

# ICAP NURSE CAPACITY INITIATIVE (INCI)

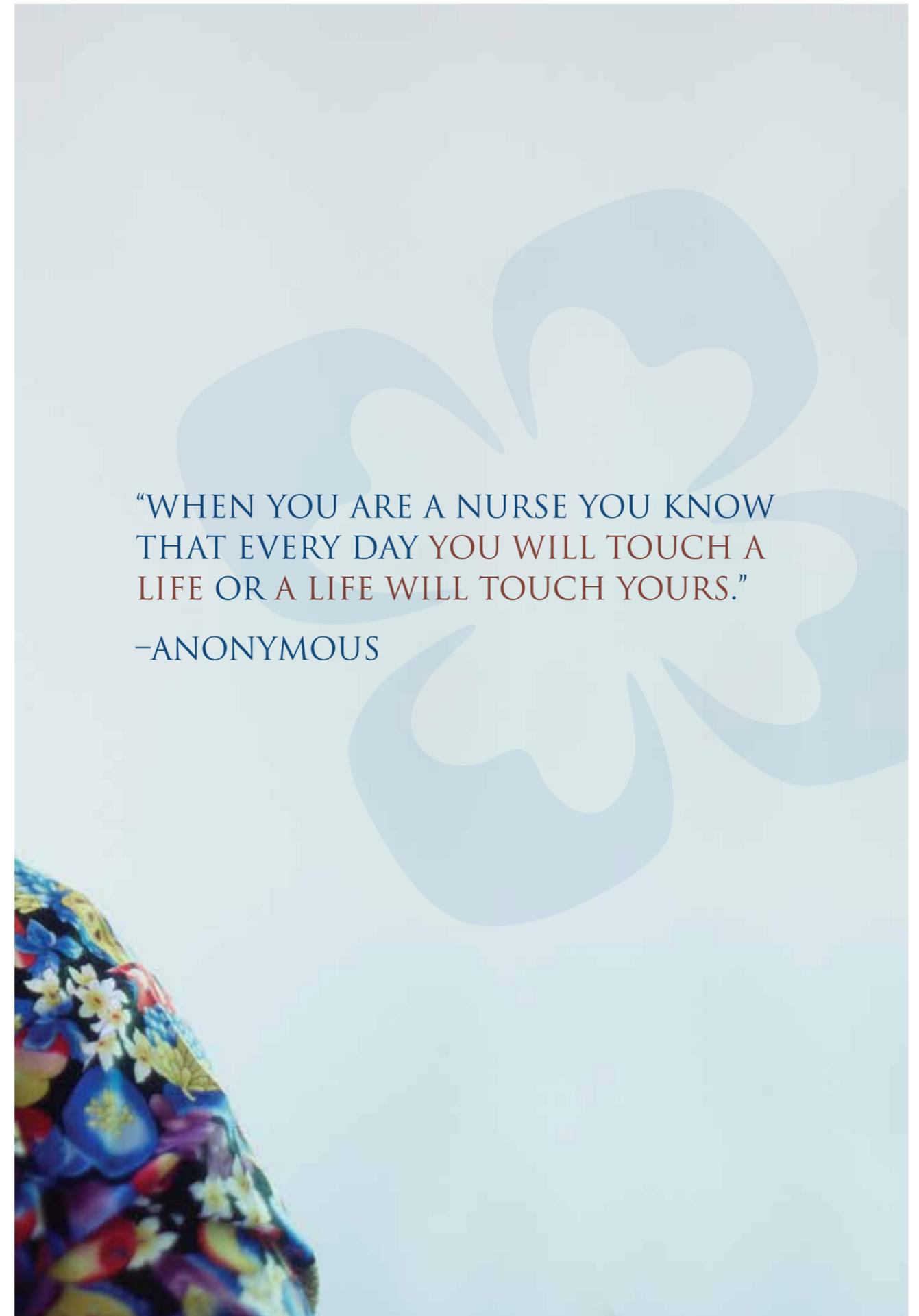
*South Africa*

*March 2012*



**ICAP**

Global. Health. Action.  
COLUMBIA UNIVERSITY  
Mailman School of Public Health



“WHEN YOU ARE A NURSE YOU KNOW  
THAT EVERY DAY YOU WILL TOUCH A  
LIFE OR A LIFE WILL TOUCH YOURS.”

