



— UNIVERSITY OF CAPE TOWN —
SHAWCO

STUDENTS' HEALTH AND WELFARE CENTRES ORGANISATION



SHAWCO-GrandWest CSI Community Health Project

30 November 2009

SHAWCO Health has enjoyed a very fruitful year in 2009 – both in the quality and functioning of our normal clinics, and in the expansion of our services to different geographical and intervention areas.

In 2009, with funding from GrandWest CSI, SHAWCO Health ran 180 clinics throughout the Cape Peninsula (and some further afield) treating over 4800 patients. More than 675 individual medical and health & rehabilitation students were active on the clinics, with around 3030 student sessions logged. The clinics that were run include SHAWCO’s general clinics in Khayelitsha (2), New Rest, Browns Farm, Masiphumelele and Joe Slovo, the special Paediatric Clinic in Imizamo Yethu (Hout Bay), a new Paediatric Clinic in Du Noon, Rural Health clinics in Coffee Bay in the Eastern Cape and a new Paediatric Screening Programme in Lwandle. Below, please find a table comparing some figures from 2009, with those in 2007 and 2008.

	# of Clinics Run	# of Student Sessions	# of Individual Students	# of Patients Seen
2009	180	3030	675	4806
2008	160	2093	477	4208
2007	134	1508	-	3596

New Developments in 2009:

International Programme:

This was the first year Shawco Health ran international Projects. In January 2009 a group of 12 Australian medical students in their final year came over to South Africa for their elective block and ran SHAWCO’s clinics. Traditionally, UCT students only begin SHAWCO clinics in February, thus the Australians were able to add one more month of services to our communities. In June/July, 12 Norwegian Students came to run the clinics during UCT’s 3 week vacation, adding another 3 weeks to our services. GrandWest CSI covered all the clinic costs for these clinics, while the students themselves covered supervising doctors, lectures, accommodation and site-seeing costs. We are expecting our next group of Australian students in the first week of January in 2010 and look forward to expanding this programme more – perhaps even to cover the whole year.

Rural Health Programme:

In 2009, SHAWCO Health ran its first-ever Rural Health project. The day after their final block exams in June, 9 medical students, an audiologist and a guest nursing sister from Mowbray Maternity Unit travelled up to the Eastern Cape to Coffee Bay – an extremely rural part of South Africa where many people have to travel for hours to access health care and have often never seen a doctor. The team worked in partnership with the Zithulele Hospital which identified a great need around breastfeeding counselling – specifically the need for correct information pertaining to HIV and breastfeeding practices – as well as training in primary health care services for the clinic sisters in their outlying clinics. Over the 5 days they were in

the area, these 11 students and the breastfeeding consultant ran clinics for over 360 patients, with concurrent training of around 60 clinic staff members around correct breastfeeding practices and other issues in primary health care.

While this year's rural health project saw many patients treated for presenting illnesses, we hope, in the future, to focus more on screening for high blood pressure, hypertension, diabetes, HIV, growth & development (specifically in children) mammograms, papsmears, etc, as well as auditory screening and fitting of hearing devices. The model for adopted for this year benefitted only the people who happened to be sick on the one day of the year SHAWCO visited their village. We hope to be able to make a more sustainable difference through wider screening of otherwise healthy people.

This was a pilot programme with the long-term vision being a multi-disciplinary intervention (health students, engineers, lawyers, social workers etc) by students from various universities around South Africa – bringing added capacity into the region for a short time, and enabling networking between universities to work towards better development in South Africa. Already Engineers without Borders have shown interest in SHAWCO distributing solar water heating units which will contribute significantly to the reduction of water-related diseases such as e-coli and cholera. SHAWCO has also been approached by an organisation interested in auditory screening, on-site fitting of hearing aids, with a solar powered battery charger (batteries run out after 2 weeks and can be expensive to keep in supply). This is a new and exciting venture as most people who suffer from hearing loss or deafness hardly ever get the opportunity to be fitted with hearing aids on-site and have to pay around R120 for transport to a hospital where they often don't get the treatment they need. This solution fits so well in SHAWCO's vision of bringing health care services directly to the people.

New Paediatric Clinics

During 2009, SHAWCO Health began running two new Paediatrics clinics.

