Some minimum standards for personal health services in a rural homeland area

This paper attempts to set minimum standards of personal health care for a typical rural homeland area. It is based on the belief that South Africa has the resources to provide health care of a desirable standard to all who live within its boundaries.

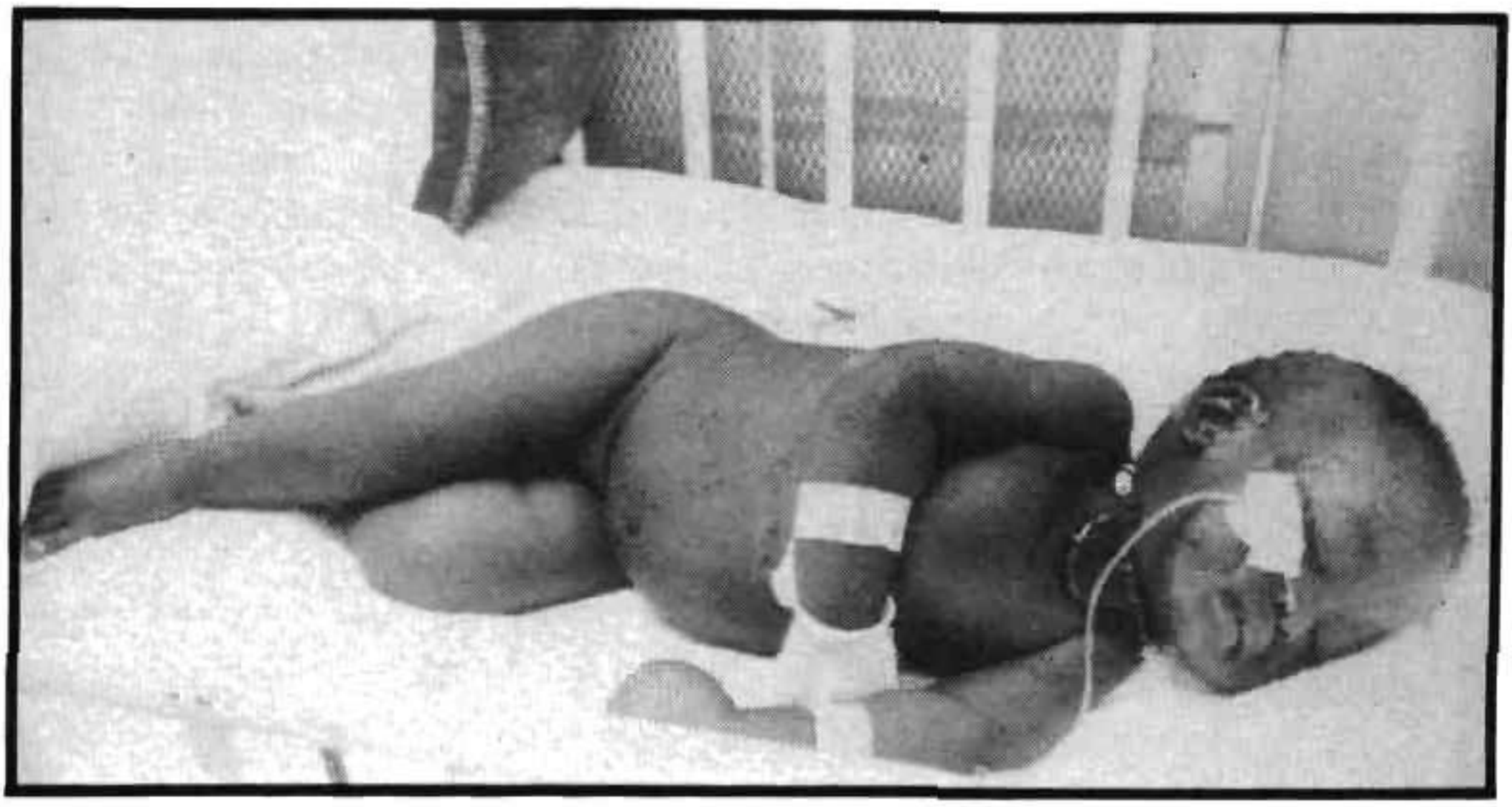
For this to happen, two major developments are required. There needs to be a re-allocation of health sector resources within the country, so that resources are made available to those areas which thus far have been deprived of an equal share. Secondly, there needs to be a change in health care priorities, with a far greater emphasis being placed on the development of a good primary health care service.

