The Amurt Ahanang New Primary Health Care Project

Dr E Schultz July 1999

Dr Robbie Potenza asked me to assist in preparing a budget proposal for the re-structured Amurt Ahanang project run by the Amanda Marga Universal Relief Team [AMURT] in Orange Farm.

This document outlines the guiding principles, policy framework, operational methodology, required resources and measurable targets of the proposed new structure. The financial implications of these will form the basis of a budget proposal. In the document several assumptions on the relationship between Amurt Ahanang and AMURT are made. These are deliberately included as reminders to what needs to be clarified.

INTRODUCTION

PRINCIPLES

1 The Amurt Ahanang project will function as a primary health care facility as defined by the World Health Organization.[1]

2 It will therefore operate according to the Alma Ata Declaration.[2]

3 The service will be centred on the household or family and will conform to the discipline of family medicine.[3] There will be continuity of care. No vertical programmes will be run.

4 The Amurt Ahanang project will operate according to the principles of community oriented primary care.[4] This means that the service will be targeted at people living in a specified geographic area close to the Amurt Ahanang clinic. The demographic, medical and socio-economic features of these people [target population] will be known.

FRAMEWORK

1 team work

1.1 Clinical staff members will work in area-based teams. The population served by a team would be a subset of the target population served by the project as a whole. A team's service area will not straddle any census tract/enumerator area boundary.

1.2 Each clinical team will be primarily accountable to its own population subset and will be responsive to its particular needs.

1.3 Each clinical team will consist of a doctor who will serve on more than 1 team, 2 full-time registered nurses only one could be a nurse clinician and several part-time community health workers.

2 other staff

2.1 Other professionals will assist the service as a whole on a part-time basis, either as employees or in a voluntary capacity.

2.2 There will be one full-time administrative officer and one full-time house-keeper on the Amurt Ahanang staff. As the service expands administrative and house-keeping assistants may need to be employed.

2.3 Other categories of non-medical personnel could be recruited in a voluntary or paid part-time capacity or they may accept an offer to rent accommodation in the clinic or to work privately in the community while maintaining a formal relationship with Amurt Ahanang.

3 medicines

3.1 A Pharmacy and Therapeutic committee will draft and regularly update Amurt Ahanang's own EDL [Essential Drug List]. Only drugs and vaccines on this list will be prescribed, dispensed and issued.

3.2 Patients will pay for medicines dispensed and issued at Amurt Ahanang. There will be no mark-up or handling fee on any item.

3.3 All legislation on storing, labeling, prescribing, dispensing, issuing and record keeping will be strictly observed.

4 tests - special investigations

4.1 Only tests from a regularly up-dated list will be permitted. These will either be done at the point of care or at a contracted facility.

4.2 Patients on medical aid will be charged at BHF rates. No charges will be levied on other patients.

5 community outreach and health education

5.1 Data on the medical and socio-economic features of the target population, obtained from official and other publications, special surveys, focus group discussions and from local common knowledge, will be used for needs assessment, service planning and service impact evaluation.

The needs of the target population will also be assessed at regular meetings between the community and Amurt Ahanang and from in-house reports, complemented if necessary with data collected by ad hoc surveys.

5.2 Education in health promotion and protection, disease prevention and management, including patient self-care and on when and where to seek help will be directed at the target population's needs.

5.3 The Amurt Ahanang project will be linked to the other programmes run by AMURT in Orange Farm. It will also co-operate with all organisations and individuals providing medical and related services at Orange Farm.

6 records, information systems and protocols

6.1 A customised information system will be used to manage patient records and to document, monitor and evaluate the pattern of patient morbidity, resource utilisation, operational processes and project outcomes. Regular reports will be given to the staff and to the AMURT administration.

6.2 Protocols for diagnosis, patient management and administration will be developed. Adherence to the protocols can be monitored via the service information system of which they would be an essential element.

7 administration and development

7.1 First level control will be vested in the clinic staff but policy decisions will be taken by the AMURT governing body. Control of finance will also rest with it. body.

7.2 There is no time limit to the project but it will be modified, according to the recommendations of regular service evaluations and needs assessments.

8 finance

8.1 Amurt Ahanang will be a non-profit project. It will be financed from user fees [service, medicines and tests], from donations and from public funds in lieu of services or as rebates, grants and subsidies.

8.2 User-fees will be structured to facilitate and encourage appropriate utilisation. There will be discounts on selected items. Special service-related discounts will be available and selected patients will qualify for discounts. Some services and items will be provided free of charge.

8.3 Patients belonging to a medical aid will be charged at the BHF rate.

8.4 The service fee will be replaced with an annual or bi-annual subscription when the credibility of the service has been established.

RESOURCES

PHYSICAL RESOURCES

1 clinic building

I do not know what the contractual financial basis of the relationship between the AMURT establishment and Amurt Ahanang is/will be. Is the building to be rented from AMURT or will it belong to Amurt Ahanang? If it is to be rented will the rental be a nominal or realistic amount? The following assumptions have been made:

1. The building will be rented from AMURT.
2. A formal lease will be signed.
3. A market-related rent will be paid.
4. AMURT will implement at its own expense minor structural changes that may be indicated to improve functionality.
5. These changes will be completed before the clinic is commissioned.
6. The cost of maintaining the building will be born by AMURT.

2 clinic furniture and equipment

An inventory of current stock will be done. Amurt Ahanang will buy the existing furniture and equipment from AMURT at cost. Amurt Ahanang will buy additional furniture and equipment as and when required and before commissioning.

1 furniture

Existing furniture will be used. Further purchases will be made so that the following are provided:

<u>in each consulting room</u>

- desk and 3 chairs [1 for care-provider, 1 for patient, 1 for patient carer, student or consulting care-provider/second opinion
- examination couch
- steps to access couch
- lockable cupboard for medicines and clinical equipment
- tall coat locker for personal effects
- screen or curtain to screen off the examination couch
- low locker for the examination couch
- window blind to cut out natural light
- stainless steel rubbish bin with pedal-operated lid
- waste paper basket
- a bench outside for waiting patients

<u>dressing room</u>

- as for consulting room + work table/bench

casualty

- as for consulting room but more of some +
- instrument trolley x 2
- wheelchair
- mobile hospital beds such as the ones in stock will serve as examination couches cum stretchers

drug and MSS store room

- fridge - for vaccines and certain drugs and [?] MSS
- desk and 2 chairs
- work table/bench for packing medicine and 2 chairs
- lockable cupboard for habit forming drugs
- book-case for reference manuals and stationery etc
- stainless steel rubbish bin with pedal-operated lid
- waste paper basket
- tall coat locker for personal effects

reception area/office

- large desk and 2 chairs
- work table/bench for fax and photo-copier machines and for collation
- safe or equivalent fixed to the floor or wall for long-term storage of computer back-up discs

kitchen

If the kitchen is fully fitted out with cupboards and working surfaces the only other items of furniture will be 2 rubbish bins for separating bio-degradable waste from other waste. If it is not fitted out then furniture may have to be bought or appropriate fittings installed.

staff room

- 10-seater dining room table and 10 chairs
- perhaps a few arm chairs
- perhaps a few small coffee tables
- waste paper basket

2 clinical equipment

Existing clinical equipment will be used. Further purchases will be made so that the following are available. Staff will supply their own stethoscopes.

- cool boxes – for field storage of vaccines
- fridge – for bulk storage of vaccines and selected drugs x 1
- scales infant and adult x 2 each

- thermometers
- vaginal speculums x 4
- sphygmomanometers [BP measuring machines] x 4
- diagnostic sets [including ophthalmoscopes] x 3
- microscope x 1
- SG urine manometer x 1
- glucometers x 2
- haemoglobinometer x 2

3 administrative equipment

Existing administrative equipment will be used. Further purchases will be made so that the following are available:

<u>electronic equipment</u>

- 1 computer with sufficient capacity to operate Microsoft Office 97, a Zip drive with 10 x 100 megabyte discs for data storage and back-up and an external modem for use in the reception area.

- A second computer with a Zip drive, 2 discs and an external modem for use in the store-room.

- 1 small printer could be useful but is not essential.
- 1 fax machine could be useful but is not essential.
- 1 [small] photo-copier

<u>telephones</u>

There will be 2 private telephone lines

- one with an extension in each consulting room
- the other line for fax and internet use in reception area and in stores

The lines will be independent of the AMURT telephone system. There will be a small central exchange in the reception area. All calls will be regulated to ensure appropriate and accountable work-related use only.

There will be 4 public telephones for use by staff for personal out-going calls and for patients.

- 2 inside the building
- 2 outside the building

<u>miscellaneous</u>

- 1 stand-alone black-board for flexible use [wherever needed] and 1 wall-mounted black-board in the trauma/casualty section. These will be used for ad hoc notices and for patient and staff education and information.

- Wall-mounted soft-boards for notices and posters [see stationery]
- stationary racks – 2 [IN and OUT] for each working area
- strong boxes with number coded locks – 2 for each money handler

4 house-keeping equipment

Existing equipment will be used. Further purchases will be made so that the following are available:

- stove [? built-in i.e. part of the building]
- fridge for storing food
- crockery and cutlery
- cooking and baking pots and pans etc.
- vacuum broom
- bucket, mops, dusters, rags, ……
- heavy duty washing machine and dryer [separate units]
- hot water urns – 2 [for staff room and patients]
- cold water dispensers – 2 [as for hot water urns]

3 linen

1 staff uniforms

Doctors will be provided with white coats which they will be expected to wear on duty. The house-keeper staff will be provided with overalls. A clean apron will be an optional extra. Nurses will supply their own uniforms which they will be expected to wear on duty. If the nurses elect to wear a white coat <u>over</u> their nurse's uniform a clean coat will be supplied to them also. The pharmacist will use a provided white coat if s/he so desires. The admin officer and will not be provided with an overall or a uniform. Protective gowns will be available for use in special situations.

The following will therefore be needed:

- white coats, overalls, aprons and protective gowns

2 other items:

- sheets and pillow-cases
- pillows and blankets
- and patient gowns
- curtains and screens

HUMAN RESOURCES

1 the clinical team

<u>number of teams</u>

The number of teams will depend on the total area to be served.