The first to begin (in September this year) was a new weekend clinic in Du Noon. Staff from Somerset Hospital have set up a Paediatric service in Du Noon as a result of all the young patients they were seeing from this area. They then approached SHAWCO to ask whether we could complement this service by running a weekend clinic to see children with primary health care concerns. One of SHAWCO Health's main aims is to work more effectively in partnership with other Health care providers and NGOs, as well as UCT, to benefit the community – this presented an ideal opportunity to do so. This new clinic ran twice this year and will be a set feature in 2010 – alternating on a 2-weekly basis with the Imizamo Yethu clinic (as in, each will run once a month, with students going out every second week to alternating sites).

The second to begin was the long-awaited Paediatric Screening Clinic which has been incorporated into the 5th year medical curriculum. This clinic is run on a weekday morning and

visits educare centres in “at risk” areas, screening children from 0 – 6 years to identify anything which might lead to serious disease, disorder or disability later in the child’s life. The first set of these clinics (7 in total) were run in Lwandle, near Somerset West. They will hopefully run from Old Crossroads (the area recording the highest child mortality rate) – we are just awaiting final confirmation from City Health. We are very excited about this new project as we firmly believe that we have a unique opportunity to prevent disease by early identification of risk and thus save both the individual and the Health Services a lot of time, heartache and money in the future.

Grand Ward Rounds

SHAWCO hosted 3 Grand Ward Rounds this year. These events were started in order to give students a means of reporting on cases they had seen on SHAWCO Clinics and sharing their learning with their peers. There is also always a guest speaker who addresses the students on a topic pertinent to medicine or the context in which the health system operates. This year our guest speakers covered

- Emergency Medicine – from the speciality, to the context in which Emergency Medicine has developed, to some practical pointers for first responders at the location and in the emergency room
- Dermatology – students get one week of Dermatology training in their entire 6-year long degree. SHAWCO Clinics see a great deal of dermatological cases and many students have said it is thanks to SHAWCO that they know anything about dermatology on graduating. During this special lecture on dermatology, the speaker asked the students whether the Derm Camp had helped them in their SHAWCO work – one of our clinic heads replied, “No – SHAWCO work helped me on my Derm Camp.” It was a good moment!
- Paediatrics – a wonderful contextual view of child health ranging from clinical illnesses to social meaning and identity of children, helping people to look at paths by which we can keep children healthy and protected, not just treated them when they are sick or abused.

Evaluation: Big Picture

In 2009, SHAWCO Health began a complete evaluation process to assess the needs of the communities we serve to help identify if we are actually meeting our aims as an Organisation and determine possible ways to expand on and improve our work in these communities. It was also important to ensure that the new services in SHAWCO Health were up and running successfully thereby guaranteeing a sustainable and fully functional organisation.

The evaluation process included:

- The development of questionnaires for patients and community health workers followed by actually handing out the questionnaires and capturing as well as analyzing the data from it.

- An 'internal' evaluation was held with all students discussing some of the above topics to obtain student's views about Shawco – where it has come from and where it is heading
- An 'external' evaluation has been started to meet with other 'stakeholders' who have worked with Shawco or who run similar services to determine whether Shawco is providing the correct service and ways in which one can improve etc.

Pharmacy:

There has been extensive work into the running of SHAWCO's Pharmacy services this year. SHAWCO Health began its services 66 years ago – many years before the new legislation governing dispensing of medication was brought into effect. As such, over the past few years, we have found our normal practices to have fallen into "illegal" territory. The Department of Health and City Health are fully aware of this and have been helping us become "legal". This year, SHAWCO Health has applied for registration as both a Health Services Rendering organisation as well as a Pharmacy. This has involved extensive work on the part of our 2 students running the pharmacy portfolio, including:

- Setting up pharmacy to conform with legislation – this required meetings with members of the department of health to assist us in Registering SHAWCO as a Health Organisation [in accordance with section 22A (15) of the Medicine and related substances control amendment act] and Pharmacy
- Storing and transporting drugs correctly – a new pharmacy unit was established with new storage devices, correct surfaces and temperature monitoring device as well as correct methods of transporting supplies to clinics.
- Dispensing medication correctly- including a review of the drug list, correct labels and monitoring the use of the drugs

Electronic Data capturing system:

During 2007 & 2008, different students had been researching different Practice Management software packages available so that we could keep track of our volunteers, patients and drug dispensing electronically. In the beginning of 2009, more discussions with software developers took place, during which process it became clear that this kind of system would just not be financially viable to sustain. Instead, a student on SHAWCO Health's Steering Committee developed a very simple Excel programme which could track all of this information and provide us with invaluable statistics on our patients, our dispensing practices and the dynamics around volunteering. With the help of 2 Dell laptops which had been donated to SHAWCO Health by Deloitte, we were able to implement this system on all our clinics during 2009. This has meant less time spent by SHAWCO staff members in capturing hard copy data, and has made it possible for us to examine data and make changes immediately based on the data. This has been an essential addition to Health this year and will be of huge benefit for years to come.

