ‘that we could use’ right from the start. She came up against bureaucracy to an extent that would have crushed the dream of many a less determined person. But not her. She begged and cajoled until she was given a premises; then when she was told there was no equipment, she found out where old stretchers, trolleys, and lockers were dumped, collected them and fixed them herself.

‘I grew up learning to do things for myself – including repairs,’ she explains mildly. ‘It was something my mother used to do.’

It also means that for Mzileni and her loyal and hard working staff members, every single piece of equipment in the clinic has always been a source of pride for them.

It wasn’t long before the clinic outgrew the premises and once again Mzileni’s considerable powers of persuasion came into play. She organised and established consulting rooms in ‘Zozo hut’ type accommodation – while the Department of Health was still trying to decide how to handle the situation.

Staffing too, was an issue, so Mzileni staffed the clinic with people from the Department of Internal Medicine, under whose auspices the clinic was being run.

When it became apparent that these premises were not providing the services that patients should be able to expect from a large provincial hospital, Mzileni appealed for bigger and more appropriate premises. She was told ‘not possible’. Completely undaunted, she personally secured sponsorship from the Foundation for Professional Development and took her request to the Department of Health head office. The request was approved.

‘Tshepang is now the biggest and most beautiful clinic,’ enthuses Mzileni. ‘It has everything we need – even enough space for extensive data capture and research. It has a spacious and light reception area; 10 consulting rooms – the doctors are not going to believe the difference in their working conditions; pharmacy areas; storage rooms; a tea room for staff; and even a paediatric section. Previously we couldn’t handle the paediatric Aids patients as there was not enough space in the old clinic. Now it is all being operated as one facility. This new facility is so much better as far as overall management of the disease is concerned. It also will obviously enable us to improve our research and
analysis; giving us an even better picture of what the situation is in this region.

‘The Department of Health is even providing staff for our new clinic, which means I will no longer need to keep poaching my departments for people.’

A network of outlying clinics falls under the umbrella of the Tshepang ARV Clinic, to which patients are down referred when their condition has been stabilised. The clinics are carefully monitored by visiting doctors and supplied with prepacked ARVs from Tshepang. An efficient down referral system is becoming more and more important as numbers of HIV-positive people keep growing, notes Mzileni.

Running the clinic is Sister Hazel Nkosi, who has been with Mzileni in the Tshepang Clinic project since the start. She is delighted with the new premises and has great visions for how smoothly the systems will now be able to run. ‘The staff will find working conditions quite luxurious compared with what they have become used to. But most important is how much more comfortable our patients will be. This clinic will improve their lives – and a trip to the clinic will not be as much of a hardship any more,’ says Nkosi with a delighted smile.
strengthen local organisational capacity to plan for and manage the change, to experiment and then to implement and monitor results, and finally to reflect on lessons learnt and re-plan for the future.

Ramaru is a soil scientist, and now works for the provincial Department of Agriculture in Polokwane. Significantly, certainly in terms of the new agricultural extension concept of working together, he has recently been given the responsibility to manage a division within the department that looks specifically at indigenous knowledge systems. So he’s currently the manager of the Indigenous Knowledge Research and Innovation Division.

But what does all this new philosophical underpinning look like closer to the ground? A drive to Diphagane, a small village in Sekhukhune 100 kilometres south of Polokwane, provides some answers.

The occasion is a meeting of the Phadima Farmers’ Association (PFA) of which the Diphagane group of women farmers is one of seven that constitute the PFA. The groups are scattered throughout the Sekhukhune district, but representatives have gathered at Diphagane for the meeting. Also attending are representatives of Ramaru’s division, Department of Agriculture (indigenous crops plant production systems), as well as people from the University of Limpopo’s Centre for Rural Community Empowerment (CRCE).

Ernest Letsoalo, CRCE’s co-ordinator, has a Masters degree in agricultural extension, and teaches BSc (Agric) students rural sociology. ‘Agriculture isn’t only about soils and plants and animals,’ he insists. ‘It’s about people. We must never forget that. The farmers have considerable stores of indigenous knowledge. The questions agricultural scientists must ask themselves are: How can we validate what the small-scale farmers are doing? And how can we improve traditional practices, ensuring no harm to the farmers, their animals, or the environment?’

Learning Together for Renewal in Community Development:
Community Emancipation through Fostering Innovation and Local Organisational Capacity
The farm at Diphagane consists of 1.5 hectares under drip irrigation fed by gravity from tanks mounted high above a pump-served borehole. Crops include tomatoes, carrots, spinach, beetroot and green peppers. The seven women farmers service the local market for vegetables. They smile engagingly at their guests. They conduct tours into their thriving crops.

It is impossible to ignore the health of the plants, the leaves healthy and unravaged by pests.

Someone explains that the women use an organic pesticide concocted of four indigenous herbs collected off the hills, soaked overnight to make a solution that is then applied to the crops by using the leafy branch of a shrub as applicator. Letsoalo says: ‘All fertiliser used is also organic. It’s kraal manure. In fact, the whole farm would be an organic food freak’s dream-come-true. This is what we mean by indigenous knowledge. It’s been around for ages. It’s innovative. And it’s never before been seen as important - until now.’

Perhaps that’s why the news is that this particular small-scale farm may soon have 25 hectares of fenced and irrigated arable land added to it, plus marketing support for the vastly increased output of truly organic food.

The Phadima Farmers’ Association meeting takes place at a long table under a slatted roof of poles and shade-cloth. Secretaries take careful notes as roosters crow in a desultory way from the surrounding village. Those attending discuss the individual performances of the various groups incorporated into the Phadima Farmers’ Association. They discuss the scarcity of water as the dry season drags on; they discuss the availability of seeds; they clap politely after each participant has had her or his say.

Meanwhile, the Limpopo Leader representative is looking at a document that Joe Ramaru had passed on. It listed some of the local knowledge innovations that Ramaru’s division and the University’s CRCE will attempt to document collaboratively. Here are some items from this astonishing list:

- Preserving maize seeds by smearing with dung and ashes
- Giving a local herb dose, presumed rich in vitamin A, to animals to release retained placenta after they had given birth
- Feeding bananas to improve the libido of bulls
- Using aloe mixture for the treatment of certain diseases in chickens, goats and cattle
- Using boiled donkey dung to treat gallstones
- Pest control via a mixture of dried beetles
- Using small shrubs called ndhulwani to prevent nasal worm in sheep

An unavoidable observation is: why has all this indigenous wealth been buried for so long? But for now it must be recorded that after the meeting under the slatted poles and shade-cloth, the smiling women of Diphagane farm, who are beautifully dressed for the occasion, provide everyone with lunch.
LETTERS TO THE EDITOR

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