-ANONYMOUS

## ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Clinics
<b>ART</b>	Antiretroviral Therapy
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CHAI</b>	Clinton Health Access Initiative
<b>CTCM</b>	Campus to Curriculum Mentorship Program
<b>DOH</b>	Department of Health
<b>EC</b>	Eastern Cape Province
<b>EPI</b>	Expanded Programme on Immunization
<b>FS</b>	Free State Province
<b>HCW</b>	Health Care Worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRSA</b>	Health Resources and Services Administration
<b>ICAP</b>	International Center for Aids Care and Treatment Programs
<b>ICOE-UFH</b>	International Center of Excellence - University of Fort Hare
<b>IPT</b>	Isoniazid Preventive Therapy
<b>IMCI</b>	Integrated Management of Childhood Illness
<b>INCI</b>	Icap Nurse Capacity Initiative
<b>MCAP</b>	Multicountry Columbia Antiretroviral Program
<b>NEI</b>	Nursing Educational Institution
<b>NEPI</b>	Nurse Education Partnership Initiative
<b>NIM-ART</b>	Nurse-Initiated and Managed Art
<b>NSP</b>	National Strategic Plan
<b>OGAC</b>	Office of the U.S. Global Aids Coordinator
<b>PEPFAR</b>	President's Emergency Plan for Aids Relief
<b>PHC</b>	Primary Health Center
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>STI</b>	Sexually Transmitted Infection
<b>RTC</b>	Regional Training Center
<b>TB</b>	Tuberculosis

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## ACKNOWLEDGEMENTS

ICAP would like to extend its sincere gratitude to the National Department of Health (NDOH) for their unreserved support and for fostering an enduring partnership over the years. We express our appreciation and heartfelt thanks to the Presidents Emergency Plan for AIDS Relief (PEPFAR) for the funding support and the United States Health Resources and Services Administration (HRSA) for facilitating the funding arrangements and United States Centers for Disease Control and Prevention (CDC)–South Africa for providing unreserved programmatic support.

ICAP would also like to express its thanks to the Departments of Health and Nursing Institutions in Eastern Cape, and Free State provinces, the management teams and staff of hospitals and health centers for their dedication in coordinating HIV program activities and delivering services in all ICAP-supported districts and facilities.

We wish to thank the associations of people living with HIV, the clients enrolled in care and treatment, the many NGOs working on health-related activities in general and HIV-related activities in particular, and the private sector for their collaborative activities with ICAP and for their active involvement in HIV prevention, care and treatment programs. We would also like to thank peer educators, who worked closely with ICAP to expand family focused HIV services and bring about sustainable behavior change in HIV care in the community.

We gratefully acknowledge ICAP staff in New York and South Africa, whose dedication and collective work have made our support in South Africa a great success.

## THE IMPACT OF HIV ON NURSING IN SOUTH AFRICA

*The health care system, already markedly under-resourced, has been severely stressed by critical shortages of nurses.*

South Africa's health care system continues to struggle with its response to the devastation of HIV, while at the same time respecting its mandate to provide equitable health services to all. The adult HIV prevalence for 2009 was estimated at 10.6% in the general population, while prevalence among pregnant women attending antenatal clinics (ANC) for 2008 was about 29.1%<sup>1</sup>. The health care system, already markedly under-resourced, has been severely stressed by critical shortages of nurses, as increasing numbers of people require care and treatment for HIV. As the heartbeat of the system, nursing and midwifery is the universal access point for care by most people in African countries (up to 90% of patients are seen by nurses only), and nurses and midwives now have expanded roles to meet the urgent healthcare needs of the HIV sector (Dohrn, 2009).



The DOH primary health care system in South Africa relies heavily on professional nurses and midwives to provide care and the nursing profession continues to struggle to increase its capacity and retention of nurses, promote task shifting, and revise nursing education. Innovation in training methods and institutional strengthening is urgently required. The ICAP (International Center for AIDS Care and Treatment Programs) Nurse Capacity Initiative (INCI) was developed in response to these critically important issues.

<sup>1</sup>Joint United Nations Program on HIV/AIDS/World Health Organization Working Group on Global HIV/AIDS and STI. Epidemiologic Fact Sheet on HIV and AIDS: Core Data on Epidemiology and Response. Geneva, Switzerland: World Health Organization; 2009.

## ABOUT INCI: PROGRAM MODEL, OBJECTIVES, PARTNERS, AND LEVELS OF SUPPORT

*INCI focuses on bridging the gap between pre-service and in-service training and building the competence and confidence of nurse educators in HIV and TB care and treatment.*

### INCI OBJECTIVES

INCI objectives are:

- » To *identify gaps* in current pre-service nursing knowledge, clinical skills, and system skills in HIV, AIDS and TB integrated care and treatment.
- » To build nursing school faculty *competency* in HIV, AIDS and TB integrated care and treatment.
- » To equip nursing faculties with *comprehensive HIV and TB training and confidence* to teach these skills to nursing students.
- » To provide nursing students with *comprehensive pre-service teaching* in HIV, AIDS and TB integrated care and treatment before entering practice.



