FOR nine months of every year, Phelophepa I and II travel the country, spending one or two weeks at 40 stations country-wide reaching almost 400 000 underprivileged people through its on-board and community outreach programmes.

Last month, Phelophepa II began its 35-week journey in Nelson Mandela Bay, docking at Swartkops Station (January 23 to February 3). The train will remain in the Eastern Cape until March 17, before travelling on to the Free State, North West Province and the Western Cape. (See page 5 for more destinations and dates.)

Phelophepa (pronounced pay-lo-pe-pa) means “good, clean health” in Tswana and Sotho dialects. It takes the form of health, dental and visual screening, and basic health education, in state-of-the-art on-board facilities for thousands of people who would not ordinarily have access to these services.

“There are no doctors on the train,” Transnet Foundation’s operations manager for Phelophepa Onke Mazibuko said. “Phelophepa follows a primary health care model. It has dentists and oral hygienists, psychologists and counsellors, nurses, pharmacists, optometrists and optical dispensers. They are mostly final-year students or interns.”

Phelophepa has been in existence since 1994 and with more than 40 permanent staff and numerous volunteers, the train is more than a mobile hospital.

It also provides outreach and educational programmes and has reached more than 20 million people thus far, making it the world’s biggest mobile clinic.

It does not compete with or replace available health care services, instead it complements those services and aims to assist communities, who cannot afford health care and often experience barriers to access public health services.

Over the next nine months, just more than 60 health sciences students from Nelson Mandela Metropolitan University (NMMU) will be joining the 1,250 final-year students from across the country. They will be working alongside trained professionals to bring primary health care to the communities, gaining invaluable practical experience in the process.

NMMU’s Community Development Unit heads up the “social mobilisation” aspect of Phelophepa in the Eastern Cape, which involves setting up local organising committees at each station, to prepare for the arrival of the train and ensure the entire process runs smoothly, and has the maximum impact. It is the only university that manages this function. (See page 2 for more information.)

‘Good, clean health’ on rails

ON BOARD

NMMU GIVES HEALTH TRAIN WINGS:

PG 2

ESSENTIAL SERVICES

PHELOPHEPA I & II GO WHERE OTHERS CAN’T

PG 5

THE ROUTE

ON THE HEALTH TRAIL ACROSS SA:

PG 4
Mobilising communities for the train to roll in

BEFORE the Phelophepa health care trains can pull into a station to set up mobile clinics, there is much work to be done.

The station has to be physically prepared, with grass cut, toilets ready and onsite cleaners employed; community members, schools and other organisations from far and wide have to be informed and ready to receive an adequate security.

This is coordinated by “social mobilisers” in every province, appointed by the Transnet Foundation. In the Eastern Cape, the social mobilisation role is filled by Nelson Mandela Metropolitan University’s Community Development Unit (CDU).

NMMU is the only university fulfilling this task, which in other provinces is managed by NGOs or private organisations.

The social mobilisers go ahead of the Phelophepa, meeting with key stakeholders in every city, town or village to be visited by the train, including traditional leaders, municipalities, ward councillors, health staff in various government departments (including health, education, social development, public works, correctional services, and roads and transport), community organisations, local leaders, educators, private companies and emergency services.

“You need to get the buy-in from all the key stakeholders in the community, said NMMU’s CDU project manager Zingsisa Sofoyiya.

These key members of the community become partners in a Local Organising Committee (LOC), for each station to be visited. Portfolios include communication, security, outreach, transport, station readiness and recruitment.

While the LOC positions are voluntary, Transnet Foundation GO TEAM: The team from NMMU’s Community Development Unit, from left, project manager Zingsisa Sofoyiya, project assistant Thozeka Tshangela and CDU intern Saadiqah Pandie, travel the province coordinating Local Organising Committees at every station. To enable the team to reach where they need to go, the Volkswagen Community Trust has sponsored a Caddy to the project for the past six years.

INSET: NMMU Engagement Office director Prof George de Lange employs about 65 people per station, including interpreters, referred nurses, a pharmacist, cashiers and general workers.

“The LOC usually has a steering committee of 20 people who then manage the different sub-committees,” Sofoyiya said.

Those managing the outreach have to identify schools, retirement homes and other places, for staff and students from the Phelophepa to visit for health, vision and dental screening.

“The LOCs provide an opportunity for community members to work together. Should the Phelophepa visit the same station in another year, the existing LOCs are used,” De Lange said.

It is the Transnet Foundation’s hope that the partnerships and sense of ownership developed in communities through the LOCs, will not vanish with the train, but lead to other developmental programmes or projects within communities, building on the Phelophepa social mobilisation experience.

