



UNIVERSITY OF CAPE TOWN  
**SHAWCO**



## **SHAWCO Health Annual Report**

**1 November 2010**

## **Introduction**

SHAWCO Health has exceeded all expectations this year, not only in the clinics we run but also in raising and targeting the difficult questions that ensure we provide quality services that contribute to the health of our communities in a meaningful way.

In 2010, though funding from GrandWest CSI and the dedication of our volunteer students, SHAWCO Health ran 248 clinics throughout the Cape Peninsula, as well as in Worcester and the Eastern Cape, treating over 5500 patients. More than 800 individual medical and health & rehabilitation students were active on the clinics, with over 2500 student sessions logged. In addition, over 60 doctors volunteered on the clinics, The clinics that were run include SHAWCO's general clinics in Khayelitsha (x2), New Rest (Gugulethu), Brown's Farm (Nyanga), Masiphumelele (in Noordhoek) and Joe Slovo (near Milnerton), the special Paediatric Clinics in Imizamo Yethu (Hout Bay) and in Du Noon (a clinic started in 2009), Rural Health clinics in Coffee Bay in the Eastern Cape and a new Paediatric Screening Programme in the Old Crossroads area.

The table below compares some figures from 2010, with those of previous years:

<b>Year</b>	<b>Number of Clinics</b>	<b>Student Volunteers</b>	<b>Student Volunteer Sessions</b>	<b>Patients</b>
<b>2010</b>	220	824 (including over 180 international students)	2515	5604
<b>2009</b>	167	675	1970	4267
<b>2008</b>	160	477	2093	4208

## **Rural Health Project 2010**

In 2009, SHAWCO Health ran its first rural project in partnership with the Zithulele Hospital in the Mqanduli district of the Eastern Cape. 10 medical students, an audiologist and a nursing sister ran clinics, training workshops and other interventions over one week in the June/July vacation.

In 2010, the week-long Eastern Cape project was much larger than the first trip in 2009, with this year's team comprising 38 students: 22 medical students, a final year audiology student and 15 engineering students from Engineers Without Borders UCT (EWB UCT). The core aims this year were to further improve multiple aspects of the health of the people of this area through the medical students focusing on Health Promotion and screening activities, specifically HIV testing, Pap smears and Paediatric Screening, and the engineering students installing rainwater tanks.

Over the 6 days they were in the area, the medical students ran screening clinics for over 400 patients, which included doing Pap Smears for 140 women and performing HIV tests on almost 200 patients, of which 40 were found to be HIV positive. This was the first time HIV testing was done on SHAWCO clinics, which provided us with a fantastic opportunity to 'pilot' these services before offering them on our general clinics. Further screening was also done by the audiology student, who assessed new born babies for hearing problems. She then trained the hospital staff so that they could perform these tests on newborns once our project was finished.

Health promotion activities over the week included breastfeeding counselling, specifically the need for correct information pertaining to HIV and breastfeeding practices; and counselling to parents on oral rehydration solution (ORS) for children with diarrhoea. The students spent additional time training the clinic sisters in primary health care services at outlying clinics.

Within just 6 days the team of engineering students developed and installed a cost-effective, highly efficient rain-water catchment system comprising 3 tanks with filters. The team also constructed a large playground for children of the local community.

In 2010, the SHAWCO Health team expanded our rural project by including a long-weekend in Worcester, running clinics in the community. The aim of the project in Worcester was to see if a short-term intervention in this area could bring about sustainable outcomes for the community and whether the students could benefit from such an experience. The students ran screening clinics in partnership with the management staff of Eben Donges Hospital in Worcester, a relationship which SHAWCO hopes to further develop. Worcester is also an exciting place to initiate a relationship with Stellenbosch University's medical and health and rehabilitation students as these students already run other sorts of projects in Worcester and surrounding areas. Due to the success of the project SHAWCO will be coordinating weekend projects in this area in 2011.

Both the medical and engineering students gained significant experience during the project. With the larger goal of this project being the training of clinic workers in rural areas, the hope is the formation of further relationships with other hospitals and provinces. We look forward to seeing this project develop in 2011 into further collaboration with SHAWCO's Education sector, other UCT disciplines, especially law and social work, and with hospitals in rural areas in the Western Cape.

## **Health Promotion as a focus in 2010**

- *HIV Testing on SHAWCO Clinics*

HIV counselling and testing were introduced on SHAWCO evening clinics during the second half of 2010, having had a successful 'pilot' of these services during the rural project in the Eastern Cape. In developing a policy for HIV testing on SHAWCO clinics, we furthered our relationship with UCT's Family Medicine Department and initiated a relationship with the Desmond Tutu Tester. Implementation involved training our volunteers in counselling and testing. This is still a very young initiative but 2 of our evening clinics have already had very positive uptake of this service by their communities.