Launching the International Center of Excellence:  
Dr. Bongzi Nzama, ICOE -UFH Director, Dr. Jennifer Dohrn, INCI Program Director and Janette Yu-Shears, Project Officer, HRSA

### INCI PARTNERS

To ensure the success of the project, INCI collaborated with key partners, advisors, and stakeholders:

- » Regional Training Centers (RTCs)
- » Eastern Cape Department of Health
- » Free State Department of Health
- » University of the Free State
- » Nelson Mandela Metro University
- » University of Fort Hare
- » Walter Sisulu University

### LEVELS AND TYPES OF SUPPORT

#### Support at National and Provincial Level

INCI worked closely with the South African Department of Health in the Free State and Eastern Cape. Visible INCI activities at national and provincial level include:

- » Developing and strengthening systems to deliver and improve pre-service training for nurses and midwives with regards to HIV care and treatment, nursing strategy, scope of practice, nursing visibility and leadership.
- » Providing technical guidance and leadership in national decision- and policy-making, as well as on international best practices, guidelines, and research, their application to national policies and programs, and scale-up of successful initiatives.
- » Linking with Regional Training Centers in provinces and exploring the use of RTC clinical mentors to support INCI program participants.

#### Health Facility Support

The health care facility, the primary point of service delivery, is a pivotal focus of INCI and ICAP. Project activities include:

- » Improving service delivery by building nurses' and midwives' capacity and clinical skills via consistent, on-site classroom and hands-on training, supportive supervision, and clinical mentorship, and by empowering nurses and midwives to take an active role in addressing challenges.

#### Nursing Education Support

INCI worked closely with several nurse educational organizations in the Free State and Eastern Cape to establish a Campus to Clinic Mentorship Program (CTCM) during 2009 and 2010. The program has six full time staff members, a nursing advisor, and a country director to provide leadership and technical assistance. Project activities include:

- » Increasing integration of clinical knowledge into training.
- » Upgrading programs for nurse midwifery training.
- » Supporting nursing educational institutions to implement



transformational nursing education standards and increased scopes of practice.

- » Recognizing the essential need for nurse-based models of care in which nurses will have the capacity and expertise to contribute at a new and unprecedented leadership level

**“The Heartbeat of Africa,”** produced by ICAP/INCI and videographer Carah Ronan, is a documentary film that focuses on five African nursing leaders. This film follows nurses as they come together for the first time in Ethiopia during the 2011 INCI Leadership Summit

## CAMPUS TO CLINIC MENTORSHIP PROGRAM (CTCM): CREATING A MODEL OF NURSE DRIVEN HIV CARE FOR SOUTH AFRICA

### CTCM: INNOVATION IN TRAINING

INCI employed a participatory approach to training incorporating the following focus areas:

#### CASE-BASED APPROACH

The CTCM curriculum relied on case studies to demonstrate best practice exemplars as well as challenging clinical scenarios involving client-centered care and health systems analysis.

#### COMPETENCY-DRIVEN DESIGN

CTCM implemented a competency-based approach to education and training that utilized pre- and post-knowledge assessment to demonstrate the effectiveness in meeting the competencies.

#### TRAINING MODALITIES BASED ON ADULT LEARNING THEORY

Interactive classroom sessions and creative training strategies were used to facilitate participant learning.

#### STRENGTHENING SYSTEMS AT ALL LEVELS

INCI trainers built capacity in health systems, including organization and management of service delivery.

#### NATIONAL AND PROVINCIAL INVOLVEMENT AND OWNERSHIP OF ACTIVITIES

INCI created sustained and meaningful partnerships between provincial government, nursing institutions, and other stakeholders.

From 2009 to 2011, INCI operated a Campus to Clinic Mentorship Program (CTCM) in the Free State and Eastern Cape. The program aimed to bridge the gap between pre-service and in-service HIV, AIDS and TB integrated care and treatment training through identifying gaps in pre-service nursing knowledge, clinical and system skills in HIV/TB care and treatment; building nursing school faculty *competency* in HIV, AIDS and TB integrated care and treatment; equipping nursing faculties with *comprehensive HIV and TB training and confidence* to teach these skills to nursing students; and providing nursing students with *comprehensive pre-service teaching* in HIV, AIDS and TB integrated care and treatment before entering practice.

At the end of 2010, 24 nursing educators in the Free State and 38 in the Eastern Cape were enrolled to start the program. A creative, detailed, tri-level learning material content plan was developed and implemented, focusing on topic areas of HIV, STIs, TB, necessary clinical skills, and system analysis. The learning materials used a case study approach, where the learner was invited to solve a real problem of an imagined patient and in the process, increase their general knowledge base, strengthen and enhance clinical skills, and develop a practical awareness of delivery system issues which impact the process of patient care. The content is aligned with the National Integrated Common Plan for capacity building of health care providers that includes: Palsa Plus, orientation on all new care and treatment guidelines, IMCI, NIM-ART, IPT and clinical mentorship for integrated services.

The CTCM curriculum comprises three phases. Phase 1 contains eight modules, to be taught over a period of eight to nine weeks, with pre- and post- knowledge tests and comprehensive clinical learning assessments. Once training participants have completed the self-study component, they participate in study groups and set up appointments with the CTCM staff for monthly contact sessions and individual mentoring as needed. Phases 2 and 3 of the program, which cover intermediate and advanced HIV/TB topics, are scheduled to occur sometime in March 2012. At the end of each phase, participants provide comprehensive evaluation of the training as well as technical feedback on the learning material, which is integrated into the content for future implementation.

