Module 1

INTRODUCTION TO ANCILLARY HEALTH CARE UNIT STANDARD 1 INTRODUCTION TO HEALTH PROMOTION

The learning programme explained in this module should be done over a minimum of 32 hours.

Each topic covered in the learning programme has been subdivided and includes a variety of activities that should enable better learning and understanding.

A topic does not make up a lesson plan; therefore one topic may stretch over a number of learning events. It is therefore important that the AE plans this accordingly, so that the learners (AL) become truly competent in the outcomes outlined in the unit standard.

Introduction

Once all the learners have gathered at the location of learning, it is a good idea to spend a few minutes getting to know one another.

- Welcome the learners and tell them how happy you are to see them there
- Introduce yourself and tell the learners why you are here and what you will be doing.
- Give each learner the opportunity to introduce themselves and give basic information about themselves i.e. where they live, how many children they have etc. (Not personal or specific information that may intimidate the learners)

When the oral activity is completed, give each learner a 'Welcome Form'. Each learner should complete his/her own and complete the details as far as possible. You may add more information to this form.

	The Welcome Form				
Surname					
Fi	rst Name				
Α	ddress				
Gender		Male	Female		
Home Language					
	Married	Single	Divorced	Widowed	

Discuss how the programme will work with the learners and articulate the outcomes that they should achieve during the learning programme (LP).

Give them some overview of what you expect of them i.e. you will ask questions and you want them to respond, you will put them together in pairs or groups to work on tasks, they will do out and do field work etc.

Use this opportunity to hand out any learner material and give them time to glance through it so that they feel comfortable with the workbook.

Discuss the possible qualification that they may be able to obtain through this LP and what type of education and training they may access after they have achieved this qualification.

Learning Activity 1

Divide the learners in pairs and ask each pair to think of at least two different careers in health and what the function is of this career. The AL writes down the different career options. When the activity is complete, one of the learners in the pair presents their careers to the class.

The AE will also need to have prepared some information for the AL. Here are some examples of health workers in the community. Please add more of your own examples and include a short, but simple job description.

HEALTH PROFESSIONAL	JOB DESCRIPTION
Health Inspector	Ensure that the health laws and regulations are carried out. He also explains the laws and regulations. He inspects water containers to make sure that they are spotless so that there are no germs and parasites present to contaminate the water. He also sees to it that the meat at slaughterhouses is handled in a healthy way so that the meat does not become contaminated.
Dentist	The dentist takes care of teeth and gives advice on how to keep teeth healthy. He removes rotten teeth and fills holes that are caused by tooth decay.
Pharmacist	She specialises in medicines and making up prescriptions. She can also help decide which medicine is best for minor illnesses and ailments. She gives advice on how to administer medicines.
Clinic Sister	The clinic sister has many functions. She takes care of general diseases in the community and assists with family planning and care. She also ensures that babies and infants receive proper care and gives advice to mothers on nutrition and health.
Medical Doctor	The medical doctor specialises in diagnosing illnesses and diseases and prescribes suitable medication, nutrition and lifestyle.
Homeopath	The homeopath uses natural medicines to treat the cause of illnesses.
Traditional Healer	The traditional healer learns his vocation from older healers who pass on the secret remedies that have been tried and tested for generations. He uses plants to prevent and treat illness and disease.
Environmental health worker	The environmental health worker usually works at preventing diseases from occurring. If disease such as cholera or typhoid fever breaks out, he digs deep wells to find clear water that is suitable for consumption. He will also administer insecticides to kill mosquitoes or black-fly larvae.
Medical Technologist	The medical technologist examines blood and urine samples to diagnose signs of disease. She also works with scientific equipment such as X-ray machines to find out what is wrong with someone.

Conclusion

Summarise the career options discussed in the class and encourage the AL to find out more about the careers in health for their own information. You may ask the AL to bring information about such careers that could be displayed in the class.

Assessment Activity 1

Explain in your own words what the following health care workers do:
1. Clinic Sister
2. Traditional Healer
3. Medical Doctor
4. Dentist
5. Pharmacist
6.

Topic 1: The Community

Purpose of the topic

- Identify who the community is
- Consider all aspects of the community to draw up a community profile
- Identify needs within the community
- Identify problems within the community

Outcomes

US	SO	AC
1	1	N/A

Learning Activity 1

The AE facilitates a brainstorm session in which the AE identify key aspects of what makes up a community.

Learning Activity 2

The AL is divided into groups and each group discuss and consider different questions that relate to the community.

Their answers will help to draw up a community profile.

The AL should think of the community in terms of:

- What you see in the community?
- What you smell when you are in the community?
- What you hear in the community?

 What you feel and experience in the community? (Physical and emotional)

Learning Activity 3

The AL should find answers to the following questions. The AE may decide to give different groups and/or AL different questions.

For Example:

Group A finds answers to questions 1 to 7

Group B finds answers to questions 8 to 15

Group C finds answers to questions 16 to 22

Group D finds answers to questions 23 to 30

The AE may choose to use this as an assessment activity.

The Community Profile

- 1. How big is the community in land space?
- 2. How many people make up this community?
- 3. How many:

Men	Women	Children	Boys	Girls
Aged	Youth	Disabled	Employed	Unemployed

- 4. How many members per family?
- 5. How many incomes per family?
- 6. Average income per family?
- 7. How many houses or dwellings?
- 8. Type of community? Informal settlement, township, etc.
- 9. Crime, types of crimes etc.
- 10. No of police stations in the area
- 11. Location of police stations in the area
- 12. No of clinics in the area
- 13. Location of clinics

- 14. Other health organisations active in the area
- 15. Other health workers active in the area
- 16. Main water source, quality of water
- 17. Sanitation
- 18. Typical diseases in the area
- 19. Typical social problems in the area
- 20. Waste disposal methods, frequency, quality
- 21. Roads and transport, quality, accessibility
- 22. No of births in the area
- 23. No of deaths in the area
- 24. Typical age of mothers giving birth in the area
- 25. Typical age of deaths in the area
- 26. Main cause of death in the area
- 27. Employment opportunities in the area
- 28. Access to fresh vegetables and produce
- 29. Access to fresh meat and poultry
- 30. Health regulations regarding food suppliers in the area

The AE divide the AL in groups and ask them to classify the information they have gathered from the previous activities. Should additional information become available and/or have been identified while doing the previous activities, update this information.

Possible Classifications to Consider

Community Resources, Community Values, The Social Order, Culture, Support and Obligations, Power, Boundaries, Location, Services
Or

Physical: Area, location, Infrastructure i.e. roads, Housing

facilities, urban, rural

Hierarchy: Who are the community leaders? Which structures exist

in the community? I.e. civic, local government, tribal

councils etc.

Economic: Surrounding economic activities, employment and

unemployment, Poverty

Emotional: Is the community a peaceful or restless community? I.e.

taxi violence

Social Structures: Are the people who live in this community mostly friends

or family? Which social activities are found in the

community?

Spiritual: Which belief systems exist in this community?

Learning Activity 5

The AE divide the class into groups and each group tries to identify as many needs that may exist within the community.

The groups have to:

- Describe the need
- Think about possible causes
- Make a list of features of this need

Possible needs may be:

Employment, water, clean water, sanitation, roads, transport,

telecommunications etc.

N Possible causes may be:

Rural area, remote area etc.

Possible features:

Agricultural area

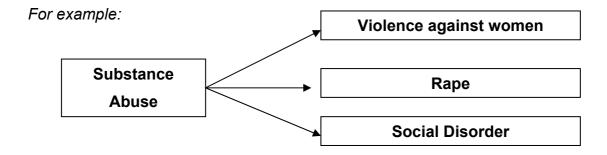
The AL could brainstorm problems that exist in the community.

Possible problems may include:

- Lack of economic activity to alleviate unemployment
- Lack of health services
- Increasing TB cases
- Lack of adequate housing
- Child abuse
- Rape
- Substance abuse
- Violence against women
- Violence
- Crime
- Rape
- Large number of Teenage pregnancies
- Lack of counselling services
- Cholera
- Aids
- Lack of care for the aged etc.

Learning Activity 7

The AL then go back into groups and discuss how the problems in the community relate to the needs that exist in the community. The groups should also consider possible solutions to the problems and means of satisfying needs.



The objective of this exercise is to make learners aware of the cause and effect and relationship between problems and needs and potential health hazards so that preventative, curative, rehabilitative and promotional action can be taken.

Assessment Activity 1

The AE may use any of the assessment strategies, specified in the learning programme to determine whether the AL have achieved the outcomes outlined at the beginning of this topic.

For example:

- Write a report, not longer than four pages, describing the community in which you live.
- Prepare a presentation that links the aspects of the community, outlined in the community profile, to the needs and problems of the community i.e. rural area -> unemployment -> poverty -> malnutrition

Topic 2: Health

Purpose of the topic

- Define health
- Identify the health needs of the community
- Describe problems with unmet health needs in the community
- Discuss the factors that could cause ill health within a community
- Compile a community map indicating existing problems
- Identify any health related projects in the community

Outcomes

US	
1	

SO	
2	
3	

AC	
i)	
i.i)	
ii)	
iii)	

Learning Activity 1

Once again it will be a good idea for the groups to come up with a definition for 'health'.

Procedure

- Draw up a list of all the things that you think influence your health.
- Think about where you live (your house), your environment (physical community) and the people around you.

When the AL has made a list of what influences their health, let them give feedback to the class. This list must be written on the board or if they did it on large sheets of paper, it should be put up on one of the walls with prestik so that everyone can see it. (5 minutes)

Learning Activity 2

In the groups, the AL looks at the lists from each group. The AL write down in not more than 20 words what health is. When they are finished, let the groups' select one person to write their definition of health on the board. Use the definitions to explain that 'health' is the mental, spiritual, emotional, physiological and environmental physical state of well-being.

Learning Activity 3

If the AL did not recognise that 'health' includes the following aspects, then the AE may need to ask the AL questions that will steer them in this direction.

Physiological Health

This describes the health of the internal organs, tissue and cells of a living creature, i.e. the skin, the heart, the liver etc. Sexual health is a subsection of physiological health.

• Emotional Health

The emotional health describes the feelings of a person i.e. fear, anger, happiness, anxiety, sympathy, rejection.

Social Health

The quality of health in the social environment where two or more persons have contact with each other and who can influence each other's behaviour i.e. family, friends, acquaintances, neighbours etc.

• Spiritual Health

Spiritual health refers to the religious behaviour and beliefs of a person.

• Environmental Health

This describes the condition of the immediate environment in which a person or a number of persons must function on a daily basis i.e. sanitation, access to clean water, etc.

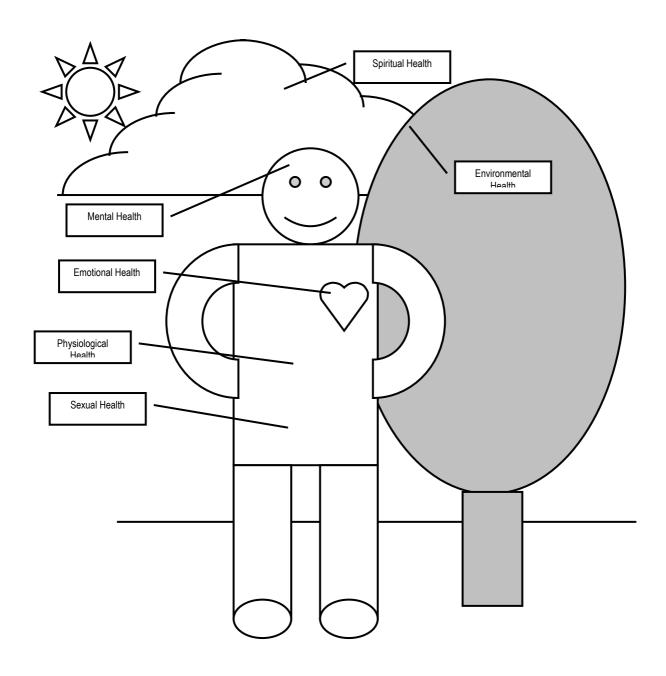
• Mental health

A person's mental health refers to the thoughts that a person processes for himself and denotes the person's wilful decisions, principles, values, norms etc.

The AE should make sure that the learners understand each word in the definition, therefore you might need to explain it to them as follows:

You are a healthy person if:

- · your mind is positive and sees the good things in life
- your religious life satisfies you
- you are a happy, positive person who is loved and cared for and you love and care for others
- Your body is healthy i.e. your skin is glowing, your hair is shiny, your teeth are healthy etc.
- you live in a clean house and environment



The class brainstorm examples of what physiological, spiritual, mental, sexual, environmental, etc. health includes.

For Example:

Environmental health: Air, water, etc.

Learning Activity 5

List the major areas of the explanation on 'what is health' on the board and then ask the learners whether they themselves feel that they (as individuals) and the community are satisfied with them or if there are areas upon which we can improve.

Make a tick for every yes answer and a cross for every no answer. Ask more than one person to respond. Look at the following example as a guideline:

In our community all the people:		
are positive and see the good things in life	VVVXXX	
have a good religious life is good	VVVX	
are happy, positive people	✓ ✓×××	
are loved and cared for	✓ ✓XX	
love and care for others	VVX	
have healthy bodies	✓✓✓ ××	
live in clean houses	✓✓✓ ××	
live in a clean environment	✓ ×××	
have running water	xxx	
have good sanitation	✓ ✓××	
	•	

You might want to add other elements that the groups have pointed out on the lists or discussions from the previous group and brainstorming tasks.

When you have finished this, question them about the issues where there are crosses. Ask them to describe a situation that they know off or give and example with which they are familiar.

Learning Activity 6

The following sample questionnaire will help the AL establish the basic health needs that exist in the community: The AE may change the questions so that they are more health specific and more relevant to the specific community:

	Yes	No
In my community there is		
Clean water		
2. Enough water		
3. Clean air		
4. A clinic		
5. Enough food		
6. Enough housing		
7. Adequate transport		
8. Sanitation		
9. Schools		
10. Employed people		
11. Unemployed people		
12. More men than women		
13. More women than men		

The group members rotate so those groups can compare the needs. The needs are then prioritised and feedback is given to the class.

Note to the AE

The AE should emphasise that the needs on the list are the needs that exist according to the AL and not necessarily those that the community sees as important.

Learning Activity 8

The AE can use the following example how the RDP fits into the national health plan and may possibly satisfy the need in the community.

Examples:

The basic needs, outlined in the RDP are:

• Water and Sanitation: Right to Water, Goals of Water

Management, Tariffs

• Energy and Electrification: Energy Sources, Electricity for All, Energy

Policy Council

• **Telecommunications:** The Department of Health has launched a 'Telemedicine' programme and information is available from the

Department of Health on how it works.

• Transport: Public Transport, Transport Planning

• **Environment:** Environmental regulation

Nutrition

• **Health Care:** National Health System, Women and

Children, Mental and Psychological Health, Sexual Health and Aids, Other

Health Care Programmes, Human Resources for the National Health System, Finance and Drugs for the National Health System

Although these needs do not directly affect whether a person is healthy or not, it may indirectly have an affect on the health situation is his/her area. For example, if there is no telephone, it means that you cannot just call the doctor, nurse or health worker. Some other means need to be devised so that the health worker can be contacted. It may be a good idea for the AE to have access to the applicable information with regards to the RDP.

Case Study

One factor may contribute to a 'bad health situation' or be the cause of such a situation. Lets look at clean water supplies in Africa.

The Water Situation in Africa

Good Water Supply

Over 75% of people who live in this country have clean water.

Average Water Supply

Between 45% and 75% of people who live in this country have access to clean water

Bad Water Supply

Between 30% and 45% of people who live in this country have access to clean water.

Very Bad Water Supply

Less than 30% of the population have access to clean water.



The following countries have **very bad** water supply. Less than 30% of the people in that country have access to clean water. That means for every 100 people, only 30 of them have clean water.

Libya, Chad, Congo, Central African Republic, Sudan, Uganda, Mozambique, Ethiopia, Eritrea

These countries have **bad** water supply. Less than 30% to 45% have access to clean water.

Western Sahara, Guinea, Sierra Leone, Benin, Mali, Cameroon, Equatorial Guinea, Burundi, Zaire, Angola, Namibia, Zimbabwe, Madagascar, Kenya, Somalia.

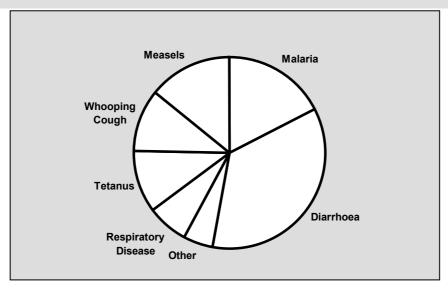
Between 45% to 75% of the people in the following countries have access to clean water. Their water supply is **average**.

Morocco, Mauritania, Senegal, Gambia, Liberia, Cote d'Ivoire, Ghana, Togo, Nigeria, Algeria, Tunisia, Egypt, Gabon, Rwanda, Botswana, Zambia, Malawi, Tanzania, Djibouti, Burkina Faso, Niger,

In these countries more than 75% of people have access to clean water. They live in countries with **good** water supply.

South Africa, Lesotho, Swaziland

Clean water is one area that we should address in communities to ensure that people do not become ill from dirty water. Access to clean water causes a health risk in many communities.



One of the consequences of consuming dirty water in children is that it causes diarrhoea. Diarrhoea is when the stool of the child is frequent and watery.

Diarrhoea causes dehydration, because the water in the child's body is flushed out with every stool. Diarrhoea (and subsequent dehydration) is a huge problem all over Africa. It is the reason why more than 5 million children die in Africa each year. The chart below shows Africa's biggest child killers.