- *Education around Diarrhoea and Oral Rehydration Solution*

SHAWCO produced 2000 oral rehydration solution bottles (1 litre) with label instructions in 3 languages (English, isiXhosa and Afrikaans) on how to mix ORS and a pamphlet (in isiXhosa) on the topic of diarrhoea and dehydration. These were introduced on our clinics, as well as being distributed in the Eastern Cape during our rural project. We are hoping that this health promotion initiative will have a significant positive impact on child-morbidity and mortality in the communities we serve as 'diarrhoea season' begins within the next few weeks.

- *WREMS (Waiting Room education by medical students)*

SHAWCO Health works closely with WREMS which provides health promotional and educational activities to patients in the waiting rooms of our clinics.

- *LAWCO*

This year also saw the introduction of law students on the SHAWCO clinics, providing basic legal education and advice to patients in the clinics waiting rooms.

In 2011, we plan to introduce a women's health aspect to our screening programme, introducing pap smears on our regular clinics, as well as screening for other gynaecological conditions. Our energetic new health promotion representative also hopes to start a radio health promotional campaign (in partnership with community Radio Zibonele), to disseminate health information to a wider population. We also hope to screen an additional 500 children (who partake in the SHAWCO education projects) for developmental health conditions and eyesight problems.

## **Evaluation**

This has been one of SHAWCO Health's continuing aims for many years. Since 2008, various forms of internal organizational evaluation of SHAWCO Health's services and activities have been initiated. In 2010, the team aimed to continue this process, with more focus on input from external stakeholders: the staff at clinics and hospitals we refer patients to as well as the managers of the health services in these areas. The aims of these enquiries were:

- To determine what is known about SHAWCO in these communities
- To help identify if we are actually meeting our aims as an organisation and determine possible ways to improve our work in these communities
- To determine whether the new project additions to Health, such as the Du Noon clinic, were up and running successfully thereby creating a sustainable and fully functional organisation.
- To determine what the areas of need are in the health sub-districts we work in. The mobility of our clinics means that SHAWCO Health should be able to move to areas where need is greatest, with our sites changing as needs change. This has not been the case on our general clinics up to 2010, with all 6 of the weekly evening clinics having been in the same areas for at least 5 years.

Many successful meetings were held with Health Sub-district Managers, clinic sisters and heads of departments at larger referral hospitals with very helpful information gained, as well as many of these people learning much more about SHAWCO Health and what we do in their community.

In 2011, we will examine whether all our clinics are we in the right areas, and providing a cost-effective and efficient service. We will also be working with the Department of Health to move our clinics to the areas of the Cape Town Metropole in greatest need of health services.

## **International Projects**

This was the second year SHAWCO Health ran international projects. In January 2010 a group of Australian medical students, and in June/July 2010 Norwegian Students, visited South Africa and ran the SHAWCO clinics while the UCT students were on holiday. These specific international projects aim to create continuity in communities by ensuring health care even when local students are on holiday. There are also a number of foreign students that are involved through the year, and the numbers are growing. Whilst assisting in community development/upliftment, this project has

revealed international interest in SHAWCO Health operations. The 2011 team hopes to have international students for 3 periods during the year, thus running clinics from January to December (with a one month gap in November).

### **Pharmacy**

There have been extensive developments in SHAWCO's Pharmacy services this year:

- SHAWCO has finally been registered as a Health Services Rendering Organisation. This means that SHAWCO is now legally allowed to run clinics.
- 3 nurses were registered with the Department of Health and employed by SHAWCO as Dispensing Nurse in charge of dispensing medication on SHAWCO clinics, meaning that SHAWCO is now legally dispensing medication to its patients.

In 2011, we hope to review the drugs we dispense and explore more cost-effective means of purchasing drugs.

### **Relationships**

SHAWCO Health has been working with other institutions, societies and departments to create a holistic approach to healthcare. It is felt that the more people with similar goals work together, the greater the outcome. Over the past year SHAWCO Health has formed valuable relationships with the following groups:

#### *Médecins Sans Frontières (MSF) – AKA Doctors Without Borders*

SHAWCO Health has officially become the first "Friends of MSF" society in South Africa. We believe that working with MSF, a world renowned, Nobel Prize winning organisation, will greatly benefit both our students and our community. Our students will have an avenue to continue into once leaving UCT to ensure that the mentality of volunteerism they have formed in SHAWCO is used to continue to benefit the greater South African and international community. Our communities will also benefit from the advice, guidance and support MSF provides our clinics as well as us having relationships with their clinics in Cape Town.