Participants in the Free State and Eastern Cape completed the first phase of this training course in early 2012. Participants demonstrated an average baseline knowledge score of 50% before the implementation of the first training phase. Training in HIV and TB integrated care and treatment is



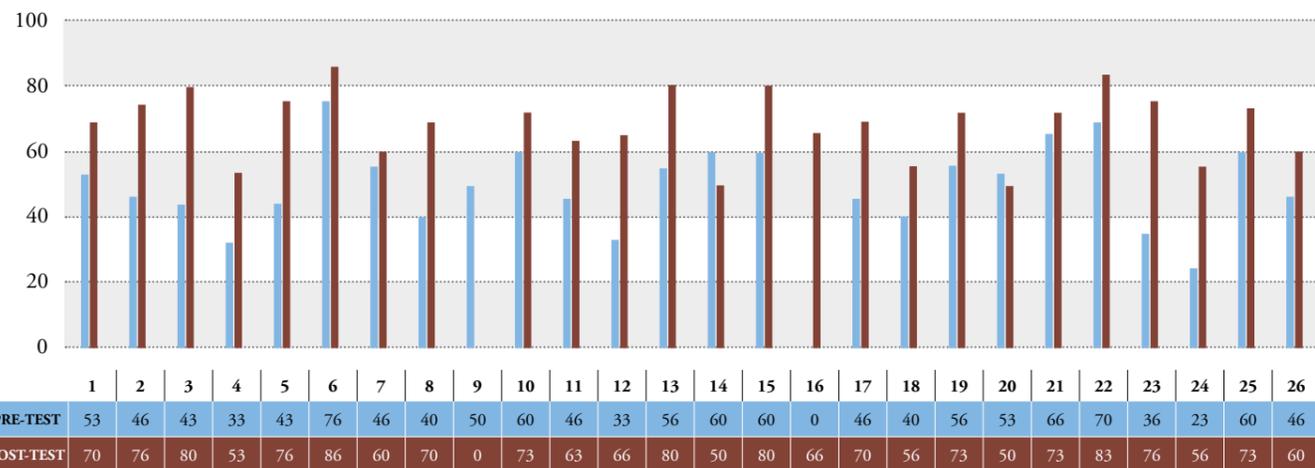
*The program aimed to bridge the gap between pre-service and in-service HIV, AIDS and TB integrated care and treatment training through identifying gaps in pre-service nursing knowledge.*

largely delivered through in-service courses offered by district health staff and Regional Training Centers and is not linked to the pre-service nursing institutions. The average post-knowledge score of participants, after the completion of Phase 1, was 69.07% (Free State) and 60% (Eastern Cape), an increase ranging from 10 to 20% overall.

**Table 1:** Average knowledge score of all participating institutions per province, before implementation of CTCM's first phase

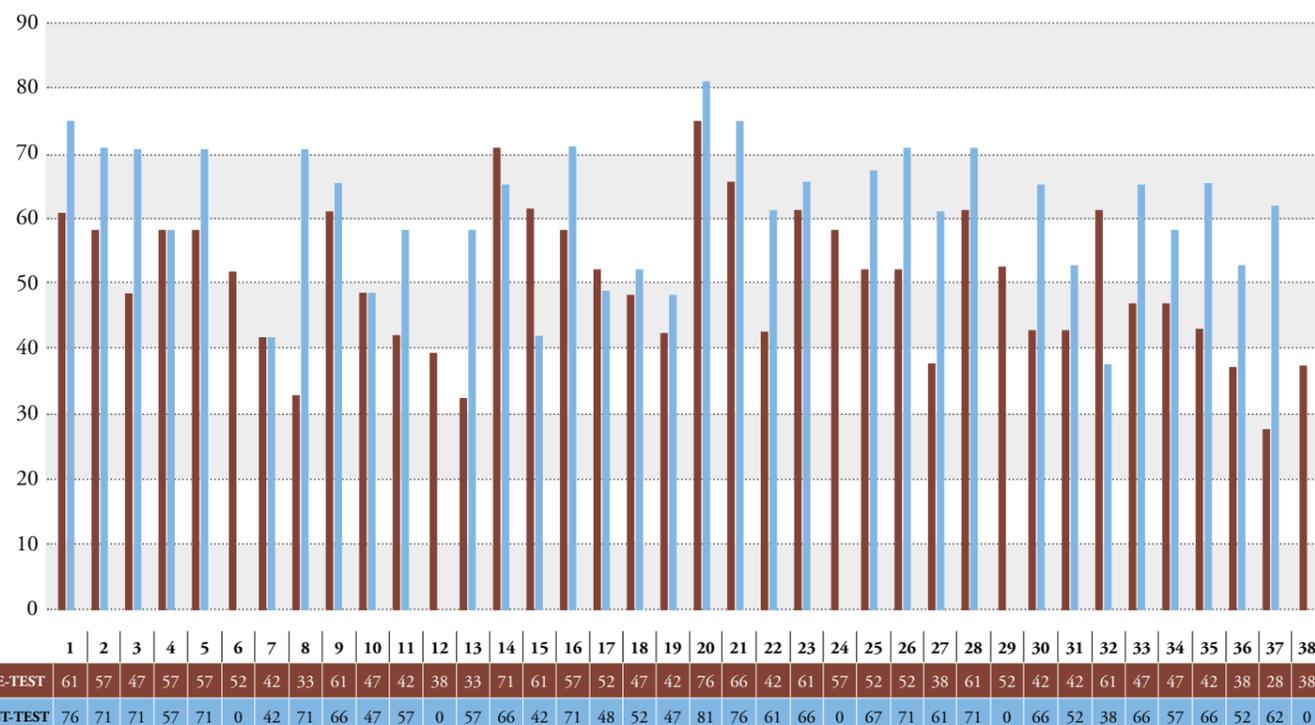
Province	Nursing Educational Institutions	Knowledge Test Assessment Score before Training
Free State	Regional Training Centers	76%
	University of the Free State	60%
	Free State School of Nursing	55%
	Higher School of Nursing	48%
Eastern Cape	Lilitha College of Nursing - Port Elizabeth	61%
	Nelson Mandela Metropolitan University	55%
	Lilitha College of Nursing - East London	55%
	Lilitha College of Nursing - Umtata	52%
	Walter Sisulu University	48%
	Lilitha College of Nursing - Lusikisiki	48%
	Fort Hare University	43%
	Lilitha College of Nursing - Queenstown	43%