Most of the children die because they are too far away from medical help, which is where the issue of transport or telecommunications may have an influence.

To illustrate dehydration

- Pick two flowers.
- Put one in a glass of water.
- Put the other one in a glass with no water or anything in it.
- The one without any water will start wilting. If you put in water quick enough, the flower will lift its head again.

We cannot rehydrate the child with dirty water. Therefore, to solve the dehydration problem, we need to know how to purify water.

To purify water, you can use any of the following methods. (*Please ensure that you have the correct information for purifying water.*)

- Boil
- Bleach
- Filter

Once the water is purified, a simple home recipe can be made with the clean water and given to the child. This solution will help control the dehydration until the nearest health worker, clinic or hospital can be reached.

(The water purification methods are described in pamphlets available from the Umgeni Water Project.)

We can see from this case study that one factor can create a wealth of problems for the people living in the various communities.

Learning Activity 9

The RDP (Reconstruction and Development Programme) was developed by our present government to prioritise and address the needs of the communities in South Africa.

Divide the AL into discussion groups and ask them to think about the basic needs of the RDP.

- Which of these needs have already been met in your community and which not?
- How do these basic needs that have not yet been met, contribute to the 'bad health situations' in your community?
- List the 'bad health situations' that they are causing.
- Think of the questions you asked in the questionnaire. Do your questions address the 'bad health situations' you have identified?
- Will the RDP be enough to address these issues?

Visit the groups and give guidance where it is needed. Feedback is given and the floor is open to comments, suggestions and newly identified problem areas.

Assessment Activity 3

The AE may select two or three of the basic needs of the RDP and give each group one of these needs to do as an assessment activity.

For Example:

What do the following situations or lack of services cause?
What areas are being dealt with by the RDP in our community?
How will it affect the health of the community?

- No Sanitation
- Insufficient clean water supply
- Transport
- Dehydration
- Malnutrition
- underfeeding

The AL should also be encouraged to involve the community and consider drawing up a plan of action in at least one area. The AE may choose to give each learner a different area to pursue.

Learning Activity 10

The class discuss why it is important to do research to establish the health needs of the community. The AE list these reasons on the board.

Brainstorm ways in which the AL can find out which needs the community feels are important to address.

Possible methods may include:

- Observation
- Interview
- Questionnaire
- Reading local publications i.e. newspapers and reports
- Consultation etc.

Learning Activity 12

The AL receives a case study, such as the example below, and discusses the correct methods of doing research.

Case Study

Nomsa has been reading about health care in her community. She feels that she wants to make a positive contribution in making her community a better and healthier place to live in.

Nomsa decides to set-up a few questions that she can ask people in the street about what they know and feel about health.

She fetches a pen and some paper. She sits down at her table and starts writing down the questions that come to her mind.

What is your name?

Where do you live?

Are you married?

Are you faithful to your partner?

How many times have you had sex the last week?

How many bedpartners did you have over the last month?

How many times have you been drunk during the last month?

How many times a week do you bath?

Do you wash your hands when you have finished using the toilet?

Do you have a toilet?

How much money do you make a month?

She decides to try out her questionnaire with a few people. She takes some extra papers and a pen.

As she walks down the street she sees an elderly lady with a few parcels. She goes up to the lady and says, "I have some questions I want to you to answer. Are you ready?" The old lady tells Nomsa to go away. She has just walked more than 5km with all these parcels and does not feel like answering a bunch of questions.

Nomsa tells the old lady that she must get some answers. The old lady nearly hits Nomsa over the head with one of the parcels and carries on walking. Nomsa decides to find someone else. She sees a young man sitting on the side of the road. She walks up to him, sits down next to him and gets her pen and papers ready. The young man frowns at her. He has nothing better to do so he listens to Nomsa:

Nomsa: What is your name?

Young Man: Johannes

Nomsa: Where do you live?

Johannes: Over there

Nomsa: Are you married?

Johannes: No

Nomsa: Are you faithful to your partner?

Johannes: I do not have a partner.

Nomsa: How many times have you had sex the last week?

Johannes: That has got nothing to do with you. What is your story? You

come and sit here and ask me funny questions. Go away, you

nosy woman!

Johannes gets up and walks away. He is angry now. Nomsa cannot understand why he is so angry. Maybe she is not using the right approach. She will try something else with the next person she asks.

She takes her things and start looking for the next person. She sees a woman sweeping her yard. Nomsa walks up to the woman and greets her. The woman greets her back. Nomsa asks the woman her name. The woman's name is Martha. Nomsa tells her that she wants her to answer some questions.

Martha leans on her broom and Nomsa starts with the questions again.

Nomsa: What is your name?

Martha: Martha Tshabalala

Nomsa writes down her name on the paper.

Martha: Hey, why are you writing down my name. I do not want you to

write down my name on a piece of paper.

Nomsa scratches the name out and says that she does not really need to write the name down.

Nomsa: Where do you live?

Martha: Are you going to write that down too? I do not want you to write

it down.

Nomsa: OK. I won't write it down. Are you married?

Martha: Yes

Nomsa: Are you faithful to your partner?

Martha: Yes

Nomsa: How many times have you had sex the last week?

Martha: That is none of your business! Go and bother someone else with

your rude questions. I don't want to answer any more questions.

I do not even know what you want to do with this information.

You cannot go around asking people such personal questions in

public. Have you no manners?

Nomsa: I am sorry. I did not mean to offend you.

Nomsa turn around and walks back home. She is doing something wrong, but she cannot think what it is. She will have to go through the questions again and find a better way of approaching people. Otherwise, no one is going to answer her questions.

Here are some of the areas that Nomsa could improve upon. She should have:

- Discussed the health issues with some friends or colleagues so that she gets a broader view of which health issues are important.
- Decided on her questions, but should have rephrased them so that they are not so explicit and intimidating.
- Organised her questions more, so that those that cover a specific area i.e.
 sexual health and risk behaviour are grouped together.
- Asked for inputs to the questions she wanted to ask and had an objective for each set of questions she wanted to ask.

- Worked on her mannerism of approaching people and asked their permission.
- Asked questions in private, not in public.
- Prepared her candidates for the questions that she wants to ask and made them aware that the questions may become very personal.
- Given her candidates an option of answering the questions they feel comfortable with and/or not answering those they feel uncomfortable with.
- Decided whether it is necessary for the candidates to identify themselves in the questionnaire. When doing research, you do not always require the name and address of the candidates. You might rather want to gather information such as gender, age, marital status, etc.
- Thanked the candidates for their participation and assured them that the answers will be confidential.

The following process is involved in research. The AE could make a set of flashcards with each step of the process written on and hand it out to different ALs. They then have to arrange it in order:

Select and define the problem that you want to research

Read about the problem and what other people have to say about it

State the main question you want to address in the research

Choose the method that you will use to find the information and work out a plan

Collect the information that you require and record it

Draw conclusions from the information that you have gathered

Report on the information or draw up a plan of action to address the issue using the information to help you

The AL must be made aware of the fact that in order to do examine a problem or situation well, it should be tried out first.

Learning Activity 14

The AL need to consider the possible problems that they might experience when drawing up a questionnaire. The following issues may be considered:

- Timetable
- Logistics
- Budget

The AL then look at the Nomsa Case Study and look at their conclusions from learning activity number 6. They should try to match their answers into the steps in the research process.

The AE should explain the relevance of 'cause and effect', before giving the AL questions to design.

Example:

Problem	Reason (Cause)	Result (Effect)
People drink dirty	There is no clean	Diarrhoea
water.	water	
Possible Question		s to Ask
1. Where do you get water from?		
2. How much water do you use for cooking and drinking?		king and drinking?
3. Do you boil the water before you drink it?		
4. Do you use bleach in your water to m		nake it clean?

The AL are divided into groups. There should be at least four groups and each group receives a different task.

- **Task 1:** Write up not more than 20 questions that you can ask someone to find out more about the person's environment and living conditions.
- **Task 2:** Write up not more than 20 questions that you can ask someone to find out more about their physical health.
- **Task 3:** Write up not more than 20 questions that you can ask someone to find out more about their emotional health.
- **Task 4:** Write up not more than 20 questions that you can ask someone to find out more about their sexual health.

The questions must be specific, yet non-threatening.

The groups must come up with a plan on how we can conduct an interview with someone. They should consider:

- the type of language to be used
- the manners of the interviewer
- the location of the interview
- the explanation of the purpose of the interview
- the preparation of the person being interviewed

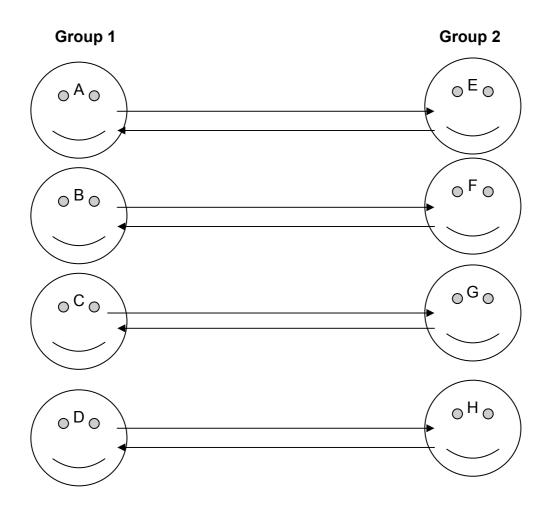
The groups come up with a sample introduction dialogue. The questions need not be written down and the responses need not yet be completed. They will be completed during the mimic interview.

Interviewer:
Respondent:
Interviewer:
Respondent:

When they have completed the sample dialogue, each learner in the group must take a copy of the dialogue. The groups then exchange partners and break into pairs. The mimic interview follows.

The interviewer writes down what the respondent said and records the interview.

Partner A from Group 1 then interviews Partner E from Group 2 and records the responses of the 'Respondent' on the dialogue sheet. The Partner E from Group 2 does the same with Partner A from Group 1.



Once the AL have completed this activity, they return to their groups and briefly discuss the individual responses they received. Any adjustments must be done now.

Each group decides on a presenter, who will then present their dialogue to the whole class.

When all the groups a finished, the class decides which dialogue or parts of dialogue are most suitable. They may select the introduction line from Dialogue A and the purpose line from Dialogue C etc.

The new dialogue is then written down to serve as a sample for the learners. They are not required to learn this off by heart. It is meant to act as a guide for when they have to do field work.

Learning Activity 17

The AE should hand out a sample of the 'interviewer code of conduct'. (Adapted from Unisa materials¹.)

Interviewer Code of Conduct			
	I (my name) will at all times		
1.	Be fair to the person I am asking the questions to during an interview		
2.	Be aware that I cannot ask questions about something that I do not		

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¹ Institute for Adult Basic Education and Training, Module 5 Unit 1, ADRM-22X/101/1999 by Humphrey Glass and Veronica McKay.

know ab	out	
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- 3. Remember that the person whom I am questioning have a right to not answer my question
- 4. Remember that the person whom I am interviewing must be treated as a human being no matter what his or her background is
- Keep the health and safety of the person I am interviewing in mind and
 I will not hurt him or her in any way
- 6. Remember that the information the person is giving me is private and confidential and I am not allowed to tell anyone what this person has answered
- 7. Be honest and open with the person I am interviewing
- 8. Understand that I may not use the answers that the interviewee (person being interviewed) for any other purpose than what I told the person
- 9. Refer to any information that I got from other sources such as books, newspapers and so on in writing in the report
- 10. Be open about the relationship I have about the organisation for which I am doing this research
- 11. Remember that I am not allowed to accept or receive any favours, gifts or any thing else from anyone with regards to the information I gained from an interview, questionnaire or any other way

Signature	Date

The AL must compare the questions they have asked with the "Interviewers' Code of Conduct" and change any questions that may violate it.

Before the next activity takes place, the AL must each sign this 'Code of Conduct' and the person being interviewed (respondent) should check if the interviewer is obeying this code of conduct.

Learning Activity 18

The AL should be put into pairs.

Important

Because the participants are known to each other, the AE should stress that for the purpose of this questionnaire the partners in the pairs may assume imaginative identities. This will ensure that AL do not have to disclose personal details in the questionnaire.

The AE may also want to make copies of the AL original questionnaire so that it can be reused.

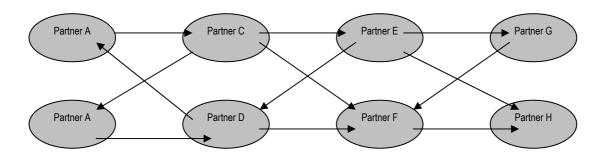
In this activity the AL will need the questionnaire they have been working on. The learners divide into pairs and they exchange questionnaires. Partner A should then have Partner B's questionnaire and vice versa.

The pairs read through and try to answer each other's questions. They write their answers down. Partner A then gives Partner B's questionnaire back and they go through their own questionnaires. They have to decide whether the answers they got are the answers they expected. If not, they have to revise their questions.

They also have to discuss how they felt when completing each other's questionnaires.

The partners must record all these feelings so that they can judge whether the questionnaire was intimidating or not. The AL must decide whether their questionnaire suited the purpose and whether it gave them the information that they needed to make a decision on solving the problem of the unmet health needs that they initially wanted the questionnaire to address.

The questionnaires and exchanged again, but this time Partner A's questionnaire goes to Partner C and Partner C's questionnaire goes to Partner B. (The AE could write the names of the partners instead.)



The same procedure is followed as in the previous exercise. For example:

- Partner A answers Partner D's questionnaire.
- Partner C answers Partner A's questionnaire.
- Partner A gives Partner D's questionnaire back and they discuss how he/she felt about answering the questions.
- Partner D records these feelings.
- Partner D then looks at the answers and decides whether the answers are those that he/she expected and makes adjustments.

Learning Activity 19

The AE then gives out an evaluation form. The purpose of the evaluation form is for the AL to judge whether their questionnaire suits its purpose and gives sufficient information regarding a specific problem area. The AE may add more questions or criteria.

The Evaluation Form

Name and Surname
Purpose of the questionnaire
Where questions clearly phrased?
Did the answers meet your expectations?
Which questions did you have to adjust?
Why did you adjust these questions?
If you had to make a decision about finding a solution to the problem you
stated in your purpose statement, would you have sufficient information, or
would you require more information?
Which additional information would you require?
How will you get this information?
Did the interviewer adhere to the 'Interviewer's Code of Conduct"? If no,
please explain.
Did the interviewer respect your rights as a patient?
Did the interviewer respect your rights as a human being?

Learning Activity 20

The AE needs to find out from the AL whether they feel that there are any more adjustments that need to be done to the questionnaire.

This report back has to be discussed extensively to ensure that the questionnaire is:

- Sensible
- Suitable
- Practical
- Sensitive
- Purposeful
- Meeting its purpose

The questionnaire is then written out with all amendments made and copies made for the AL to be used for their next assignment.

The AE should ask the AL to prioritise any problems and issues with regards to the questionnaire. Then start with the first issue and split this issue up into problem a problem and solution situation. If no issues were noted, then the AE should list issues and concerns that he/she feel may be relevant i.e. too many questions, too few questions, answers are too long etc. Here is an example of what the AE may do:

Problem	Possible Solution
Answers to the questions are too long.	 Formulate more than one question Limit the answers to yes/no, true/false etc. Make the question more specific so that a specific response is given.

Do not do all the problems and issues, because the AL will need to offer the solutions in the next activity.

Learning Activity 21

Procedure:

- Divide the class into groups.
- Each group must be given at least one, but ideally two to three problems.
- The groups discuss the problems and possible solutions to the problems.

After the AL has completed the activity, the spokesperson gives feedback to the rest of the class. Comments and suggestions are noted. The AE then discuss the solutions and make the AL amend their questionnaires accordingly.

Assessment Activity 2

The AL must be given the opportunity to use their questionnaire in the field. This activity requires information received from respondents outside the classroom and the AE may use the results to assess the learner's ability to identify health needs within the community. The AE may use any of the assessment strategies, specified in the learning programme to determine whether the AL have achieved the outcomes outlined at the beginning of this topic.

For example

 Ask three people to answer your questions. Explain to them the "interviewer's Code of Conduct" and the purpose of the questions.
 When you have completed the answers, give the respondents an evaluation form to complete. Attach all the answers and evaluation forms to your assessment. You should write out a report that:

- identifies the problem,
- give a possible solution
- say why you think this will be a good solution to the problem
- how this solution will benefit the community

Note to the AE

The AL must be made aware of the health system in South Africa and how it works. Before they can understand the system, it is necessary for them to explore the infrastructure of the national, provincial and local governments.

Learning Activity 22

The AE should have prepared 'flashcards' with the designation and names of major persons who are responsible for health nationally. The 'flashcards' could look like the example below:

Minister of
Health

The AE should also have prepared a blank organogram, in which these 'flashcards' could fit, or have some string or wool ready. You will also need some 'prestik' so that the cards can be stuck on a wall. Hand out the 'flashcards' randomly.

Tell the learners as a whole group, that they are now in charge of sorting out the entire health situation in the country. Ask them what type of human resources they will require, how they will go about doing this etc.

Make notes on the flipchart as they give ideas and ask questions to encourage more participation.

Then ask who has the 'flashcard' that says "Minister of Health'. The particular AL then sticks this 'flashcard' as high as possible.

The AE asks: "Who is the Minister of Health?"

The AL responds. If they do not know the answer, the AE must write in his name on the blank space on the flashcard.

Then go to the next level and ask who will manage the following functions:

1. Develop the national policy

As soon as the AL have identified this person, the AL with the correct flashcard puts it up on the wall slightly underneath the 'Minister of Health' card. The string or wool is then used to connect the 'cards'.

