PHC CLINICS IN SOWETO
a comprehensive service?

It is state policy to provide blacks in urban areas with adequate health services to enable them to be productive members of the labour force. However, when it comes to providing funds for basic health services the state appears unable put policy into practice.

Health services are not comprehensive and standards vary. Clinic tarrifs, although calculated according to the patient's income, are nonetheless too high for low wage earners or the unemployed. Recently provincial hospital and clinic fees have been raised by 150%. The drop in attendence at the clinic since the latest tarrif increase has been dramatic and health personnel sit with no patients to see.

In addition people have been encouraged to seek private medical care and thereby remove the responsibility from the state.

Medical schemes are being introduced widely and their members pay private rates for doctors and hospital care. The The long term aim of these policies is clearly to make more urban blacks pay for their own health services. The existing services will cater for preventive care, immunisation, the elderly and those suffering from chronic illness, as well as family planning services. This also means that the unemployed and those who are "imformally" employed will not be able to afford good health care.

This trend parallels the trends in other social security services, for example, pensions. The working class is being called on to fund its own pension schemes.

In addition to this, standards in medical care for patients who can afford it are different for black, coloured, asian and white patients.

HEALTH SERVICES IN THE TOWNSHIPS.

Very few townships in the Witwatersrand have community clinics. Thembisa and Sebokeng, with their large populations, have no curative clinics. People living in these townships must attend the township hospital for treatment. These hospitals cannot provide comprehensive care for an entire township.

Soweto has the most sophisticated and comprehensive clinic system in the Transvaal. Although Soweto has always had clinics, after June 1976 an effort was made to upgrade the clinics and provide a standard of health care acceptable to Soweto residents in the wake of the "unrest". Below is a description of the health services offered in Soweto. Although it attempts to be comprehensive, lack of funds, inadequate staffing, a large patient load and a top heavy administration prevents the promotion of the overall health of the community.

SOWETO HEALTH SERVICES.

There are ten polyclinics in Soweto, funded by the Transvaal Provincial Administration(TPA).
Seven of these are Primary Health Care clinics and are staffed by primary health care nurses who see all the patients. The sisters take a history, examine the patient and assess and treat the problem. Complicated medical problems are refered to a doctor.

The sisters have a thorough clinical training and treat both adults and children. The approach is in theory a comprehensive one and includes checking that immunsation is up to date, health and nutrition education, screening for hypertension and a full explanation to the patient about the diagnosis and treatement of the patients' complaint.

There is a weekly physiotherapy service and one of the clinics has an Xray unit. Antenatal clinics and delivery units at the clinic are run by conventionally trained midwives under the supervision of a doctor. Only uncomplicated cases are delivered at the clinics.

The dental services see individuals for treatment and groups of school children for screening and education in dental hygiene. Familyy planning clinics provide free services and are run by state trained sisters. District nurses from Baragwanath hospital visit indigent patients at home for administration of insulin injections, changing wound dressings etc.

All the clincs are funded for curative services only. They do not immunise or trace TB contacts or follow up contacts of people with sexually transmitted disease.

Preventive aspects of health care are provided by city health or peri-urban board clinics. They run large "well baby clinics" monitoring babies weight and immunizing. Health visitors visit problem homes and follow up defaulters. Services for alcoholics, cripple care and for the mentally handicapped existt as well as a social work service. There are a few voluntary services like the Marriage Guidance Association.

Most of these services are however far too small to provide services to everyone who needs them.

FACTORS WHICH COMPROMISE CURATIVE SERVICES.

COST

Patients pay for all curative services even if they are unemployed. Only pensioners are seen for free. Pregnant women pay a R15 toR25 booking fee, to ensure a clinic delivery at their first visit for ante natal clinic and are not admitted to the ante natal clinic until they have paid which means that they often only attend ante natal clinic late in their pregnancy. This fee is payable irrespective of their having an income.

In theory every patient needing treatment should be seen and given an account if they cannot pay at the time. In practice however, people tend to visit the clinic in proportion to the availability of money so that clinics are crowded at the begining of the week and the begining of the month. This also means that patients present when their illness is at a more advanced stage because money was not at hand.

In April 1982 the clinic tarriff was doubled from R1 to R2 and a recent increase to R5 has been instituted. The number of patients attending the clinics has dropped dramatically.

Subsidies for medicines have been cut. Antibiotics are issued for four days only except in special cases.Five days and seven days, depending on the condition, is accepted as the minimum period required for effective antibiotic treatment. So even if people do get to the clinic ,in some instances, they are not getting effective therapy.Budgets for laboratory facilities have also been cut so for example blood tests for sexually transmitted diseases are not done.

STAFF.

Primary health care nurses are paid the same salary as ordinary nursing sisters although they are more highly trained. When they obtain registration and their training is recognised they will be paid more, but this is still to come. Their training involves 6 years of general nursing before they can begin their primary health care training. They see fewer patints per day than a doctor but they see each patient more thoroughly and probabily communicate with the patients far better. Although they do the same work as a doctor they are paid far less. The poor salaries have lead many sisters to look for better paid jobs.

Staff is allocated according to provincial formulas of patient-staff ratios for the entire year. These do not allow for changes in ratio during busy or quiet periods, or for time consuming problems that a sister may have to deal with.Therefore clinic staff are often under great pressure and standards are sometimes compromised. Often sisters do not have time to listen to detailed complaints, explain the diagnosis or treatment and thus the major benefit of primary health care is lost.

The obstetric staff have all been trained in hospitals for hospital conditions. They have no specific training for the clinic conditions where they do not have constant supervision and back up. In addition, as senior staff have left provincial posts for better salaried jobs, more junior staff have been drawn into responsible posts in obstetric and non primary health care posts.

CONCLUSION.

This article has made no attempt to criticise the services of the primary health care clinics in Soweto. It has been mainly descriptive. In conclusion we have added a comment from a health worker at one of the clinics as an illustration of the way some people view the services provided.

"The primary health care system exists in an ignored city *in the middle of apartheids' ills. A curative system* surrounded by preventable disease, staffed by an arrogant middle class dispensing tablets to cure poverty. Its administrators add up the number of patients and subtract them from a meagre budget hoping for a cheap solution. Its contribution to the health of Sowetans is minimal."

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