### COMPARATIVE SCORE RESULTS FOR FREE STATE PARTICIPANTS



Participant Scores

### COMPARATIVE SCORE RESULTS FOR EASTERN CAPE PARTICIPANTS



Participant Scores

## INCI-NEPI PARTNERSHIP

### Advisory Committees

Two provincial Advisory Committees were established in 2010, providing a consultative forum that effectively worked towards strengthening the capacity of the CTCM program. Participating nursing educational institutions designated senior representatives and heads of the relevant provincial health departments as members to approve, follow up progress, and evaluate the CTCM program roll-out. Key accomplishments included:

- » Defining plans for implementing different elements of the CTCM strategy.
- » Ensuring the implementation of team plans and working around NEI's schedules.
- » Assisting with selection of participants.
- » Strengthening communication between NEI's and CTCM, through quarterly meetings of the advisory committee, over and above implementation meetings, and providing programmatic input.

In 2010, a delegation of representatives from INCI, HRSA, the Clinton Health Access Initiative (CHAI), and the World Health Organization journeyed to Malawi, Lesotho, and Zambia to meet with in-country US Government partners, members of the ministries of health including chief nursing officers, nursing and midwifery education leaders, and nursing and midwifery associations. With a favourable reception and an embracing of its timeliness and potential for each country, the Nurse Education Partnership Initiative (NEPI) was born.

NEPI – the US Government's unified program to address the underproduction of nursing professionals in developing countries – was established to assist in the nursing component of the US Government's commitment to training 140,000 additional health workers in developing countries by 2015.

Funded by OGAC, NEPI's purpose is based on the following concepts:

- » Nursing and midwifery education is the foundation for building a corps of nurses who are:
  - Competent in knowledge, clinical skills and health systems strengthening.
  - Competent in leadership of the multidisciplinary facility team and the country-level health planning team.
- » NEPI offers a unique opportunity to support the creation and sustainability of high quality, innovative nursing education models with direct and positive effects for people's health.

*Two provincial Advisory Committees were established which provides a consultative forum that effectively works toward strengthening the capacity of the CTCM program.*

“THE CTC PROGRAM HAS DEMONSTRATED TO US AS A PROOF OF CONCEPT THAT PERFORMANCE OF NURSE TUTORS CAN BE IMPROVED WITH THE EXISTING WORKFORCE WITH REGULAR MENTORSHIP TO ENHANCE BOTH SYSTEMS AS WELL AS INDIVIDUAL CAPACITY”

- MRS. MP ZWANE, INCI NURSE TUTOR  
DR. J.S. MOROKA, HOSPITAL NURSING SCHOOL,  
THABA NCHU, FREE STATE

## REFLECTIONS FROM INCI EVENTS

### 2010 WORKSHOPS

Two INCI SA workshops were held in October and December 2009 in the Eastern Cape. Representatives from the nursing campuses discussed and approved the INCI initiative as a model for both increasing nursing educators' knowledge and skills in HIV and TB integrated care, and to prepare nursing students with an overview of best practices.

With the approval of the Eastern Cape stakeholders, another workshop was conducted in March 2010, in East London, Eastern Cape, to formally introduce the CTCM Program and the INCI Center of Excellence at Fort Hare University. Seventy-seven representatives from the funding organization (PEPFAR/HRSA), senior government officials from the Eastern Cape and Free State Departments of Health and the nursing educational institutions (NEI) from the Eastern Cape attended. A delegation of nursing leadership from Swaziland also participated to exchange models for capacitating nursing educators.