“It’s not only about getting ready for the train’s visit but it’s about developing the capacity of people in the area, to work on other projects in this area,” said Prof George de Lange, director of NMMU’s Engagement Office.

Furthermore, when the university needs to visit these areas for its own projects, these are also the existing LOCs they work through.

The university has which been involved in this social mobilisation role since 2007, provides the benchmark in terms of social mobilisation for Phelophepa – and has even developed a short learning programme on social mobilisation.

In 2012, all the social mobilisers in every province came together at NMMU to undergo training. They continue to come together once a year in October – just after the Phelophepa I and II have finished their nine-month runs – to review the year that was and prepare for the next.

NMMU’s CDU is the only social mobiliser for the people who are not a business or NGO is responsible for social mobilisation for the whole of the Eastern Cape,” said Transnet Foundation’s operations manager for Phelophepa, Ouwe Mazibuko.

NMMU firmly on board with Phelophepa’s mission

NELSON Mandela Metropolitan University has long been involved with Phelophepa. In addition to managing its social mobilisation function within the Eastern Cape, the university also provides pharmacy, psychology and nursing science students, who gain invaluable practical experience while serving the communities which serve health care the most.

This year, NMMU is sending 18 psychology students, 18 nursing science students and 26 pharmacy students to work on Phelophepa I and II.

They will spend one or two weeks living and working on the trains, before rotating with other students.

They are either fourth-year students or interns (sixth-year students).

“The primary health care on the train is the epitome of the ideal clinic scenario and therefore the students are able to see how primary health care is really done,” NMMU Nursing Science Associate Professor Maggie Williams said.

Williams is a nursing science co-ordinator for Phelophepa, which entails working with other universities to plan and manage the placement of nursing students.

“There has not yet been a group of students who have not enjoyed the experience, learnt from working on the train, experienced being on duty until the last patient is seen – and loved doing so. The nurses work hard but say the job satisfaction of being able to really care for and support patients is incomparable.”

This year, the nursing science students are working in the Eastern Cape and Mpuumalanga, the psychology students in the Eastern Cape, Limpopo, Northern Cape, Free State and North-West province, and the pharmacy students in the Eastern and Western Cape.

NMMU Pharmacy Professor Bass Truter coordinates the pharmacy students as well as the national placement of the different pharmacy schools, whose students work on the train. Pharmacy psychology and pharmacy students fill the same role in their discipline.

Phelophepa is also coordinating an ongoing research project on the train.

**See page 7 for story**
OTHERWELL resident Livingstone Mpambani and his wife, Sheila, both 72, spent a night sleeping on the grass at Swartkops train station, to ensure they received their long-anticipated eye tests and same-day spectacles, when the Phelophepa II rolled into Swartkops last month.

They narrowly missed the first cohort of patients on the first day – only 120 tickets are given out for eye tests per day – and were patiently anticipating a second night on the grass, knowing they would be first in the queue the next day.

The train was in Swartkops from January 23 to February 3 – its first destination for this year – and is now in Mthatha. It will spend two months in the Eastern Cape, including visits to Mount Ruth, King William’s Town and Queenstown, before moving on to the Free State, North-West Province and the Western Cape, spending a total of 35 weeks on the tracks, delivering health care services to the country’s poorest.

In addition to the 120 tickets for eye care patients each day, there are 75 dental tickets and 120 in the general health section. And if the students work quickly, more tickets are allocated.

“We slept here last night and we will sleep here again,” said Mpambani, who last visited the train two years ago, and now needs a new spectacles prescription.

“I am so glad to come to the Phelophepa, because we don’t have to pay much – and you get your glasses on the same day,” he said.

A new pair of glasses costs just R30, dental procedures cost R10, while medicine prescriptions cost just R5.

“Do they look good? It’s important that they look good,” she asked those sitting around her, as she tried on her new glasses.

“I heard about the Phelophepa on the radio. They recommended the Phelophepa for good health . . . I didn’t come last year, but most of my friends did. All of them recovered [from their ailments].”

Phelophepa manager Lynette Flusk, a counselling psychologist by profession, said: “People were coming [to the station] before the train had even arrived.

“This shows the dire need the community has for health services.”

The bulk of the people coming to Phelophepa are in need of visual screening and glasses.

“We are the poor, so at least we can afford the price of the spectacles,” said Motherwell’s Julia Saada, who is in her 50s.

While this reporter was interviewing patients in the queue, 47-year-old Precious Brink from Chetty received her new spectacles from Pheliswa Majola, a student optician from Cape Peninsula University of Technology (CPUT).