Continue with asking who will manage the following and stick the appropriate flashcards into position.

- 2. Develop the national standards of health
- 3. Develop norms
- 4. Develop targets
- 5. Allocate the health budget
- 6. Co-ordinate recruitment
- 7. Do the training
- 8. Distribute health workers to the different areas

- 9. Develop the conditions of service of health workers
- 10. Develop and implement a national health information system

The break the National Structure down into the Provincial Structure. The AE may prepare cards that the learners now can paste onto an empty organogram. The procedure is then repeated until you reach the provincial government. It may be a good idea to do the same thing on another part of the wall.

When you reach the structure of the Local Government, start on another part of the wall.

Continue this game until the learners reach the very last level, the people.

Learning Activity 23

The AL needs to know about projects and programmes that exist within the community that address the health needs in the community.

The AL also needs to determine if the project and/or programme is:

Curative

Offering treatment that will cure a patient

Preventative

Offering treatment and advice in preventing a disease or health disaster

Promotive and Developmental

Offering education and creating awareness about the health issue, possible prevention, cures etc.

Rehabilitative

Offering assistance to patients that have or have had the disease and are now recovering

Possible Procedure

- The AE ask the learners to give tell him/her which unfavourable health areas are present in the community and lists them accordingly.
- The AE asks what diseases or illnesses can pose a threat, because of this unfavourable situation and lists them accordingly.
- The AE then asks if the learners know of any related projects that are currently in existence that address any of these problem areas i.e. water supply pipelines are being laid down to supply clean water to the community by the government, department of water affairs etc.
- The AE lists these agencies next to the unmet health needs and discuss their functions.

Note to the AE

It may be possible to invite members, employees or volunteers from such organisations to present their organisation to the AL. You may choose to invite one such a member once a month to add variety to the learning programme.

Learning Activity 24

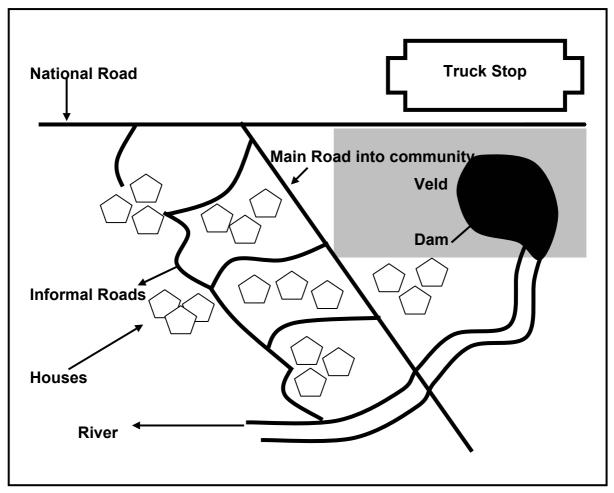
Draw up a simple map of the community. Pinpoint areas of concern and indicate existing problem areas.

The AE could give the learners a simple, sample map to show the learners what is expected of them.

This activity may be used as an assessment activity.

Example:

The Riverbend Community Map



Truck Stop

Unfavourable Situation:

Truck drivers pick up sex workers along the National Road and drop them off at the truck stop.

Possible Health Threat: Spreading of Sexually Transmitted

Diseases

Possible Prevention: STD Awareness campaign at Truck Stop

River and Dam

Unfavourable Situation: Women wash clothes in the river and dam.

People throw waste in the river and dam.

People urinate in the water.

Livestock get into the water to drink it and

discharge themselves in the water.

Possible Health Threat: Due to the lack of clean water supply,

people use the water from the river and dam

for drinking and cooking purposes, which

cause diseases such as diarrhoea,

bilharzia.

Possible Prevention: Awareness campaigns and educate the

community about the dangers of impure water, using boiling, bleaching or filter

method to purify the water.

Topic 3: Community Involvement in Health

Purpose of the topic

 Encourage AL to think of ways in which the community can become involved in addressing the health needs of the community.

Outcomes

US	
1	

AC	
ii)	
iv)	

Learning Activity 1

The AL should use the map that they compiled of the community. The areas in the community where health problems exist should be pinpointed.

SO

4

The AL should then prepare specific questions about:

- Does the problem or potential health hazard does exist in reality?
- What observations can be made at the site?
- What cause the health hazard?
- Which factors may contribute to the cause of the health hazard?
- Can the community be questioned?
- Can the community assist in relieving or preventing the health hazard?
- What questions should be asked?

Learning Activity 2

The groups develop an evaluation form. This evaluation form should provide the AL with key information with regards to the condition of the environment.

The following evaluation form has been adapted from the WEDO document - Women's Health Planet Report Card #1.

ENVIRONMENT EVALUATION					
In what state is the water, air, soil, forest, animal life,					
Local agriculture in the area of the health hazard?					
Area of concern	thy	pc	ous lem	ъ	م ح
(Tick the relevant column using the guide below)	Healthy	Good	Serious Problem	Bad	Very Bad
Water					
Air					
Soil					
Forest					
Animal Life					
Local Agriculture					
How good are the current attempts at protecting	g the	envii	ronme	nt?	
Area of concern	thy	рс	ous lem	р	م ح
(Tick the relevant column using the guide below)	Healthy	Good	Serious Problem	Bad	Very Bad
Water					
Air					
Soil					
Forest					
Animal Life					
Local Agriculture					

Guide to Key Words		
Healthy	There are people who are trying to take care of it	
Good	It is in a fair state, but it may become a problem	
Serious	It is not in a good state, but there are people who have plans	
Problem	to take care of it	
Bad	The conditions are bad and nothing has been tried or planned	
Very bad	The conditions are bad and no one is aware of it or trying to improve it	

The AL should also use the questionnaire that they had set up in the activity before the environment evaluation.

The AE may arrange a field visit to the area. The surroundings should be investigated to determine the cause of the health hazard and the surrounding community may be asked questions to establish their circumstances.

The AL should record all the observations the make through sight, sound, smell, taste, touch and feelings.

When the group return to the location of learning (i.e. PALC), the record of observations should be discussed in groups.

Learning Activity 3

The AL should discuss the factors that cause ill health in the community from their evaluation report.

Possible threats should be identified. A second field trip may be arranged and points an evaluation sheet may be used. Alternatively, the evaluation check list may be given to the learn

Learning Activity 4

The AL should discuss and find possible ways of involving the community i.e. educating the community on how to prevent water from becoming polluted.

The identified health hazard should be well researched so that AL can make the correct decisions. The AE may decide to give different learners different health hazards to investigate.

Assessment Activity 1

The AL should do a presentation with regards to the identified health hazard and two ways of how the community can be encouraged to become involved in alleviating it.

The AL should prepare a presentation of not more than 10 minutes and present it to the class during the next learning event.

Learning Activity 5

During a brainstorm session, the AL should list possible ways of involving the community.

These ideas must be listed and given to the groups for the next activity.

Learning Activity 6

Decide how you can convince the community to participate in relieving the potential health hazard. Work out a dialogue and think of all the things the members of the community may say to not get involved. Plan answers to these objections.

For Example:

Objection: I do not have the time to purify water.

Members of each group perform role-plays to practice their 'marketing skills'.

Assessment Activity 2

The AE could use assessment criteria as outlined at the beginning of this topic to assess whether learners are competent in involving the community. A possible assessment strategy may involve the learners working together.

For example:

The AL should do a project on a particular health hazard in the area. They should:

- Describe the health hazard, its causes, results, state or condition, etc.
- Design a pamphlet or role play or poster that could be used to motivate the community in becoming involved or
- Put together a demonstration tool that will enable the community to understand the health hazard and motivate them to participate in solving the problem i.e. boil water, filter water etc.

Topic 4: Health Promotion

Purpose of the topic

- Draft a plan of action showing how the community can be involved in health promotion by:
 - Educating the community about health
 - Promote the benefits of a healthy community
 - Providing advise and support
 - Demonstrating an example of healthy living

Outcomes

US	SO	AC
1	4	iv

Learning Activity 1

The AE should prepare flashcards that should be given to the AL so that the order in which an action plan should be compiled is clear to them.

Example:

Define the problem that requires action

State the objectives of the action plan.

(Objectives should be as clear and exact as possible, with ways to measure their success)

Work out the cost and/or resources that may be required to implement the action plan.

Find ways of providing resources for the action plan

Determine the result that you expect

Decide on the type of feedback you need

Decide when you want feedback

Decide ho w you want feedback

Evaluate the success

Improve the action plan

Learning Activity 2

The AE asks the learners to think of health hazards and threats in the community. You may suggest a few examples to start the process i.e. AIDS, TB, Measles, Diarrhoea.

Procedure

- AE writes down what the AL say without questioning the responses
- When the brainstorm session is complete, the AE checks that the most well known diseases have been mentioned.

The AE will have had to do some research regarding the various diseases, their symptoms, transmission, causes and so on, because if the AL are unable to answer the questions, the AE will act as a learning resource.

The AE should get pamphlets and posters from health organisations with regards to the diseases and health problems and hand them out to the learners.

The AE then ask questions related to these diseases. These are examples of the types of questions that you could pose. Please feel free to add more questions.

AIDS

What is AIDS?

What is associated with aids? (I.e. HIV Positive)

What type of disease is it? (Sexually Transmitted Disease)

How is it transmitted?

How is it not transmitted?

What is the cause of the disease?

What effect does it have on a person's life?

TB

What is TB? (Tuberculosis)

What symptoms do you have if you have TB?

What type of disease is it?

Which area of health does it affect?

Which part of the body does it attack?

How is it transmitted?

Is there a cure for TB?

What cure is available?

What effect does TB have on the person's life?

Diarrhoea

What is diarrhoea?

What symptoms are associated with diarrhoea?

What happens if you have diarrhoea for a day? (Dehydration)

What is dehydration?

How can someone contract diarrhoea?

How is it transmitted?

Is there a cure?

What cure is available?

Learning Activity 3

The AL should be given the task of finding the 'action plans' that have been put in place to prevent, cure, promote or develop and rehabilitate people and health hazards relating to particular diseases or situations. (The recent cholera epidemic have been covered extensively in the media and recent newspapers and reports will assist the AL.)

Possible action takers that could be approached for information:

- Department of Health (national, provincial or local)
- Department of Environmental Affairs(national, provincial or local)
- Department of Water Affairs(national, provincial or local)
- NGO's
- Local Clinics
- Health Officials
- Legislation

The following questionnaire may be adapted to suit the need of the particular health hazard being investigated:

Action Plan Outline				
Outline the action plan (define)				
Objectives of the action plan				
Cost				
Resources				
Who provided funding				
Which resources were used				
Who approved the action plan				

Learning Activity 4

Compare the action plan from the previous learning activity with the outline of an action plan discussed in the first learning activity. Any differences and similarities should be noted and adjustments may be made. The AL may decide to expand the initial action plan and add more steps.

Learning Activity 5

In their groups, the AL should assess the health hazard discussed in the previous topic under 'community involvement in health' and draw up a plan of action to promote health within the community, using the community as a resource.

Relevant discussions, demonstrations, information gathering and sharing etc. should be done in order to draft the action plan.

Assessment Activity 1

Design and run a campaign to promote a health hazard i.e. water, AIDS, care for the aged, etc.

The design should include:

- An action plan
- Community map
- Target date
- Promotional materials etc.

Each AL should present their campaign to the class as if they were community members.

The rest of the AL listen, ask questions and assess the effectiveness of the campaign.

Module 2

NOTE TO THE FACILITATOR

First Aid training is governed by the Occupational Health and Safety Act and in the "Minimum Training Standards" compiled and regulated by the Department of Labour, there are strict rules that must be adhered to, to ensure that learners can receive accreditation for First Aid training.

By way of providing a short summary of these rules, the following:

1. Minimum Instructor Qualifications:

- 1.1 A valid level 3 first aid certificate
- 1.2 A Department of Labour recognised valid Instructor's Certificate

2. Class / Instructor ratios:

- 2.1 A maximum of 15 students per instructor for practical sessions
- 2.2 The course may be lengthened proportionately if there are more students for the practical sessions
- 2.3 Theoretical sessions are not limited to 15 students per instructor

3. Theoretical / a practical ratios:

- 3.1 Training on a 50% theoretical and 50% practical basis
- 3.2 Evaluation on a 30% theoretical and 70% practical basis.

3.3 The theoretical examination may take the form of oral questions Incorporated during the practical examination

4. Minimum training aids:

- 4.1 Resuscitation manikins (adult, child and infant)
- 4.2 Artificial wounds and artificial blood
- 4.3 Department of Labour legislated minimum content of a first aid box
- 4.4 A cervical collar
- 4.5 A resuscitation mouthpiece and surgical gloves for each learner

5. Minimum Course duration:

5.1 Level 1 certificate = 36 hours **excluding evaluation**

Module structure

In order to provide the learner with optimum understanding and skills, this module is divided into four separate themes. It is, however, of vital importance that the learner must be given the opportunity for practical application of the skills after each and every section of every theme has been discussed.

It will serve the Adult Educator (AE) well to remember that Adult learners (AL) have a wealth of experience to draw from. For this specific reason the learner is well equipped to participate fully in group discussions and to draw from personal experience. The AE must therefore allow the learners to provide as much input into these training sessions as possible.

REMEMBER THAT IN THIS UNIT STANDARD THE LEARNERS ARE WORKING WITH HUMAN LIVES. THEREFORE THE NEED FOR KNOWLEDGE AS A REASONING AND DIAGNOSTIC TOOL AND PRACTICAL SKILLS AS A LIFE SAVING TOOL CAN NEVER BE STRESSED ENOUGH.

Theme 1

Note to the facilitator

The time allocated for this theme is 2 hours. During this period the learner must gain full understanding of the idea of overall safety at an accident scene and the opportunity must be provided for the practical application of overall safety by means of discussions, role play and the simulation of accident scenarios.

Learning / Activity outcomes:

On completion of this theme the learner will be able to:

- 1. Know and describe the objectives of first aid
- 2. Apply the principles of personal safety, the safety of the accident scene and the safety of the casualty
- 3. Apply the principles of emergency scene management and utilise the available resources
- 4. Know and apply the medico-legal implications of providing first aid assistance
- 5. Define the history of an accident scene and observe the clues that may lead to an early diagnosis

1 OBJECTIVES:

- 1.1 to relieve pain
- 1.2 to maintain life
- 1.3 to prevent complications

2. SAFETY:

- 2.1 personal safety
- 2.2 The dangers of HIV/AIDS and Hepatitis B
- 2.3 Protective measures
- 2.4 Safety of the accident scene
- 2.5 Safety of the casualty
- 2.6 Possible dangerous situations
- 2.7 Medic alert disks / bracelets and their value

3. RESOURCES:

- 3.1 The use of bystanders
- 3.2 Calling the emergency services / medical services
- 3.3 Authorities that can be utilised e.g. Police, Electricity Department,

Traffic Department etc.

4. THE MEDICO-LEGAL IMPLICATIONS OF PROVIDING FIRST AID ASSISTANCE:

- 4.1 The need to obtain consent
- 4.2 Acting within the scope of training and competency
- 4.3 Recording / reporting

5. HISTORY AND EARLY DIAGNOSIS:

- 5.1 Obtaining the history of an accident
- 5.2 Looking for clues to enable the making of an early diagnosis

Theme 2

Note to the facilitator

The purpose of this theme is for the learner to gain an understanding of the structures of the human body, i.e. the anatomy as well as an understanding of the functioning of those structures, i.e. the physiology. Without this knowledge the learner will not be able to make informed decisions regarding the diagnosis and consequent first aid treatment.

It must be kept in mind that the learner is not readily able to visualise body structures and for this reason anatomical models must be used. In order for the learner to gain as deep an understanding as possible of this subject matter, the theme must be facilitated in as visual and realistic manner as possible. Good quality charts, overhead transparencies, etc., must be used to illustrate what will be a fairly unknown field to the Adult learners. Good use can be made of animal organs, e.g. a sheep's heart and lungs to provide clarity on the construction and function of certain organs.

Certain anatomical names must be mastered by the learner. (A list will be supplied at the end of this theme). The reason for mastering these basic anatomical names being that accurate information must be relayed to the emergency services and this can only be achieved if the learner is in command of the required terminology.

<u>Learning / activity outcomes:</u>

On completion of this theme the learner will be able to:

- Understand the basic anatomy and physiology of the respiratory system
- Understand the basic anatomy and physiology of the circulatory system
- Understand the basic anatomy and physiology of the musculoskeletal system
- Understand the basic anatomy and physiology of the nervous system
- 5. Understand the consequences of injuries and illnesses

Understand the basic anatomy and physiology of the respiratory system

- 1.1 Anatomy of the lungs
- 1.2 Physiology of the lungs

2. Understand the basic anatomy and physiology of the circulatory system

- 2.1 Anatomy of the heart
- 2.2 Physiology of the heart
- 2.3 The difference between arteries and veins and their functions
- 2.4 Interaction between the heart, lungs and vascular system

3. Understand the basic anatomy and physiology of the musculoskeletal system

- 3.1 The functions of the musculo skeletal system
- 3.2 Identify the bones of the upper body
- 3.3 Identify the bones of the lower body
- 3.4 The functions of muscles and ligaments

4. Understand the basic anatomy and physiology of the nervous system

- 4.1 Describe the brain and spinal column
- 4.2 Understand the functions of the different nervous systems

5. Understand the consequences of injuries to and illnesses of:

- 5.1 The heart
- 5.2 The lungs
- 5.3 The musculo skeletal system
- 5.4 The central nervous system

Anatomical terminology to be mastered:

Aorta Joint

Arteries Left Atrium

Autonomous nerves Left ventricle

Brachial artery Ligament

Brain Motor nerves

Bronchi Pelvis

Capillaries Pulmonary arteries

Carotid artery Pulmonary veins

Clavicle Radius

Clavicula Right ventricle

Crepitus Right Atrium

Cyanosis Scapula

Dermis Sensory nerves

Diaphragm Skull

Epidermis Somatic nerves

Extension Spinal cord

Femoral artery Sternum

Femur Temporal artery

Fibula Thorax

Flexion

Humerus Trachea

Ulna

Theme 3

Note to the facilitator

The theme of basic life support cannot be facilitated without resuscitation manikins. PRACTISING LIFE SUPPORT TECHNIQUES ON A LIVE PERSON IS EXTREMELY DANGEROUS AND MUST AT ALL TIMES BE COMPLETELY DISCOURAGED AND AVOIDED. In view of the fact that the anatomical landmarks differ from adult, child and infant, it will be necessary to have all three manikins available for training sessions in order to perform the practical exercises.