<u>members</u>

A clinical team will consist of 1 doctor, 2 nurses and several community health workers [CHWs]. The doctor may serve on more than 1 team The number of CHWs employed per team will depend on the hours each CHW will contract to work and the size of the population subset served by the team.

<u>description and responsibilities of team members</u>

1 doctor

The doctor will be employed on a full-time basis and will be responsible primarily for curative functions. If the doctor is unable to function without an interpreter such a person would have to be employed.

the doctor will be responsible for:

- curative care
- management of patients with severe and/or complicated chronic diseases and pregnancy-related conditions
- assisting in emergency care of casualty patients
- clinical consultations with the nurse clinician
- participation in the PNT committee
- liaison with medical and paramedical consultants
- in-service training
- protocol development and review

2 registered nurses

The nurses in the team will be employed on a full-time basis. Both can be registered nurses with no further qualifications. Only one can be a nurse clinician; neither will be an assistant nurse or enrolled nursing assistant.

The nurse clinician will be responsible for:

- emergency services
- chronic disease care
- comprehensive family planning
- pre-pregnancy care
- geriatric health

The registered nurse will be responsible for:

- minor injuries
- ante-natal and post-natal care
- well baby care
- adolescents' health
- child, woman and elderly abuse
- special investigations - other than point of care tests
- patient education
- supervision and training of community health workers

No interpreter is envisaged for them because they must be able to communicate freely with their patients in the patients' own language.

3 Community health workers [CHWs]

They will be employed to work according to individually negotiated contracts but not more than 8 hours [calculated without lunch] per day. Each CHW will look after a specific section of her/his team's population subset. The number of CHWs per team will therefore depend on the size of the team's population subset. There will also be at any one time a pool of trained CHWs who will be available for temporary locum tenens work.

The CHWs will visit patients referred by the clinic to provide personal care in the following areas:

- advice and education on medical self-care
- disabled support and rehabilitation – both patient and care provider
- DOTS for TB
- family support as part of the UFHP programme
- frail support – both patient and care provider
- home nursing
- hospice care [care of the dying]
- post-natal care of both mother and baby during first week
- substance abuse control

Other people who may be in need of care will also be visited and then encouraged to attend the clinic – even accompanied if necessary. CHWs will also plan and implement community health programmes

2 other medical professionals

Other medical professionals could act as volunteer consultants or as part-time paid or voluntary care providers. The following are referred to:

1 Medical consultants/specialists

It is useful to have access even during the planning phase to a panel of specialists in either the public or private sector whose advise can be sought.

2 A part-time pharmacist.

It is essential that a registered pharmacist be attached to the staff on a part-time basis. S/he would:

- manage all purchases, deliveries and donations
- ensure that orders are timeously placed so that stocks never run out
- be responsible for drug pre-packing
- monitor the use of medicines
- advise on drug interactions
- advise on medicine abuse
- ensure that the drug-handling regulations are adhered to
- chair the PNT committee and
- assist in staff training and patient education.

3 physiotherapist

A physiotherapist will be invited to join the staff in a part-time capacity either as a volunteer or as an employee to act as a consultant and teacher/trainer.

4 health inspectors

They are most valuable and useful. However if there are health inspectors in Orange Farm it would not be necessary to have any attached to the Amurt Ahanang staff. They will however be accessible for advice and joint activities and to assist in CHW training and patient education.

5 optometrist

An optometrist will see patients by appointment on-site in premises rented from the clinic. S/he will also assist in CHW training and patient education. Staff from St John's Hospital now offer such a service.

6 podiatrists, dental hygienists and other paramedics

These and other professional clinical or paramedical staff could also rent premises at the clinic. They will also assist in CHW training and patient education.

7 students in any of the above disciplines

Medical, nursing and other students and trainees could under supervision of their own teachers and trainers be deployed without remuneration. They and their supervisors will be expected to assist in patient education.

8 first aid workers and trainees

These volunteer workers will be encouraged to work in the casualty section. Their operative supervisor or senior will be accountable to the nurse on duty. They will be encouraged to assist in CHW training and patient education.

3 non-medical staff

1 administrative officer

There will be one full-time administrative officer who will act as a:

- public relations officer
- receptionist
- register and computer officer
- stock control officer
- medicine packer
- finance manager
- almoner
- patient educator [in particular how to use the Amurt Ahanang facilities]

2 house-keeper

There will be one full-time house-keeper who will act as a:

- general cleaner
- waste disposal manager
- laundry manager
- physical resource manager
- security officer
- caterer
- patient educator [particular in household management and cleanliness]

The house-keeper will almost certainly need an assistant.

4 other staff

Other categories of non-medical personnel could be recruited in a voluntary or paid part-time capacity or they may accept an offer to rent accommodation in the clinic or to work privately in the community while maintaining a formal relationship with Amurt Ahanang. Such people include:

- a social worker
- an accountant
- a legal consultant
- a youth development officer
- a substance abuse counsellor
- a spiritual healer
- a professional or semi-professional patient educator

PROCESSES

STAFF DEPLOYMENT AND EMPLOYMENT

1 staff recruitment

Currently employed staff will also be expected to apply. Preference will be given to them if they meet all the requirements.

post advertising

1. All posts will be advertised in medical and nursing journals, on local notice-boards and other local information distribution sites and systems and possibly also in selected newspapers and the internet.

2. All adverts will outline the philosophy of Amurt Ahanang.

3. The advert will mention the probation period and all the selection criteria.

selection criteria

1. Applicants for the posts of nursing, community health work, administration and house-keeping must be able to converse fluently in the dominant language/s spoken in the target area

2. Applicants must be sensitive to and aware of the local culture and history.

3. All applicants must have some competence in arithmetic – at least an ability to add and subtract - and must be able to read and write. All applicants must understand English and be able to speak it.

4. Applicants will be expected to write an essay in any language on their reasons for applying for this particular job.

5. Previously politically disadvantaged individuals, females and the disabled will presumably be given preference. The elderly will not be discriminated against.

Short-listed applicants will be interviewed by AMURT staff members.

pre and post employment medical examination

The objective is not to discriminate against any applicant on account of ill health with one exception [see item 1 below] but to:

- protect both the employer and the employee in the event of a dispute re an illness contracted while employed
- establish a base-line in the event of a claim under the WCA.
- identify risk factors for medical conditions so as to reduce/remove them
- identify pre-clinical or asymptomatic disease so as to treat them

Special consideration will apply as follows:

1 Where an applicant is found to be suffering from sputum-positive PTB s/he will not be employed at this stage. The applicant will be able to re-apply on sputum-conversion if the post is still available.

2 Applicants who are found to suffer from obesity, hypertension, diabetes, asthma, epilepsy or any other chronic condition including HIV/AIDS and sputum-negative TB will be employed provided that they undertake to comply fully with all drug and non-drug medical prescriptions.

3 Applicants who are found to be HIV positive will have to undertake to maintain the necessary precautions against infecting others when handling patients and in their private lives.

4 Applicants who use tobacco or abuse of any other habit-forming recreational substance, including alcohol, will be identified and advised and assisted to stop these habits.

Pre and post-employment medical examinations will be done by an independent medical practitioner at the expense of Amurt Ahanang.

<u>probation</u>

Before an appointment is confirmed there will be a probation period of 3 months. The probationer will have to show that s/he:

- rates well in the education and training assessments [see above]
- performs satisfactorily as judged from patient records
- maintains good inter-personal relations with colleagues and patients
- complies fully with all medical prescriptions
- does not smoke nor abuse any addictive substance
- has not been found guilty in any disciplinary hearing

2 salaries

1 The annual salary of all employees will be at least the same as that applicable to state employees in similar service categories.

2 Salaries will escalate by 5% above the annual inflation rate or by an amount as negotiated by the applicable trade union for its members whichever is the higher. This will be effected either annually [from date of appointment] or at the time stipulated in the trade union agreement whichever is the earlier

3 There will not be a 13th cheque

4 Annual bonuses may be paid to team members [not to individuals] as an incentive to the teams. The criteria will be reviewed annually and made known up-front to the staff.

5 All salaries will be paid electronically into the employee's bank account.

3 perks, contributions and deductions

A legally binding employment contract will stipulate the rights and obligations of the employer [Amurt Ahanang] and the employees. This section refers only to the staff members as defined above and the pharmacist.

The following will be offered because they are either legally required or trade union negotiated rights, or they provide a competitive edge over other employers, or they could increase productivity and staff morale and because it is morally right to do so.

- medical aid and WCA contributions
- unemployment insurance [UEI] contributions
- paid sick, holiday and study leave
- other paid leave [maternity, paternity and dependent care leave]
- housing subsidies
- transport allowances while on duty

4 training, CME and formal study

<u>initial training</u>

Before patients will be admitted to the new service all the staff members* will participate in an intensive 2-week training programme.

1 There will be a formal approved curriculum with theoretical and practical components.

2 Notes will be provided.

3 A formal assessment will be made at the end of the training period. Those who do not perform adequately will be expected to repeat the assessment within 4 weeks. For those who still do not perform satisfactorily a further assessment will be made 2 – 3 months later.

<u>in-service training</u>

1 In-service training will take place with every professional encounter between staff members.

2 Every Wednesday afternoon there will be a meeting of all staff members. The computer generated reports of the previous week will be formally reviewed at these meetings as part also of in-service training.

3 The monthly PNT committee meetings offer another opportunity for training.

Continued Medical Education [CME]

1 There will be a CME programme directed by the resident doctor.

2 CME sessions will also take place at the Wednesday afternoon meetings.

3 All staff members* will be expected to attend. Part-time and voluntary Amurt Ahanang personnel will be encouraged to participate.

4 Non-Amurt Ahanang lecturers may be invited to participate in the CME sessions. They will be paid if necessary.

5 Each session will last at least 40 minutes but not more than 1 hour.

6 Formal assessments will be made quarterly and marks awarded.

formal study and conferences etc

1 One week paid study leave will be granted for formal study to:

- complete schooling
- towards obtaining diplomas and degrees in any subject

2 Staff members like doctors who will be or are obliged by law to obtain formal CME credits could use their study leave allowances to obtain these.

3 Participation and attendance at conferences, lectures, seminars and workshops will be encouraged but will not be funded.

* in this section staff member refers only to team members, the administration officer/s and the house-keeper/s.