#### *Health Science Faculty and UCT*

Currently, the Health Science Faculty is using some of our mobile clinics during the day at various sites that students visit due to a lack of space for the students. This partnership is valuable as is not only ensures communities benefit but that the students do as well.

Aspects of SHAWCO Health have been integrated into the medicine curriculum: Currently the 6<sup>th</sup> year medical students are required to attend 2 SHAWCO clinics as part of their Family medicine training and the new Screening Paediatric Clinic has now been incorporated into the 5<sup>th</sup> year medicine paediatrics curriculum. We have received very positive feedback from the heads of these departments of the students' experiences on our clinics.

### **Health and Rehabilitation Services**

The Health and Rehabilitation (H&R) sector of SHAWCO Health has taken huge strides this year, with occupational therapy services now a fully established component of three of our clinics. In addition, students from the UCT dietetics department have taken on our Saturday Imizamo Yethu clinic, and screen every child for nutritional disorders. This means that we are able to offer our paediatric patients holistic, multidisciplinary care.

The students chairing this team have developed comprehensive paediatric assessment tools for the paediatric clinics and now have a base of parents and children who return to them for continued care. Other active services this year have been audiology and speech therapy on the paediatric clinics.

In 2011, our health and rehabilitation team hopes to expand the number of patients it sees with our new dedicated health and rehabilitation mobile clinic. We also hope to increase the number of SHAWCO clinics which offer health and rehabilitation services, and re-introduce physiotherapy students onto our clinics.

### **New Paediatric Clinics**

During 2009, SHAWCO Health began running two new Paediatrics clinics: a new weekend clinic in Du Noon and a Paediatric Screening Clinic which is a part of the 5<sup>th</sup> year medical curriculum.

The Du Noon clinic was very busy in 2010. On average the students running the Du Noon clinic see 40 patients per clinic, while our general evening clinics usually see an average of 25 patients per clinic. This clinic has also been an incredible example of multidisciplinary care, with medical and occupational therapy students attending most clinics.

The Wednesday morning screening clinic was run in Old Crossroads in 2010, the area recording the highest child mortality rate in the Cape Peninsula. The process of getting permission to work in Old Crossroads was extensive but has resulted in a very positive relationship with the sub-district manager of this region as well as City Health. We are very excited about both of these projects as both are in areas that were specifically identified to be in need of health services and both have been incredibly successful in 2010. We firmly believe that we fill a unique role in the communities where we provide these paediatric clinics as we have an opportunity to prevent disease through early identification of children at risk.

### **GrandWest Grand Ward Rounds**

SHAWCO hosted 2 Grand Ward Rounds this year. These events continue to educate students on topics relevant to SHAWCO clinics, with this year showcasing much more discussion from students in presenting cases and raising challenging questions. Both events also included medical student and occupational therapy student presentations. Topics this year included:

- Respiratory illness: our statistics reflect that just under 25% of patients seen on SHAWCO clinics present with respiratory illnesses: from the mild "cold" to fairly serious pneumonias and TB. This was therefore very relevant to students attending our clinics.

The guest speaker for this Grand Ward Round was Dr S Nordien, a long-term volunteer on SHAWCO clinics, who has volunteered on over 30 clinics this year, and over 100 SHAWCO clinics during his career.

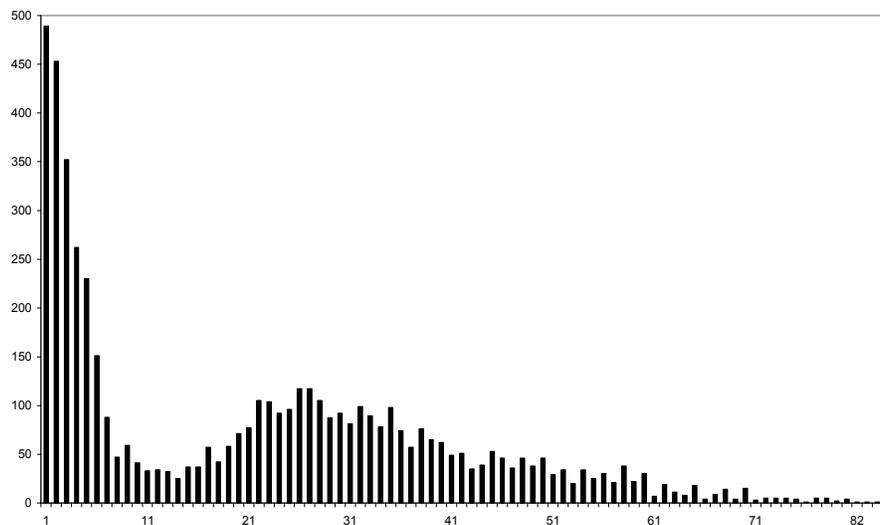
- Paediatrics – this event was very special as it was based on a group of students' experience on one specific clinic. The students focussed on the difficult social cases one sees on SHAWCO clinics and what the students can do in these situations, with focus on managing children who are being neglected by their carers. This event opened the eyes of students who attend all clinics, which we are hoping will result on more attention to the social circumstances of children seen at any of the SHAWCO clinics.