It is of the utmost importance that learners must master Life Support techniques fully and obtain a high level of competency. To enable the learner to reach this level, provision must be made for regular and extended practice sessions working on the manikins.

It is also advisable to provide each learner with a resuscitation mouthpiece in order to provide protection against the spread of any infections.

Learning activities / outcomes:

On completion of this theme the learner will be able to:

- 1. Recognise and prevent respiratory emergencies
- 2. Open and maintain the airway including a casualty with a suspected neck injury.
- 3. Perform adult, child and infant Artificial respiration (AR) according to the prescribed protocols

- 4. Recognise cardiac arrest
- 5. Perform one-rescuer Cardio Pulmonary Resuscitation (CPR) on an adult, child and infant according to the prescribed protocols
- 6. Provide follow-up care for a cardiac arrest patient
- 7. Recognise and prevent choking
- 8. Provide First Aid for a choking adult and child

1. RECOGNISE AND PREVENT RESPIRATORY EMERGENCIES

- 1.1 Depletion of oxygen supply
- 1.2 Heart and lung disfunction
- 1.3 Obstructed airway
- 1.4 The dangers of brain damage

2. OPEN AND MAINTAIN THE AIRWAY INCLUDING A SUSPECTED NECK INJURY

- 2.1 The chin-lift method
- 2.2 The jaw-thrust method
- 2.3 Fitting a neck collar

3. PERFORM ADULT, CHILD AND INFANT A.R.

- 3.1 When to initiate AR
- 3.2 Where to check the pulse in the adult, child and infant.
- 3.3 At what intervals the pulse must be checked
- 3.4 Ventilation rates for Adult, Child and Infant
- 3.5 Demonstrate AR on adult, child and infant manikins
- 3.6 Follow-up care for patient without neck injuries
- 3.7 Follow-up care for patient with neck injury

4. RECOGNISE CARDIAC ARREST

- 4.1 Checking vital signs
 - 4.1.1 Respiration
 - 4.1.2 Pulse
 - 4.1.3 Temperature
- 4.2 Duration of vital sign checks

5. PERFORM ONE-RESCUER CPR ON AN ADULT, CHILD AND INFANT

- 5.1 Positioning of patient
- 5.2 Hand / finger position for Adult, child & infant
- 5.3 Compression depth for Adult, child & infant
- 5.4 Sequencing
- 5.5 Timing
- 5.6 Perform one-rescuer CPR on Adult, child and infant manikins

6. PROVIDE FOLLOW-UP CARE FOR CARDIAC ARREST VICTIM

- 5.1 Positioning
- 5.2 Constant surveillance

7. RECOGNISE AND PREVENT CHOKING

- 7.1 Airway obstruction
 - 7.1.1 Partial
 - 7.1.2 Complete
- 7.2 Causes and prevention of causal factors

8. Provide FIRST AID FOR A CHOKING ADULT AND CHILD

- 8.1 Conscious person
- 8.2 Unconscious person
- 8.3 Pregnant person
- 8.4 Obese person

Theme 4

Note to the facilitator

Many of the Ancillary Health Workers (AHW's) will be active in areas where there are no medical facilities and where it may take an unacceptably long time for a patient to be moved to a health facility either by emergency vehicle or by private vehicle. The AHW will therefore have to perform first aid for many of the minor and major injuries that may arise in areas that lack proper medical care. In order to learn to cope with these situations, this theme covers the common injuries that the AHW may have to deal with in the course of performing his/her duties in the community as well as the most basic modes of transporting a patient.

The facilitator must make every effort to present this theme as realistically as possible. It will therefore be necessary to either make use of plastic wounds that are available or to learn the simple art of wound simulation. Whatever medium is being used, it must be accompanied by artificial blood and good acting skills to simulate the signs and symptoms that would accompany the injury thereby providing the learner with the correct clues that must be utilised to make a proper diagnoses and decide on the correct treatment.

Once again it must be remembered that the AL has a wealth of experience from which to draw and the facilitator must make every effort to obtain full participation from the learners by means of open discussion on the various sections.

Please remember that the dangers of HIV/AIDS and Hepatitis B infection when working with blood and body fluids **must at all times be stressed** by the facilitator and for this reason learners must be supplied with surgical gloves when participating in the practical sessions.

Learning activities / outcomes

On completion of this theme the learners will be able to:

- 1. Understand what a first aider may and may not do
- 2. Perform a primary and secondary examination of a patient
- 3. Identify and treat shock
- Understand the causes of soft tissue injuries and demonstrate the skills to provide first aid treatment
- 5. Understand internal and external bleeding and demonstrate the skills to provide first aid treatment
- Understand the causes of musculo-skeletal injuries and demonstrate the skills to provide first aid treatment
- Understand the causes of eye injuries and demonstrate the skills to provide first aid treatment
- 8. Understand the causes of head and spinal injuries and demonstrate the skills to provide first aid treatment
- Understand the causes of unconsciousness and demonstrate the skills to provide first aid treatment
- Understand different environmental illnesses and injuries and demonstrate the skills to provide fist aid treatment
- 11. Understand the different causes of and types of burns and demonstrate the skills to provide first aid treatment

- 12. Understand the causes of poisoning and demonstrate the skills to provide first aid treatment
- Be able to demonstrate the most basic methods of transporting a patient

1. UNDERSTAND WHAT A FIRST AIDER MAY AND MAY NOT DO

- 1.1 Know and describe the principles of First Aid
- 1.1 Revise the medico-legal implications

2. PERFORM PRIMARY AND SECONDARY EXAMINATIONS

- 2.1 Vital signs
- 2.2 Evaluation of vital signs
- 2.3 Pulse rates of adult, child and infant
- 2.4 Respiration rates of adult, child and infant
- 2.5 Normalisation of the vital signs
- 2.6 Primary examination of a conscious patient
- 2.7 Primary examination of an unconscious patient
- 2.8 Secondary examination of a conscious patient
- 2.9 Secondary examination of an unconscious patient
- 2.10 Monitor vital signs
- 2.11 Monitor level of consciousness
- 2.12 Monitor splints and bandages for signs of inadequate distal circulation

3. IDENTIFY AND TREAT SHOCK

- 3.1 Recognise shock
 - 3.1.1 Define shock
 - 3.1.2 State when shock occurs
 - 3.1.3 The symptoms and signs of shock

- 3.2 Prevention of shock
 - 3.2.1 Ensure open airway
 - 3.2.2 Ensure respiration
 - 3.2.3 Ensure circulation
 - 3.2.4 Keep patient calm
 - 3.2.5 Reassure at all times
 - 3.2.6 Maintain body temperature
- 3.3 Shock positions
 - 3.3.1 The recovery position
 - 3.3.2 Flat on the back (be alert for vomiting)
 - 3.3.3 The semi-Fowler position
- 3.4 Reasons for not supplying food or water
- 3.5 Constantly monitor vital signs
- 3.6 Never leave shocked patient alone

4. UNDERSTAND THE CAUSES OF SOFT TISSUE INJURIES AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID TREATMENT

- 4.1 Anatomy and physiology of the skin
- 4.2 Classification of soft tissue injuries
 - 4.2.1 Contusions
 - 4.2.2 Abrasions
 - 4.2.3 Lacerations
 - 4.2.4 Avulsions
 - 4.2.5 Puncture wounds
- 4.3 Dangers and prevention of infection
- 4.4 The treatment of soft tissue injuries

5. UNDERSTAND EXTERNAL AND INTERNAL BLEEDING AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID TREATMENT

- 5.1 Bleeding
 - 5.1.1 Define external and internal bleeding
 - 5.1.2 Normal blood volumes of adult, child and infant
 - 5.1.3 Symptoms and signs of severe bleeding
 - 5.1.4 When to suspect internal bleeding
- 5.2 General principles for the control of external bleeding
 - 5.2.1 The use of gloves
 - 5.2.2 The need to change gloves between patients
 - 5.2.3 The importance of elevation
 - 5.2.4 General principles for the application of direct pressure
 - 5.2.5 Different types of pressure pads
 - 5.2.6 Different techniques to control bleeding
- 5.3 Embedded foreign objects
 - 5.3.1 Control bleeding
 - 5.3.2 Positioning of pressure pads or ring pads
 - 5.3.3 Stabilising the foreign object
 - 5.3.4 Positioning pressure bandages
- 5.4 Inadequate distal circulation
 - 5.4.1 Signs of inadequate distal circulation e.g. skin temperature, skin colour, pins and needles, lack of sensation, lack of pulse
 - 5.4.2 Correct inadequate distal circulation
 - 5.4.3 Avoid constricting bandages
- 5.5 Bleeding from the nose, ear and scalp
 - 5.5.1 Nose by position, pressure, time and ice
 - 5.5.2 Ear by dressing and position of head

- 5.5.3 When to avoid dressings on the ear
- 5.5.4 Scalp by dressing, ring pad and bandage
- 5.6 Internal bleeding
 - 5.6.1 When to suspect internal bleeding
 - 5.6.2 Steps to take when internal bleeding is suspected
 - 5.6.3 The prevention and treatment of shock

5. UNDERSTAND THE CAUSES OF MUSCULO-SKELETAL INJURIES AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID TREATMENT

- 6.1 Types of fractures
 - 6.1.1 Closed fractures
 - 6.1.2 Open fractures
 - 6.1.3 Complicated fractures
- 6.2 The symptoms and signs of fractures
- 6.3 General principles for the treatment of closed, open and complicated fractures
- 6.4 Immobilisation of closed, open and complicated fractures of the upper and lower limbs
- 6.5 Monitoring of distal circulation and sensation
- 6.6 The improvisation of splints

7. UNDERSTAND THE CAUSES OF EYE INJURIES AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID TREATMENT

- 7.1 Anatomy of the eye
- 7.2 Provide first aid for foreign bodies in the eye
- 7.3 Provide first aid for wounds around the eye
- 7.4 Provide first aid for burns to the eyes

8. UNDERSTAND THE CAUSES OF HEAD AND SPINAL INJURIES AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID TREATMENT

- 8.1 Recognise a head injury
- 8.2 The serious nature of a head injury
- 8.3 Types of head injuries
- 8.4 Provide first aid for a head injury
- 8.5 Demonstrate the first aid for a scalp wound with an underlying fracture of the skull
- 8.6 Recognise a spinal injury
- 8.7 The serious nature of spinal injuries
- 8.8 History of the injury, symptoms and signs
- 8.9 Provide first aid for a spinal injury
- 8.10 State when a patient with a spinal injury may be moved
- 8.11 Precautions to be taken and method of moving a patient with a spinal injury
- 8.12 The dangers of improper handling of a patient with a spinal injury
- 8.13 The improvisation of a neck collar
- 8.14 The application of a neck collar
- 8.15 The "logg-roll" technique
- 8.16 Immobilisation of the patient using five triangular bandages
- 8.17 Preparation of the spinal board
- 8.18 "Log-roll" onto the spinal board
- 8.19 Securing the patient to the spinal board and supporting the head

9. UNDERSTAND THE CAUSES OF UNCONSCIOUSNESS AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID

9.1 Recognise Unconsciousness

- 9.2 Maintain vital functions
- 9.3 Monitor patient
- 9.4 Appropriate positioning

10. UNDERSTAND DIFFERENT ENVIRONMENTAL ILLNESSES AND INJURIES AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID.

- 10.1 Understand the conditions that aggravate the effect of exposure to cold.
- 10.2 Understand the symptoms and signs of frostbite.
- 10.3 Understand the symptoms and signs of the progressive stages of hypothermia
- 10.4 Provide first aid treatment for frostbite
- 10.5 Provide first aid treatment for hypothermia
- 10.6 Understand the conditions that cause heat illnesses
- 10.7 Understand the symptoms and signs of Heat Cramps, Heat Exhaustion and Heat Stroke
- 10.8 Provide first aid treatment for Heat Cramps, Heat Exhaustion and Heat Stroke

11. UNDERSTAND THE DIFFERENT CAUSES OF AND TYPES OF BURNS AND DEMONSTRATE THE SKILLS TO PROVIDE FIRST AID TREATMENT

- 11.1 Demonstrate a knowledge of dangerous substances
- 11.2 Classify burns by cause and provide examples of each
- 11.3 Understand the factors that determine the seriousness of burns
- 11.4 Understand the symptoms and signs of a superficial burn
- 11.5 Understand the symptoms and signs of a deep burn

- 11.6 Establish burn wound percentages
- 11.7 Understand the complications that may result from burn wounds
- 11.8 Demonstrate the ability to provide first aid treatment for burns caused by:
 - 11.8.1 Moist heat
 - 11.8.2 Dry heat
 - 11.8.3 Liquid chemicals
 - 11.8.4 Dry chemicals
 - 11.8.5 Electricity
 - 11.8.6 Radiation
- 11.9 Demonstrate the ability to judge when medical assistance is require for a casualty who has suffered burn wounds

12. UNDERSTAND THE CAUSES OF POISONING AND DEMONSTRATE THE ABILITY TO PROVIDE FIRST AID TREATMENT

- 12.1 Understand the four routes by which poisons enter the body
- 12.2 Understand how the history of a poisoning incident may be determined
- 12.3 List the symptoms and signs of poisoning when the poison has been:
 - 12.3.1 Ingested
 - 12.3.2 Inhaled
 - 12.3.3 Absorbed
 - 12.3.4 Injected
- 12.4 Provide first aid for a conscious person who ingested poison.
- 12.5 Provide first aid for an unconscious person who ingested poison
- 12.6 Provide first aid for a person who inhaled a poisonous substance

- 12.7 Provide first aid for a person who absorbed poison through the skin
- 12.8 Provide fist aid for a person who had poison injected through the skin
- 12.9 Provide first aid for snake bites
- 12.9 Provide first aid for insect bites and stings
- 12.10 Provide first aid for tick bites

13. DEMONSTRATE THE MOST BASIC METHODS OF TRANSPORTING A PATIENT

- 13.1 Without a stretcher
 - 13.1.1 Cradle
- 13.1.2 Pig-a-back
 - 13.1.3 Crutch aid
 - 13.1.4 Fireman's lift
 - 13.1.5 Body drag
 - 13.1.6 Double, three and four handed seat

Module 3

PRIMARY HEALTH CARE

Title: Introduction of Primary Health Care (PHC)

Range: Assessing the relationship between the individual the

family and the community. Includes knowledge of;

elementary anatomy and physiology; basic human physical

and mental development; health patterns and diseases

common to an identified community.

Specific outcome 3.1: Demonstrate an understanding of elementary

anatomy and physiology

Specific outcome 3.2: Demonstrate a basic understanding of human

physical and mental development through all the

stages of life

Specific outcome 3.3: Demonstrate an understanding of common health

patterns and diseases in an identified community

Specific outcome 3.4: Demonstrate a basic understanding of Sexually

Transmitted Infections (STIs) including HIV/AIDS

Specific outcome 3.5 Demonstrate a basic understanding of the spread

and management of TB

Contents of the Chapter on Primary Health Care

- ♦ Understanding our bodies
- ♦ Physical and mental health development
- ♦ Health Patterns: Nutrition

- ♦ STIs
- ♦ HIV/AIDS
- ♦ TE
- ♦ Family Planning
- ♦ Substance Abuse

Assessment Strategies

Oral and written tests Assignments

Demonstrations Presentations

Report writing Observation

Role Play Debate

Research Projects

Problem solving Case Studies

Theme 1

Topic

Understanding our bodies

Specific Outcome 3.1, 3.3

Learners will understand elementary anatomy and physiology and the importance of personal hygiene in preventing illness

Method/Activities

Activity	Support Material
1 Our bodies and personal Hygiene	
Introduction -our outer bodies and germs	Posters or charts of the external parts of
Pair work - Cleanliness in combating germs	the body, the skeleton, muscles, digestive system and circulation of blood Pamphlets Fact Sheets
General discussion - observations in client⊡s hygiene	
Group Work - Case study - using water	
Report Back	
2 How our bodies work	
General Discussion - general anatomy	
Individual work - diseases related to different parts of the anatomy.	
General Discussion - list diseases and make any additions or amendments	

1 OUR BODIES AND PERSONAL HYGIENE

INTRODUCTION

The facilitator and learners look at a picture showing the external parts of the body. Discuss together the parts that are particularly vulnerable to germs and disease. Move on to the importance of personal hygiene.