Unfortunately, the political will to implement these changes does not appear to be forthcoming at present. It is desirable therefore that an interim strategy be developed for those regional health services which are committed to providing at least a minimum standard of health care for everyone who falls under their jurisdiction.

For such an interim strategy to succeed, minimum standards must be developed, following the primary health care approach for personal health services. Although the primary health care approach emphasises peoples' living conditions as a primary consideration in health care, it is not within the scope of this paper to deal with this aspect. Instead this paper has been limited to a discussion of personal health care needs. It is based on the premise that everyone should have access to adequate services which are conveniently situated, financially accessible and which have easy access to secondary and tertiary care facilities for the referral of patients.

We established standards for a typical health region serving a population of about 150 000 people living in about sixty villages spread over an area of about 1 000 square kilometers. In such areas the population is comprised largely of women,

children and the aged. The villages might be expected to range in size from a few hundred to more than ten thousand. Poor socio-economic conditions prevail, and are manifest in poverty related disease patterns.



Poor socio-economic conditions are manifest in poverty related disease patterns

In this paper minimum standards are put forward for the following aspects of health care delivery:

- The types of facilities needed and the services that each facility should provide;
- The minimum acceptable quality of the services provided through the various facilities;
- The minimum requirements for effective utilisation of health workers;
- The minimum supply and support systems required to ensure that the services can be provided.

Facilities and the services they should provide

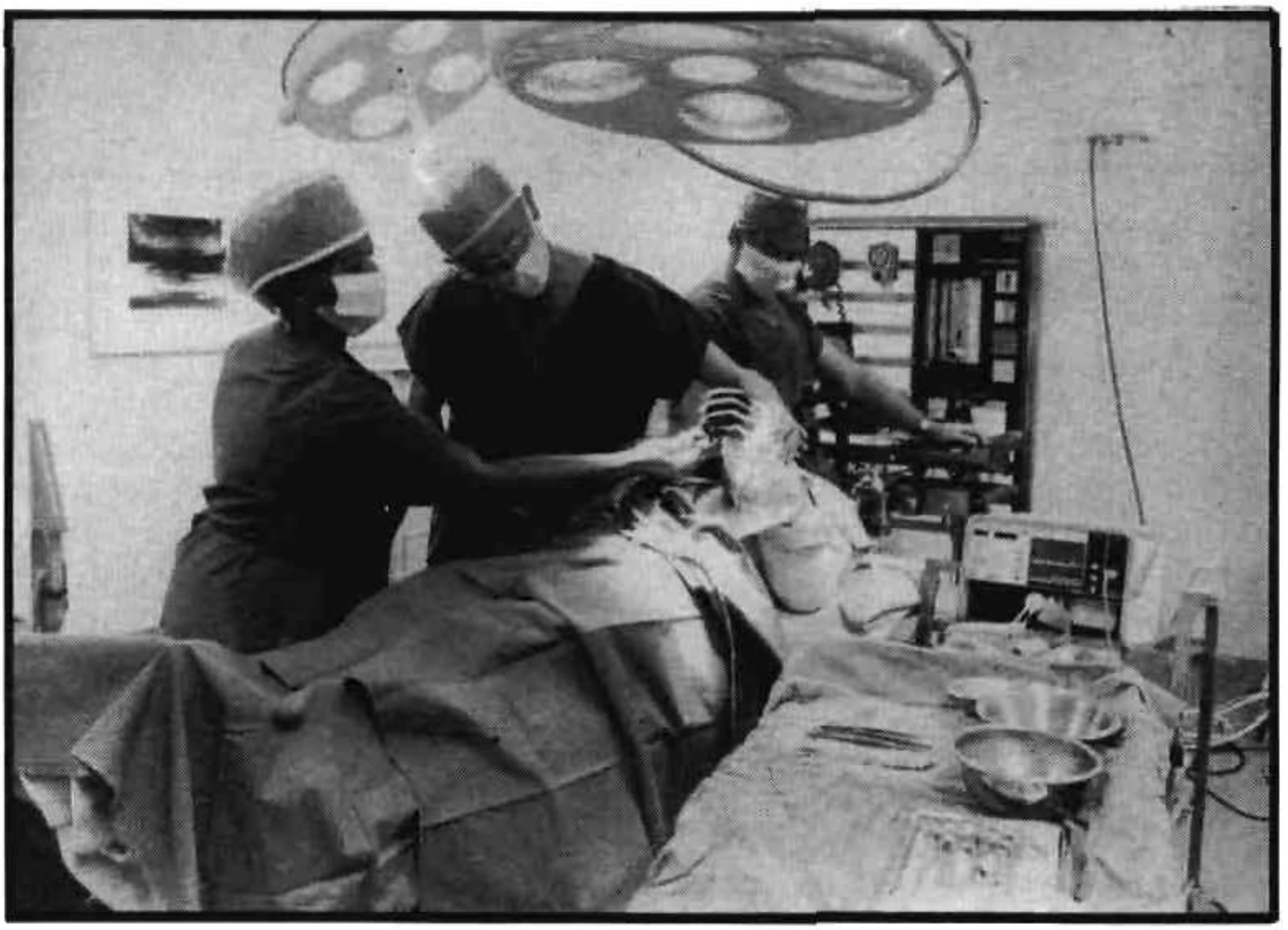
What follows is a range of facilities needed, and the services that each should provide. As each facility is more sophisticated than the one that precedes it, each subsequent facility will provide all the services of the preceding one, plus an additional range of services.