The guest speakers at this Grand Ward Round included the head of paediatric medicine at Somerset Hospital (Dr Mike Levin), and Médecins Sans Frontières.

## **Beneficiaries**

SHAWCO has two beneficiary groups: the communities we serve and the students who acquire invaluable management & clinical skills through implementing, managing and running the various clinics and projects.

All of SHAWCO's clinics run in predominantly "black African" areas. Of the more than 5500 patients we saw in 2010, an approximate 66% were female. Despite this, we have had anecdotal reports from the male patients we see and the other clinics in the areas that SHAWCO is the preferred health service for men with medical complaints. This is clearly a gap that SHAWCO can fill in the Cape Peninsula's health services, especially with regard to treatment of Sexually Transmitted Infections (STIs) – SHAWCO sees mainly females who, if their partners are not treated for STIs, are only getting re-infected each time they have sexual intercourse. We have also realised that we have an available population of women and children that we can provide health promotion and screening to, with our "pilot" of performing Pap smears during our Rural Project, as well as increased child screening on clinics during 2010 being a move towards this.



**Patient Ages (average age of 21 years)**

46% of patients were younger than 18 years.

Top 5 types of conditions seen on clinics:

	<b>Number of patients</b>	<b>%</b>
Respiratory Conditions	1319	24%
Skin Conditions	1102	20%
Gastrointestinal System	925	17%
Orthopaedics and Rheumatology	564	10%
Gynaecological	395	7%

Management of patients:

Units of medication dispensed	8458
Referral letters issued	972
Medical certificates issued	196

**SHAWCO Volunteers**

SHAWCO has a wonderful mix of students attending our clinics. As stated above, SHAWCO students all gain various skills through their involvement in SHAWCO, whether this is leadership and management skills or clinical experience through seeing patients on clinics. We have had feedback from many clinical and pre-clinical students supporting this, with the majority reporting that SHAWCO clinics significantly aid the learning gained in the formal UCT curricula. SHAWCO also allows relationships to develop between students in different years, which have lead to students mentoring one another.

With regard to the race and gender profiles, we continue to not ask our volunteers to provide this information when attending clinics. We are confident that if attendance by students started to show drastic increase or decrease for a gender or race that our clinic heads would bring this to attention and we would then take action, but this has not been the case. However, we do recognise that GrandWest asks that we report on this for funding purposes, so we have gone through our volunteer database to provide you with the following statistics regarding our student volunteers (the statistics do not include international students):

<b>Total</b>	Female	Male	Black	Caucasian	Coloured or Indian	Asian	Disabled
n = 598	372	226	188	195	193	21	Unknown
Percentages	62.2%	37.8%	31.5%	32.7%	32.3%	3.5%	

## **In Closing**

We mention it every year, but we have been so fortunate to have sustained funding from GrandWest CSI, and are able to achieve so much more due to this. We are also incredibly grateful that GrandWest CSI supports SHAWCO's development of new projects, many of which involve not only more funding but also belief in the SHAWCO students and their ideas. The support that GrandWest CSI gives to SHAWCO has effects that not even SHAWCO can predict, from the incredible skill gained by our student leaders, and the clinical knowledge and experience attained by our volunteers; to the curative and preventative health care that our community receive from attending our clinics. SHAWCO Health constantly strives to improve our services and ensure we are appropriate and effective in the communities we serve. Not only are we certain that 2010 has been one of the best years for SHAWCO Health but we were recognised for our achievements through the UCT Student Leadership Awards. Both President and Vice President of SHAWCO Health for 2010 were among only 15 UCT students recognised with awards for their dedication to student leadership at UCT.

Thank you so much to the team at GrandWest CSI, most especially Heidi Abrahams, for your full support and encouragement of SHAWCO Health and our activities.



Allison Powell

SHAWCO Health President 2010



Simon Mendelsohn

SHAWCO Health President 2011