

# **THE PRIMARY HEALTH CARE PROGRAMME FOR SOUTH AFRICA – A SET OF NORMS AND STANDARDS**

## **PART 1**

**NORMS AND STANDARDS FOR HEALTH CLINICS**

## **PART 2**

**NORMS AND STANDARDS FOR COMMUNITY  
BASED CLINIC INITIATED SERVICES**

**SEPTEMBER 2001**

## FOREWORD

Equity and access to health care were declared as the fundamental principles that were to underpin the transformation of health services in South Africa. To realise these ideals, and to ensure comparability in the delivery of services, it became necessary to define parameters for service delivery. This document presents that definition, in the form of a standardised comprehensive package of services to be delivered at primary care level, as well as the quality norms and standards that are required for each service.

An important aspect of this document is its multi-faceted applicability in the delivery of health care, both to the providers and to the recipients of care, as well as to the policy makers:

- it can be used by the community to see the range and quality of services to which they are entitled;
- it can be used by local health workers to help assess their own performance and that of their clinic; and
- it can be used as planning guidelines by local government and provincial health planners to progressively assess the needs of their population, and draw up plans to bring services up to national standards.

Another feature of the document is that it highlights the scope of the task we are asking of our workers in health clinics and the range of skills required of them. The immediate benefit of this is that all workers perform the same functions, have the same level of competence and the right skills for the job they need to do. This is critical for Primary Health Care to be a success and this document defines the essential element of this relation. This significantly enhances the worker's attitude and the value they place on their job.

Although the task at hand requires a considerable amount of effort, it can be expected that realities will temper our immediate efforts. Due to resource constraints it may not be possible to achieve the norms and standards specified everywhere at once. This document provides the means to assess shortcomings and to draw up plans to address them. Therefore, reaching these standards everywhere may take time, but the goal is to reach all of them by 2004. My urgent appeal to all is to assess the performance of their clinics against the standards contained in this document, and to then develop plans to address the shortfalls as speedily as possible to attain full national coverage by the target date of 2004.

The need to really focus on accelerating quality health service delivery remains. This document contributes towards our collective efforts to make primary health care services universally accessible, and it provides the necessary means to improve the quality of the care. Because we all painstakingly developed the document over the last four years, I urge us to take pride in it, and deliver due justice to it by implementing its contents as demonstration of our promise and commitment to provide equitable health services to the people of South Africa.



Dr M.E Tshabalala Msimang  
Minister of Health

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### OTHERSUPPORT

- To individuals not part of either the stakeholder group nor Technical Task Team but who were requested to critique and advise on specific

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### TECHNICAL TASK TEAM

- A special tribute is paid to the Technical Task Team Members who contributed their time and experience to produce this document. Without their continuous contribution and tireless hard

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# THE PRIMARY HEALTH CARE PACKAGE FOR SOUTH AFRICA - A SET OF NORMS AND STANDARDS

## INTRODUCTION

Primary health care is at the heart of the plans to transform the health services in South Africa. An integrated package of essential primary health care services available to the entire population will provide the solid foundations of a single, unified health system. It will be the driving force in promoting equity in health care. This document sets out the norms and standards that are to be made available in the essential package of primary care services. For the first time it will be possible for

individuals to see what quality of primary care services they can expect to receive. It also acts as guidance for provincial and district health authorities to provide these services.

This introduction describes the background to the work, the way the package and standards have been produced, their potential uses and how they are likely to evolve with time and experience.

## THE BACKGROUND

The draft Health Bill requires the production of norms and standards to be used by provinces to provide health services at acceptable levels. Providing acceptable levels of service to all people will help the process of redistribution and reduce inequalities. The Year 2000 targets included the objective of having "defined Comprehensive services which are to be delivered at primary care level of health service delivery". The task to define and produce norms and standards falls to the Directorate:

Quality Assurance, Department of Health

A primary health care package was defined following detailed consultation over four years with national experts and provincial staff. It forms the basis of this document, which contains norms and standards for clinic and community services. A national task team has undertaken the production of the norms and standards.