Mobile clinics will serve all villages which do not have fixed facilities, on a weekly basis, and will provide chronic and selective acute disease care, child and maternal care (excluding confinements), care of the aged, nutritional programmes and family planning.

Fixed clinics, operating daily and offering on-call services, will provide all the services of a mobile clinic as well as daily acute disease care, confinement services, weekly doctors' services and monthly social work, opthalmic, mental, dental and rehabilitative services.

Health centres operating 24 hours a day, will in addition provide 20 acute in-patient beds and basic theatre, laboratory and X-ray facilities. Health Centres should be visited by a doctor three half-days each week. The mobile clinics and support services which visit the fixed clinics should be co-ordinated by the Health Centres. These support services include social, rehabilitative, eye, mental and dental care, and doctors and adminstrative back-up.

A *cottage hopital,* in addition to the above, should provide 100 beds for acute and chronic patients, have resident doctors and theatre facilities adequate to cope with operations such as caesarian sections. The cottage hospital should co-ordinate all regional services.



Main hospitals should provide more sophisticated theatre services

Over and above the service of a cottage hospital, *main hospitals* with 500 beds should provide more sophisticated theatre services, central laboratory and X-ray facilities and central co-ordination of all health services in the district.

The number of each of these facilities will, for any given area, be extrapolated

from baselines of minimum facility to population and distance ratios. For example, there should be one mobile clinic per 20 000 population, and one fixed clinic serving an area with a 4-5 kilometre radius. Thus for the kind of area described above there should be one 500-bed main hospital, one cottage hospital, two health centres, 15 fixed clinics and seven mobile clinics.

Quality of the services provided

The existence of a service (e.g. ante-natal care) does not mean that an adequate service is being provided. In this section, some minimum standards are set for the quality of services.

Child health, ante-natal, post-natal and family planning services should be available at every service point daily and should achieve the following:

- 80% of pregnant mothers should have at least six ante-natal visits, at least one of which is in their first trimester.
- All confinements should take place under the supervision of at least a trained midwife.
- Pre-school children should attend child health clinics at regular, prescibed intervals, and more frequently if development is poor.
- 80% of all children must be immunised against diphtheria, pertussis, tetanus, measles, tuberculosis and poliomyelitis and 90% of mothers against tetanus.
- Every woman of child bearing age should have easy access to advice (to allow her to make an informed decision) about contraception and child-spacing. Contraception services should also be easily accessible.

The school health service should screen every school entrant, provide care for problems found and initiate child-to-child and teacher training programmes. Each school health team should include a community or primary health care nurse.