“Unfortunately, they won’t be able to give me a filling today as there is not enough time and I can’t come back tomorrow, but they are going to clean my teeth and take one out.”

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“This shows the dire need the community has for health services.”
Health trail across South Africa

Phelophepa I and Phelophepa II follow different routes each year, as each visits four provinces across the country, determined to take health care to all corners of South Africa. This year, Phelophepa II started in the Eastern Cape – and will also be visiting the Free State, North West Province and the Western Cape. Phelophepa I is visiting Limpopo, KwaZulu Natal, Mpumulanga and the Northern Cape.

"We try to go to busy stations, where we know a lot of people will make use of Phelophepa’s services. This way, we have more of an impact. "Some stations visited by Phelophepa are still in use by Transnet while others are not. The route is determined by where rail infrastructure will allow us to go, and also by towns that fall within Transnet’s mega-projects."

On average, the trains serve 70 communities, stopping at the various stations for periods of one to two weeks. "We return to a lot of the stations – but we also try to introduce new ones each year," said Mazibuko.

In summer, the trains operate from 7am till nightfall and in winter, doors open at 7.30am. "There is no official closing time. We stop when the last patient has gone home, which in most places is about 9pm."

route

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| GRAPHIC DESIGN BY SIVIWE DLAMBULO |
Outreach programmes

The previous year, before it was given that name, the train had three coaches and belonged to the then Rand Afrikaans University (RAU), which ran it as an eye clinic.

Phelophepa II was introduced in 2012.
● Each custom-built health train visits four provinces a year, visiting a combined 40 stations.
● The trains travel for 35 weeks from 40 stations.
● The trains – and their associated outreach programmes – reach almost 400 000 people per year.
● Since its inception, 20 million people have been reached.
● Each train has 22 resident staff members, 13 security staff, 39 students and 65 local temporary workers.

The students – usually in their final year of study – rotate every two weeks.
● Last year, a total of 1 000 South African and 33 international students received on-board experiential training.
● The trains are equipped with on-board, state-of-the-art medical equipment.
● They provide health, oral and vision screening programmes, and basic health education.
● Each train has 19 coaches, measures 780m in length and weighs 1 350 tonnes.

● Last year, 13 cancer, diabetes and other disease awareness campaigns were rolled out to different communities.

The trains – and their associated facilities – provide services to more than 20 000 people per year. Since its inception, 20 million people have been reached.

The trains provide a total of 600 consultations per week. The trains travel for 35 weeks from 40 stations.

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Driving health sector agenda

Nelson Mandela Metropolitan University’s new Dean of Health Sciences encourages students to work on the Phelophepa healthcare trains, to gauge where the country’s real healthcare needs are. This same philosophy is also shaping the university’s planned medical school

When final-year and postgraduate students work on the Phelophepa health trains, they get a sense of where the real healthcare needs are in South Africa. It’s among the poorest, in deep rural areas.

Working on the train for an average of two weeks, before rotating with the next group of students, they see hundreds of patients from early morning until late at night – and they learn more about the discipline they have studied, and their role as carers of people.

New Dean of Health Sciences at Nelson Mandela Metropolitan University, Prof Lungile Pepeta, hopes that the experience will inspire many of them to pursue careers in the places where they are needed the most.

The real need in South Africa is in the public health sector – there is a huge shortage of doctors across the country – the Eastern Cape and Limpopo being the two worst provinces, in terms of doctor to population ratios,” Pepeta says.

“There is also a huge need for other health practitioners in the Eastern Cape – pharmacists, nurses, psychologists, social workers, and so on. Our faculty has a huge responsibility in producing these health professionals,” 45-year-old paediatric cardiologist, Pepeta, said.

It’s a responsibility that the university’s School of Clinical Care believes it cannot shirk. The school’s philosophy, the hope is that healthcare students will conduct their practical training in areas where the needs are greatest.

“We will expect our students to work in clinics, health centres and district hospitals, to eventually fill the posts which are really lacking.”

Pepeta says most medical schools traditionally followed an “ivory tower” approach, where they groomed doctors to work in big hospitals in big cities.

“NMMU’s medical school will have a different approach, where we will meet the [healthcare] needs and improve access to healthcare services throughout the province,” he said.

His dream is also to create “mini health facilities” at the centres where health sciences students are placed, where they will be able to continue their studies through a shared platform of teaching with the other Eastern Cape universities, and via top-notch learning facilities which will be set up at each centre (such as computers for online learning and Skype lectures).

“We want to ensure that NMMU doesn’t compromise on quality.” His hope is that these facilities will also encourage healthcare workers to enrol for courses, to grow their own knowledge and skills.