## THE CHOICE OF NORMS AND STANDARDS

All necessary components of a comprehensive primary care package are described and norms and standards for each component are provided. The norms and standards are largely derived from existing national policy documents or, if unavailable, other authoritative sources such as WHO and research work undertaken in the country. All the

norms and standards are verifiable (some more easily than others) by staff providing the service. Some of the norms were taken from the Year 2000 Objectives and Indicators. An attempt has been made to ensure that the standards are practical, essential and comprehensive and describe the range of services that should be available to all South Africans.

## POTENTIAL USES

It is hoped that the norms and standards are comprehensive enough to be used:

- By local staff to help assess their own performance and that of their clinic.
- By the community who are able to see the range and quality of services to which they are entitled.
- As planning guidelines by district and provincial health planners to help assess the unmet needs of their population and draw up

- plans to bring services up to national standards.
- By provincial governments to guide resource allocation.

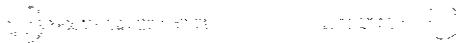
This wide range of uses requires the document to be available in different formats and selecting particular sections. Once this core document is published, it will be widely distributed to all stakeholders. Components can for example be adapted for use as checklists for local staff.

A LIVING DOCUMENT

The document has two parts - one on clinic services, the other on community services. The community health centre and level-1 hospital sections are given a separate document. The choice of separate documents follows the precedent set by the EDL and permits each document to remain of reasonable size.

Not every primary health care component has been fully documented. National policies will change and

service standards will be able to be enhanced, as more resources are made available. The document is the first of its kind. The task group believes that, with experience of its use, many things will be found that can be improved. Feedback from patients and staff is essential. Some provinces have set up norms and standards initiatives themselves. This is good as the more experience that is gained with their use the more can be shared.



## DEFINITION OF NORMS AND STANDARDS

### FOR THE PURPOSE OF THIS DOCUMENT NORMS AND STANDARDS ARE DEFINED THUS:

A NORM is defined as a statistical normative rate of provision or measurable target outcome over a specified period of time.

A STANDARD is defined as a statement about a desired and acceptable level of health care.

A common framework used to develop these standards addresses health service inputs, processes, outputs and outcomes. This approach has been adopted. Standards are best developed in

incremental stages and according to national priorities. These represent the first stage of this process for primary health care.

Standard setting takes place within specific dimensions of quality - acceptability, accessibility, appropriateness, continuity, effectiveness, efficiency, equity, interpersonal relations, technical competence and safety. The most important dimensions have been chosen for each service.

### INTERPRETATION

Two important issues need to be taken into account when interpreting these norms and standards in the local setting. The first relates to the role of national

and provincial health authorities. The second relates to staff competency.

### WHAT SERVICES ARE REQUIRED NOT HOW SERVICES ARE PROVIDED

The national task is to define what services are required to best meet the health needs of the nation. It is for provinces and local government to decide, in the light of local circumstances, how these services are to be provided. Because of these different roles this national document is about what services at what standard are required. The standards do not specify how the services are to be provided and at what level the standards will be met. It is for provinces and local government to harden up the standards with verifiable time limited measures based on existing performance and anticipated improvements.

Different kinds of facilities will be required to provide the same services in different situations. Take for instance the use of mobile clinics in remote rural areas compared to polyclinics in high-density urban areas. For this reason national standards about facilities and staffing norms are not offered. In some instances some standards about special facilities are included without which a service would be impossible to provide, for example a confidential room to talk to a sexually abused patient.

### STAFF COMPETENCY

Many standards are about staff competency. It is to be expected that some staff will not be trained, or if trained, remain competent to provide all the services specified. It is the responsibility of professional staff to seek to rectify the deficit in themselves

and their staff by arranging appropriate training. It goes without saying that no members of staff should undertake tasks unless they are competent to do so. The safety of the patient is paramount.

### CONTENT

The document is arranged in a logical order. There are two parts; the first deals with health clinics and the second section with community based services. The Part on health clinics starts with a chapter on patient rights, which is followed by one on core norms and standards for all clinics whatever services they

are providing. For instance all clinics are expected to have and use the Essential Drug List. The standard is therefore included as a core standard. It is not repeated in later chapters although its use is essential for most if not all services. Chapters succeeding the core standards one do not duplicate core standards.

Then follows chapters on individual services in life cycle order starting with maternity care and women's health through children and adolescent services to communicable diseases and finally non-communicable diseases.