5 hours of duty

All full-time staff will work a 45-hour week. Thirty minutes for morning tea and 45 minutes for lunch will be allowed. Afternoon refreshments have not been timed.

house-keeper and assistant

They will be on duty from 0730 hours until 1800 hours every day except on weekends and public holidays. Each will take 90 minutes off at any time during each day provided that there is always one person on duty

other staff members

Other staff members will be on duty from 0800 until 1700 hours every day except weekends and public holidays.

6 locum tenens

When a full-time staff member is not on duty a locum tenens will be employed. The following arrangements will be made:

administrative staff

An under-study from the AMURT general staff will cover the absence of the administration officer, the housekeeper or the house-keeper's assistant for any period exceeding 4 hours.

pharmacist

A locum will be employed immediately or as soon as possible thereafter to attend to the pharmacist's duties. Until the locum is available the doctor will cover.

community health workers [CHW]

Other CHWs in the team will attend to the patients of a colleague when off duty for a period not exceeding 2 days. They will be appropriately recompensed according to the extra work-load. A locum tenens from a pool of trained CHWs will be employed for longer absences.

other clinical staff and members of a clinical team

A locum will be employed immediately or as soon as possible thereafter to attend to the patients of other clinical staff members absent for any reason whatsoever.

7 Discipline and dispute resolution

1 Episodes that may require disciplinary investigation will be reported anonymously by patients and staff.

2 All disciplinary transgressions and disputes will initially be dealt with internally by Amurt Ahanang. If the matter cannot be resolved it will be referred to the AMURT administration.

3 A report on all issues will be given to AMURT on presentation, on conclusion and in addition when requested by AMURT.

4 The person against whom disciplinary action has been taken by Amurt Ahanang can appeal to the AMURT administration for a review. The decision of the latter will be final.

8 dismissals, retrenchments and resignations

1 Legislation and negotiated trade union arrangements re mechanisms for dismissals, retrenchments and resignations will be applied.

2 Criteria for staff dismissals, retrenchments and resignations will be clearly noted and initialed by both parties in an employment contract

3 One of these criteria will be that an employee who violates any of the restrictions on tobacco use and substance abuse or restrictions on unsafe behaviour if HIV positive will be summarily dismissed.

PATIENT ENROLMENT AND CARE

1 patients, users, clients

<u>target area</u>

1 An area within about 20 minutes walking time of the Amurt Ahanang clinic will form the target area.

2 The boundaries of the target area must be the same as the boundaries of census tracts/enumerator areas [EAs].

3 From these census reports denominator and other population data of the target area can be accessed.

<u>target population</u>

1 The people living in the target area will constitute the potential target population that will be the primary focus of Amurt Ahanang services.

2 One clinical team will serve a subset of the final target population.

3 The population subset served by a clinical team will live in an area with the same boundaries of 1 or more EAs. The size of a subset will depend on the:

- size of the clinical team [see above]
- population density of the enumerator area/s
- health status and medical care needs of the population subset
- availability and utilisation of other medical care services

4 The size of the final target population will depend on the number of teams that Amurt Ahanang can field in the target area.

An operative figure will be calculated from service parameters and practice policies such as hours of operation, staff job responsibilities and case mix etc.

<u>other patients</u>

1 All the children attending the AMURT school and their families even if they do not stay in an area served by an Amurt Ahanang team will be encouraged to participate in the Amurt Ahanang programme.

2 Where possible a special attempt will be made to provide them with components of the outreach programme. This will depend on the distance between their homes and the home/s of the community health worker/s [CHW/s]. Public transport will be used. If the CHW uses her/his own vehicle, s/he will only be reimbursed at public transport rates.

3 Attendance at the clinic by other people from other areas will not be encouraged but will not be prohibited. They will not be provided with outreach services.

4 People who live outside the target area and use the fixed clinic facilities may necessitate a reduction in the size of 1 target population subset to accommodate the outsiders without compromising the staff/patient ratio. A team dedicated to serve them only will be deployed if the number of such patients is high and warrants it.

2 patient registration

There will be a computer based demographic register. The data on the this register will be secured against breaches of confidentiality.

1 Demographic data on new patients will be entered directly onto the computer register by the admin officer.

2 If a patient is first seen by a CHW at her/his home without having been registered the patient will be advised to register within 1 week at the clinic either in person or by proxy. The CHW can act as the proxy if there is nobody else and the patient is house-bound.

3 The patient will be given a clinic number and a household number.

4 Data will be updated every year directly onto the computer. The patient will be sent to the admin officer for data checking by the care-provider on an annual basis or the patient can present her/himself independently.

5 The data will also be updated whenever a change has occurred.

6 If the patient's record card and number is lost the admin officer will trace the computer record and issue the patient with a duplicate card after updating the data on the computer. The care-provider will charge the patient a nominal fee for the duplicate card.

patient appointments

Appointment registers will be drawn daily from the computer by the admin officer.

CLINICAL SERVICES

Some of the services that will be offered at Amurt Ahanang will be stand-alone services; most will be composite services. All will be guided by protocols.

Clinical protocols

All diagnoses, tests, non-drug and drug treatment schedules and referrals will be guided by protocols.

<u>drafting the protocols</u>

1 Clinical protocols will be prepared by the doctor after consulting with clinical consultants and the rest of the Amurt Ahanang clinical staff.

2 National protocols will be followed if locally appropriate or will be modified to make them so.

3 Intervention costs will be taken into account when drafting the protocols but the over-riding economic consideration will be cost-effectiveness.

4 The clinical protocols will be reviewed at least annually by the doctor after consulting with consultants and the rest of the Amurt Ahanang clinical staff.

<u>Other considerations</u>

1 Staff will be trained in the use of the protocols on recruitment and on an on-going basis thereafter.

2 Compliance with the protocols will be monitored by the computer information system and will be discussed at staff meetings.

3 Disciplinary action will be taken against staff members who deliberately and repeatedly flaunt the protocols.

Types of services - in alphabetic order.

1 ante-natal care [ANC]

Ante-natal care starts when pregnancy starts and ends with delivery i.e. at the end of pregnancy. The ANC programme will be problem-oriented and outcomes-based. This means that the programme will concentrate on the determinants of bad and good outcomes assumed to be operative in the target population.

The ANC programme will therefore comprise:

1 substance abuse control [see below]
2 nutrition advise and support [including monitoring] of:

macro-nutrient intake: high in <u>complex</u> carbohydrate [not sugars]

	low in saturated fat adequate in mono- and poly-unsaturated fat adequate in protein
vitamin intake:	high in vitamin A and folic acid
mineral intake:	high in calcium, iron and iodine adequate in potassium and magnesium low sodium
roughage and water:	adequate - high intake
supplementation:	iron and folic acid

2 the management of STDs [see below]

3 prevention and treatment of other pre-exiting and coincidental diseases:

anaemia
genito-urinary tract infections
obesity and excessive weight gain
hypertension
pre-eclampsia
gestational and frank diabetes
epilepsy and asthma
other chronic conditions like TB and +ve HIV status

4 monitoring of general health with emphasis on:

blood pressure
weight
haemoglobin level
physical fitness
emotional and social well-being

5 monitoring of the foetus:

fundal height
movement
heart rate
position/lie and cephalo-pelvic ratio

6 preparation for child-birth and child-rearing –
group discussions including fathers

general and specific physical exercises
relaxation training
mother and child nutrition
mother and child bonding
father's roles

child's physical growth and mental development
sibling rivalry
mother's return to formal employment outside the home
crèches and nursery schools

Sonars will NOT be done nor any X-rays ordered for the pregnancy per se.

2 chronic disease care [CDC]

Common chronic conditions such as chronic obstructive lung disease, diabetes, epilepsy and hypertension will be monitored according to a highly structured programme with an emphasis on patient empowerment, non-drug management, excellent compliance and secondary prevention in a family context.

After a full first examination by the nurse clinician patients will be seen by appointment every 4 weeks until well-controlled and there-after at longer intervals if preferred. Patients will be encouraged to attend dedicated discussions either before or after their visit to the nurse clinician and/or at special group sessions. Compliance with non-drug and drug treatment will be monitored and reinforced at each routine visit and disease progress charted. Patients will be re-examined annually.

The resident doctor will look after those patients who are in heart failure or whose renal function is impaired. S/he will consult on any CDC patient.

3 education of patients [patient health education]

Patient education will be a critical component of Amurt Ahanang's work.
Patients will be empowered through knowledge to participate in their own care.

<u>methods</u>

1 In the clinic and in the patients' homes mutually respectful discussions will be the primary educational method. This will be reinforced with posters, hand-outs and audio-visual presentations, music, etc but not videos.

2 Community-based education will take the form of discussions, lectures, films, theatre, road shows, street parties, sporting events, competitions and group activities such as health festivals, fun runs, tree-planting events, environment cleaning parties, etc.

<u>in the clinic - where, when and who</u>

1 Group discussions will take place while the patients are waiting to be seen In the clinic.

2 These discussions will be led routinely by one of the CHWs who will be expected to spend 1 day every 7 – 10 days in the clinic according to a fixed roster.

3 Other staff members will also lead or participate in group education discussions – see HUMAN RESOURCES.

4 A staff member will be allocated to patient education duties on a rotating basis to cover the time when the rest of the staff are having tea or lunch.

5 Every contact however short between a patient and any Amurt Ahanang staff member will also be used for individual discussion/education

subjects - in alphabetic order

These have been arranged alphabetically but their obvious and real inter-relationships will govern usage; in other words – mix and match.

- abuse of children, women, the disabled and the elderly
- AIDS
- cause of disease - chain and web of causality
- child-rearing and parenting
- chronic disease prevention and care
- depression
- emergency first-aid
- environmental protection
- exercise and rehabilitation
- food preparation and home economics
- household management and cleanliness
- how to use the Amurt Ahanang facilities
- medical self-care
- nutrition [adults and children, over and under, micro and macro]
- road safety
- sexuality and STDs
- substance abuse including alcohol, tobacco and medicines
- teen-age pregnancy
- water safety

4 emergency care

Emergency care will be run by the registered nurse.

hours of operation and access

1 There will be no after-hours emergency services as the casualty department will operate the same hours as the rest of the clinic, that is from 0800 hours to 1600 hours.