Pepeta was born and raised in the Transkei and studied medicine at Walter Sisulu University. Prior to his appointment at NMMU, he spent eight years as head of paediatrics at Dora Nginza Hospital in Port Elizabeth.

He is studying towards two doctorates; one in paediatrics through Wits University and the other in education, through Liverpool University in the United Kingdom.

PHLEOPHEPA is not the only mobile clinic supported by Nelson Mandela Metropolitan University. The university’s School of Clinical Care Sciences runs its own health truck, called Zanempilo, which bears some similarities to the train model, although on a much smaller scale.

Zanempilo, which in Xhosa means “bringing health to the people”, is a mobile clinic that has consulting rooms and a mini-pharmacy, and sees about 40 people a day.

Like the train, Zanempilo brings medical services to people who may not otherwise be able to access public healthcare facilities.

It is estimated that for every five people who go to a clinic in the Eastern Cape, there are another 45 who do not.

Zanempilo travels to different destinations each day, from taxi ranks, where it offers a free service to taxi drivers, including free tests for HIV, TB and blood pressure as well as counselling or referrals for HIV, substance abuse or emotional issues, to informal settlements kilometres away from the nearest clinic.

Final-year and postgraduate students in nursing science, radiography, emergency medical care, dietetics and pharmacy serve on Zanempilo, which is managed by full-time advanced primary healthcare professional nurse, Sister Shaeone Olivera.

Working alongside Olivera is Sifundo Sonit, who has a qualification in basic life support.

He drives and maintains the mobile clinic and is the data capturer. Olivera and Sonit are the backbone of Zanempilo, with doctors and other health sciences staff making contributions.

“Working in our communities is the best kind of teaching base for our senior students, who consult under the direct supervision of lecturers and clinical mentors,” Olivera said.

Each time Zanempilo visits a community, the team runs a public health campaign,” said head of the School of Clinical Care Sciences and deputy dean of health sciences, Prof Dalene van Rooyen.

“We are working towards a much more inter-professional, engaged practice,” she said.

“We are strengthening our partnerships with the Department of Health, sea rescue, police and emergency services – it is all about sharing expertise and skills together for the benefit of our communities,” Van Rooyen said.

Adapted from an article by Heather Daggo

NMMU’s health truck brings hope to communities
**Analysing medicine and ailment trends**

**Overcoming language barriers in the Phelophepa pharmacy**

*PHARMACISTS and their assistants on the Phelophepa I and II are required to provide advice about the medicines they dispense, but in a multilingual country like South Africa, language is often a barrier to communicating instructions verbally.*

In addition, many rural patients also have limited literacy skills and are unable to read the written instructions on the medicines.

A solution to the language gaps has been found in the form of pictures.

Professor Ros Dowse has many years of research experience in developing health-related visuals or pictogrammes to overcome such barriers and to facilitate communication with vulnerable patients.

Following a meeting with the Phelophepa pharmacists in 2009, she agreed to prepare a set of pictograms to be used by pharmacists on the train.

The pictograms communicate information such as how often to take medicines, how many tablets to take, where to use the medicine (eye, ear, nose, etc.), various side-effects, and the medicine prescribed – all in the form of pictures.

**Train also brings with it opportunities for research**

A CH year, six of the country’s eight pharmacy schools send final-year BPharm students to work on Transnet Foundation’s two health care trains, Phelophepa I and II, which spend nine months of the year travelling the country, to extend the reach of primary health care in South Africa.

For Pharmacy Professor Ilse Truter, who heads up Nelson Mandela Metropolitan University’s Drug Utilisation Research Unit, the train also brings with it key opportunities for research.

Truter is also a Phelophepa co-ordinator and allocates ‘weeks’ and stations to participating pharmacy schools, including to NMMU pharmacy students for the weeks allocated to the university.

Since NMMU’s pharmacy department first got on board with Phelophepa nearly 20 years ago, Truter has been gathering information about the types of ailments treated – and the medicines prescribed – in the different areas visited by the train.

"I work closely with Phelophepa, looking at the different diseases in the different provinces, and also the way medication is being prescribed and used."

While her latest findings are yet to be published, she said some of the disease trends in the different areas included back problems, sexually-transmitted infectious skin conditions and colds and flu.

"These are all typical primary health problems." In an earlier paper on her research, published in the journal *South African Family Practice* in 2010, Truter found that more than 4 000 prescriptions were dispensed over an eight-week period (April to June 2009), when the train visited seven stations throughout the Western Cape.

At that time, the average cost per prescription was R65, with an average of 3.5 items per prescription.