Each chapter has three paragraphs. The first describes the service to be provided and is taken from the document "The Primary Health Care Package". The second paragraph describes the norms, chosen to represent key measures of what is required. All clinics should be aspiring to measure and reach these norms. The third paragraph describes the standards for each service and it is divided into 9 sections. The first three sections describe the essential written material, equipment, supplies and medicines required. Successful performance to meet these standards requires good organisation and logistics.

Sections **4 and 5** are perhaps the most important of all in describing the required competence of staff, without which services will be of poor quality. These sections will be of help to individual professionals as they assess their own capabilities against what is required of them. They will also be of help to managers and

training departments in offering a backbone for training curricula and supervisory support.

Sections **6 - 9** relate to other professional tasks required but which are not directly related to individual patient care. They are nevertheless important, as they are to do with improving the health of the local community.

**Part 2** is about community based clinic initiated services. The format is similar.

Documentary sources are listed at the back, which together with the documents listed in sections 1 of each chapter, reference the authoritative evidence on which the norms and standards are based.

### YOUR COMMENTS AND FEEDBACK

Please send any comments you might have on this document, to:

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**PART 1**  
**NORMS AND STANDARDS FOR HEALTH CLINICS**

## PART 1 NORMS AND STANDARDS FOR HEALTH CLINICS

### BATHO PELE - PEOPLE FIRST

#### INTRODUCTION

Access to decent public services is the rightful expectation of all citizens especially those previously disadvantaged. Communities are encouraged to participate in planning services to improve and optimize service delivery for the benefit of the people who come first.

#### STANDARDS

All communities will know from displayed posters about the eight principles of Batho Pele, which are.

##### CONSULTATION

Communities will be consulted about the level and quality of public services they receive and where possible will be given a choice about the services offered.

##### SERVICE STANDARDS

Citizens would know the level and quality of public service they are to receive and know what to expect

##### ACCESS

All citizens have equal access to the services to which they are entitled

##### COURTESY

Citizens should be treated with courtesy and consideration.

##### INFORMATION

Citizens should be given full accurate information about the public service they are entitled to receive.

##### OPENNESS & TRANSPARENCY

Citizens should be told how national and provisional departments are run, how much they cost and who is in charge.

##### REDRESS

If the promised standard of service is not delivered they should be offered an apology, an explanation and an effective remedy, when complaints are made, citizens should receive a sympathetic positive response.

##### VALUE FOR MONEY

Public services should be provided economically and efficiently in order to give citizens and communities the best possible value for money.

##### Implications for health staff

In line with these principles the local health services for a community will provide:

- services with a high standard of professional ethics
- a missions statement for service delivery
- services which are measured with performance indicators displayed, so community can understand the level of achievement
- a services which are in partnership with or complement other sectors e.g. the private sector and non-government organizations and community based organizations
- services which are customer friendly and confidential
- a opportunities for community consultation
- types of outreach which can reach to all communities and to families in greatest need
- a easily accessible and effective ways of dealing with complaints or suggestions for improvement
- current information on services available and hours of service, staff changes of movements and extra activities such as health days.

## PATIENTS RIGHTS CHARTER

### SERVICE DESCRIPTION

The purpose and expected outcome of the patients rights charter and complaints procedure is to deal effectively with complaints and rectify service delivery problems and so improve the quality of care, raise awareness of rights and responsibilities, raise expectations and empowerment of users, change attitudes by strengthening the relationship between providers and users, improve the use of services and develop a mechanism for enforcing and measuring the quality of health services.

### STANDARDS

1.	Each clinic displays the patients rights charter and patient responsibilities at the entrance in local languages.
2	The twelve patient's rights are observed and implemented. Every patient has the right to: a a healthy and safe environment ● access to health care ● confidentiality and privacy a informed consent a be referred for a second opinion ● exercise choice in health care a continuity of care ● participation in decision making that affect his/her health a be treated by a named health care provider ● refuse treatment and a knowledge of their health insurance/medical aid scheme policies ● complain about the health service they receive.
3.	The ten patient's responsibilities are displayed alongside the patients rights charter. These include: ● Living a healthy lifestyle ● Care and protect the environment ● Respect the rights of other patients and health staff ● Utilise the health system optimally without abuse ● Know the health services available locally and what they offer ● Provide health staff with accurate information for diagnosis, treatment, counselling and rehabilitation purposes a Advise health staff on his or her wishes with regard to death a Comply with the prescribed treatment and rehabilitation procedures a Ask about management costs and arrange for payment a Take care of the patient carried health cards and records.
4.	There is provision for the special needs of people such as a woman in labour, a blind person or a person in pain.
5.	Services are provided with courtesy, kindness, empathy, tolerance and dignity.
6.	Information about a patient is confidential and is only disclosed after informed and appropriate consent.
7.	Informed consent for clinical procedures is based on a patient being fully informed of the state of the illness, the diagnostic procedures, the treatment and its side effects, the possible costs and how lifestyle might be affected. If a patient is unable to give informed consent the family is consulted.