Parts of the body	
Hands	Germs are spread through unwashed hands particularly after going to the toilet.
Sweat	Stale sweat can breed germs
Teeth	Food left in the teeth causes decay and bad breath
Private parts	If these are unwashed they can be a breeding ground for germs
Hair	Lice can be spread through unwashed hair

PAIR WORK

Pairs discuss practical ways of keeping clean taking into account the economic situation of the community. They fill in the table suggesting products AND alternatives that can be used if there is little money in the household. Particular attention should be paid to hands that touch all sorts of dirty and contaminated surfaces.

Parts of the body	What to use	How often
Hands		
Sweat		
Teeth		
Nail		
Private parts		
Hair		

GENERAL DISCUSSION

Discuss together what **observations** you would make of the family and client when you visited a home to see if basic cleanliness was being practised. How would you go about giving advice? Discuss the availability of water in the community.

To keep healthy the most important element we have is water. Water is both our friend and enemy. Clean water keeps our bodies and our environment healthy. Unclean water can carry disease such as cholera.

If there is no running water we can kill water borne germs by:

- ♦ Disinfecting the water with a couple of drops of Jik or some other disinfectant. Remember to wait for a couple of hours before using the water.
- Boiling the water. In this case we may be using valuable fuel and we will also lose a small amount of water in evaporation.

GROUP WORK

Groups work on the following case study.

Malebo lives in a small village in a rural area. She has four children under the age of 12. She has to fetch water from the river every day. This takes her an hour. She can carry 50 litres of water. She has no time to return to the river and this water has to last all day.

List the uses she has to make of the water under the headings personal hygiene, household chores and cooking.

Hygiene	House	Cooking

Now suggest ways in which she can make the most productive use of the water she has. State why some uses are more important than others.

Teaching Tip

The Department of Water Affairs and Forestry has very good posters on the use and misuse of water that can be used in class.

REPORT BACK

Groups report back on their findings and discuss any difficulties that Malebo may encounter.

2 HOW OUR BODIES WORK

GENERAL DISCUSSION

Introduce charts of the skeleton, muscles, nervous system and organs including the digestive system. Discuss with the learners how these systems work and what they are called. Hand out fact sheet 1.

INDIVIDUAL WORK

Learners study fact sheet and write a list of any illnesses/disease, which affect the different systems of the body.

GENERAL DISCUSSION

List diseases/illnesses and make any additions or amendments

Fact Sheet 1

How the Different Systems of the Body Work

Cells

These are the tiniest units in the body - the building blocks that make up our body. Different cells form bone, others skin, and the organs etc.

The Skeleton

The bones of the body which give us our framework. Bones are joined together by cartilage - tough stretchy material.

Muscles

Muscles are attached to bones and form the active parts of our body. They stretch and contract to allow us to move. The heart and the uterus are also made of muscle.

The heart and circulation of the blood

The heart pumps blood through the body. The blood is carried in vessels called arteries and veins. The blood carries oxygen and hormones to different parts of the body.

The respiratory system

The nose, air pipe and lungs allow us to breathe in oxygen, which is taken into the blood, and breathe out carbon dioxide.

The brain and the nervous system

The brain controls the body. It needs oxygen from the blood. The nervous system carries messages from the brain to the rest of the body and back again. This is what causes pain.

The digestive system

This includes the mouth, food pipe, stomach, intestines, pancreas and liver. Food is broken down into small bits, which can move into the blood. This is used for repairing the body and energy. Waste products, which are not needed, are passed out of the body in urine and faeces.

The genito-urinary System

This includes our kidneys, bladder and reproductive organs.

The Immune System

Glands in the body fight disease and infections.

The endocrine system

This system makes hormones that are chemicals that keep the body healthy.

THEME Primary Health Care

Topic	Physical and Mental Development
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Specific Outcome 3.2

Learners will understand physical and mental development through the different stages of life.

Method/Activities

Activity	Support Material
Introduction - definition of health	Posters
Individual Work - family and community	Pamphlets Fact Sheets Health Care Worker
Pair work - development stages	riealtii Gale Worker
General discussion - differences in gender signs of abuse	
Group Work - role play physical abuse	
Report Back - intervention	
General Discussion -intervention	

INTRODUCTION

With the learners work out a definition of a healthy person. Include physical, mental and spiritual health. It should also include interaction with others - the family and the community.

HEALTH CARE WORKER

Have a health care work give a talk about the physical development of the human body. Invite her to remain and take part in the rest of the activities.

PAIR WORK

Share your drawing with a partner. Make a list together of the conditions necessary for the good mental and physical development of persons at different stages of their lives.

Baby	
Girl child	
Boy child	
Girl teenager	
Boy teenager	
Young woman	
Young men	
Young mother	
Young father	
Middle aged	
woman	
Middle aged man	
Elderly woman	
Elderly man	

GENERAL DISCUSSION

Discuss whether there are differences in the needs of girls and boys, men and women. Did the lists take into account puberty, menstruation and the menopause? Were careers mentioned? Follow this with a detailed the changes of the body at puberty. How does this affect the emotional state of teenagers? You could also include (depending on your community) the role of traditional schools.

PAIR WORK

Come up with a definition of a healthy family. This should include relationships within the family as well as the physical health of the whole family.

GENERAL DISCUSSION

Discuss warning signs of things going wrong in a family e.g. depression, bruising of women or children, too many [accidents, children crying, children or other members withdrawn and quiet, children excessively naughty, aggressive etc.

GROUP WORK

Case Study

Your child is upset. His friend's mother is in hospital with a broken arm and ribs. He tells you that his friend Thabo has said that his father hits his mother every Saturday when he is drunk. Thabo copies him by hitting his sister. You have noticed that his sister is very quiet and withdrawn. Your child can It understand why this is happening.

What do you tell your child?
How would you intervene in this situation?

Role Play

A conversation between you and the friends mother and between your partner and the child's father.

REPORT BACK

Groups report on their role-play and discuss the attitudes of the players in the drama. How could resistance be overcome?

GENERAL DISCUSSION

Discuss the reason for intervention. How can this be done? Who could you approach? If you suspect the girl child is being abused what can you do? Ask the health worker for addresses of organisations that help in this regard.

Teaching Tip

You may use the handouts at the end of this chapter to discuss further with the learners' violence against women. The case studies can be used for roleplay or discussion.

Theme 2

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Specific Outcome 3.2, 3.3

Learners will understand how good nutrition can enhance health and common symptoms of a bad diet and malnutrition

Method/Activities.

Activity	Support Material
Introduction -definition of nutrition	Posters
Individual Work - Food categories	Pamphlets Fact Sheets
Pair work- signs of bad eating habits	
Group Work - balanced menus	
Report Back - menus for the sick	

INTRODUCTION

Nutrition means the feeding of our bodies with the right food to give us energy. We also need food so that our bodies can renew themselves and to keep our brains working. Discuss with the learners what they know about a good diet. What should be included? What do we mean by unhealthy eating?

INDIVIDUAL WORK

Think about your own diet and fill in the different food you had yesterday.

Type of Food	Tick
Protein for growth and repair of the body (eggs, beans, lentils, peas, fish, meat, cheese, nuts)	
Carbohydrates for energy (grain, bread, green and yellow vegetables, fruit, sugar)	
Fats allow the body to absorb vitamins and give energy (meat, eggs, cheese, chicken, fish, sunflower oil,)	
Vitamins and minerals are essential for the body (fruit, cereals, vegetables)	
Fibre helps excretion (vegetables, fruit, whole-wheat bread, rice, lentils, beans, peas)	
Water makes up 60-80% of our bodies and we need to drink a lot of water	

PAIR WORK Signs of Bad Eating habits

Discuss

How can you tell if a person has bad eating habits?

Think about weight, energy, and general condition of the body.

What are the signs of malnutrition in a child?

Hand out fact sheet on eating habits and check if all aspects have been covered. (Fact sheets 2 and 3)

GROUP WORK

In groups work out a cheap nutritious meal for the week for a family with one adult and four children under 12 years. You have R 100 to spend. Refer to the different types of food under individual work and include:

Energy foods

Building foods

Protecting foods

Breakfast	Lunch	Supper

Now underline those foods which would be suitable for an ill person. Draw up a list of nutritious food, which is easily digestible for the someone who is ill at home.

REPORT BACK

Display menu and discuss paying particular attention to the menus for those who are ill.

Compare with Fact sheet 2

FACT SHEET 2 EATING HABITS

Common bad habits

П	Eating too much canned food and frozen vegetables
	Eating very little or irregularly or eating too much
	Eating too much of starchy foods
	Eating too many fried foods e.g. fish and chips
	Eating too much salt
G	ood Eating Habits
	Planning for meals
	Eating at regular times in the day
	Including all basic food groups in small amounts
	Knowing and avoiding food with too much salt, sugar and fat
	Increasing your water intake - at least 6 glasses per day
	Enjoying your occasional cup of tea or coffee
	Eating at least 2 to 3 hours before you go to sleep

Malnutrition

Children become malnourished because they do not eat enough food or because they eat too much starchy food like mealie pap or bread.

Signs to look for

The child is underweight for her/his age

The child has a swollen belly, thin arms and legs, will not eat readily and cries a lot. Later the feet and hands and face become puffy or swollen, sores develop on the body and the skin peels off while the hair becomes thin and may change colour.

The child has no flesh and is just [skin and bone].

Bad Diet in adults

The person may be

Tired all the time if they do not eat enough energy foods

Overweight if they eat too much fatty foods

Very thin if they are not eating enough - the skin may also be loose.

Become ill very often e.g. with influenza

Dehydration

This can be caused by diarrhoea and vomiting

A baby may be dehydrated if the soft spot at the top of his/her head is sunken, his/her eyes are sunken, his/her cheeks are hollow and his/her mouth is dry.

Treatment

Make a mixture of

8 teaspoons of sugar

l teaspoon of salt

1 litre of boiled water

Give as much of this mixture to drink as he/she will take.

Fact Sheet 3

Preparation of Food

Preparation of Food

- ♦ Wash you hands
- ♦ Do not touch your hair, nose, mouth or any sores on your body while preparing food
- ♦ Make sure that all utensils plates, bowls, pots and cutlery are clean
- ♦ Make sure the kitchen and all surfaces where you prepare food are clean
- ♦ Wash all raw vegetables and fruit

Storing Food

- ♦ Store food in the coolest part of the house
- ♦ Cover food to protect it from dust and insects
- ♦ Do not leave meat lying around

Hints for buying food

Milk: Skim-milk powder is the cheapest form of milk available. Use 40g to make 400ml milk for the day

Protein rich foods: Meat on the bone is cheaper than boneless meat and forequarter cuts are relatively cheap.

Costs are increased by the long time tough meat has to be cooked Economical, nutritious and tasty meals can be prepared from organ meat (liver and kidneys etc.)

Fish is usually cheaper than meat

Tinned pilchards are especially economical

Cheese is economical to use - there is little or no waste and it does not have to be cooked

Eggs are particularly economical

Dried legumes and textured vegetable proteins can be used to supplement meat or replace meat completely

Fruit and Vegetables: Fresh is best. However the nutritional value in wilted vegetables is very low

Cereal products: Processed cereal products are expensive and their food value is low, whole-wheat bread and whole mealie meal are much better

Indigenous food: Encourage the growing and eating of indigenous foods such as morogo which is very nutritious

	Theme 3
Topic	STI

Specific Outcome 3.4

Learners will have some knowledge of STIs , the symptoms and means of infection.

Method/Activities

Activity	Support Material
Introduction Naming STIs	Health Worker Pamphlets Posters Condoms
Pair work: Reading booklet	
General discussion	
Group Work -speech to a youth club	
Report Back	
General Discussion - attitudes to eople with STIs	

INTRODUCTION

Ask the learners about what they know about STIs. Discuss different types and write the names on the board.

PAIRS

Read together the booklet Lovesick (You can get it at the Department of Health) and hand out the Fact Sheet.

GENERAL DISCUSSION

Focus on attitudes towards people who have STIs. We cannot make assumptions. A partner who is faithful may contract an STI from an unfaithful partner. Talk about relationships.

GROUP WORK

You are asked to talk to a youth club about STIs. Write a talk that includes advice on safe sex and relationships.

REPORT BACK

One member from each group presents their talk. The rest of the class react as if they were teenagers.

GENERAL DISCUSSION

Discuss attitudes. How do we change attitudes and at the same time be sympathetic and non-judgmental towards those who are affected.

FACT SHEET 4: STIS

Sexually transmitted Infections

Sexually transmitted infections (STIs) is the name given to the group of infections associated with sex. The chances of getting an STI increase when sexual intercourse takes place with more than one partner. STIs are passed from one person to another by unprotected sexual contact.

Many STIs have been identified; the most common include gonorrhoea, syphilis, genital herpes, chlamydia, trichomoniasis, hepatitis B and HIV infection. Except for HIV infection, all the STIs can be cured but some can if not treated soon enough, lead to long-lasting health problems and even death.

FACTS ABOUT STIS

If a person notices any (or a combination) of the symptoms listed in the table then they must:

- NOT have sex because there is a chance that the infection will be passed on to their partner.
- 2. Use a condom every time they have sex.
- Visit a doctor or a clinic IMMEDIATELY as most STIs can be treated successfully
- 4. if caught earlier and treated for as long as necessary.
- 5. Take their partner along with them to the clinic. Both people must be treated to avoid re-infection.
- 6. Tell any other people they may have slept with just before, during or after infection.
- 7. They too must be checked and treated if necessary.

STIs have been shown to put a person at a greater risk of getting and transmitting HIV. Therefore a person who has an STI should be aware that if they are having unprotected sex, the chances of getting HIV and HIV/AIDS are 7 times higher than normal.

FACT SHEET 5: STIs

STI	Wholls affected	Symptoms and lasting effects if untreated
Gonorrhoea (clap)	Men and women	Symptoms show 12 hours - few days after infection. Men: pain in penis after 3 to 7 days thick white discharge (fluid coming out of penis) burning pain when passing water Women: May take very long for symptoms to show Heavy yellow discharge Some pain in the vagina If untreated, can cause sterility. In a pregnant woman, the baby may be born with problems.
Syphilis	Men and women	Symptoms develop 10-90 days after infection. First stage: painless sores develop on the genitals; and lymph glands in the neck, groin and under the arms swell. The sores heal after 3-8 weeks as infection moves into second stage. Second stage: 6-8 weeks after sores heal, rash develops on face and body. Person suffers headaches, joint pains. Symptoms disappear gradually Third stage: Disease may cause blindness, brain damage, paralysis and eventually death. A pregnant woman may lose her baby or the baby may be born with serious abnormalities.
Herpes	Men and women	Symptom: Small itchy red bumps ([cold sores]) which may open up to form blisters on the genitals. Disease may recur from time to time
Chlamydia	Men and women	Women: Symptoms include tummy pain, tenderness when having sex and cramps. Often there are no symptoms but damage is caused to pelvic organs and can lead to infertility. Men: Discharge and pain when urinating
Trichomoniasis	Men and women	Men can pass on the disease but show no or only mild symptoms Women: Cause severe vaginal discharge (yellowish, green and slimy) and inflammation and burning when urinating
Hepatitis B	Men and women	Damages the liver Symptoms after 2-6 months Symptoms include flu-like symptoms, pale stools, dark urine, tenderness high in the tummy, yellow colour in the whites of the eyes. If untreated could lead to death.

Theme 4		
Topic	HIV/AIDS	

Specific Outcome 3.4

Learners will understand the causes and prevention of HIV/AIDS and some of the rules for caring for someone with AIDS. They will also discuss attitudes toward people with HIV/AIDS.

Method/Activities

Activity	Support Material
Introduction - myths about HIV/AIDS	Health Worker Pamphlets Posters
Individual Work - pamphlets	
Speaker	
Group Work: Role Play	
Report Back - attitudes	
General Discussion - Living with AIDS	

INTRODUCTION

There are pamphlets and booklets available for both teenagers and adults on HIV/AIDS, which you should have for reference in the classroom. These should be made available and learners have them to take home and study. You should also have available newspaper articles some of which you can use for case studies and role-play. The main activities in this section will focus on attitudes towards people with the virus. Encourage learners to wear the red ribbon.

Begin by finding out if any of the learners know of myths about the virus e.g. in some parts of the countrymen believe that sex with a virgin will cure them.

INDIVIDUAL WORK

Use the pamphlets for learners to read and afterwards discuss with them any questions they may have..

SPEAKER

Have a health worker come and talk about caring for a person living with HIV/AIDS at home. Take simple precautions if the person is bleeding, otherwise treat them normally. Do not be afraid to touch, hug and sit with the client. Allow time for questions.

GROUP WORK

A role-play is a good way to confront some of the issues that cause negative attitudes towards people with the HIV/AIDS virus.

A teenage daughter tells her parents she has been raped and a test has shown that she has the HIV/AIDS virus. The parents want her to keep quiet about it.

She, however wants to tell her friends. The parents should say why they want

to keep quiet about it. A Health Worker comes to visit and discusses the situation giving guidance to the family

REPORT BACK.

Talk about how different characters feel about the situation. Discuss the approach of the health worker.

GENERAL DISCUSSION

Focus on why we should talk about LIVING WITH AIDS rather than dying from the virus. How best can we live with the virus. Talk about nutrition and a healthy life style.

Teaching Tip

There is lots of material you can get to help you when you teach about HIV and AIDS. Go to your nearest clinic and write to the Department of Health for posters and booklets. The booklets will have cartoons and case studies you can use. Also go to the library and see what they have got. If they don't have anything, suggest they get some material for readers.

Other Suggestions for Role Play

A woman confronts her partner whom she suspects of sleeping around with other woman.

A group of men or a group of women are together at a party. During the conversation one of them admits he/she is HIV positive. The learners can explore the reaction of ordinary people to someone with HIV/AIDS.

