

COMMUNITY SERVICE

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KWA DABEKA CLINIC / BOTHAS HILL PHCC

Amidst much controversy and confusion, community service for pharmacy graduates became a reality late...late... last year. A year later, community service has become widely accepted, even by the greatest of skeptics. Personally, I was neither surprised nor dismayed at having to serve 1-year community service but I never quite understood its value until now.

I was appointed as a Community Service Pharmacist (CSP) at KWA DABEKA CLINIC (KDC). Having grown-up in Durban all of my life, I have never heard of the clinic or the township where the clinic is located. Naturally, my initial concerns were for my safety and I am sure most of my colleagues' experienced similar feelings when allocated their posts, especially those given post in the "middle of nowhere." The safety issue is something beyond our control. After all, we live in South Africa and crime has become part of everyday life. However, I must admit Kwa Dabeka is not as bad as I had presumed it would be. Army raids on the hostels surrounding the clinic are common, but I am extremely grateful that to date, my safety has not been threatened in anyway.

I never knew what to expect on my first day at Kwa Dabeka. The clinic, much to my surprise, has been extremely well maintained over the years and has excellent facilities including a "state of the art" ultra-sound unit. KDC provides comprehensive primary health care, covering everything from immunization to the treatment of minor medical conditions. At the moment there is only one full-time doctor employed at the clinic while 2 locum doctors also render their services. A psychiatrist, dentist and an ophthalmologist visit the clinic on a regular basis, thus providing some form of specialized health care. Recently the ECI (Enhancing Care Initiative) programme has been launched at the clinic with the employment of a medical officer and the introduction of the Diflucan partnership programme. This was launched to attend to the growing needs of HIV / AIDS patients. The pharmacy forms an integral part of the clinic and is a hub of activity. It not only caters for approx 4500 outpatients a month but also serves 8 other clinics in the outer west region of Durban. We are required to monitor the orders made by these clinics as well as supply them with their chronic medication (6 month scripts).

Two months into my community service, I was relocated to Bothas Hill Health Center. This PHCC is located on the premises of Valley Trust, approximately 45 minutes from central Durban. The clinic has the most beautiful of settings and is part of the Valley of Thousand Hills Tourism Experience. Although working in a PHCC can get pretty lonely at times, there are many advantages. One has the opportunity to get actively involved in the daily running of the clinic. I was not only responsible for managing the dispensary but I was also part of the clinics management committee. I found this to be extremely enlightening. I also had the pleasure of entertaining the final year B.PHARM students from UDW, who use to visit the clinic for their weekly PPR rounds. I must add that their presence really livened up the place.

After much confusion with regard to the status of Bothas Hill, I have been recalled to KDC. For the past couple of months, I have been working as sort of a "district" pharmacist visiting the various clinics under our control together with our pharmacy

assistants. Our aim for visiting the clinics was primarily to try and promote better stock control, as drug wastage was highly prevalent. We have made considerable progress to date and I hope this something that can continue for years to come. I have also been actively involved in the Primary Medical Skills Course offered to nurses in the region. The course was designed to improve the clinical skills of the nurses with respect to nurses diagnosing and prescribing.

I have no reason to be dissatisfied with my community service thus far; in fact I have been extremely fortunate. Both the clinics that I have worked in were within traveling distance from home, thus I did not have the major hassle of finding accommodation and acclimatizing to a totally different environment from the one that I have grown up in. I guess fending for yourself makes you a better and stronger person, but many of my friends who have been sent out, tend to disagree. I have also been fortunate in that I have one of my classmates working with me. We have loads of fun dealing with the many challenges we are faced with on a daily basis.

The past 6 months has been somewhat of an adventure. I have traveled through dirt roads and at times "no roads," exploring the areas in which I have worked in. I have been to places I never dreamt of and even got lost one morning, in a taxi in the heart of Kwa Dabeka Township. What more could I have asked for? I have met and worked with some wonderful people and learnt about different cultures and traditions. I have picked up a bit of Zulu but more importantly I have gained valuable experience. I have also acquired some managerial skills, which I hope will benefit me later on.

Community service is not all plain sailing. Each day presents with new challenges like trying to improve the image of pharmacy in the clinic, learning how to implement the EDL & making the best of limited space. The important thing is that you learn to cope. Presently our biggest challenge is to sort out the chronic scripts for our outlying clinics. The only available Dr has recently resigned, creating a huge problem trying to get the scripts reviewed. Although this is a problem for the DOH, we are required to find a short-term solution, as it will be a while before the matter is resolved. I feel CSPs form an important link in the health system. They can provide valuable drug information to Doctors and especially sisters at a primary health care level.

Community service is what you make of it. It can simply be an extension of your internship, but if you wish you could make it an experience you will long cherish. I have learnt allot over the past couple of months. I have developed not only as a pharmacist but also as a person. Hopefully every CSP will benefit from community service as I have, provided that the DOH learns from its mistakes and iron out all the difficulties experienced by CSPs this year.

Community service is definitely the way to go! We can make a difference!