- |     |  |
|-----|--|
| 8.  | When there is a problem the health care user is informed verbally of the health rights charter with emphasis on the right to complain and the complaints procedure is explained and handed over. |
| 9.  | The clinic has a formal, clear, structured complaint procedure and illiterate patients and those with disabilities are assisted in laying complaints.  |
| 10. | All complaints or suggestions are forwarded to the appropriate authority if they cannot be dealt with in the clinic.   |
| 11. | A register of complaints and how they were addressed is maintained.  |
| 12. | The name, address, telephone number of the person in charge of the clinic is displayed.  |

## CORE NORMS AND STANDARDS FOR HEALTH CLINICS

### CORE NORMS

- |     |  |
|-----|--|
| 1.  | The clinic renders comprehensive integrated PHC services using a one-stop approach for at least 8 hours a day, five days a week.   |
| 2.  | Access, as measured by the proportion of people living within 5km of a clinic, is improved.  |
| 3.  | The clinic receives a supportive monitoring visit at least once a month to support personnel, monitor the quality of service and identify needs and priorities.  |
| 4.  | The clinic has at least one member of staff who has completed a recognised PHC course.   |
| 5.  | Doctors and other specialised professionals are accessible for consultation, support and referral and provide periodic visits.   |
| 6.  | Clinic managers receive training in facilitation skills and primary health care management.  |
| 7.  | There is an annual evaluation of the provision of the PHC services to reduce the gap between needs and service provision using a situation analysis of the community's health needs and the regular health information data collected at the clinic. |
| 8.  | There is annual plan based on this evaluation.   |
| 9.  | The clinic has a mechanism for monitoring services and quality assurance and at least one annual service audit.  |
| 10. | Community perception of services is tested at least twice a year through patient interviews or anonymous patient questionnaires.   |

#### References, prints and educational materials

- |     |  |
|-----|--|
| 1.1 | Standard treatment guidelines and the essential drug list (EDL) manual.  |
| 1.2 | A library of useful health, medical and nursing reference books kept up to date.   |
| 1.3 | All relevant national and provincial health related circulars, policy documents, acts and protocols that impact on service delivery. |
| 1.4 | Copies of the Patients Charter and Batho Pele documents available.   |

**2 Equipment**

- 2.1 A diagnostic set.
- 2.2 A blood pressure machines with appropriate cuffs and stethoscope.
- 2.3 Scales for adults and young children and measuring tapes for height and circumference.
- 2.4 Haemoglobinometer, glucometer, pregnancy test, and urine test strips.
- 2.5 Speculums of different sizes
- 2.6 A reliable means of communication (two-way radio or telephone).
- 2.7 Emergency transport available reliably when needed.
- 2.8 An oxygen cylinder and mask of various sizes.
- 2.9 Two working refrigerators one for vaccines with a thermometer and another for medicines. If one is a gas fridge a spare cylinder is always available.
- 2.10 Condom dispensers are placed where condoms can be obtained with ease.
- 2.11 A sharps disposal system and sterilisation system.
- 2.12 Equipment and containers for taking blood and other samples.
- 2.13 Adequate number of toilets for staff and users in working order and accessible to wheelchairs.
- 2.14 A sluice room and a suitable storeroom or cupboard for cleaning solutions, linen and gardening tools.
- 2.15 Suitable dressing/procedure room with washable surfaces.
- 2.16 A space with a table and ORT equipment and needs
- 2.17 Adequate number of consulting rooms with wash basins, diagnostic light (one for each professional nurse and medical officer working on the same shift).