Parents want to prevent a child with the virus from attending school. They confront the teacher and parents of the child..

HANDOUT: HIV/AIDS

We know that HIV/AIDS is spreading rapidly in South Africa. Some estimates suggest that by the year 2000 there will be 2 million people in the country with HIV/AIDS. That is why so much emphasis is placed upon teaching HIV/AIDS.

Myths about HIV/AIDS.

- ♦ Some people say that it is a white person's disease.
- Others say that it is a black person's disease.
- ♦ Some say it is a disease of homosexuals
- ♦ Young people believe they are immune.

Very dangerous myths also affect other people

There was a rumour recently that sex with a virgin would cure you of HIV/AIDS. (Other men who do not have the virus will also have sex with young girls so that they are safe) This has resulted in many very young girls being raped.

Understanding HIV/AIDS

To understand this we have to know a little bit about our blood. Our blood is made up of small particles called cells. There are red and white blood cells. It is the white blood cells that are affected by HIV. The white blood cells act like a guard, or police person in our body. It fights all germs that are harmful to us. One such <code>[]germ[]</code> is called the HIV virus. The HIV virus is particularly strong. This virus attaches itself to the white blood cell and destroys it. It is no longer able to act as a guard. So the body is left with no protection to fight infections and some cancers.

WHAT IS HIV/AIDS?

HIV/AIDS stands for Acquired Immune-Deficiency Syndrome.

When the body becomes weaker and weaker, a group of life-threatening diseases or sickness start to attack the body. A person is then said to have HIV/AIDS. The body is unable to fight back and the patient becomes sick and may die. This happens over a number of years (5-12 years).

SIGNS OF HIV/AIDS

Continuous loss of weight, severe tiredness, fever, sweating especially at night, swelling of the glands around the armpit and groin, rash, diarrhoea which is persistent, memory and concentration loss, and cancers which appear as reddish purple spots on the skin.

Because so far there is no effective cure for HIV/AIDS the person who has contracted the disease can become depressed. The HIV/AIDS sufferer can feel rejected, isolated, shocked, angry, in denial. Relatives and friends need to be patient and sympathetic. People with HIV/AIDS should not be shunned or isolated. Medicines can make the patient feel better and the disease may progress very swiftly or slowly.

HOW DO PEOPLE GET HIV?

HIV/AIDS is usually transmitted through blood, semen and vaginal fluids. There are several ways of getting the HIV virus.

1 Sexual Contact

This is the most common way of getting HIV. When people have sex, they exchange fluids. Because the skin around the sexual organs is very thin, if you have sex with someone who has the HIV virus it will be transferred to you also.

2 Blood Transfusion

Sometimes it becomes necessary for a person to get blood from the blood bank. In the past people have got HIV/AIDS through blood transfusions but better methods of detection have stopped this source of the disease.

3 Other sources - Transmission through blood

It can also be spread through dirty needles shared by drug addicts or patients. Blades used in traditional rituals, if not sterile, can spread the disease to several people.

4 Mothers to babies

Today many babies have the HIV virus through the mothers' blood. This can happen at different stages:

- 1 When the baby is still in the womb
- 2 When the baby is being born

3 A small percentage of mothers with the HIV virus can transfer it to the baby when breast-feeding.

Some habits that can spread HIV/AIDS

- 1 Traditional incisions with unclean blades
- 2 Sexual behaviour that includes many partners, strangers etc.
- 3 Alcohol and drugs that can lead to lack of self-control
- 4 Oral sex with an HIV/AIDS sufferer
- 5 Unprotected sex
- 6 Sharing of needles by drug users

PREVENTION IS BETTER THAN CURE

- 1 Avoid having too many sexual partners.
- 2 Do not have sex with people you don It know or trust.
- 3 Find ways to enjoy sex without penetration.
- 4 Avoid sharing needles if you are a drug user.
- 5 It is best to avoid oral sex at all costs.
- 6 If you have to have an incision of any kind use a clean blade.
- 7 Go for regular HIV/AIDS tests at the clinic.
- 8 If you have to have an injection, use only disposable syringes.

You cannot get HIV/AIDS from

- 1 A dry simple kiss
- 2 Using utensils from an HIV/AIDS sufferer
- 3 Using the same toilet, shower or bath as an infected person
- 4 Sitting in the same taxi, train etc. i.e. travelling together
- 5 The clothes of an infected person
- 6 From a mosquito bite
- 7 From touching and greeting by hand an HIV/AIDS patient
- 8 From talking to an HIV/AIDS patient

Theme 5	
Topic	ТВ

Specific Outcome 3.5

Learners will understand the causes and prevention of TB

Method/Activities

Activity	Support Material
Introduction - facts about TB	Health Worker
Pair Work - DOT	Pamphlets Posters
Group Work - posters	
Report Back - display	

INTRODUCTION

Give learners facts about TB

160,000 people get sick with TB every year

TB kills more adults annually than any other infectious disease

About 10,000 people die of TB every year

About 20 percent of all TB patients are []treatment interrupters[] and at risk of developing multidrug-resistant TB

Give Fact Sheet to learners to read and think about.

PAIR WORK

Discuss DOT. (See fact Sheet)

Write a list of characteristics DOT workers should have.

These are then discussed with all learners

GROUP WORK

Groups work on posters that would be suitable for Taxi ranks and other public places. These should include:

How the infection spreads

Curing TB - taking drugs regularly

Posters can be made in mother tongue.

REPORT BACK

display posters and discuss what could be added or is too complicated.

FACT SHEET 6

TUBERCULOSIS (TB)

TB is very contagious and is caused by germs, which are spread through the fluid of infected persons. When a person with TB coughs, they can infect nearby persons. It can also be spread by drinking milk produced from infected cows. TB was a killer disease for many years but it can now be cured.

SOME SYMPTOMS OF TB

Syr	nptoms of TB include:
	Chest pains
	Long coughing fits; a person may cough out blood
	Fever, listlessness and night sweats
	Loss of appetite (i.e. stop eating food)
	Swelling of the neck

TREATMENT

TB is successfully treated with drugs. Once a patient begins treatment he/she is no longer infectious.

DOT (DIRECTLY OBSERVED TREATMENT)

For some diseases, including TB, the Department of Health has instituted a system called DOT (Directly Observed Treatment)

DOT means that every dose of treatment is seen to be swallowed by a treatment supporter. Every TB patient should have a DOT. It could be a relative or friend.

- ♦ The treatment supporters responsibilities include:
- Observing the TB patient as he/she swallows the daily dose of medicine
- ♦ Liaising with the health worker to ensure an uninterrupted supply of TB drugs
- ♦ Advising the patient to attend the clinic if side effects develop and reminding the patient of appointment

- ♦ Checking off the appropriate box on the Patient Treatment Card each time a dose of TB drugs are taken
- Supporting and motivating the patient to complete the treatment
- ♦ Visiting the patient or informing the health worker on the second day if the patient did not show up to receive treatment
- ♦ Informing the health worker if the patient moves or is unable to receive treatment for any reason

Topic Family Planning

Specific Outcome .3.2, 3.3

Learners will understand the importance of family planning and of overcoming resistance to it

Method/Activities

Activity	Support Material
Introduction	Health Worker
Group Work -	Pamphlets Posters
Report Back	Contraceptives
General Discussion	

INTRODUCTION

Two principles of family planning in South Africa

FP is voluntary

FP is women is control over her own body

Ask about contraceptives the learners know about. List these on the board

DEMONSTRATION

Have a Health Worker demonstrate different contraceptives and advantages and disadvantages of each.

PAIR WORK

Discuss: Has a woman the right to use contraceptives without her partner's knowledge.

Why are some men against using contraceptives

Discuss these issues with the whole class.

GROUP WORK

Focus on teenage pregnancy.

Discuss: Your daughter is going out with a man much older than she is. What advice would you give her? If you know she is having sex and will not stop, what steps can you take?

Role Play:: A conversation between mother, daughter, boyfriend and father.

Topic Substance Abuse

Specific Outcomes 3.2, 3.3

Learners will devise strategies for intervention in substance abuse

Method/Activities

Activity	Support Material
Introduction	Health Worker
Group Work -	Pamphlets Posters
Report Back	1 03(6)3
General Discussion	

INTRODUCTION

With the learners name different substances which are abused and detrimental to physical and mental health

PAIRS

List, which groups, are most at risk.

GENERAL DISCUSSION

Lists should include teenagers, the unemployed, street children, the lonely, managers who attend social events.

Together with learners brainstorm reasons for substance abuse in the different groups.

GROUP WORK

Develop a strategy for educating youth about substance abuse.(include smoking cigarettes). Which organisations could you target? How could you make the lesson interesting and fun? Think of activities you could do as well as people you could invite.

Would you discuss the problem separately with boys and girls or together? Why?

REPORT BACK

The learners should write up their strategies on newsprint. Discuss these and from this develop a strategy, which includes the best of each list.

Fact Sheet 7: Substance Abuse

The following substances are usually abused:

ALCOHOLISM

Social drinking is an accepted habit in most cultures. Alcoholism is a disease by which a person has uncontrollable urges to drink large quantities of alcoholic beverages. Over drinking, however, can cause serious problems. Addiction to alcohol (that is, not being able to do without) is a disease that must be accepted and treated. An alcoholic is a person who is dependent on alcohol and craves it regularly. Alcoholics are not always obvious; many people are secret drinkers, drinking at night when they are alone. Very often alcoholism can run in the family.

Alcohol affects various aspects of one ls life:

- Health alcohol damages the liver and can cause you to lose or gain weight. You can also suffer from pellagra or malnutrition, internal bleeding, pancreatic damage, memory loss and experience mental blackouts.
- 2 Family and social relations uncontrolled use of alcohol can lead to aggressive behaviour and destroy family relations.

By drinking too much a person can also expose themselves to other illnesses such as HIV/AIDS, diabetes, TB etc.

Causes of alcoholism

These may be:

- Peer pressure you want to fit in with the crowd
- Role models people you respect regularly drink
- Pleasure seeking
- Social problems when you have many problems alcohol may help you forget them
- Family problems
- Too much availability
- I Loneliness

Prevention

- 1 Drink socially
- 2 Take your drink with a meal
- 3 Choose the people with whom you drink
- 4 Choose a day for drinks especially for relaxation

There are organisations which will help people who are alcoholics and also their families. AA (Alcoholics Anonymous) is the most well known. They have meetings every week and provide one to one counselling which is done by recovering alcoholics.

Your body can only tolerate a certain amount of alcohol without causing permanent damage. Sometimes what you may consider to be [social] drinking may in fact be in excess of what your body can take even though you never get drunk. A good rule is to drink only on 2 or 3 days in a week in moderation.

OTHER SUBSTANCES OF ABUSE

There are also other forms of substances that can be abused e.g. dagga, mandrax, hashish, marijuana. They are often called mind-altering substances because they can change the way a person thinks and feels.

It is very easy to become dependent on these substances. A person relies on the drug so much that when it is taken away, they tend to withdraw or become aggressive. The withdrawal symptoms depend on the drug taken but include running a fever, shaking, being delirious etc.

Τŀ	hese substances destroy your body and your mental and social well being.
	Avoid even trying to experiment on such substances
	Avoid friends who are already hooked

HANDOUT

Physical Abuse of Women

Physical abuse of women is common in all cultures. It can lead to serious injury and sometimes murder. Physical abuse is an attempt to control and frighten a woman through slapping, punching, kicking, beating, tying her up, locking her out of the house and refusing to help her when she is injured or ill. It has been suggested that in South Africa, 65% of women partners experience some form of abuse. (POWA 1994)

The case study below describes a literacy class in which the subject of physical abuse was brought up the learners. Read it carefully and think of ways in which you would have handled the situation.

Case Study

Mrs Masemola has been teaching literacy in an informal settlement for a year. Her class consists of 10 women and 5 men. Over the months she believes she has come to know them very well. She has visited them in their homes and met their partners and children.

As usual she came early to prepare for her class. As she was sorting through her sentence maker, she heard a group of her learners coming up the path, talking loudly. They sounded upset and as they burst into the classroom she asked what was wrong. Maria spoke first. She said that her neighbours had had a fight last night. Devery weekend he comes home drunk and beats his wife, Irene, she said, but last night was worse than usual. You know we can hear what is going on through the thin tin walls. We could hear her screaming and the children crying. My own children were terrified. One of the men, Solomon, interrupted, Most times she asks for it, he said, she sobstinate and won tisten to him. Most of the women protested although

Malebo was very quiet and looked troubled. Mrs. Masemola encouraged them to continue discussing the subject and then suggested that in the next lesson they should have a discussion on the subject. The class agreed and settled down to work.

The following week the learners were eager for the lesson. Only Malebo was missing although she had attended regularly and worked hard in the class. Mrs. Masemola came prepared with a picture similar to the one below. She asked the learners to describe what they saw and wrote the sentences on the blackboard. She then divided the class into groups, mixing the men with the women, and asked them to role play a situation in which women were beaten by their partners showing reasons other than drunkenness. One group showed a man beating a woman because his supper was not ready. In another a woman who shouted at her husband for having a girlfriend. In the third role-play the woman said she had no money and asked for a couple of rand for the children \mathbb{J} s school fees.

In the discussion that followed the role-plays the women were at first quiet but when the men justified beating their wives they began to argue. The men said that it was part of the African culture and they had the right to do what they wanted to with their wives who belonged to them. They had been expected from childhood to discipline their sisters. They said that sometimes women acted like children and needed to be beaten. [If you don] to beat women, they will do what they like and won to listen they said. Another reason given was that other men would think they were weak if they did not keep their wives in line.

The women said it was cowardly and wrong to hit women. The men said that if a woman did not want to be beaten they could always leave the man.

[Why do women stay with men who beat them? [], the men said. []They must like it or they wouldn []t stay. []

Mrs. Masemola reminded the class of the constitution and the Bill of Rights. She said it was against the law for anyone to be beaten and the men could be prosecuted for assault. However the women laughed and said the police never did anything. Maria said that she had called the police to her neighbours, but they the police said they could not interfere in a domestic dispute.

Later the women stayed behind and began to discuss ways of helping Maria solutions. Then one of the women said, Do you know why Malebo was not in class today? And she told them and they shook their heads sadly.

The Reasons men give for beating their partners

Women are obstinate

It is part of African culture

That they were taught from childhood to discipline their sisters

Women acted like children

Women needed to learn to listen to (respect) men

Other men would think they were weak if they did not beat their partners

Their wives **belonged** to them

Jealousy and lack of trust.

You will notice that some of these men thought that their women **belonged** to them. In other words some men regard women as their property, just as animals are their property. They believe you have a right to do what you like with your property.

Besides the reasons given there are other reasons which doctors and psychologists are aware of. These could be discussed with a group of men.

We know that if a person grows up in a violent household where women are assaulted he is more likely to assault his partner. His

children in turn may do the same thing, it becomes accepted behaviour. This is called the **cycle of violence**. We must be clear that it is possible to break this cycle of violence. Once a person realises how wrong it is and how much the other person suffers from his behaviour he is more likely to change, although he may need help.

- If a person feels frustrated or inadequate, either because of his work (or if he is unemployed) he may take out his frustration on his partner.
- If the woman partner is better educated the man may try to \(\text{lkeep her in her place} \) through violent means.
- 4 Drugs and drink may cause a man to lose control. (We need to ask why a person needs to turn to these substances.)

Why women remain with men who abuse them

Discuss the case study below A South African woman describes marriage in her rural South African community.

"In our tradition, girls are forced to get married. At fourteen you are expected to leave school and get married. The older people believe that if you stay at school and don It get married you become stupid and will end up as a prostitute. This is because you are surrounded by boys at school. However the women in the community are clearly oppressed and frustrated by marriage.

"In the early 1970's, Joyce stather forced her to get married. Joyce was only fourteen and she felt she was too young and tried to persuade her father to change his mind. But her father insisted and said he would throw her on the streets if she disobeyed him He went to a man who paid R200 as lobola and then let this man come and collect my her.

"Joyce was very unhappy in her marriage, but there was nothing she could do to change things. She tried to love the man but he kept beating her. She became very thin and sick. She has not been allowed to go back to school, and has to look after her six children. Married women cannot make decisions or contradict their husbands. They cannot use contraception of any kind because the people say they should "give birth until the babies are finished inside the stomach." It does not matter whether you give birth ten or fourteen times."

This is a story about the power of the father, the age of the young girl, her health and the attitude of the husband as well as the attitude of the indigenous community. The learners need to look at this from the position of the women who remained in an abusive relationship. Why did she do so?

Answers could include:

- Her marriage was sanctioned by her family. Could she have returned to them for sanctuary. We think not. In this case her father had forced the girl into marriage and was unlikely to welcome her back. If she left her husband she would be homeless and cut off from her family.
- 2 She was illiterate and not allowed to go to school. This means that she would find it very difficult, if not impossible to find work and would be without means to support herself.
- 3 She had six children and would have to find work to support them as well as herself (which we see would be almost impossible) or she would have to leave them with her husband.
- The childbearing and beatings have made her ill so she would not have the strength to leave her husband.

Other reasons for women staying in abusive relationships could include:

- Fear. Some men threaten to kill their partners if they leave them and we know that some men do just that. So fear of what will happen to her and her children may keep a woman in an abusive relationship.
- Marriage in many denominations of the Christian religion is regarded as a sacrament. (In some churches a woman may not develop a healthy relationship with another partner if she leaves her husband because she is still considered married) Many ministers of religion and priests may council a woman to stay in a marriage and suffer [as Christ suffered.] Some may even ask the woman what she did to provoke the abuse.
- 7 Some women are so disempowered that they believe they deserve to be beaten.
- Women who grow up in violent households and see their mothers beaten are more inclined to believe that it is normal for women to be beaten.
- 9 She may not be believed even if she complains. Sometimes her scars may not be visible, or her partner may claim that she initiated the assault. (In cases we know of, the man has told the police when they arrived that his partner was out of control and he was believed and the police departed telling her to be a good wife.)