The INCI SA workshops provided participants with designated key competencies in HIV knowledge, clinical skills, and health systems strengthening, that were in accord with the New South African ARV Treatment Guidelines and Counselling and Testing Campaign, implemented on 1 April 2010. It also launched its ICOE-UFH as a center to coordinate communication and exchange with other countries building nurse capacity initiatives.

### 2011 INCI LEADERSHIP SUMMIT

More than 45 nursing and midwifery leaders from nine African countries gathered together for the INCI Nursing Leadership Summit in Addis Ababa, Ethiopia on February 21-24, 2011. This conference presented a ground-breaking opportunity for nursing and midwifery leaders to explore strategies for advancing nursing in their respective countries.

The summit brought together participants from South Africa, Swaziland, Kenya, Rwanda, Côte d'Ivoire, Lesotho, Zambia, Malawi, Ethiopia, and Nigeria.

For many, an important part of the summit was gaining a larger picture of INCI work through in-depth country reports that showcased effective models as well as challenges to moving nursing forward. For countries just beginning an INCI program, the workshop allowed representatives to

*The INCI SA workshops provided participants with designated key competencies in HIV knowledge, clinical skills, and health systems strengthening.*

*This conference presented a ground-breaking opportunity to explore strategies for advancing nursing in their respective countries.*

review strategies used to achieve program goals, which include increasing the number of registered nurses (RN) trained in HIV care and treatment; supporting expanded RN scope of practice in HIV service delivery; increasing RN retention; and expanding RN leadership and training networks. In the monitoring and evaluation work session, participants analyzed past INCI activities, identified successes and challenges, and developed work plans for the final project year, with an emphasis on addressing gaps and prioritizing activities based on their projected impact.

## IMPACT AND ACCOMPLISHMENTS OF INCI

*INCI staff members also made themselves continuously available, even when not on site, to discuss challenges and respond to clinical questions.*

### STRENGTHENING SYSTEMS FOR HIV CARE AND TREATMENT AND MENTORING NURSE EDUCATORS

INCI site coordinators provided competency-driven, case-based, and skills-oriented classroom sessions and individual self-study for CTCM training participants. In addition, INCI site coordinators provided practical support, on-site training, and consultation to CTCM training participants on a monthly basis. INCI staff members also made themselves continuously available, even when not on site, to discuss challenges and respond to clinical questions.

#### INCI: BUILDING THE QUALITY AND CAPACITY OF HEALTH FACILITIES

INCI-trained nurse mentors served as clinical and educational resources for HCWs working in clinics throughout the ICAP-supported provinces, empowering them to provide quality care to PLHIV.

Practicing in accordance with South African Nursing Council regulations, nurse mentors supported professional nurses at public health facilities by:

- » Strengthening physical exam skills and history-taking in both adult and pediatric patients.
- » Assisting with ordering and interpreting results of diagnostic procedures and laboratory tests.
- » Aiding in the use of registers and clinical records.
- » Supporting problem-solving around gaps in services to patients.
- » Forging linkages between departments and facilities in order to enhance patient care, for example with pharmaceutical and laboratory services.
- » Assisting in the development of a quality assurance plan related to the provision of services.
- » Supporting the integration of HIV care and treatment into all primary health care services including TB, minor ailments, EPI, PMTCT and pediatric care.

### INNOVATIVE TRAINING FOR NURSES AND MIDWIVES

Building knowledge, skills, and systems to support the quality of HIV care and treatment in South Africa is a hallmark of the INCI model. INCI site coordinators trained and mentored participants on issues relating to HIV, TB, STIs, as well as providing practical approaches for building the clinical skills required to provide HIV care and treatment services.

### LINKING NURSING EDUCATION INSTITUTIONS

INCI built strong links and created forums for dialogue between universities, colleges, and hospital nursing schools.

### JOB AIDS AND TRAINING TOOLS

ICAP SA developed and distributed clinical mentoring guidelines and a comprehensive training curriculum to participants. These materials continue to be useful performance enhancers and training aids.

#### Lessons Learned

Lessons learned from INCI have the potential to enhance nursing practice and human resources, to continue to strengthen South Africa's current health systems in the years ahead, and to inform future programs in resource-limited settings.

**Nurses from all stakeholder agencies and national nursing schools must be included to successfully strengthen health care systems and facilitate broader discussion of nursing roles.**

The most significant accomplishment of INCI was its ability to engage national and provincial stakeholders that influence and deliver nursing education in South Africa, including academic and government institutions, and create an enlarged, vibrant network of leadership and learning. INCI was a unique opportunity to create a forum for participation and dialogue between these institutions that historically have had distinct educational agendas.

#### INCI has significant implications for nursing practice

Nurse educators must have the knowledge and confidence to teach these skills to nursing students and provide nursing students with *comprehensive pre-service teaching* in HIV and TB integrated care and treatment before entering practice. Competencies at both the educational and service delivery side of the health care system need to be considered. The training aspects for nurses must be logically tied to the competencies required by the cadre in order to meet desired workforce standards, and more technical assistance and resources are required to strengthen the capacity of pre-service nursing institutions.