2 There will be a bell in casualty connected to the registered nurse's room.

3 The registered nurse will respond immediately and will call for help from the nurse clinician and/or the doctor if necessary.

4 If voluntary first aid workers are on duty they will support and assist the registered nurse

type of service and referral

1 Only first aid and nursing emergency care will be available.

2 Patients will be resuscitated and stabilised for transfer to hospital if indicated.

3 An ambulance will be called if necessary.

4 The nurse will write a referral note to accompany the patient. Preliminary arrangements with a hospital will be made if possible.

births and BBAs [birth before arrival]

1 Only emergency births will be assisted in casualty.

2 The mother and child whether delivered in the clinic or a BBA will be transferred to a maternity hospital or clinic as soon as they are fit to travel but before the clinic closes at the end of the day.

registration of new patients and payment

1 If the patient is new to the service the patient must be registered before leaving the clinic. An abbreviated registration [name, contact address and number only] will be acceptable. This abbreviated version will be completed later by the patient or by a proxy.

2 The CHW will do a follow-up visit to the patient's home if the patient lives in her/his subset area. At this visit the CHW could collect the missing data.

3 If no payment is made before referral this will have to be done at a later occasion. The patient or the family will be informed of this.

4 Patients will be expected to attend the doctor at the clinic as soon as possible after recovery. If payment for the emergency service has not yet been made this can be done at this visit.

5 No money may be given to the CHW and no accounts will be sent.

5 family planning

Family planning will comprehensive deal with family planning and not only with preventing or stopping pregnancies. It will be offered to both females and males. It will comprise:

1 advice on matters directly related to pregnancy such as:

abortion
contraception – concepts and methods

infertility
inherited conditions [genetic counselling]
sterilisation
teenage pregnancy

2 advice on matters affecting contraception and pregnancy such as:

chronic diseases such as hypertension and diabetes
nutrition
STD prevention, treatment and transmission
substance abuse including tobacco and alcohol

3 prescription and monitoring of contraception drugs and devises
4 screening for STDs including AIDS
5 screening for hypertension and diabetes

6 home nursing

The CHWs will offer the following home nursing services:

bed-bathing
dressings [bed-sores and other]
feeding of frail elderly and disabled
personal hygiene for frail elderly and disabled

7 maternity care

There will be no lying-in facilities at the clinic and no home deliveries will be done. Some maternity care will be offered. It will include:

for the mother: ante-natal care [see above]
post-natal care [see below]

for the infant: under five health promotion [see below] for 1 year

Amurt Ahanang will make arrangements for delivery at a near-by hospital and will provide all relevant documentation. Amurt Ahanang will also arrange for the management of conditions which cannot be done on site.

8 minor ailments – walk-in clinic

The resident doctor will attend to all minor ailments in patients who are not enrolled in any other programme run by the nurse clinician. Patients attending programmes run by the registered nurse will be seen by the doctor on request from the nurse and in her presence at least on the first occasion.

9 post-natal care

This applies only to the mother and will last for 3 months post-partum. It comprises:

1 reinforcement of substance abuse control [see below]
2 the management of STDs [see below]
3 reinforcement and monitoring of nutrition advise and support especially of:

roughage and water:	adequate - high intake
minerals and vitamins:	high calcium, iron and iodine intake adequate potassium and magnesium intake low sodium intake high vitamin A intake

4 prevention and treatment of other pre-exiting and coincidental diseases:

anaemia
genito-urinary tract infections
excessive weight gain and obesity
hypertension and diabetes
minor injuries

5 monitoring of general health with emphasis on:

blood pressure
weight
haemoglobin level
physical fitness
emotional and social well-being

6 advice on and assistance with the following:

breast feeding and nipple care
contraception
general and abdominal exercises

emotional and social support structures
return to formal employment outside the home

A full medical examination will be carried out 6 weeks post-partum and earlier if indicated

10 pre-pregnancy care

This refers to the promotion of health and the prevention of disease among women of child-bearing age who want to conceive. The programme comprises:

1 substance abuse control [see below]
2 nutrition advise and support [including monitoring] of:

macro-nutrient intake:	high in complex carbohydrate [not sugars] low in saturated fat adequate in mono- and poly-unsaturated fat

	adequate in protein
roughage and water:	adequate - high intake
vitamin intake:	high in vitamin A and folic acid
mineral intake:	high in calcium, iron and iodine adequate in potassium and magnesium low in sodium

3 monitoring of general health with emphasis on:

blood pressure
weight
haemoglobin level
physical fitness
emotional and social well-being

4 the management of STDs [see below]

5 prevention and treatment of other pre-exiting and coincidental diseases:

anaemia
genito-urinary tract infections
obesity, hypertension and diabetes

11 school health programme

The children in the Amurt school will automatically be enrolled in the school health programme. The programme will be free but participation will be obligatory. Their parents and siblings will be encouraged to enroll in the Amurt Ahanang programmes, but access to the CHW programme will be limited if they stay outside of the Amurt Ahanang target area [see above].

The programme will comprise:

1 periodic health examinations [PHEs]

These will be conducted by the nurse clinician or the doctor in the Amurt Ahanang clinic once per year. They will include assessment of physical and mental development. If the Gauteng Health or Education Department offer a similar programme, the Amurt Ahanang examinations will be supplementary if and as indicated and the data will be shared.

2 management of minor ailments and injuries

This will take place in the clinic as for other patients

3 immunisation top-up

Children who are not fully immunised will receive the necessary top-up vaccinations.

4 discussions and demonstrations

These will be arranged with the school. If the school so prefers Amurt Ahanang's contribution will be confined to the supply of material. The following subjects will be addressed inter alia:

medical self-care and emergency care
nutrition
prevention of common acute and chronic diseases such as upper respiratory tract infections, TB, STDs, hypertension and diabetes
safety in the home and street
substance abuse including alcohol and tobacco

12 STD management

HIV infection and AIDS are included in the STD rubric. Anonymous HIV testing will not be done. STD management will comprise:

- advise on prevention and transmission
- at risk screening
- diagnosis – clinical and pathological
- non-drug and drug treatment including condom supply
- follow-up for relapse, recurrence, cure and control - at 3-monthly intervals until 2 consecutive negative findings are recorded
- contact tracing

A free monthly screening and treatment service will be offered to sex-workers. They will be expected to enroll in the programme. They will be seen by the doctor. Financial donations in lieu of patient fees will be accepted.

13 substance abuse control

1 advise on the avoidance of unauthorised and/or addictive substances and medicines such as:

tobacco and alcohol
other street drugs such as dagga, mandrax, crack, etc
all over the counter [OTC] drugs
other medicines that have not been prescribed by Amurt Ahanang

3 assistance with stopping substance abuse:

Substance abuse will be handled as an illness with formal monitoring of progress. The following management modalities will also be used:

- individual counselling
- aversion therapy – psychological and medicinal [eg antabuse]
- replacement/supportive medicine prescription [eg nicorette]
- group discussions
- safe use of parenteral agents if use is continued [eg needle-exchange]
- referral to specialist centres such as SA National Council on Alcohol and Drug abuse [SANCAD], Tobacco Action Group [TAG], and AA [Alcoholics Anonymous]
- referral to personal care providers

14 tests - special investigations

Tests will either be done at the point and time of care by the same care-provider attending to the patient or in an outside laboratory. In the latter instance the specimen will be collected by the same care-provider at the time of the consultation. Where only 1 machine is available then the care-provider will take the patient and/or the specimen to the machine.

Positive findings will be incorporated into the diagnosis and entered as such on the patient's retained record card. In the case of laboratory investigations the result will also be entered onto the patient's investigation request copy.

<u>point of care investigations</u>

1 The following point of care tests will be available:

- physical tests: weight, BP measurement, peak expiratory flow, waist circumference, fundoscopy, auroscopy, colposcopy, proctoscopy, urine SG, Harvard step test
- biochemical: urinalysis, blood sugar, urea and cholesterol estimation, pregnancy test
- haematological: Hb, ESR,
- immunological: WR
- microscopic: parasites, bacteria, blood and other body cells

4 Sonars and ECGs will not be done

5 The results will be available immediately or within at most 1 hour [ESR]. Patients will be given their results before they leave the clinic.

6 Patients on medical aid will be charged at RAMS rates. No charges will be levied on other patients.

<u>laboratory investigations</u>

1 Only the following laboratory investigations will be requested:

- biochemical: bilirubin, creatinine, potassium, uric acid
- haematological: full blood count and ESR

- immunological: WR titre, ABO and rH blood groups, HIV
- microscopic: PAP smear
- pathological: culture and sensitivity of urine, stool and sputum [TB]

2 Specimen will not be collected for any tests; specimen will be collected at the contracted laboratories

3 Patients will be referred to a public or private radiological unit for chest X-rays [CXR]. An arrangement for discounts from private units for non-medical aid patients will be negotiated up front. Patients who cannot afford transport costs will be assisted.

4 The multi-purpose triplicate pad will be used for ordering all investigations. The top copy will accompany the specimen or the person to be X-rayed. The second copy will be given to the patient and the back copy will stay in the pad of the person making the order. If the laboratory or radiological unit insists on the use of its own forms these will be completed in addition.

7 The admin officer will arrange for the collection of laboratory specimen and will accept delivery of the results.

8 Before the specimen are dispatched details from the request form will be entered onto the computer programme. If customised laboratory forms are used the Amurt Ahanang request form will be retained by the admin officer. X-ray requests will be noted on the clinical data sheet.

9 The admin officer will note the receipt of results on the computer programme, will sort the reports and hand them to the care-providers

payments

1 Payment for laboratory investigations will be made to the clinic at the time specimen are collected. Amurt Ahanang will pay the laboratory.

2 All patients will pay for their laboratory investigations except the following:

- state pensioners and recipients of state disability grants
- patients suffering from chronic conditions
- family contacts of patients with infectious conditions
- those whose fee payments have been reduced by discounts of at least 30%
- those submitting specimen for the following investigations

  TB culture
  ABO and rH blood groups
  WR titre as part of the Reproductive Health Programme
  tests done free of charge for Amurt Ahanang

The above does not apply to medical aid members. They will pay the total refundable RAMS rate when the specimen is collected.