We have considered the reasons for the way men and women behave when women are assaulted by their partners. Now we need to look at the role of the ABET health practitioner when faced with, or wanting to deal with this situation.

The Role of the ABET Health Worker

As a health worker you should be prepared with the necessary knowledge on how to lay a charge for assault, whom to refer people to for help, and how to empower women.

You should have a list of places of safety to which a woman may go when she is desperate. You may advise women to prepare for an attack by organising some protective measures for themselves..

Think about how you would escape from the abusive situation.

Put aside money for taxis, bus fares, telephone calls.

Keep a list of telephone numbers, of the police, friends, relatives, ambulance, neighbours

Keep your personal documents with you at all times.

Keep a key to your house

You might need to leave quickly so keep some clothes ready for yourself and your children

Keep evidence of abuse - letters, notes and doctors reports recording physical abuse.

This advice was taken from TALKABOUT No. 5 Straight Talk About Women and Abuse published by Pick In Pay)

You will remember that the women in Mrs. Masemola sclass stayed behind to discuss the situation. They decided to try an unorthodox method of stopping Irene shusband from beating her. Read on.

On Saturday night the women gathered at Maria shouse. Quietly they went outside and gathered a heap of stones. They hid and waited for the man to come home. As soon as they heard him beating Irene they began to hurl the stones at the tin hut. The stones crashed against the walls like gigantic hailstones. The man ran outside but the women had hidden. He returned inside and when he started beating Irene again the stones crashed against his house. This continued until he stopped. For the next three weeks they continued the action. On the fourth occasion the women had brought small pebbles and when the man ran out of the house to chase them, they pelted him with these small pebbles, shouting that they would stone him if he did not stop. This ruse was successful.

This is a true story of how women acted together. The story illustrates how women need not be powerless, but acting together can change situations.

Some useful telephone numbers

LifeLine offers confidential counselling for emotional and physical abuse.

Cape Town (021) 461 111/113

Durban (031) 23-2323/303-1344

East London (0431) 2-2000

Pretoria (012) 46-0666

Port Elizabeth (041) 52-3456

Rape Crisis provides help and counselling for abused women and rape survivors

East London (0431) 43-7266

Cape Town (021) 47-9762

Johannesburg (011) 642-4346

Soweto (011) 966-2283

Port Elizabeth (041) 546-284

Module 4

Title: Assess the client situation and assist and support the client

and family to manage Home Based Health Care

Range; Include basic knowledge of the most common types of disease

and debilitating and terminal diseases, including the normal process of ageing. Be able to recognise when referral is

needed.

Specific Outcome 4.1 Demonstrate a basic knowledge of disease and

disability

Specific Outcome 4.2 Assist in the management of the client scondition and

treatment under the supervision of a qualified health

worker

Specific Outcome 4.3 Assist with the mobility and the prevention of

complications

Specific Outcome 4.4 Identify when to refer the client or family

Contents of the Chapter on Home-Based care

► Basic Needs: Introduction to physical needs

► Basic Needs: Practical

- Meeting emotional, mental and spiritual needs
- ► The needs of the aged
- Home Visits
- Care for the dying

Assessment Strategies

Oral and written tests

Demonstrations

Report writing

Assignments

Presentations

Observation

Role Play Debate
Research Projects

Problem solving Case Studies

Venue

Ideally some of these lessons should take place in a clinic. If this is not possible arrange a couple of visits to the clinic.

Theme 1	
Topic	Basic Physical Needs

Specific Outcome 4.1, 4.2, 4.3

Learners will understand the concept of home-based care and the different types of diseases.

Learners will have an introduction to the physical needs of the client.

Method/Activities

Activity	Support Material
Introduction - sharing prior experience	Posters
Individual Work - fact sheet to read	Pamphlets Fact Sheets
Pair work Sharing problems and solutions	
General discussion - list the above	
Group Work -fact sheet - from this work on case study	
Report Back	
General Discussion	

INTRODUCTION

Ask learners about their experiences of looking after someone at home. Write on the board who was ill e.g. child, adult, older person and the illness the person suffers from.

INDIVIDUAL WORK

Hand out fact sheet 1 on definitions/concepts of home-based care. Explain any problem words. Ask learners to think about different diseases that they have come across and write down whether they were communicable, non-communicable, acute or chronic.

PAIR WORK

In pairs share your experience of home-based care. List the problems and see how many solutions you can find to the problems.

Teaching Tip You can get the learners to do this either from the point of view of the carer or the client. Let different groups take different perspectives.

PROBLEM	SOLUTION

GENERAL DISCUSSION.

Come back together and write on the board the problems and solutions listed by the pairs. Discuss with the learners.

GROUP WORK - The clients physical needs

Divide the learners into groups of 4 or 5.

- Give each group fact sheet 2 on the physical needs of the home-care client and read it through with them
- 2 Give the learners a case study to work on. An example follows

You are a working mother and your teenage son is very ill in bed. You have two other teenage daughters and a young 9 year old son. You leave for work at 7 a.m. and return at 6 p.m. in the evening.

Draw up a timetable for the family so that all the client s needs are met. Don t forget social needs such as loneliness.

REPORT BACK

Learners report back on their work.

Display timetables in the classroom and ask for comments

GENERAL DISCUSSION - The client's physical needs

Discuss needs that the learners do not feel competent to meet

Write down questions to ask a medical professional for the next lesson

Ask learners to try and obtain thermometers.

Teaching Tip Always prepare learners before inviting a visitor to speak to them. Give the learners time in the lessons beforehand to write down questions they would like to ask. Discuss these questions and others that come up. Ask the learners to choose one of them to introduce the speaker and another to thank her afterwards.

FACT SHEET 1

DEFINITIONS OF CONCEPTS IN HOME-BASED CARE

First we need to know exactly what sort of care we are thinking about. So here are some definitions.

Home-based care means taking care of the ill person at home. Usually the client cannot cope with her/his daily living activities or is unable to do anything for her/himself and is completely dependent on the care of relatives.

Illnesses, which need home-based care, can be divided into two kinds. The degree of care will to a large extent be influenced by the nature of the disease, whether it be of communicable or non-communicable

Communicable diseases are illnesses which can be <code>[]</code> caught[] from one person to another are called communicable diseases. This may be through coughing, or excretions such as blood or stools. To know how to prevent the rest of the family from <code>[]</code> catching[] the disease we need help from professional medical people e.g. tuberculosis (TB), diarrhoea HIV/AIDS, STDs, polio, diphtheria, measles, whooping cough, mumps, meningitis, cholera

Non-communicable diseases are diseases which cannot be <code>[]caught[]</code> by other people e.g. malaria bilharzia, asthma, rheumatism/arthritis, diabetes, bronchitis, cancer, heart disease

Acute Illness is when a person is short term illness. If the person recovers he/she will recover completely.

Chronic illnesses is when there is no cure for the illness. The person may live with this for many years, e.g. diabetes or arthritis. The illness has to be managed. This means you find the best way of living with the disease.

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A very ill person is usually **diagnosed** (when the doctor can tell from the symptoms what the illness is) in hospital or at primary health care centre. They may have been sick for a long time before being **bedridden** (unable to get out of bed). So the family will have a good idea of what the problem is, and how to look after the client.

FACT SHEET 2

PHYSICAL NEEDS OF THE HOME-BASED CLIENT

Making the client physically comfortable

The most important role of the care-giver is to make the client feel comfortable. Make sure that the room is clean, tidy and pleasant.

To make the client comfortable we need to plan our activities for the day. There are necessary daily and weekly activities in nursing the client. **Some clients may be in physical pain and need to be handled gently.**

Hygiene is most important. A dirty room, bed or person will breed germs and the client may become more ill. We need to follow rules of cleanliness.

Daily Physical needs

- 1. **Wash the client.** Use warm water and a clean cloth to wash the whole of the client body. Do this gently and sensitively making sure that he/she does not get cold. Dry carefully all over. The person will then feel fresh.
- 2. **Brush her teeth or cleaning her mouth** If the person is very ill they may not be able to brush their own teeth and you will have to do it for them. For some extremely ill client you may not be able to do this but you should wash their mouth out carefully with water.
- 3. **Make the bed**. When we sleep we sometimes toss and turn and pull the sheets out. Pull the sheets straight, tuck the blankets in and puff up the pillows.
- 4. **Change their clothing regularly** and always change soiled bed linen immediately.
- 5. **Mobility.** Help the client sit up, or if they are able to sit in a chair. You also may be able to help him/her walk around for a short time. If the client is very ill and cannot sit up you will need to change their position. If they are on their back, roll them onto their side. If client stay in the same position all the time they develop bedsores. A very ill client needs to have their positions changed several times a day.
- 6. **Drink**. It is very important that sick people have lots to drink or they will become dehydrated (dry The body needs liquid to keep it healthy). Always have clean water available.
- 7. **Food.** Client s need to eat regularly. If they are not hungry give a little food often. Try and give the client his/her favourite food to encourage eating

8. **Toilet**. If the client is weak you will need to help them to go to the toilet. If the toilet is outside or if they are unable to stand you will have to make other arrangements e.g. a bedpan or potty.

Weekly Physical Needs

- 1 Cutting of nails
- 2 Washing of hair

For communicable diseases

- ♦ Wash linen separately (disinfect)
- Wash your hands before and after handling him/her.
- ♦ Disinfect excretions (faeces, blood, urine) and dispose properly

Observations

We need to look at the client to see if there are any changes in their condition. If the client seems to be worse we may need to call a medical professional.

Check daily for

- ♦ adequate fluid intake (avoid dehydration)
- eating patterns and for preferences adapt according to preferences and needs
 plan a balanced diet
- excretion and consistency and fragrancy of faeces avoid constipation
 - urine colour, odour, frequency
- general condition
 note changes in temperature, pulse, breathing
- skin and injuries
 skin colour, mobility and hydration
- pressure areas redness and sores
- ♦ rest and sleep

Medication

If the client is on medication it should be given as prescribed by the doctor. Do not change the frequency or dosage without informing the doctor or nurse. Check for any change in condition as a result of taking medication. Things like skin rashes, change in breathing patterns, level of consciousness, convulsions, pain or vomiting. Call a medical professional if these symptoms occur.

Wounds should be cleaned and dressed daily - more often if there is offensive oozing. Use prescribed ointments and solutions. There are also laws about what can be done e.g. the caregiver cannot give injections at all. The family has to agree to be supported by implementing/rendering care as planned by the professional in charge of the client.

A Care-giver and the family

Giving home-based care does not necessarily mean the caregiver has to stay 24 hours around the client. Together with family members, they have to decide what, when and why and how activities should be done and who is the best person to do them bearing in mind cultural taboos.

Theme 2	
Topic	Basic Practical Needs

Specific Outcome 4.2, 4.3

Learners will know how to use a thermometer, take a pulse, and care for the physical needs of a client

Learners will be given necessary information from a medical health professional

Method/Activities.

Activity	Support Material
Introduction -Summarise last lesson	Professional Health Worker
Speaker	Posters Pamphlets
Pair work - Taking pulse and temperature	Fact Sheets
Group work -Practical demonstration	
Report Back	
Group work 2 - case study	
Report Back	
General Discussion - access to resources	

Teaching Tip

Ask you visitor (professional health worker to come half an hour after the class has started. This will give you time to recap with the learners and get out of the way any necessary work.

INTRODUCTION

Recap the last lesson. Ask the learners if they have thought of any more questions or if they have any further comments to make. Look again at some of the daily activities necessary for home-based care and the timetables drawn up by the learners.

SPEAKER

One of the learners introduces the speaker. She should have already have been given some of the questions the learners have asked. She should also have been asked to remain for the rest of the lesson when group work and role-play will be done. At the end of her talk she should demonstrate how to take a pulse and how to use a thermometer.

PAIR WORK

Learners in pairs take each other's pulse and temperature. This is written down in their workbooks. If there are not enough thermometers to go round then learner should share, making sure to clean the thermometer each time it is used.

GROUP WORK

Groups look at Fact Sheet on common diseases and decide on two illnesses (communicable and non-communicable that they will use for a practical demonstration. Groups demonstrate looking after a client. You may have to use desks for a bed. Members of the group show how they would go about making the client comfortable, washing the client, helping the client sit up etc. AE and/or nurse goes round the groups giving advice. Groups note down any new learning they have.

REPORT BACK

Groups report on their experience and discuss any further questions they have.

GROUP WORK

Learners go back into their groups and work on the following case study.

You live in a two bed roomed house in Soweto. You have to care for your sister who is very ill and cannot get out of bed. She has TB that is communicable.

Make a list of things around the house that you can use to physically care for her.

Decide what you may need to buy or borrow. You can afford about R 50. See if you can improvise. (Be creative in making use of ordinary articles in the house)

REPORT BACK

Groups report back giving lists of and advising each other on possible innovations

GENERAL DISCUSSION

Discussion centres on meeting the physical needs of the client. Learners are given information on how to gain access to resources such as wheelchairs, Braille machines, walking frames etc.

Theme 3	
Topic	Meeting emotional, mental and spiritual needs

Specific Outcome 4.2, 4.4

Learners will have an understanding of the mental emotional and spiritual needs of the client and family.

Method/Activities.

Activity	Support Material
Introduction -proverbs	Professional Health Worker
Pair work list personal spiritual, mental and emotional needs	Spiritual leader Posters Pamphlets
Group work Suggest ways these can be met with the client	Fact Sheets
Report Back	
General Discussion: The needs of the family	
Group work 2 meeting these needs in the community presentation to community organisation	
Report Back Groups present	
General Discussion Ensure all needs are met.	

INTRODUCTION

Discuss with the learners the proverb *motho ke motho ka motho yo mongwe*. Are there any other proverbs or words that express the same meaning.

INDIVIDUAL WORK

Ask the learners to write down a list of people whom they met and talked to during the day - or if this is a day class, the day before. Discuss with the learners the number of interactions with people they have every day and how it would feel if they did not have people to talk and laugh with and to complain to.

PAIR WORK

Let the pairs share with each other the most important people in their lives. List these under spiritual, mental (people they can talk to about a whole range of subjects e.g. about what is happening in the community, the problems in the community and family, work related issues, unemployment), emotional (people to love and be loved by).

GROUP WORK 1

Discuss together how the spiritual, mental and emotional needs of a client can be met. When the groups have been discussing these three aspects for ten minutes hand out Fact Sheet 1 to give further guidance.

Type of need	Description	How it is met
Emotional		
Mental		
Spiritual		

REPORT BACK

Groups report back on their discussion and advise each other on the lists they have made.

GENERAL DISCUSSION

Discuss who else has needs besides the client. Begin to focus on the family. Home based care places a burden on the family, many of whom are ill equipped to meet the extra demands.

GROUP DISCUSSION 2

- ♦ List the physical, mental, emotional and spiritual needs of the community
- ♦ List community organizations who could help
- Discuss how this help could be encouraged.
- Write a short proposal you would make to the local church community or stokvel saying who needs help, how they need help, why they need help and how best to arrange it.

Look for practical solutions with volunteers taking turns to work with the family.

REPORT BACK

Each group will give their presentation.

GENERAL DISCUSSION

Hand out fact sheets 3 and 4 and see if all aspects have been covered. Allow time for learners to bring up their own experiences in the discussion and add where necessary to the lists.

Fact Sheet 3

Meeting the emotional, mental and spiritual Needs of the Patient

We all need other people around us. Even when we are very ill we need to know that we have not been left alone. When we are ill we often feel lonely and isolated from what is going on around us. We may hear other people laughing or arguing in another room and feel we are being left out. This can make us feel cross and bored. Caregivers need to be sensitive to the social needs of the client. Isolation and lack of recreation and stimulation can often lead to emotional problems such as depression. Mood swings are a problem for caregivers.

To make sure their social and emotional needs are met we should:

- ♦ Make them feel a part of the household. There is a saying; *Laughter is the best medicine*. If you can make the patient laugh. Also tell them what is going on in the family and community. Include any problems that may be happening. They will be aware of them and if you try and keep them secret they will worry not knowing what is happening.
- ♦ Allow the client to cry don try and stop them. It is perfectly normal and will help ease the client semotional state.
- ♦ Do not lie to the client about her/his condition.
- Spend time talking and listening. If that is not possible encourage children to do so.
- If they have some mobility provide them with something to do so that they feel useful.
- Encourage visitors but make sure they don tire the client too much.
- ♦ Some illnesses result in mood swings. Don tigudge the client or take what they say personally. You need to have patience.
- ◆ Pray with the client if they ask for it but don to force it on the client. If the client is religious you may invite a spiritual leader. Remember the client's wishes come first and you are not to judge who should be invited. The client may not belong to the same religion as you. If this is the case do not try and convert them.

Fact Sheet

Meeting the physical, emotional, mental and spiritual Needs of the Family

There is usually a chief caregiver in the family who will have the responsibility for caring for the client. This may place a heavy burden upon them. Not only do they have to cope with the normal daily activities but also now they have the added responsibility of caring for the client. We need to be sensitive to their needs as well.