**3 Medicines & Supplies**

- 3.1 Suitable medicine room and medicine cupboards that are kept locked with burglar bars.
- 3.2 Medicines and supplies as per the essential drug list for Primary Health Care, with a mechanism in place for stock control and ordering of stock.
- 3.3 Medicines and supplies always in stock, with a mechanism for obtaining emergency supplies when needed.
- 3.4 A battery and spare globes for auroscopes and other equipment.
- 3.5 Available electricity, cold and warm water.

**4 Competence of health staff****Organising the clinic**

- 4.1 Staff are able to
  - 4.1.1 map the clinic catchment area and draw specific and achievable PHC objectives set using district, national and provincial goals and objectives as a framework.
  - 4.1.2 Organise outreach services for the clinic catchment area.
  - 4.1.3 Organise the clinic to reduce waiting times to a minimum and initiate an appointment system when necessary.
  - 4.1.4 Train community health care promoters to educate caretakers and facilitate community action.
  - 4.1.5 Plan and implement a district focused and community based activities, where health workers are familiar with their catchment area population profile, health problems and needs and use data collected at clinic level for this purpose.

**Caring for patients**

- 4.2 Staff are able to follow the disease management protocols and standard treatment guidelines, and provide compassionate counselling that is sensitive to culture and the social circumstances of patients.
- 4.3 Staff are positive in their approach to patients, evaluating their needs, correcting misinformation and giving each patient a feeling of always being welcome.
- 4.4 Patients are treated with courtesy in a client-oriented manner to reduce the emotional barriers to access of health facilities and prevent the breakdown in communication between patients and staff.
- 4.5 The rights of patients are observed.

**Running the clinic**

- 4.6 A clear system for referrals and feedback on referrals is in place.

4.7	All personnel wear uniforms and insignia in accordance with the South African Professional Councils' specifications.
4.8	The clinic has a strong link with the community, civic organisations, schools and workplaces in the catchment area.
4.9	The clinic is clean, organised and convenient and accommodates the needs of patients' confidentiality and easy access for older persons and people with disability.
4.10	Every clinic has a house keeping system to ensure regular removal and safe disposal of medical waste, dirt and refuse.
4.11	Every clinic provides comprehensive security services to protect property and ensure safety of all people at all times.
4.12	The clinic has a supply of electricity, running water and proper sanitation.
4.13	The clinic has a written infection control policy, which is followed and monitored, on protective clothing, handling of sharps, incineration, cleaning, hand hygiene, wound care, patient isolation and infection control data.
<b>5</b>	<b>Patient Education</b>
5.1	Staff are able to approach the health problems of the catchment area hand in hand with the clinic health committee and community civic organisations to identify needs, maintain surveillance of cases, reduce common risk factors and give appropriate education to improve health awareness.
5.2	Culturally and linguistically appropriate patients' educational pamphlets are available on different health issues for free distribution.
5.3	Appropriate educational posters are posted on the wall for information and education of patients.
5.4	Educational videos in those clinics with audio-visual equipment are on show while patients are waiting for services.
<b>6</b>	<b>Records</b>
6.1	The clinic utilises an integrated standard health information system that enables and assists in collecting and using data.
6.2	The clinic has daily service registers, road to health charts, patient treatment cards, notification forms, and all needed laboratory request and transfer forms.
6.3	All information on cases seen and discharged or referred is correctly recorded on the registers.
6.4	All notifiable medical conditions are reported according to protocol.
6.5	All registers and monthly reports are kept up to date.
6.6	The clinic has a patient carry card or filing system that allows continuity of health care.
<b>7</b>	<b>Community &amp; Home Based Activity</b>
7.1	There is a functioning community health committee in the clinic catchment area.
7.2	The clinic has links with the community health committee, civic organisations, schools, workplaces, political leaders and ward councillors in the catchment area.
7.3	The clinic has sensitised, and receives support from, the community health committee.
7.4	Staff conduct regular home visits using a home visit checklist.
<b>8</b>	<b>Referral</b>
8.1	All patients are referred to the next level of care when their needs fall beyond the scope of clinic staff competence.
8.2	Patients with a need for additional health or social services are referred as appropriate.
8.3	Every clinic is able to arrange transport for an emergency within one hour.
8.4	Referrals within and outside the clinic are recorded appropriately in the registers.
8.5	Merits of referrals are assessed and discussed as part of the continuing education of the referring health professional to improve outcomes of referrals.
<b>9</b>	<b>Collaboration</b>
9.1	Clinic staff collaborate with social welfare for social assistance and with other health related public sectors as appropriate.
9.2	Clinic staff collaborate with health orientated civic organisations and workplaces in the catchment area to enhance the promotion of health.