3 Discounts will be negotiated with the laboratory on tests for patients without medical aid.

4 In addition Amurt Ahanang will subsidise the laboratory tests for these patients. The amount of the subsidy will depend on the costs of the test.

5 Specimen transport costs will be carried by Amurt Ahanang.

15 under five health protection and promotion [UFHP]

1 The UFHP programme will cover the child from birth to 5 years [ie will end when the child turns 6 years] and will be free.

2 For the first year the infant will be seen at regular intervals not exceeding 1 month. The intervals between contact between the child at Amurt Ahanang will progressively increase in time but will not exceed 3 months.

3 Contact with Amurt Ahanang will be either through the CHW or at the clinic. If the child visits the clinic on account of illness the opportunity will be taken to review all aspects of the child's health and development.

4 The programme will attempt to empower the family to be maximally functional and to care for all the children in the context of the family as a whole – siblings, cousins, aunts and uncles and grandparents.

The UFHP will comprise the following:

<u>family support</u>

Because a supportive and happy family environment is necessary for a child's normal growth and development and because a dysfunctional family could undermine the rest of the UFHP programme, activities directed at the family and in particular the mother will be an important part of the programme. There will be:

family group discussions facilitated by Amurt Ahanang staff
home visits by CHWs
encouragement of socialisation between member families

<u>immunisation</u>

1 The following will be offered as part of the UFHP programme:

BCG
DPT
hepatitis
influenza
meningococcal meningitis
MMR
polio

10 Siblings and other family members between 5 and 18 years who have not been vaccinated against any of the above will be encouraged to complete their immunisation coverage. There will be no charge.

11 Accurate records [both patient and clinic-retained] will be kept of completed immunisations

12 The mother/child-minder will be clearly advised [verbally and in writing] about the dates and nature of future immunisations

<u>nutrition guidance</u>

1 Breast feeding without any supplementation even of water is recommended for the first 4 months.

2 Weaning foods will be introduced gradually one at a time starting with cereals.

3 The whole family will be advised to eat the same food. Bulk and consistency will obviously vary with age - the very young and the very old will be advised to eat high density, soft foods.

4 The mother's diet during pregnancy [see above] will be supplemented with iron and fluids to ensure adequate quality and quantity of breast milk.

<u>growth monitoring</u>

1 The focus will be on family empowerment and self-care. Children's growth will NOT be medicalised and the family will be encouraged to act independently and responsibly. Growth monitoring will not be hung-up or mesmerised by quantitative values.

2 Children will <u>not</u> be routinely weighed. They will be weighed only if:

- the mother/child minder wants the child to be weighed
- the mother/child minder is concerned about the child's progress
- Amurt Ahanang is concerned about the child's progress
- needed to monitor a trend as part of disease diagnosis and progress

3 Height and head circumference will be measured as soon after birth as possible and at 6 month intervals there-after.

4 When measurements are made the findings will be accurately and clearly noted [charted on a graph and written out]

5 The readings and their interpretation will be discussed with the mother/child minder

development [mile-stones] monitoring

The expected pattern of physical, social, emotional and intellectual developmental milestones will be discussed. Mothers/child-minders and families will be encouraged to observe their children. Deviations from the expected will be discussed with parents and corrective action if indicated advised.

Mental stimulation techniques will be demonstrated.

behaviour disorders

These will be among the topics discussed in family group sessions. The staff will be trained to advise individual families authoritatively. Where indicated appropriate referrals will be arranged.

child abuse and neglect

It will also be among the topics discussed in group sessions. While it is realised that social and economic forces outside the family are very important determinants of child abuse and neglect it is nevertheless hoped that with the focus on family empowerment their incidence will be reduced. The staff will be trained in diagnosis. Where indicated appropriate referrals will be arranged.

medical self-care and emergency care

General education programmes will be conducted for all families. Not only will parents and mothers/child-minders in particular be educated in what to do for sick children but they will also be taught to recognise critical situations which need urgent professional care. The following topics will be addressed inter alia:

ARI
ORT
emergency care of burns
fever and fits

safety in the home and on the street

This will also be among the topics discussed in group sessions. Again social and economic factors are critical to safety there are personal measures that can be taken to prevent problems. The following are noted in particular:

abduction and sexual assault
burns and scalds
drowning [in small domestics water containers eg buckets]
fire hazards
ingestion of cleaning materials and medicines
motor vehicle accidents [in street outside home/s]
tobacco - second-hand smoke

16 Women's Reproductive Health Care [WRHC].

Women of child-bearing age will be encouraged to enroll in the Women's Reproductive Health Care programme. A member of the programme will receive:

comprehensive family planning
pre-pregnancy care until pregnant
maternity care for 1 pregnancy
free access to all other services
40% discount for children and partner on all services

Membership will be renewable annually unless the member becomes pregnant, in which case membership will last until maternity care is complete.

NON-CLINICAL SERVICES

1 A Medical Service Information System [MSIS]

This information system is predicated on the use of standardised protocols for data collection and record keeping as well as for the diagnosis and management of clinical and administrative events.

1 data handling

Clinical data will be manually collected at the point of care on clinical data sheets and transferred to the computer daily by the admin clerk. While the computer component of the information system programme will be used to monitor and evaluate all aspects of stock management and finance, it is not designed to be used interactively. Paper-based forms and cards will be used for administrative data collection.

All data will be stored, collated and analysed by computer. Manual collation and analysis is however not precluded. Regular WQA reports will be prepared.

2 implementation of the MSIS programme

The MSIS will be implemented with the participation of the Amurt Ahanang staff. The staff will be trained to collect and to transfer the data to the computer and also to prepare and interpret the WQA reports

The MSIS software will be supplied by Dr E Schultz. No charge will be levied for the programme, nor for initial staff training and for telephonic trouble-shooting of problems inherent in the programme. There will be a charge however if the clinic is visited to attend to problems not inherent in the programme.

3 advantages of the MSIS programme

at the patient and family level there will be:

- intelligible and user-friendly summarised patient retained clinical records

- prescriptions that can also be used for refills

<u>at the service provider level there will be:</u>

- retrievable summarised personal diagnostic and treatment data
- data with which to monitor the pattern of disease and death
- data on asset and stock control
- data on patient appointment scheduling and staff rosters
- data for monitoring service process and outcome with particular reference to common diseases, staff deployment, comparative service costs
- data with which to relate the pattern of disease to the patients' residential area so that planning and policy can appropriately address the needs of the community

2 research

The reports generated from the MSIS will constitute the main body of research conducted primarily by the staff as a tool for improving the quality of care provided by Amurt Ahanang [operational research]. In addition:

1. Ad hoc studies, if required to supplement the MSIS data or to test a hypothesis derived from the MSIS reports, will be conducted by the staff or under contract by an academic institution, a research body such as the MRC or an NGO like CASE or by a private person or body.

2. Dedicated funding for the studies will be sought from donors.

3. MSIS data will be made available for bone fide approved analysis by outside bodies only if such analysis will be to the advantage of Amurt Ahanang and will accord with Amurt Ahanang philosophy.

4. Donor directed research like drug trials will <u>not</u> be allowed.

5. The anonymity and confidentiality of all Amurt Ahanang data will be strictly protected.

PHYSICAL RESOURCE MANAGEMENT

1 stock control

The admin officer will formally be in charge. There will be dual monitoring of stock and fixtures – manual and electronic. The following items will be covered:

- building and fixtures – quarterly evaluation of condition
- furniture, equipment and linen – monthly evaluation of quantity and condition
- consumables – as for drugs [see below]

1 All inventories will be done by 2 people - the admin officer and a person seconded from the AMURT administration.

2 All bulk deliveries [except drugs – see below] will be done by 2 people, the admin officer and a person seconded from the AMURT administration.

3 Requests for new acquisitions will be fully motivated. If approved by the staff of Amurt Ahanang a supported motivation will be presented to the AMURT administration by the admin officer.

2 equipment spares and repair

1 Spares will be retained of components or items for use in emergencies against the event of essential items becoming faulty or breaking.

2 All repairs will be referred via the admin officer at Amurt Ahanang to the supplier if the item is still under guarantee

3 If the item is no longer under guarantee the AMURT administration will be responsible for the item's repair or replacement.

3 consumable items

An inventory of current stock will be done. Amurt Ahanang will buy usable stock from AMURT at cost. Amurt Ahanang will buy additional items as and when required <u>and</u> before commissioning.

1 DRUGS AND VACCINES

The type and amount of drugs and vaccines that will be used by Amurt Ahanang will be determined by the Pharmacy and Therapeutic committee – see below.

<u>legislation</u>

Relevant legislation re drug handling, storage, prescription and issuing will be observed. The following items in the Medicines Control Act apply [items from the bill and assumed to be in the Act – check the Act]:

1 A registered pharmacist must supervise a pharmacy full-time.

2 Pharmacies must be registered with the Pharmacy Council if schedule 5 drugs are dispensed. Ownership of a pharmacy will be deregulated. At present NGOs may not own pharmacies.

3 Regulations on storage, packing, batch numbers, expiry dates, etc. must be strictly observed and are subject to inspection.

4 Nurse clinicians are only allowed to <u>issue</u> drugs to patients that they have seen themselves. They may not prescribe any scheduled drug and they may not dispense except with a special permit [see item 6].

5 Medical students may not prescribe, dispense nor issue scheduled drugs

6 The Medicines Control Act [check] will permit a suitably trained nurse clinician to prescribe and dispense.

7 A prescription must contain patient's name and address, drug name, dose and amount to be issued, presciber's name, qualification, address and signature.

8 If the patient's record is not retained in the clinic the dispensary must keep records [patient's name, address, drug/s, prescriber].

9 Drugs can only be kept and issued in a private clinic [or a facility run by an NGO] if it is situated outside an area served by a registered pharmacy.

If this provision applies to Amurt Ahanang then a separate pharmacy company will have to operate the drug programme.

The following notes assume that Amurt Ahanang will be able to function under the same legal conditions as primary care state clinics. It further assumes that the Medicines Control Act has been correctly anticipated and interpreted. Obviously legal opinion [free from SAMA] will have to be sought on all these issues particularly in view of the prosecution against Prime Cure Clinics.

