

“Motswedi wa tsepo” (The Fountain of Hope) or The Blissful Contentment of Making a Change

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The patients were waiting desperately in the stuffy room like a petrified tree for a tiny flicker of hope in their world of deep despair; a disheartening picture on the first day of my extraordinary six weeks in the Fountain of Hope, the shelter for those who suffered deeply from the consequences of HIV and AIDS. I was there to make a change for them and for myself also.

My story started in 2007 in Madrid when I ran across the booth of the Global Medic Force, the global leader in the rapid transfer of clinical skills to developing nations for HIV/AIDS care. I wrote my name without thinking on the list that a smiling woman handed out to me. I have always longed to travel to the developing parts of the world to reach out a helping hand but I never have thought that my dream would come true one day. How could I know that my fate was being written on that very day and my life would change thoroughly?

Following a two-day training in London in 2008, I was assigned to be a mentor of the Global Medic Force with the partnership of Foundation for Professional Development in Brits, South Africa in 2009. I headed to my destination on October 17, my birthday. This was the most meaningful and unforgettable birthday present I have ever received. I was scared as much as I was excited but I was determined as well to survive the challenges and to enjoy the new colors life would offer to me.

My assignment was to work with the staff of the “Motswedi wa Shepo”-HIV Wellness Clinic” in the Brits District Hospital, to specify failing operational issues in the clinic, to improve the knowledge and skills of clinic workers on HIV/AIDS and to discuss barriers for better care to come up with solutions to overcome them.

South Africa is among countries with the highest burden of the HIV epidemic; according to 2007 data, the estimated number of people living with HIV and AIDS is 5.7 millions. Brits, in the North West province of South Africa rates fifth, with a prevalence of 25%. HIV Wellness Clinic in Brits District hospital serves for around 3000 patients with an approximate daily number of 100. Nine downreferral clinics provide patients to the clinic and only those patients with developed AIDS are referred. The clinic staff includes one doctor, two nurses, one assistant nurse, one administrative clerk, one data capturer and seven counselors.

My first impression of the clinic was that it was a stuffy and overcrowded place. Well, what else can you expect from a container on wheels with 13 workers and over a hundred patients daily? The first week was extremely difficult. I had to sit in the clinic for hours observing the workers and taking notes. I do not know what they thought of me but it was not very friendly for sure. They were always nice and kind but also distant.

At the end of the first week, I held a meeting and discussed with them, what I thought did not work in the clinic and made my suggestions; I also asked for their opinions and suggestions. The problems at first glance seemed to be

- The long waiting list and long waiting time in the clinic
- Late initiation of antiretroviral therapy/long time wasted on prophylaxis
- Out of date knowledge
- Inefficient counseling
- Lack of peer support
- Shortage of staff
- Administrative issues

The staff could not make any suggestions other than salary increase, and recruitment of additional doctors and nurses, which were all beyond my capacity and ability. My suggestions were

- Setting up guidelines for downreferral clinics for early referral of patients with advanced disease,
- Earlier booking of patients with advanced disease,
- Quick preparation of patients for initiation of antiretroviral therapy and early initiation of therapy without losing time on prophylaxis,
- One to one counseling instead of group counseling,
- Establishment of a peer support group and
- Updating knowledge.

However, although the staff agreed that the clinic was not working well, they did not seem very willing to cooperate with me to materialize my suggestions, due to their concerns on increasing workload, voluntary peer counselors replacing them and the impossibility of expanding the daily number of bookings. On the other hand, they suddenly became aware of the gravity of early intervention in advanced disease. This was one of the most challenging moments in my life; I either would convince them to cooperate or would sulk in gloom for the rest of my remaining five weeks. I did my best to explain the reasoning beyond my suggestions and left the rest to fate.

The next day, the counselors announced that they had decided to give a try to one-to-one counseling. Call it magic, luck or whatever, that changed everything. One-to-one counseling worked so well, that the staff members changed their attitudes completely with a more friendly and cooperative approach. Then the rest was smooth and easy. We had didactic training sessions and on site training with the counselors, and one-to-one training with the nurses and the doctor. We updated all flow-charts and created new flow charts for booking and referrals from other clinics so that patients with advanced disease would be booked earlier. We developed an assessment mechanism for stable patients with high compliance rates so that they would get three months' supply of drugs; this would help to reduce the burden of the clinic and would allow more space for first visit patients.

The results, at the end of six weeks were unbelievable. In a clinic with a high workload, making quick decisions without compromising from the quality of care is an essential part of healthcare. This skill builds up with time and practice. The program was most successful in the sense of giving the healthcare workers the chance of practicing while learning. Thus, while carrying on their routine work, they were trained on the spot, eventually feeling more self confident and more equipped for handling HIV patients.

All staff members, including those who were not directly involved in HIV management became more self confident and more equipped in HIV/AIDS management than they were previously.

The care offered to patients improved considerably as well; the waiting time for patients who were critically ill was shortened; ART was initiated earlier; patients were followed-up more meticulously and failures were detected earlier and were handled appropriately. However, the most significant change was in staff members who became more communicable and cooperative, and improved socially.

The beneficial effects of the program were not limited to the favorable outcomes in the clinic; I also had many gains on my side. This was an unforgettable experience for me in the sense of seeing the other side of the coin for HIV infection, meeting another culture, making new contacts and witnessing the improvement in the staff and the operation of the clinic, which was the product of hard work and collaboration. Although this was my first experience in a developing country, all healthcare workers did their best to make me feel at home and a member of the clinic. I am grateful to each one of them for welcoming me in their lives and

sharing their experience and knowledge with me. I learned a lot during my assignment such as adaptation to a new culture and environment, working my way out to become a member of an already established team, building firm relationships within a short time and realizing the amazing power of making a change, even a small one. I am grateful to the Global Medic Force and the Foundation for Professional Development for giving me the chance to be a part of this program. I would very much like to volunteer again in the future and I recommend my colleagues to participate in the program to compare the opportunities in their countries with those in underdeveloped countries, to see how the situation in underdeveloped parts of the world influence the AIDS epidemic and what those countries need to cope with the situation, since we always talk about the situation in resource poor settings but usually have no idea what the real story is.

I had the most challenging but at the same time most fascinating six weeks in my life and I experienced the blissful contentment of making a change.