## CORE MANAGEMENT STANDARDS

**10 Leadership and planning**

- 10.1 Each clinic has a vision/mission statement developed and posted in the clinic.
- 10.2 Core values are developed by the clinic staff and posted.
- 10.3 An operational plan or business plan is written each year.

**11 Staff**

- 11.1 New clinic staff are oriented.
- 11.2 District personnel policies on recruitment, grievance and disciplinary procedures are available in the clinic for staff to refer to.
- 11.3 The staff establishment for all categories is known and vacancies discussed with the supervisor.
- 11.4 Job descriptions for each staff category are in the clinic file.
- 11.5 There is a performance plan/agreement and training plan made and a performance appraisal carried out for each member of staff each year.
- 11.6 The on-call roster and the clinic task list with appropriate rotation of tasks are posted.
- 11.7 An attendance register is in use.
- 11.8 There are regular staff meetings (at least once a month).
- 11.9 Services and tasks not carried out due to lack of skills are identified and new training sought.
- 11.10 In-service training takes place on a regular basis.
- 11.11 Disciplinary problems are documented and copied to supervisor.

**12 Finance**

- 12.1 The clinic, as a cost centre, has a budget divided into main categories.
- 12.2 The monthly expenditure of each main category is known.
- 12.3 Under and over spending is identified and dealt with including requests for the transfer of funds between line items where permitted and appropriate.

**13 Transport and communication**

- 13.1 A weekly or monthly transport plan is submitted to the supervisor or transport co-ordinator.
- 13.2 The telephone or radio is working.
- 13.3 The ambulance can be contacted for urgent patient transport to be available within two hours.

**14 Visits to clinic by unit supervisor**

- 14.1 There is a schedule of monthly visits stating date and time of supervisory support visits.
- 14.2 There is a written record kept of results of visits.

**15 Community**

- 15.1 The community is involved in helping with clinic facility needs.
- 15.2 The community health committee is in place and meets monthly.

**16 Facilities and equipment**

- 16.1 **There is an up-to-date** inventory of clinic equipment and a list of broken equipment.
- 16.2 **There is a list of required repairs** (doors, windows, water) and these have been discussed with the supervisor and clinic committee.

**17 Drugs and supplies**

- 17.1 Stocks are secure with stock cards used and up-to-date.
- 17.2 Orders are placed regularly and on time and checked when received against the order.
- 17.3 Stocks are kept orderly, with FEFO (first expiry, first out) followed and no expired stock.
- 17.4 The drugs ordered follow EDL principles.

**18 Information and documentation**

- 18.1 New patient cards and medico-legal forms are available.
- 18.2 The laboratory specimen register is kept updated and missing results are followed up.
- 18.3 Births and deaths are reported on time and on the correct form.

- 18.4 The monthly PHC statistics report is accurate, done on time and filed/sent.
- 18.5 Monthly and annual data are checked, graphed, displayed and discussed with staff and the health committee.
- 18.6 There is a catchment area map showing the important features, location of mobile clinic stops, DOTS supporters, CHWs and other outreach activities.

## WOMEN'S REPRODUCTIVE HEALTH

### SERVICE DESCRIPTION

Reproductive services for women are provided in an integrated comprehensive manner covering preventive, promotive, curative and rehabilitative aspects of care. The focus is on antenatal, delivery, postnatal and family planning care.

### NORMS

1. Increase the percentage of pregnant women receiving antenatal care (ANC) from the existing level to at least 70%.
2. Increase the deliveries in institutions by trained birth attendants from the existing level to at least 75%.
3. Reduce the proportion of pre-term deliveries and low birth weight babies by at least 20%. Reduce the proportion of births in women below 16 years and 16-18 years from the existing level (13.2% in 1998).