Pharmacy and Therapeutic [PNT] committee

1 Amurt Ahanang will set up a PNT committee.

2 The PNT committee will consist of the pharmacist, the clinical staff from the clinic and representative/s form the AMURT governing body concerned with finance. Other medical staff may be invited to participate in particular discussions.

3 The PNT committee will meet once per month

4 The PNT committee will be responsible for:

- developing and implementing a drug policy
- establishing the initial Amurt Ahanang essential drug list [EDL]
- periodic [at least every 1 year] review of the Amurt Ahanang drug list
- sanctioning the use of items not on the drug list
- sanctioning the receipt of drug donations
- monthly review of staff prescription behaviour
- monitoring drug expenditure patterns
- interpreting relevant legislation and regulations
- ensuring compliance with the law

The Amurt Ahanang drug list

1. Only drugs and vaccines on the state's EDL will be eligible for selection except for such other items that have been individually and specifically approved by PNT committee with evidence-based motivations.

2. When several members of the same type of drug [eg diuretics or NSAIDs] are cited in the state EDL only the most cost-effective and safe single item will be selected at any one time.

3. Drugs not on the local EDL will not be accepted as donations.

supplier/s

1. Drugs, vaccines and medicine containers will where possible preferably be bought from the Gauteng Health Department stores.

2. Selected items such as routine vaccines and anti-TB drugs could possibly be obtained free of charge from Gauteng or the state.

3. Drugs could also be donated by manufacturers, by wholesale distributors and by private pharmacies etc. provided that the items are on the Amurt Ahanang drug list [see above] and are not expired or about to expire.

4. If these sources are not sufficient or forth coming stock will be bought from wholesalers.

pre-packing

Drugs will be obtained in bulk or pre-packed or both, depending on price and availability.

Bulk supplies will be repackaged in the clinic

Packing will be done in the store-room

The admin officer will assist the pharmacist to pack medicines

Each packet will be correctly labeled as per regulations with Amurt Ahanang's name and the item's generic name, strength, batch number, expiry date as well as the quantity in the pack. Before issuing the name of the recipient and the directions for use will be written in.

storage

1. Bulk supplies will be stored in the store-room.

2. One week's supply of pre-packed medicines will be stored in the lock-up cupboard in each consulting room and in casualty.

3 There will be a small supply of unpacked items for top-up purposes.

4 Vaccines will be kept in a cool-box in this cupboard.

5 Casualty will also have a separate box of emergency medicines for use in patients who are critically ill eg adrenaline.

6 Security will be tight. Access keys to the store-room will be held by the pharmacist and the AMURT administration which may delegate this function to a person in the clinic. The pharmacist and the person using the cupboard will hold access keys to the cupboards in the consulting rooms and in casualty.

7 Stock will be counted, checked against prescriptions and receipts [outflow] and replenished 2/week by the pharmacist.

8 Vaccines will be collected daily and the left-overs returned daily.

9 The prescription pad, receipt book and money-box will be stored in lock-up cupboard.

<u>Community Health Worker's [CHW] supplies</u>

1 Every week the CHWs will collect anti-TB drugs for their DOTS patients.

2 They will also collect prescription refills for their house-bound patients from the patients' usual care provider. This will be done early on Wednesday afternoons before the staff meeting.

3 New supplies will only be issued against patient-specific log-book entries.

4 Security will be the CHWs own responsibility but they will be issued with a strong-box for storing their stock safely. Access keys to the strong-box will be held only by the pharmacist and the CHW.

<u>Control</u>

Strict control will be maintained at every level to prevent loss and incorrect handling. The following items will be addressed:

- observing re-order level and re-order frequencies
- first IN, first OUT – so that expiry dates are not exceeded
- shopping around for the best price and/or donations
- persons receiving and checking deliveries from suppliers
- persons involved in quarterly manual stock taking
- computer stock check against manual count
- stock security – lock-up cupboards and keys as above
- balancing the books - checking the receipts against stock in consulting rooms and casualty and in CHWs' homes
- procedures for handling discrepancies and settling disputes

payment for medicines

1 There will be no charge for medicines used for emergency care in the clinic

2 All patients will pay for their TTO [to take out] supplies except the following:

- state pensioners and state recipients of disability grants
- patients suffering from chronic conditions
- family contacts of patients with infectious conditions
- those whose fee payments have been reduced by discounts of at least 30%
- those receiving any of the following items [all items issued at the same time will be free]:

  vaccines
  DOTS treatment
  items obtained free of charge from any government department

3 None of the above applies to medical aid members. These people will pay the total refundable BHF rate.

4 Patients whose drug fees are wavered and those on medical aid will be identified with an appropriate mark on their patient clinic number and in the computer information system.

mark-up and pricing

1 There will be no mark-up on any item.

2 A handling fee will not be charged either.

3 The cost price will be made up of the cost of the item itself and the cost of any container in which the item is packaged. It will not include the labour cost of packaging and labeling etc.

4 The sale price per packet/container will be the total cost price [as above] rounded up to the nearest 10 cents.

5 Each packet will be clearly labeled with its selling price. Items that carry no charge will be so labeled.

6 None of the above applies to medical aid members. These people will pay the total refundable BHF rate. The discrepancy between the price on the label and what they will be expected to pay will be explained to them and the price on the label blackened out.

prescribing

1 All prescriptions will be formulated according to current legislation.

2 All prescriptions will be written in the multi-purpose triplicate pad using the following format:

- date
- patient's name, Amurt Ahanang number, address
- prescription item, how to use, how much to issue
- prescriber's signature
- prescriber's name and qualifications

dispensing [filling scripts] -
issue of drugs from consulting rooms and casualty:

1 The person who writes the script will also issue the medicines from the stock in the lock-up cupboard in the consulting room.

2 When an item has been issued the amount issued will be entered against the amount to be issued and initialed.

3 The signature, name and qualifications of the person issuing the items, if not the same as t the prescriber will be noted at the bottom of the page.

4 The 2 top copies will be taken out of the pad. One copy will be given to the patient and the other will be given to the pharmacist.

5 The pharmacist [or s/he may delegate this function to the admin clerk] will enter the details onto the information system. This hard copy will be retained in the clinic for as long as legislatively obligatory.

6 The prescriber will retain the back copy in the pad indefinitely for control and reference purposes

2 MEDICAL AND SURGICAL SUPPLIES [MSS]

The following items will be stocked:

- pre-packed stitch kits, disposable drip sets, maternity delivery packs
- disposable oxygen [masks and] tubing, disposable nebuliser masks
- syringes and needles, specimen collection containers
- scalpels, suturing material
- plasters, dressings, swabs and bandages
- splints, crutches
- spatulas, disposable gloves
- disposable linen savers
- face masks and goggles
- new disposable jabber [not Japanese tool] for BCG administration

- chemicals and test strips for point of care tests
- oxygen cylinders x 2

The following emergency equipment and supplies will be clean, accessible and ready for use in casualty at all times:

- IV infusion kits
- nebulisation equipment
- saline and dextrose infusions [no plasma nor ??]

The procedures for handling MSS will resemble those for drugs. CHWs will collect their weekly supplies of whatever MSS [ointments and bandages] they need at the same time as they will collect their anti-TB drugs.

3 STATIONERY

The recommended stationery is specifically designed to be used with the information system [MSIS] to be implemented at Amurt Ahanang. Existing stationery that is not compatible with the information system will be used as scrap or where possible as clinical jotters [5] until stocks run out.

1 The following items will be drafted by Amurt Ahanang but produced and supplied by donors. Donors will be allowed to place their logo non-obtrusively on each item:

- patient-retained record cards and envelopes [6]
- clinical jotters [5]
- multi-purpose triplicate pads [7]
- patient hand-outs [8]
- stock control cards
- official writing pads

2 The following items will be drafted and printed by Amurt Ahanang. Copies will be made locally in batches as and when required:

- clinic-retained record sheets [9]
- clinical data sheets [10]
- notices [11] and posters
- sick leave forms and patient recall forms
- order forms, pay slips
- patient hand-outs [9]

3 commercially available

- receipt books, blank A5 writing sheets, A4 photo-copy paper
- files, folders, envelopes
- toner for printer and photo-copier
- pens, pencils and rubbers, rulers,
- glue, paper clip, staplers, punch, scissors

4 available free of charge from the state or NGOs
or as adverts – promoted by the private sector

- leaflets/hand-outs, booklets and posters [12]

Some comments on posters

1 Posters will be moved around and even replaced [especially if tatty or out-of-date] or changed regularly to improve message impact. To ensure that the notices and posters do not damage the clinic walls hanging boards on which the items can be stuck will be placed throughout the clinic.

2 It might be an idea to encourage pupils at the school and clinic patients to make posters. These could be exhibited if appropriate on the clinic walls and some of them could be used permanently.

5 None of the above will be used as scrap. AMURT will be a local depot for recycling paper. Within this programme provision will be made for the collection of re-usable writing paper from which Amurt Ahanang staff will be supplied with scrap. Donated used envelopes can also be re-used.

4 HOUSE-KEEPING CONSUMABLES

The following items will be needed:

- cleaning materials, disinfectants and bin liners
- food [dry groceries and other]
- other items noted under MSS such as disposable gloves etc.

4 house-keeping

House-keeping will be much more than just low status female domestic service for little pay and long hours. The house-keeper will be responsible for:

keeping the clinic clean

1 The clinic will be cleaned after the clinical staff have left.
2 The clinic will be opened and aired before the clinical staff arrive.
3 There will be no damp dusting by the clinical staff

refuse and waste disposal programme

Waste disposal and the prevention of nosocomial infections will demand a serious and informed commitment. The house-keeper will manage an exact and detailed programme.

1 There will be a strict policy on the handling and disposal of sharps and disposable syringes and other equipment, and of un-used medicines.

2 Protective gloves and clothing, including nose and mouth masks and goggles [?], will be worn when handling medical waste and dirty linen.

3 Medical waste, non-medical biodegradable and non-medical non-biodegradable refuse will be placed in 3 separate large bins in a locked up area outside of the building and out of reach of domestic animals. These bins will be emptied and cleaned by AMURT ground staff.

4 Appropriate arrangements will be made for the safe removal from AMURT premises of all medical waste.

5 The clinical team will be individually responsible for the cleaning and sterilisation of non-disposable equipment eg ear pieces.