Collaboration with UCT:

2009 has seen a growing relationship with UCT. Aspects of Shawco Health are being integrated into the curriculum: Currently the 6th year medical students are required to attend 2 Shawco clinics as part of their Family medicine training, 3rd year students have to include at least one SHAWCO patient in their portfolio and the new Screening Paediatric Clinic has now been incorporated into the 5th year MBChB Paediatric curriculum.

The Faculty of Health Sciences also utilised SHAWCO's mobile clinics during the day at various sites that students visit due to a lack of structural space for the students. The 4th Year Ambulatory Medicine programme at Site B in Khayelitsha has made use of Big Mama for 4 days a week, while the 6th year Family Medicine programme has used the smaller mobiles at Hanover Park CHC, Mitchells Plain CHC and Retreat CHC. It is wonderful to know that, even while our students are busy with their course work in the day time, SHAWCO Health is still contributing to the health of various communities through sharing its resources with other Health care providers. This successful partnership (as well as GrandWest CSI's involvement) was showcased in an article in the Monday Paper and we hope it will lead to more collaborations of this sort between other parties in the future.

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 4806 patients we saw in 2009, an approximate 68% were female. Of the males, 56% of them were under 13 years of age, which means that teenage males and grown men only account for 13% of all patients seen on our clinics. This is clearly a significant gap. Whether we, as a team, will start focusing more on Women and Child Health (given that 87% of our patients fit into this category) or will improve our marketing to males in our clinic areas, is up for discussion. What is not up for discussion is the need to increase the amount of males seeking medical help for Sexually Transmitted Infections (STIs) – SHAWCO sees mainly females who, if their partners are not treated, are only getting reinfected each time they have sexual intercourse. We hope to target this issue actively in 2010.

SHAWCO has a wonderful mix of students attending our clinics. As stated above, SHAWCO students all gain invaluable management skills through coordinating and running clinics. On clinics, clinical students (4th – 6th years) teach pre-clinical students how to examine patients, thus building on their practical experience while they are still learning theory through UCT. The relationships that develop between the students in different years is also greatly beneficial to the individuals involved, as pre-clinical students can seek out their more experienced

counterparts for informal tutorials or practicals or advice on past examinations. SHAWCO students report year after year that the experience and knowledge gained through their involvement in SHAWCO has contributed immeasurably

In our letter for GrandWest CSI's BBBEE report for July 2008 –June 2009, we mentioned that we do not keep track of the racial or gender profile of our volunteers. We were subsequently informed that we *had* to report on this for an overseas funding proposal, so – with gritted teeth – we put on our “race goggles” and categorised our students using the old Apartheid classification system (but not the methods of classification!). We can therefore give you the following statistics regarding our student volunteers (not including international students):

Total	Female	Male	Black	White	Coloured/Indian	Asian	Disabled
n = 535	327	177	182	188	130	22	Unknown
Percentages	61%	39%	34%	35%	24%	4%	

Given the fact that we did not enjoy this exercise and that this exercise, in fact, only helps to reflect on a categorisation of skin colour as developed by the Apartheid regime, not on Socio-Economic Status, or an index of opportunities given and used, SHAWCO will, from now on, be adopting either one of the Dulux or Cadbury's indices – using different codes of paint palettes or different types of chocolates to classify our volunteers. We hope this will start a general, more tasteful (and tasty!) way of reporting on skin colour until we can develop other indices to measure disadvantage.

In Closing:

We have mentioned it in previous reports, but truly the impact of having sustained funding cannot be overemphasised. GrandWest CSI's funding and support have allowed our sector to expand and extend our services as well as improve the quality of the volunteer student and doctor experience – all of which contribute to the overall sustainability of our services.

Thank you so much to the team at GrandWest CSI, most especially Heidi Abrahams, for their ongoing support and enthusiasm for what we do.