### STANDARDS

- 1 References, prints and educational materials
  - 1.1 Midwifery protocols
  - 1.2 Contraception protocols
  - 1.3 Termination of pregnancy protocols
  - 1.4 Sterilisation act
  - 1.5 All Provincial circulars and policy guidelines regarding women's health issues
  - 1.6 A library of suitable references and learning material on women's health issues
- 2 Equipment and special facilities
  - 2.1 Delivery set
  - 2.2 Neonatal resuscitation trolley
  - 2.3 Specula
  - 2.4 Fetalscope
  - 2.5 Women's Health charts
- 3 Medicines & Supplies
  - 3.1 Ferrous and folic acid tablets
  - 3.2 Oxytocin
  - 3.3 Vit K injections
  - 3.4 Contraceptive barrier methods e.g. condoms
  - 3.5 Vaginal contraceptives e.g. spermicidal jelly
  - 3.6 Intrauterine contraceptive devices
  - 3.7 Injectable hormonal contraceptives
  - 3.8 Oral hormonal contraceptives
  - 3.9 Post-coital contraceptives

<p>4</p>	<p><b>Competence of health staff</b></p> <p>4.1 Nurses receive training in the perinatal education programme (PEP), contraception and post-abortion care management.</p> <p>4.2 Staff are able to take a history and perform a physical examination and tests according to protocols and guidelines.</p> <p>4.3 Staff provide routine management, observations and service according to the ANC protocol at each step of the pregnancy including at least three visits during pregnancy.</p> <p>4.4 Staff provide education and counselling to each pregnant woman and partner on monitoring signs of problems (e.g. bleeding), nutrition, child feeding and weaning, STDs/ HIV, delivery, newborn and child care, advanced maternal age, family planning and child spacing.</p> <p>4.5 Staff offer appropriate counselling, advice and service to pregnant women requesting termination of pregnancy.</p> <p>4.6 At least one member of staff is able to:-</p> <p>4.6.1 Deliver uncomplicated pregnancies.</p> <p>4.6.2 Make routine observations according to the postnatal care protocol.</p> <p>4.6.3 Make usual routine observations and select and prescribe appropriate family planning methods according to national protocol.</p> <p>4.6.4 Screen, advice and refer infertility cases as per national guidelines.</p> <p>4.6.5 Conduct breast cancer and cervical screening for women older than 35 years as per protocols.</p> <p>4.6.6 Conduct home visits to provide support and supervise care.</p> <p>4.6.7 Provide appropriate adolescent/youth services on family planning, sexuality, health education and counselling.</p>
<p>5</p>	<p><b>Patient Education</b></p> <p>5.1 Information is given to mothers on booking for delivery, child preventive care, education about child feeding and the introduction of solid food.</p> <p>5.2 Further information is given to mothers on the care of breasts, vaginal bleeding and scars, signs of hypertension, diabetes, anaemia, return to usual physical efforts, labour rights, rights of the child and advice on family planning.</p> <p>5.3 Patients are given group education.</p> <p>5.4 Patients' relatives and the community receive continuous, appropriate high quality information on the importance of antenatal care and institutional deliveries.</p> <p>5.5 Information, education and counselling are offered to adolescents and youth.</p>
<p>6</p>	<p><b>Records</b></p> <p>6.1 All information on cases and outcome of deliveries are correctly recorded on the register.</p> <p>6.2 All registers and monthly reports are kept up to date.</p>
<p>7</p>	<p><b>Community &amp; Home Based Activity</b></p> <p>7.1 The clinic has sensitised, and receives support from, the community health committee about the positive encouragement of attendance at clinic of all pregnant women.</p> <p>7.2 Staff conduct regular home visits using a home visit checklist.</p>
<p>8</p>	<p><b>Referral</b></p> <p>8.1 All referrals within and outside the clinic are motivated and indications for referral written clearly on the referral form.</p> <p>8.2 Patients with need for additional health or social services are referred according to protocols.</p> <p>8.3 Referrals from traditional birth attendants (TBA) should be encouraged and associated with the training of the TBAs and follow up of the training.</p>
<p>9</p>	<p><b>Collaboration</b></p> <p>9.1 Clinic staff collaborate with social welfare for social assistance and other role players.</p> <p>9.2 Clinic staff collaborate with clinic health committee, the civic organisations and workplaces in the catchment area to enhance health promotion.</p>