*Lessons learned have the potential to enhance nursing practice and human resources, to continue to strengthen South Africa's current health systems.*



- » In areas of high HIV prevalence and limited availability of doctors, nurses and midwives must be given the skills to perform at an advanced level.
- » Post-basic education at university level and clinical nurse mentorship programs integrated into district health systems are possible strategies to increase nurses' capacity to provide high-quality HIV care.

#### **Involvement of institutional leadership maximizes knowledge**

#### **development and dissemination and implementation of best practices**

INCI identified that the component of "leadership awareness and support" is a critical precursor to successful learning. Professional nursing practice can only advance as much as all of the nursing institutions share the same understanding of knowledge gaps in their practice, empower their students to access further learning, and help their students integrate evidence-based competencies into their professional practice, to provide safe, effective, efficient, client-centered, equitable care.

As the scale-up of HIV care and treatment services continues, there remain important questions and challenges as to how resource constraints, human capacity, and the changing scope of nursing practice influence the

## THE WAY FORWARD

feasibility of current service delivery, training, and educational approaches. Developing practical and replicable models of clinical skill building and systems strengthening targeted at nurses and midwives may represent one of the most significant interventions to improve the lives of HIV-infected individuals in South Africa and globally. INCI serves as one such model.

As stated at the beginning of this report, INCI had four stated objectives:

- » To *identify gaps* in current pre-service nursing knowledge, clinical skills, and system skills in HIV, AIDS and TB integrated care and treatment.
- » To build nursing school faculty *competency* in HIV, AIDS and TB integrated care and treatment.
- » To equip nursing faculties with *comprehensive HIV and TB training and confidence* to teach these skills to nursing students.
- » To provide nursing students with *comprehensive pre-service teaching* in HIV, AIDS and TB integrated care and treatment before entering practice.

During work under this cooperative agreement – thanks to the support and assistance provided by the **U.S. Centers for Disease Control and Prevention (CDC)** and the **President's Emergency Plan for AIDS Relief (PEPFAR)** and through partnerships with governments and health workers – ICAP and INCI has made measurable steps toward these goals, demonstrating true collaboration between healthcare organizations, academic institutions, and national government, to create a new vision for innovative education and training for nurses and midwives.

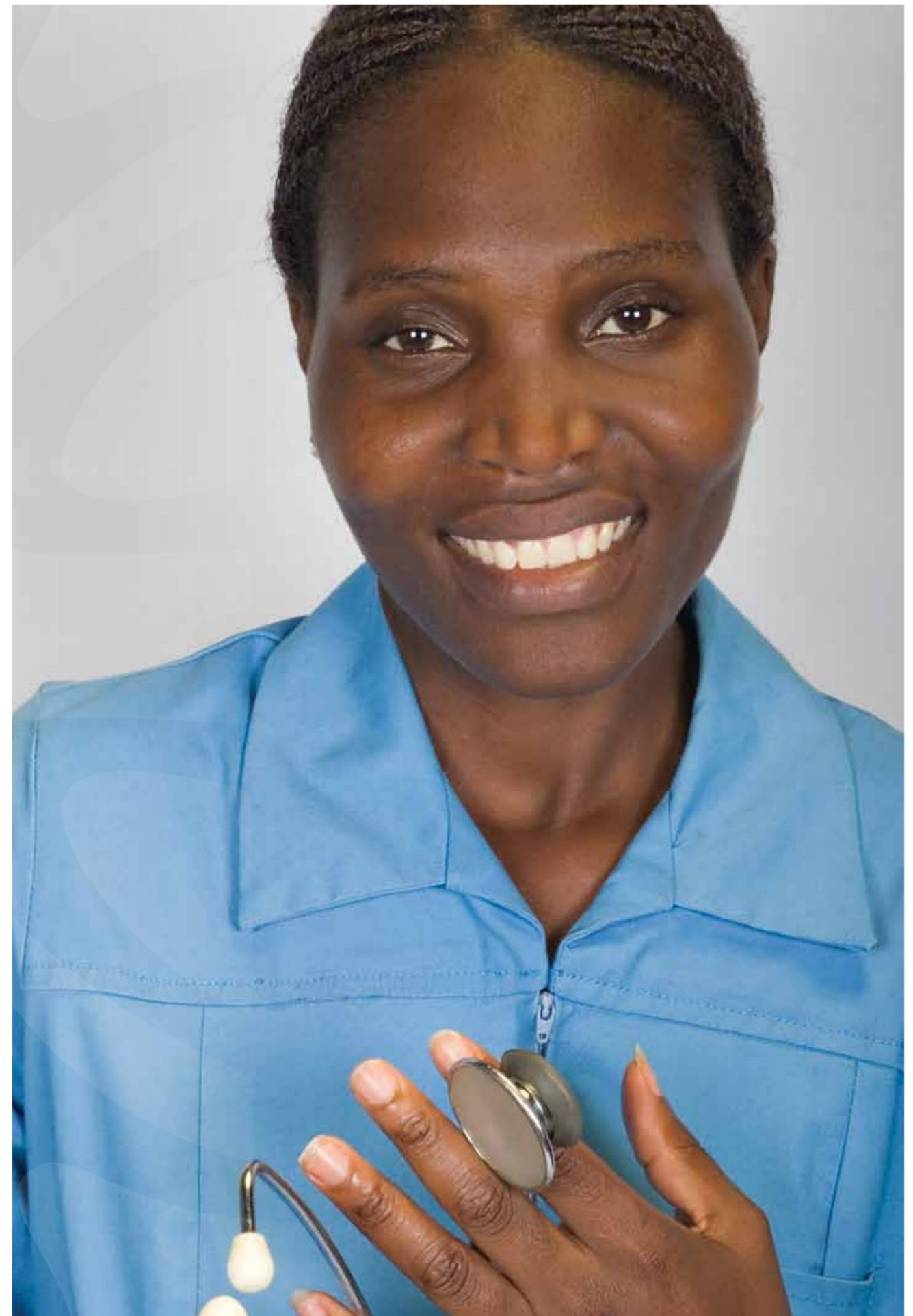
*Developing practical and replicable models of clinical skill building and systems strengthening targeted at nurses and midwives may represent one of the most significant interventions.*