<u>linen and laundry.</u>

1 Staff will be supplied with a clean white coats and overalls every day.

2 Disposable linen savers will only be used when excessive soiling with blood or other contaminating body excretions is anticipated.

3 Sheets, blankets, gowns, and other linen used for patients as well as clothing worn by the staff will be washed in appropriate facilities on AMURT premises but not on Amurt Ahanang premises and <u>not</u> together with other dirty items.

4 The laundry services [all or selected items] may be contracted out to people in the community provided that the safe disposal of dirty waste water is ensured. Medically soiled laundry will not be contracted out to the same person as other laundry

5 Every collection and delivery will be checked by the house-keeper and the admin officer together.

<u>catering</u>.

1 Food will be prepared in the clinic kitchen by the house-keeper and be served to the staff in the clinic staff room and to the patients in the waiting areas.

2 Disposable cutlery and crockery will <u>not</u> be used.

3 Daily left-overs will be re-cycled.

4 The house-keeper will arrange with the AMURT administration or catering staff to buy and deliver the food for Amurt Ahanang.

5 The catering services of selected items such as sandwich and maas preparation and bread baking and the buying and delivery of food may be contracted out to people in the community

5 food at the clinic

Food will be prepared and served for the staff and patients. All menus will be fully consistent with the diet recommended to the patients.

food for staff

1 Tea or coffee [sugar-free and preferably decaffeinated] and sandwiches will be available in the staff room every day from 0930 to 1000 hours. In the afternoon staff can collect their own drinks and sandwiches from the kitchen to use at their desks at their convenience.

2 A light lunch will be available in the staff room between 1230 and 1315 hours. Staff will be expected to clear the table after eating. Lunches will not be taken out of the staff room.

3 Staff will eat breakfast at home or en route to work. Staff will NOT come to work on an empty stomach.

food for patients

1 Tea or coffee [sugar-free and preferably decaffeinated] or skim milk and sandwiches or plain bread will be available in the waiting areas every day from 1015 to 1100 hours.

2 Sugar-free maas or skim milk and bread will be available in the waiting areas every day at 1230 hours.

water

Hot water in thermostat controlled urns and cold water in cold water dispensers [? correct name] will be available in casualty and in the waiting corridors. Patients and staff will be encouraged to use their own containers.

food preparation and cost/payment

The food will be prepared in the clinic kitchen.
There will be no charge for staff or patients.
Voluntary organisations will be approached for donations for patients feeding

6 utilities

Utilities refers to the supply and service of water, electricity, telephone, rubbish removal and sewage disposal. If Amurt Ahanang rents the building from AMURT the following will apply:

1 Amurt Ahanang will be responsible for the payment of utilities used by it.

2 Amurt Ahanang will either pay AMURT monthly for its share of the utilities or will pay the service provider directly. In either event Amurt Ahanang will be billed for what it used.

3 Amurt Ahanang will pay AMURT for assistance with rubbish removal and disposal [see above]

3 Separate accounts will be kept for each staff member's use of the telephone for personal and work-related use.

7 transport

1 There will be <u>no</u> dedicated Amurt Ahanang vehicles. The current Amurt Ahanang car will be returned to AMURT.

2 The pharmacist at Amurt Ahanang will borrow a vehicle belonging to AMURT when visiting CHWs' homes to check on stock.

3 CHWs who visit AMURT school children's homes will use public transport. Other patients will all stay within easy walking distance of their homes.

4 Ambulances will be called to transfer ill patients <u>from</u> the clinic

<u>public transport</u>

1 An arrangement will be negotiated with taxi owners and/or public buses to establish a taxi rank and/or bus stop near the Amurt Ahanang clinic.

2 The route and time-table of such services will also be negotiated.

3 Discounted fares will be sought for patients and staff.

8 security

The AMURT administration will be responsible for the safety and security of property, patients and personnel at Amurt Ahanang. It will also be responsible for the safe transfer of money between the clinic and the administration building.

FINANCIAL RESOURCES AND PROCESSES

1 finance – income

Sources of income:

1 patients
2 donations and grants
3 loans
4 subsidies

1 PATIENTS

clinic service fees

This section deals only with clinic service fees as CHW service will be free and TTO medicines will be charged for separately [see below].

subscription fees

1 There will be a annual up-front subscription fee for membership of the WHRP [see above]

2 There will be an up-front subscription fee for maternity care irrespective of the stage of the pregnancy on admission, except if the patient is a member of the WHRP when there will be no fee.

3 People with chronic diseases will pay a monthly subscription fee for the care of their chronic condition/s

4 Children up to the age of 2 years who were not born to women who had enrolled in the maternity care programme or the WRHC programme will pay an up-front subscription fee for participation in the well baby care programme.

5 When the Amurt Ahanang programme has developed community credibility a quarterly, 6-monthly and annual family and chronic disease care membership subscription will be offered.

free service

1 Recipients [actual, awaiting or potential] of disability grants and old age pensions and their dependents will not be charged at all

2 Breadwinners and their dependents who have been unemployed for at least 2 months and any of their real dependents will not be charged until 2 months after they are re-employed

discounts

1 There will be a 60% discount for 1 visit to each member of a family or household [people staying together] who attend within 1 week with the same complaint as another member of the family or household

2 There will be a 40% discount for a pregnant woman, who is not a member of the WRHC programme, admitted within the first 6 weeks of pregnancy

3 There will be a family discount of 40% for all children [under the age of 19 years] and a partner of a woman enrolled in the WRHC programme

members of medical aid funds

1 Members of medical aid funds will be charged medical aid [BHF] rates.

2 They will not qualify for any discount.

3 Subscription fees will be negotiated with their medical aid societies.

4 Members of medical aid funds will be expected to pay directly at the clinic and will recover the costs from their medical aid scheme.

Amurt Ahanang scale of fees

subscriptions:

maternity care	R 120.00
WRHC programme	R 120.00
well baby care	R 80.00
chronic disease care/year	R 20.00

fee for service:

minor injury care	R 10.00
minor ailments care	R 25.00
emergency care	R 50.00

CHW's service fees

1 There will be no charges for CHW personal services.

2 Patients will be asked to make a donation to Amurt Ahanang. The money will be given to the referring doctor or nurse at any time before, during or after the CHW home visit.

3 Members of medical aid funds will be charged medical aid [RAMS] rates where applicable. They will be expected to pay before the service directly to the referring doctor or nurse and to recover the costs from their medical aid scheme.

drug fees as above

special investigation fees as above

2 DONATIONS AND GRANTS

donations

Donations of money, goods and services [voluntary] will be solicited and accredited. The main source of finance will be from big donations being sought on behalf of AMURT from international donors.

grants

research grants	see above under research
other grants	???

3 LOANS

Loans may be obtained commercially and from state and non-governmental organisations. They are generally not recommended.

4 SUBSIDIES

Subsidies may be obtained from state bodies such as:

- Gauteng Department of Health
- other legislative departments in Gauteng
- National Department of Health
- other national legislative departments
- special government programmes like AIDS, housing

2 finance – expenditure

A separate spread sheet on expenditure has been prepared as an appendix to accommodate changes in items and values. No figures will be given in this text.

Types of expenditure:

1 capital costs – setting-up
2 capital costs – add-on
3 running costs
4 exigency costs [to be available when needed]

1 CAPITAL COSTS – SETTING-UP

Most of the infra-structure is in place and as proposed will be rented from AMURT. Capital setting-up costs will only apply to the items that still need to be acquired. What these items are can only be established from an inventory of existing capital items. The installation costs of 3 telephone lines must be added.

2 CAPITAL COSTS – ADD-ON

Some money should be set aside for capital items that may need to be acquired either in addition or as replacement. There are formulae [eg 10% of the value of existing capital items per year] from which an appropriate one can be chosen.

3 RUNNING COSTS

No figures have been entered - only headings.

rent

AMURT will have to decide on the amount to be charged Amurt Ahanang for renting the building. There are 3 options:

1 nominal rental
2 subsidised rental
3 market-related rental

utilities

telephone and electricity
water, and refuse removal and sewage

other services

security and maintenance

salaries

1 full-time and part-time clinical and para-medical staff
2 full-time and part-time administration and house-keeping staff

consumables

drugs, MSS and stationery

petty cash

1 A small amount of money [</= R50.00/month] will be kept by the admin officer in the clinic.

2 This money can be used at the discretion of the admin officer acting in concert with another staff member.

3 An accurate account will be kept of any money disbursed.

tax and insurance

The appropriate forms will be completed by the AMURT administration for the payment of PAYE tax for each employee and other taxes by Amurt Ahanang. The applicable taxes will be paid.

The AMURT governing body will organise and pay for appropriate short-term insurance against medical malpractice claims, staff injury and other occupational hazards and against loss of or damage to Amurt Ahanang property.

3 finance - process

bank account

1 There will be a dedicated Amurt Ahanang bank account

2 This account will be handled by the AMURT administration and only the administration will have the power to sign Amurt Ahanang cheques.

orders and payments

1 Wherever possible payments will be made electronically.

2 All orders will be checked and authorised by the AMURT administration

3 The AMURT administration will pay Amurt Ahanang's accounts only if Amurt Ahanang has presented the appropriate requisition forms and statements and has confirmed the delivery of goods or services.

administration

1 All decisions on financial matters will be taken by the AMURT administration after consultations with Amurt Ahanang

2 The Amurt Ahanang admin officer will liaise between Amurt Ahanang staff and patients and the AMURT administration on all financial matters.

3 The Amurt Ahanang admin officer will prepare daily income and expenditure statements.

fee collection

1 In casualty, doctor's consulting room, nurse's treatment and consulting rooms: after each service at the point of service.

2 CHW home visits: no fee collection in the field

3 Receipts and receipt books:

- receipts will be issued for every payment or donation.
- each handler will have her/his own receipt book.
- the receipt book will have 2 copies.
- one copy will be given to the patient and one will be put into the strong-box with the money. The last will remain in the receipt book.

patients who cannot or do not pay their fees

If a patient cannot afford to pay s/he will see the admin officer who will negotiate for payment by installment. No debts will be written off but no accounts will be sent to patients either. Legal proceedings against defaulters will not be instituted.

money transfer/security

1 All money collected at a clinic service point will be put directly into a strong box with a number lock.

2 This box in turn will be locked in the drug locker [also with a number lock].

3 At the end of each day a messenger from the AMURT administration will collect the strong boxes.

4 An empty strong-box will be handed out in exchange. Its code will be phoned through the next morning.

5 The total amount of money in the strong box will be checked against the receipts and at the end of each week against the MSIS records.