Old people often have multiple health problems, many of which are chronic. Care of the aged clinics should provide a screening service and then education and treatment for the problems found. The clinics should be run by a primary health care nurse, and home visits to patients must be catered for.

Patients with chronic diseases require special attention. Chronic disease clinics should function weekly at all treatment points. Once treatment has been initiated, follow up care of chronic patients should be provided by primary health care nurses, according to written patient-care protocols.

Every patient with acute disease who attends a service point should be seen by or be under the supervision of a primary health care nurse. Treatment protocols should be prepared for the more common acute diseases. Every acutely ill hospital in-patient must be seen at least daily by a doctor.

Requirements for effective utilisation of health workers

The following are suggestions for facilitating the most effective use of all available health workers.

Health personnel should operate in teams according to guidelines detailing the team's function. Thus comprehensive health care should be provided by primary health care teams, with specialist teams providing mental health, dental or other services. All categories of health worker should be appropriately trained for the work that they do. A continuing (in-service) education programme should be established for each category of health worker.

Effective use of available skills requires that most professional posts are supplemented by a less highly trained assistant. So for example each rehabilitation therapist should be assisted by three rehabilitation assistants. Generally, all jobs should be done by the least trained person competent to do them. In addition, the number of personnel in each job category should increase as the level of skill required to do each job decreases. For example, there should be more primary health care nurses than doctors, and more dental therapists than dentists.

We have drawn up standards specifying the maximum number of people we feel can reasonably be served by one of any given category of health worker, as well as the minimum number of health workers in each category required to staff the various facilities delivering health care. So, for example, we calculate that to serve the population of 150 000 there is a need for 25 doctors, 50 primary health care nurses, and 60 clinic nursing assistants.

In total, there is a need for 200 professionals, including doctors, dentists and all categories of nurses, and 190 auxiliaries.

All levels of health worker should be afforded a working environment that is conducive to high morale and enthusiasm. This includes adequate pay, leave, pension and sick benefits, and an identifiable career structure. The job description, working conditions and benefits should be clearly spelled out in a contract of employment.

Supply and support systems

The delivery of good health services depends as much on good supply and support systems as it does on the existence of facilities and trained health workers.

The ordering, storing, delivery and control of expendable and non-expendable equipment must be of such a standard that stocks at hospitals, clinics and health centres are never depleted.

Sufficient vehicles are needed for mobile clinics, school health programmes, clinic support services, and professional staff to carry out their duties. We have

calculated numbers of vehicles required for each service.

Every clinic must have a working radiophone and telephone, and PABX systems should be installed at all hospitals to ensure effective communication between all facilities.

Information and record systems

A complete patient-kept record system must be developed to ensure that each patient has their past health data available wherever they seek care. There should be patient-kept records for under fives, schoolchildren, adults and the aged and an obstetric record for each pregnancy and confinement.

Health service records should be designed so as to become the basis of an efficient health information system and all forms used in the health service must be standardised and systematised and supplies maintained to obviate any shortages.

Conclusion

We have produced these standards for discussion and refinement, in the belief that they are applicable to many homeland areas in South Africa.

The minimum standards discussed in this article are applicable to many homeland areas in South Africa

It must be born in mind that minimum standards are not an end in themselves. They must be seen as stepping stones to the establishment of adequate standards of care for all.

It must also be born in mind that standards come as a package, and must all be achieved. It is no use having sufficient primary health care nurses if there are no doctors, or having an adequate supply of vaccine, if there are no refrigerators.

We would like to see regional health authorities setting minimum standards for their areas and developing plans for their implementation and evaluation. In doing so they would achieve at least three things:

- Establish priorities for the use of resources already at their disposal.
- Establish a rational basis from which to demand the additional resources they will require to attain the standards.
- By publishing minimum standards and their plans to achieve them, they would enable the communities they serve to measure their progress towards adequate care for all. This would facilitate the development of community pressure for better health care.

We believe that through such a programme measurable steps can be taken to re-allocate resources, and so reduce the inequalities that have been historically entrenched in the health service.

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This is an edited version of a longer paper, in which standards are presented in more detail, produced by and available from the Health Services Development Unit, Dept of Community Health, Wits Medical School, 7 York Rd, Parktown, 2193.