NURSES AND MIDWIVES, OUR HANDS ARE THE FIRST TO TOUCH NEW LIFE AND THE LAST TO SOOTHE THE DYING. LET'S DEDICATE OURSELVES TO OUR PROFESSION, COMMUNITIES, AND COUNTRIES.

- JENNIFER DOHRN, INCI PROGRAM DIRECTOR

“AS A NURSE, WE HAVE THE  
OPPORTUNITY TO HEAL THE HEART,  
MIND, SOUL AND BODY OF OUR  
PATIENTS, THEIR FAMILIES, AND  
OURSELVES.”

– ANONYMOUS



## ICAP OFFICES

### HEADQUARTERS-USA

Wafaa El-Sadr, Director  
Mailman School of Public Health  
Columbia University  
722 W168th Street  
New York, NY 10032  
212-342-0505  
icap@columbia.edu

### CÔTE D'IVOIRE

Ida Viho, Country Director  
ICAP Côte d'Ivoire  
BP 561 Cidex 3  
Abidjan (Côte d'Ivoire)  
iv2129@columbia.edu  
011-225 22 40 9520

### ETHIOPIA

Zenebe Melaku, Country Director  
Centers for International Programs/ICAP-Ethiopia  
Kirkos Kifle Ketema, Kebele 02/03,  
House #005, Africa Ave. (Bole Rd.)  
P.O.Box 5566  
Addis Ababa, Ethiopia  
zy2115@columbia.edu  
011 251 11 554 7460

### KAZAKHSTAN

Anna Deryabina, Regional Project Director  
59 Karibzhanova Street  
Almaty 050059  
Kazakhstan  
annaderyabina@icap.kz  
011 7 727 2718037

### KENYA

Mark Hawken, Country Director  
c/o CAFS Center-Ground Floor  
Mara Road, Upper Hill  
Nairobi, Kenya  
mh2363@columbia.edu  
011 254 020 271 7817

### LESOTHO

Blanche Pitt, Country Director  
Christie House 3rd Floor, Orpen Road  
P.O. Box 13860  
Maseru, Lesotho  
pittb@icap.org.ls  
011 266 2232 6599

### MOZAMBIQUE

Josue de Lima, Country Director  
MSPH Mozambique LLC  
Rua Francisco Mantange 224  
Maputo, Mozambique  
jorgetojais@columbia.org.mz  
011 258 21 315 170

### NIGERIA

Bolanle O. Oyeledun, Country Director  
Plot 1129, Kikuyu Close, Off Nairobi Street,  
Wuse II, Abuja, FCT.  
Nigeria  
ao2153@columbia.edu  
011 234 9 672 3130

### RWANDA

Ruben Sahabo, Country Director  
ICAP Columbia University (MPSH)  
Chadel Building, 1st Floor  
Across from Ecole Belge  
Kigali, Rwanda  
sahaboruben@yahoo.fr  
011 250 503 798

### SOUTH AFRICA

Raphael Ntummy, Acting Country Director  
1st Floor, Building B/C  
The Braides  
115 Bowling Avenue  
Gallo Manor, 2052  
South Africa  
rm2172@columbia.edu  
011 27 011 656 3650

### SWAZILAND

Kerry Bruce, Country Director  
234 Somhlolo Road  
P.O. Box 222, Eveni  
Mbabane, Swaziland  
icap-swaziland@columbia.edu  
011 268 404 5797

### TANZANIA

Redempta Mbatia, Country Director  
Plot no 312 Ligalo Road, off UN Road, Upanga  
P.O. Box 80214  
Dar es Salaam, Tanzania  
rjm2142@columbia.edu  
011 255 22 212 1695



*For more information visit  
[www.columbia-icap.org](http://www.columbia-icap.org)*



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