

# The Amurt Ahanang New Primary Health Care Project

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## INTRODUCTION

Dr Robbie Potenza asked me to assist in preparing a budget proposal for the re-structured Amurt Ahanang Primary Health Care project run by the Amanda Marga Universal Relief Team [AMURT] in Orange Farm. A detailed budget can only be written after a framework embodying a set of principles has been approved and an accurate inventory of the current Amurt Ahanang project has been done.

## PRINCIPLES

1. The Amurt Ahanang project should function as a primary health care facility as defined by the World Health Organization.<sup>1</sup>
2. It should therefore operate according to the Alma Ata Declaration.<sup>2</sup>
3. The service should be centred on the household or family and should conform to the discipline of family medicine.<sup>3</sup> There should be continuity of care. No vertical programmes should be run.
4. The Amurt Ahanang project should operate according to the principles of community oriented primary care.<sup>4</sup> This means that the service should 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 [the target population] should be known.

## FRAMEWORK

### 1 team work

- 1.1 Clinical staff members should work in area-based teams. The population served by the team would be a subset of the target population served by the project as a whole. A team's service area should not straddle any census tract or enumerator area boundary.
- 1.2 Each clinical team should be primarily accountable to its own population subset and should be responsive to its particular needs.
- 1.3 Each clinical team should consist of a doctor<sup>5</sup> who should serve on more than 1 team, 2 full-time registered nurses<sup>6</sup>, only one could be a nurse clinician and several part-time community health workers.<sup>7</sup>

## **2 other staff**

- 2.1 Other professionals<sup>8</sup> should assist the service as a whole on a part-time basis, either as employees or in a voluntary capacity.
- 2.2 There should be one full-time administrative officer<sup>9</sup> and one full-time house-keeper<sup>10</sup> on the Amurt Ahanang staff. As the service expands administrative and house-keeping assistants may need to be employed.
- 2.2 Other categories of non-medical personnel<sup>11</sup> should be recruited in a voluntary or paid part-time capacity or they might 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 should draft and regularly update Amurt Ahanang's own Essential Drugs List. Only drugs and vaccines on this list should be prescribed, dispensed and issued.
- 3.2 Patients should pay for medicines dispensed and issued at Amurt Ahanang. There should be no mark-up or handling fee on any item.
- 3.3 All legislation on storing, labeling, prescribing, dispensing, issuing and record keeping should be strictly observed.

## **4 tests - special investigations**

- 4.1 Only tests from a regularly up-dated list<sup>12</sup> should be permitted. These should either be done at the point of care or at a contracted facility.
- 4.2 Patients on medical aid should be charged at BHF rates. No charges should 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, should be used for needs assessment, service planning and service impact evaluation.

The needs of the target population should 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 should be directed at the target population's needs.

- 5.3 The Amurt Ahanang project should be linked to the other programmes run by AMURT in Orange Farm. It should 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<sup>13</sup> should 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 should be given to the staff and to the AMURT administration.
- 6.2 Protocols for diagnosis, patient management and administration should be developed. Adherence to the protocols should be monitored via the service information system of which they should be an essential element.

## **7 administration and development**

- 7.1 First level control should be vested in the clinic staff but policy decisions should be taken by the AMURT governing body. Control of finance should also rest with the governing body.
- 7.2 There is no time limit to the project but it should be modified, according to the recommendations of regular service evaluations and needs assessments.

## **8 finance**

- 8.1 Amurt Ahanang should be a non-profit project. It should 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 should be structured to facilitate and encourage appropriate utilisation. There should be discounts on selected items. Special service-related discounts should be available and selected patients should qualify for discounts. Some services and items should be provided free of charge.
- 8.3 Patients belonging to a medical aid should be charged at the BHF rate.
- 8.4 The service fee should be replaced with an annual or bi-annual subscription when the credibility of the service has been established.

## **SUMMARY**

- 1 The Amurt Ahanang project should provide a fee-paying, non-profit, community-based comprehensive health service<sup>14</sup> in Orange Farm.
- 2 There should be continuity of care by area-based clinical teams.
- 3 Fees should be charged with a separate charge for service and drugs. There should be discounts to encourage appropriate service utilisation.