OTHER ISSUES

1 liaison with other AMURT programmes

There will be close and regular contact and cooperation between Amurt Ahanang and the other AMURT programmes. It is not for me to set out the mechanism.

2 liaison with outside organisations and programmes

Provided that its principles are not compromised Amurt Ahanang will cooperate and work with any organisation and person to promote the health of Orange Farm. Formal arrangements will not be made without the approval of the AMURT administration or governing body.

medical practitioners and medical institutions

1 Working relationships will be established between Amurt Ahanang and medical and para-medical facilities in and around Orange Farm such as:

- private doctors, dentists, opticians, pharmacists, etc,
- social workers, health educators, spiritual healers, etc
- Gauteng primary care clinic/s,
- Chris Hani Baragwanath, Sebokeng and Natalspruit hospitals,
- St John’s Eye Hospital, etc

2 Protocols for referring and transferring patients between Amurt Ahanang and any of these facilities will be negotiated up-front.

3 Mechanisms for the participation of CHWs in the management of TB patients in the target areas will be negotiated up-front.

4 All academic and research institutions on the Witwatersrand will be contacted before commissioning to inform them of the Amurt Ahanang project.

3 targets and outcomes

No global a priori target dates or figures will be defined. Targets[13] will be customised according to reported needs [from the MSIS]. Time-frames will be short.

4 public health advocacy

While Amurt Ahanang will plan programmes, no decisions will be made nor any action undertaken without the approval of the AMURT governing body.

1 Amurt Ahanang will organise meetings, petitions and campaigns on issues that affect the health of the people in Orange farm and surrounding areas, both in the clinic and in the community and will also participate in activities originating in the community.

2 Amurt Ahanang will join others in lobbying relevant authorities to improve the health of its target population.

3 The issues[14] to be addressed will be based on the diseases observed in the clinic and their social and economic determinants.

4 recruiting patients

Within legal constraints a concerted planned effort will be made to recruit patients in the target area and among the AMURT school pupils and their families.

first phase

The potential patients who live in the target area and the pupils and their parents need to be informed on the way in which the new Amurt Ahanang plans to operate – not as a supermarket but as a personal resource centre. They will also be told about the services that will be offered.

The clinical team, the admin officer and the house-keeper will be employed and trained before the first phase of the recruitment will be undertaken.

1 CHWs will visit homes in their area to collect base-line data on socio-economic factors, health status and perceived needs. They will discuss the new service during their home visits. There will be with public reports-back meetings at which discussion will be invited and encouraged.

1 There will be open days with vaccinations and disease screening.

2 There will be leaflet drops and notices and posters in public places.

3 There will be reports and notices in local newsletters, local radio and articles in newspapers and magazines.

4 Amurt Ahanang staff should not have to sit and wait for patients to trickle in by word of mouth. The services will only be commissioned on completion of the this recruitment phase.

<u>routine, on-going recruiting</u>

Some of the above considerations are relevant. In addition:

- posters to show outcomes of Amurt Ahanang services - hopefully better health
- community meetings to discuss Amurt Ahanang performance
- health advocacy programmes
- community competitions with prices at the clinic on:

  healthy infants with up-to-date Road to Health cards
  fit elderly [> 70 years]
  healthy food eg bean and vegetable dishes,
  health education posters and leaflets
  school essays on health

5 formal commissioning – opening

Before the Amurt Ahanang in its new guise will be opened all systems must be ready. The base-line data will be in the MSIS and the staff will have completed their basic training. The first phase of the recruitment drive will be finished.

People living in the target areas and the press will be invited to attend a formal opening, preferably on a Saturday. The opening could be part of a fund-raising market [from commission] where locally produced healthy and safe items will be offered for sale and demonstrations on health will be made.

It is advisable that the formal opening precedes the de facto opening by 2 days – that is on the Saturday before the de facto opening on the next Monday.

[1] DEFINITION OF PRIMARY HEALTH CARE

"Primary health care is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process."

[2] PRINCIPLES OF PRIMARY HEALTH CARE

Primary health care includes at least:

* education concerning prevailing health problems and the methods of preventing and controlling them
* promotion of food supply and proper nutrition
* an adequate supply of safe water and basic sanitation
* maternal and child health, including family planning
* immunisation against the major infectious diseases
* prevention and control of locally endemic diseases
* appropriate treatment of common diseases and injuries
* provision of essential drugs.

[3] PRINCIPLES OF FAMILY MEDICINE:

Family physicians:

- practice continuity of care
- are committed to the person rather than to a body of knowledge
- seek to understand the context of the illness
- learn to know their patients and their families through continuous, comprehensive care
- develop bonds of mutual respect and concern between themselves and their patients
- view their practice as a population at risk
- see patients at their consulting rooms, in their homes and in hospital
- see every contact with patients as an opportunity for prevention or patient education
- see themselves as part of a community-wide network of supportive agencies
- will ideally share the same habitat as their patients

Ian R McWhinney. A Textbook of Family Medicine. 1989

[4] COMMUNITY ORIENTED PRIMARY CARE

"A community's health is an expression and a consequence of interdependent characteristics of the community and its environment. Health itself must also be seen as determining community structure and behavior, as well as influencing the environment. ….

Health care of a community may be directed at three interdependent parts in a causal chain –

- the state of health in a community,
- the biological and social characteristics of the community and
- the environment and material resources of the community.

"[C]ommunity health care [therefore] includes the following:

- personal health care
- community organization and health education
- environmental surveillance and conservation …. "

"[E]nvironmental conservation extends beyond community medicine and epidemiology to engineering as well as to ecological aspects of natural and social sciences. Similarly community organization and health education embrace the quality of life in all its aspects, including the aesthetic and creative, economic, socio-cultural and educational aspects, each of which has implications for the community' health. Community medicine's function lies in understanding their meaning for the community's health and on this basis promoting and modifying their development."

"The basic data for community health care include measures of the community's health, the etiological factors related to it, and the nature of the health services".

"The cardinal questions which face practitioners of community medicine are [therefore] the following:

- What is the state of health of the community
- What are the factors responsible for this state of health,
  and why and how did it happen
- What is being done about it by the community
  and more specifically by the health service system
- What can be done and what is the expected outcome
- What measures are needed to continue health surveillance of the community and evaluate the changes taking place."

Sidney Kark. Epidemiology and Community Medicine. 1974.

[5] clinical jotters

- Jotters will be used for recording the clinical findings on other patients.
- Data on each patient will be serially entered.
- Each care provider will be responsible for the confidentiality and security
  of her/his own jotter.
- The jotters can be funded from donations.
- Protocols will be printed on the inside of the covers

[6] patient-retained records

- The record card will have a standardised format.
- The card will be kept by the patient in a customised annotated envelope.
- Children under the age of 5 years will also be issued with the WHO Road to Health card as used by the state.
- The admin clerk will issue the cards on registration and will enter the relevant demographic data on the card
- The care provider will enter the clinical details on the cards
- The production and supply of the cards and envelopes will be funded from donations.
- Examples of patient-retained cards and envelopes appear in the appendix.

7 multi-purpose triplicate pads

The production and supply of triplicate pads can be funded by donations.
They will be used for:

- prescriptions
- requests for special investigation
- referral letters

8 in-house hand-outs/leaflets

Locally relevant patient hand-outs will be drafted and photocopied – or printed with donations – on the following subjects:

- nutrition for infants, children and adults
- alcohol abuse
- tobacco use
- exercises
- self-care of common conditions
- how to use the Amurt Ahanang services
- ad hoc programmes and events eg screening for TB, etc

9 clinic-retained records

- Standardised locally designed clinic-retained record sheets will be used for children under the age of 5 years, pregnant women and patients suffering from common chronic diseases.
- These record sheets will be filed in the consulting room of the patient's care-provider.
- They will be photocopied in the clinic or in the AMURT office.
- Examples appear in the appendix.

10 clinical data sheets

- Customised duplicate data sheets for the manual entry of patient visit details will be locally designed to fit in with the MSIS clinical records.
- Entries will be entered in respect of each contact by every care-provider.
- At the end of each clinic day one copy will be handed to the admin officer who will enter the data onto the MSIS the very next day
- The other copy will be retained by the care-provider.
- Photocopies will be made in the clinic or in the AMURT office.
- Examples appear in the appendix.

11 notices - this refers to administrative notices

1. Hours of clinic operation, fee structure and similar information will be posted in strategically placed positions in the clinic and on community notice boards.
2. Rooms will be numbered.
3. The room's usual occupant's name and its function will also appear on the door.
4. These notices will be locally printed [not hand-scrawled] so that they can be up-dated at little expense when necessary.
5. A case can also be made for allowing patients and staff space for notices of a general nature such as community meetings, lost pets, accommodation wanted or available etc.

[12] Ready-made hand-outs/leaflets, booklets and posters on health and disease made by the National and Gauteng Departments of Health will be used only if the message is locally appropriate and conforms to the principles of AMURT and Amurt Ahanang. The same will apply to posters from NGOs and the private sector.

[13] The following are suggested as topics or areas for target settings:

1 administrative

- financial sustainability
- good community coverage

2 clinical

- clinic attendance and workload
- pattern of disease and non-cure rates
- special investigation positive pick-up rates
- vaccination coverage, [vaccination] disease incidence rates
- completed TB treatment courses and cures
- STD contact report-back and recurrence/relapse rates
- antenatal and chronic disease monitoring punctual attendance rates
- stage of pregnancy at first visit
- pregnancy outcomes
- Reproductive Health Programme uptake rate
- infant gastro-enteritis frequency and severity on presentation
- satisfaction rating and loyalty – patients and staff

[14] Issues will almost certainly include:

- safe and healthy food in local outlets
- physical fitness
- tobacco use, alcohol abuse and other substance use/abuse
- family values and housing [as proxies for so-called safe sex]
- road safety, air and noise pollution
- the greening of the environment
- waste removal and recycling