Patients paid just R5 per prescription, which continues to be the going rate. In terms of ailment trends, in the earlier study, Truter found an increase in pulmonary infections and eye conditions, with outreach visits to schools showing high rates of ear and chest infections.

"The statistics compiled by Phelophepa are a useful source of pharmacoepidemiological [drug use] data about rural South Africa. My hope is that ongoing studies will be conducted to detect especially epidemiological differences between regions visited, as well as changes over time."
Well worth the experience

Each year, Nelson Mandela Metropolitan University sends final-year or intern psychology, pharmacy and nursing science students to work on the Phelophepa healthcare trains. They return tired but inspired. These are extracts from their stories.

Tracey van Greunen (Nursing)

"A TYPICAL day started with a 5.30am wake up... by 8am, we saw our first patient and we did not close until the last patient was seen, usually about 8pm.

"Moments that stood out for me was when I could make spot diagnoses just by observing a patient walk in the door. I also found it very rewarding when, after the first few days, I could link symptoms and actually choose the correct course of treatment, or, make a referral before checking with the translator and then when I did, I found I was indeed on the right path. This demonstrated how lucky I was to receive the education I did at NMMU.

"Another special moment was seeing how, on a busy day, the nine nursing science students pulled together to see all the patients and work together. It was an awesome teamwork.

"One of the patients that stood out for me (Naw) young girl with an enlarged liver. They first went ever where the liver was so enlarged, it was palpable... I was also struck by the high number of STI (sexually-transmitted infection) cases... and how they all went untreated.

"I found the outreach programmes to be particularly tough: two or three students and one permanent staff member would go out into the community, to visit a retirement home or school. The one day, we went to an old age home and only got back to the train at 9pm.

"Would I do it again, now that I know what to expect? Definitely!"

Phakama Lugowana (Psychology)

"DAYS on the train were very busy and long... two counsellors would remain on the train while the other two would go to various organisations and schools to conduct workshops.

"We worked very closely with our translators. Our clients ranged from schoolchildren with scholastic difficulties, to elderly people with affective (emotional) disorders.

"One memorable moment was when we staged a puppet play for over 100 Grade 1 pupils in the Port Elizabeth area... the children loved it.

"Going to Limpopo was amazing... I enjoyed giving workshops to juvenile prisoners, and adult paroles. Those experiences took me out of my comfort zone because I had always been reluctant to work with prisoners.

"I had a teenage client, who presented with emotional problems related to stigma patches [sic], skin condition where patches of skin lose their pigment... On her face, she had incredibly low self-esteem and struggled with her self-image. She really stood out for me because it was something I have dealt with my whole life (she has a walking impairment), with being physically different.

"I had several cases of physical and sexual abuse in children, which are always memorable due to the magnitude of pain and suffering victims endure.

"A big challenge for me was not being able to continue with the clients as one session was often not enough. It was also difficult to refer because of the shortage of service providers in the community.

"My favourite thing about the train is that one gets to travel, work with various communities in need of such crucial services, and work with a multi-disciplinary team all at times. It's a fantastic learning and networking opportunity."

Larita van Wyk (Pharmacy)

"WHAT stood out for me was definitely the need and almost ‘cry out’ for health care by patients – getting up early, before sunrise, having to walk far, sometimes not even being able to walk properly and (getting to) the train with assistance. All of this sometimes just for a few vitamin supplements and painkillers, or even just education about healthcare or where to get it in the area (referrals). (What also stood out was) the patients’ personalities – some of them struggling to make a living, but with grateful hearts and positive attitudes, which touched your heart.

"There was one 93-year-old lady, walking by herself, who visited the train. I was taken aback by how healthy she looked, realising there must have been many struggles which she had to endure in her life and here she is, walking by herself – the stories she could tell.

"There was a man who lived at the station with the most interesting stories... and there was a very old man (Taf’omkhulu), with such a gentle heart and charisma, with whom I enjoyed interacting.

"I continuously made an effort to embrace every single moment on the train, from the bus drive to Mossel Bay, to sharing them with another person... to interacting with very old patients. Every moment was special.

COMMITTED NURSE: Tyler Blignaut, 23, who worked on the Phelophepa healthcare train last year (in Bloemfontein and Thaba Nchu), as a fourth-year BChur Nursing Science student.

THE daily outreach programmes stood out the most – being able to go out into the impoverished areas, where basic healthcare is but a luxury, and assisting those people by doing thorough physical assessments and by performing the necessary interventions to ensure optimum health.

"We also identified problem areas and addressed them instantly by referring patients to the relevant services.