- ♦ **Physical**: Some clients require a great deal of physical care. This may include not only the daily routine of care but moving the client, who may be heavy and uncooperative. It could also mean broken sleep, having to get up several times a night to see to the client. This may result in constant tiredness, which leads to irritability.
- ♦ Emotional: Sometimes the client is a close family member. If he/she has a terminal illness the caregiver may have to watch someone they love slowly dying. At the same time they have to present a cheerful face to the client and to the family. This places a tremendous emotional burden on the caregiver. They may also become resentful or angry at the extra burden placed upon them and/or at the thought of their loved one leaving them (dying) to cope alone. They may have to miss social events and ordinary relationships with friends. This will leave them feeling isolated from friends and community.
- ♦ Mental: Through tiredness and/or emotional stress the caregiver may find they are unable to []think straight[]. If he/she is working this could affect their work.
- ♦ **Spiritual**; During a chronic or terminal illness caregivers may have many spiritual questions. Some centre on why this happening, the meaning of life. Some may feel isolated from the God they worship.

Demands of other family members

The needs of the family do not go away when an ill person is being looked after at home. Meals have to be arranged, children sent to school, homework supervised, housework done and the normal routine of family life continued. However because of

the extra demands some of these things may be neglected and this can cause resentment from other family members.

Children may find that they do not have the same amount of attention and may begin to be naughty to attract attention or to stay away from home.

Partners may also feel resentful. They will not be able to relay on the same routine and may feel neglected. Caregivers may be too tired to meet the sexual desires of their partners. Partners may spend more time at work, with friends or other acquaintances.

	Theme 4
Topic	The needs of the aged

Specific Outcome 4.1, 4.2, 4.4

Learners will have an understanding of the process of ageing and needs of the aged.

Method/Activities.

Activity	Support Material
Introduction: Physical exercises	Professional Health Worker
Pair Work Discussion on body changes with age	Spiritual leader Posters Pamphlets
General Discussion: The ageing process	Fact Sheets
Group work Case study on intervention	
Report Back Intervention strategies	
General Discussion:: Signs for intervention The rights of the elderly	
Group work 2 Looking after the elderly at home - role play	
Report Back Groups role play	
General Discussion Needs of the family/ abuse of the elderly	

INTRODUCTION

Do some exercises in class e.g. bending (touch your toes?), arm exercises, running on the spot.

PAIR WORK

Discuss with each other ways in which your body has changed over the last ten years. What do you find more difficult to do? What, if anything do you find frustrating?

GENERAL DISCUSSION

Discuss the ageing process. Bones become more brittle, hearing, sight, flexibility, muscles,

etc. with reference to the body chart. Talk about variations in the process. Some bodies age more quickly than others. Some elderly people become very frail. Brainstorm ways in which some of these disabilities may be overcome e.g. exercise. What will happen if nothing is done?

GROUP DISCUSSION

Groups discuss the following case study.

Mrs Mokoena is an 86 years old widow. She lives on her own. She is unable to walk to the shops or do her own housework. She misses church and meeting socially with friends. Her children have moved away and cannot visit her regularly. Her daughter is worried about her and would like her to come and live with her. However Mrs. Mokoena is very independent and does not want to move to a strange area and be dependent on others. When you visit you discover she is not eating properly and because her eyesight is going does not notice that the house and her clothes are grubby.

What can you arrange so that she can retain her dignity but be cared for at home? At what stage should she be persuaded to move?

REPORT BACK

Groups report on their solutions to the problem of Mrs. Mokoena.

GENERAL DISCUSSION

Discussion should focus on signs when intervention is necessary and how that intervention should take place.

Lead into discussion on the rights of older people. Elderly persons still have the same rights as others under the Bill of Rights e.g. they have the right to be treated with dignity.

Give out the handout on the Declaration of the Rights of the Elderly. (Fact Sheet 5) Read it through and allow learners to discuss some of the aspects.

GROUP DISCUSSION 2

In groups discuss: What are you most afraid of when you get old? Can you think of ways of coping with these fears and problems?

AND/OR

Role Play

A conversation between parents and children. Grandmother is coming to live with the family. Two daughters who had single rooms will have to share. Talk about how the adjustments are going to be made and how grandmother is going to be treated. What adjustments will need to be made by the family and who will care for her?

REPORT BACK

Either one or more of the groups should do the role play for the whole class. The AE or one of the learners takes it further by playing the grandmother arrival.

Remember to talk about feelings of all those concerned afterwards.

GENERAL DISCUSSION

Focus on the needs of the family and of the elderly person.

Discuss the necessity for an elderly person to feel an important member of the family.

Touch on abuse of the elderly and the signs you should look for when visiting e.g.

bruising, depression

Fact Sheet 5

DECLARATION OF THE RIGHTS OF THE ELDERLY

(Approved by the United Nations General Assembly on 16 December 1991)

Independence

- Older persons should have access to adequate food, shelter, clothing and health care through the provision of income, family and community support, and self-help. Older persons should have access to other income-generating opportunities.
- Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
- ► Older persons should have access of appropriate educational and training programmes.
- Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
- Older persons should be able to live at home for as long as possible.

Participation

- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge with younger generations.
- Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

Care

- ► Older persons should benefit from family and community care and protection in accordance with each society system of cultural values.
- Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay onset of illness
- Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
- Older persons should be able to enjoy human rights and fundamental freedom when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy, and for their right to make decisions about their care and the quality of their lives.

Self-fulfilment

- Older persons should be able to pursue opportunities for the full development of their potential.
- Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

- Older persons should be able to live in dignity and security and be free or exploitation and physical or mental abuse.
- Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

(Source United nations Resolution No 46/91)

Fact Sheet 6 Looking after the Elderly

Some Common Physical Health problems of the frail elderly person

Incontinence: loss of the ability to control the bladder or the bowel. This can be very embarrassing for the elderly person. This can also produce bladder infections. If a person is incontinent do not stop them from drinking. Rather encourage them to drink plenty of water and try and get hold of pads or soft cotton cloth, which should be changed regularly.

Dehydration, indigestion and constipation

This can occur when not enough liquids are taken. Lack of water can make us very ill. Give the person plenty to drink and high fibre foods that prevent constipation.

Arthritis is a condition, which causes painful swelling of the joints. Pain can be eased by medicine, massage and bed rest.

Other Problems which older people face include:

- ♦ Their aging bodies make them unable to do a lot that they used to do on their own and this can be very frustrating.
- ♦ Sometimes their sight fails, or their hearing or they become forgetful. They may need protection from injury and burning themselves.

REMEMBER YOUR CHILDREN WILL BE WATCHING HOW YOU TAKE CARE OF YOUR PARENTS AND GRANDPARENTS AND WILL TREAT YOU IN THE SAME WAY WHEN YOU BECOME OLD.

	Theme 5
Topic	Home Visits

Specific Outcomes 4.2, 4.4

Learners will have an understanding of how to go about visiting clients in the home and what observations to make.

Method/Activities.

Activity	Support Material
Introduction: Story	Professional Health Worker
Group work: Case Study	Spiritual Leader
Croup werm dues stady	Posters
Report Back: Discuss attitudes	Pamphlets
General Discussion:: Fact sheet	Fact Sheets

INTRODUCTION

Tell a story about a time when a visitor arrived unexpectedly before you had time to tidy the house or yourself. Invite learners to share similar experiences they may have had. Also, what do you do about unwelcome visitors?

GROUP WORK

Groups work on the following case study.

An Auxiliary Health Worker has been asked to visit a family with a chronically ill person and assess the situation. He/she needs to decide whether intervention (help) is necessary. The family consists of several adults and children living in poor conditions.

They are suspicious and wonder what business it is of the Health Worker. Begin the role-play when the health worker arrives at the door. End it with the report back she/he makes to her/his senior.

REPORT BACK

Discuss:

How the health worker felt when approaching the family

How did the ill person feel about a stranger coming into her/his situation?

How the family felt

What strategies she used to overcome their suspicions

GENERAL DISCUSSION

Give out fact sheet 7 on home visits. Discuss whether the procedures in the fact sheet were followed by the health worker in the role-play.

FACT SHEET 7: HOME VISITS

Home-based care happens in the home environment. This is the refuge of the clients where they feel safe and private. It is a privilege to be allowed into their home and we need to respect them and practice confidentiality. (Do not tell anyone else about the situation unless asked to do so by the family or the client.)

The health worker visiting the home does not go there to judge and criticise the rights and wrongs of the family. He/she will praise where things are being done well and help where there may be problems.

How to Go About it

- make an appointment (if possible)
- ♦ do not force yourself on the family
- ♦ do not criticize educate
- ♦ build trust
- ♦ listen

The following observations should be made:

- the structure and appearance of the home
- environmental and personal hygiene
- ♦ family size and interaction
- nutritional status
- available facilities of water, electricity, toilet, bath
- ♦ extent of the client s condition
- related social problems

Purpose of the Visits

Home visits should be done only if necessary or

- ♦ depending on the client s condition
- if referred by care-giver or family invites trainer

Decide how often it will be done - weekly, monthly, quarterly

Home visits are done in order to support, assess or educate client and/or family. This may only once when the family feel they need assistance, or more frequently when physical care is needed.

	Theme 6
Topic	Care for the dying

Specific Outcome 4.3

Learners will have an understanding of the skills needed for care of the dying person

Method/Activities.

Activity	Support Material
Introduction: Cultural norms	Professional Health Worker
Group work Discussion on different	Spiritual Leader
situations Report Back	Spiritual leader
	Posters
	Pamphlets
General Discussion::	Fact Sheets

INTRODUCTION

Talk about cultural practices and beliefs to do with dying and death. Talk about death as a natural process. The main principles of caring for the dying are the same as those for the chronically ill. For the dying the most you can do is make her/him comfortable and respect her/his wishes.

GROUP DISCUSSION

Discuss different circumstances in which we may have to deal with dying and death.

A young mother is dying. How do we handle the situation with the children? How much should they know during the process?

An elderly person is dying. How can we best help the family?

A person with a terminal illness knows she/he is dying. She/he wants to talk about the process of dying and his/her fears. How can we handle this? Do we deny they are dying or find someone they can talk to?

Teaching Tip

A separate group discussion on people dying from AIDS will be necessary. Families who hide clients away out of shame or fear. Families who neglect the client and leave her/him to die alone. Families who struggle with the prejudice of neighbours, friends and relatives.

REPORT BACK

This discussion should bring out a lot of emotions from the groups and perhaps disagreements. Agree to allow the groups to report without comment from the rest of the learners. Write up the main points on the board.

GENERAL DISCUSSION

There may be disagreements about some of these issues. Talk first about how you will handle this. Learners should not judge each other but respect different points of view.

VISITING PROFESSIONALS

Medical Professional to talk about the dying process

Spiritual leader to talk about the spiritual needs of the dying person and family.

FUNERALS

Have a discussion with the learners on funerals. They will all have had experience of attending and arranging these and can share these.

Module 5

DISASTER MANAGEMENT

COURSE OBJECTIVES

Note to the facilitator

Much of the course in Disaster management is common sense. It is, however, true that man, under circumstances that are less than optimum, seem to lose reasoning ability and often necessity dictates that communities are situated in areas where they are extremely vulnerable to disasters.

Field trips are of great value when facilitating this module and once again the Adult Learner's experience and input is required to make this an interesting and valuable module. Disaster management centres will also gladly assist groups with situational analysis, informal talks, and as guest lecturers.

COURSE OBJECTIVES:

At the end of the module the learner will be able to:

- Describe the causes / progression of disaster vulnerability as well as the disaster management continuum diagram
- 2. Describe the causal factors of disasters
- 3. Recognise the phases of disasters
- 4. Identify the relationship between disasters and development
- 5. Describe the impact of disasters on development programs
- 6. Identify the most important hazards and how they affect society
- 7. Identify the aims and elements of disaster management

Understand the Definitions and terminology of:

Hazard

Disaster

Emergency

Vulnerability

Development

Disaster Management

Be able to describe:

A disaster as the interface between natural hazards and vulnerability conditions

The progression of vulnerability in the disaster management context

Be able to describe the causal factors of disasters:

Poverty

Population growth

Rapid urbanisation

Transitions in cultural practices

Lack of awareness and information

Environmental degradation

War and civil strife

Misuse of technology

PHASES OF DISASTERS AND DISASTER CLASSIFICATION

Definitions and terminology:

Human-made disasters

Natural disasters

Risk

Relief phase

Rehabilitation

Reconstruction

Mitigation

Preparedness

Early warning

Phases of a disaster

Disasters can be viewed as a series of phases on a time continuum.

Identifying and understanding these phases helps to describe disaster-related needs and to conceptualise appropriate disaster management activities

Define rapid onset disasters using the disaster management continuum Define slow onset disasters using the disaster management continuum

Disaster Classification

Classification according to their speed of onset (slow or rapid)

Classification according to the causes (man-made or natural)

The difference between time frames, procedures and resources required

Disasters and development:

Development can increase vulnerability

Development can decrease vulnerability

Disasters can set back development

Disasters can provide development opportunities

The impact on development programs:

Loss of resources

Interruption of programs

Negative impact on investment climate

Disruption of non-formal section

Political destabilisation

HAZARDS

Categories:

SUDDEN ONSET HAZARDS:

Geological hazards:

Earthquakes

Tsunamis

Volcanic eruptions

Landslides

Climatic hazards:

Tropical cyclones

Floods

Droughts

SLOW ONSET HAZARDS:

Environmental hazards

Environmental pollution

Deforestation

Desertification

Pest infestation

EPIDEMICS

Water / food borne diseases (Cholera)

Person to person diseases (HIV/AIDS)

Vector borne diseases (Malaria)

INDUSTRIAL / TECHNOLOGICAL HAZARDS

System failures:

Industrial accidents

Spillages

Fires

Explosions

WARS AND CIVIL STRIFE:

Armed aggression / terrorism (displaced persons and refugees)

THE STRUCTURING OF EMERGENCY AND RESPONSE MEASURES

Causal phenomena

General characteristics

Predictability

Factors contributing to vulnerability

Typical affects

Possible risk reduction measures

Specific preparedness measures

Typical post-disaster needs

DISASTER PREPAREDNESS

Define disaster preparedness

Describe the aims and objectives of disaster management

Describe the elements of disaster management

Module 6

INTRODUCTION TO ANCILLARY HEALTH CARE UNIT STANDARD 1 ASSIST THE COMMUNITY TO ACCESS SERVICES IN ACCORDANCE WITH THEIR HEALTH REALTED HUMAN RIGHTS

The learning programme explained in this module should be done over a minimum of 12 hours.

Each topic covered in the learning programme has been subdivided and includes a variety of activities that should enable better learning and understanding.

A topic does not make up a lesson plan; therefore one topic may stretch over a number of learning events. It is therefore important that the AE plans this accordingly, so that the learners (AL) become truly competent in the outcomes outlined in the unit standard.

NOTE TO THE FACILITATOR

Every adult and child should have knowledge of and be aware of their rights. These rights are contained in the following regulations, legislation, agreements, policies and standards:

- Patient Rights Charter
- Bill of Rights
- Regulations governing health practices

The Department of Health may assist you in sourcing this information.

A short summary of the relevant regulations, legislation, agreements and policies are included:

1. The Patient Rights Charter

1.1	Human Dignity
1.2	Accountability to Practitioners
1.3	Right to Information
1.4	Refusal to Hospital Treatment
1.5	Rights of Patients with Special Needs
1.6	HIV or AIDS patients
1.7	Rights of Prisoners as patients
1.8	Rights of Children as patients
1.9	Rights to participate in research/experimentation
1.10	Rights of Women as Patients
1.11	Rights to Privacy
1.12	Informed Consent
1.13	Right to Involvement

2. The Bill of Rights

The 'Fundamental Rights' in this module has been taken from the 'Bill of Rights' and appropriate sections should be investigated.

General Notes to the Facilitator

Note to the facilitator

The time allocated for this theme is 2 hours. During this period the learners must gain full understanding of the relevant rights contained in the Bill of Rights

Learning Activity/Outcomes

On completion of this theme, the learner will be able to:

- 1. Know what the Bill of Rights is and its purpose
- 2. Identify the relevant rights contained in the Bill of Rights
- 3. Demonstrate an understanding of how these rights can be exercised as a health worker and as a patient
- 4. Demonstrate an understanding of how these rights can be contravened as a health worker and how the health worker must prevent this

Objectives

- 1. Know what the Bill of Rights is
 - Familiarise themselves with the Bill of Rights
 - Understand its purpose
 - Understand the rights contained in the Bill of Rights
- 2. Identify the relevant rights contained in the Bill of Rights
 - Sections relevant to health
 - Interpret the relevant health related sections and explain it in simple language
 - Establish the link between the relevant rights contained in the Bill of Rights and the health of an individual

- 3. Demonstrate an understanding of how these rights can be exercised as a health worker and as a patient
 - List the rights that concern the health worker
 - Describe how these rights can be exercised as a health worker
 - List the rights that concern the patient
 - Describe how these rights can be exercised as a patient
- 4. Demonstrate an understanding of how these rights can be contravened as a health worker and how the health worker must prevent this
 - Identify the rights that can be contravened
 - Explain how the health worker can prevent these rights being contravened

Note to the facilitator

The time allocated for this theme is 2 hours. During this period the learners must gain full understanding of the relevant rights contained in the Patient Rights Charter

Learning Activity/Outcomes

On completion of this theme, the learner will be able to:

- 1. Know what the Patient Rights Charter is and its purpose
- 2. Identify the relevant rights contained in the Patient Rights Charter
- 3. Demonstrate an understanding of how these rights can be exercised as a health worker and as a patient
- 4. Demonstrate an understanding of how these rights can be contravened as a health worker and how the health worker must prevent this

Objectives

1. Know what the Patient Rights Charter is

- Familiarise themselves with the Patient Rights Charter
- Understand its purpose
- Understand the rights contained in the Patient Rights Charter
- 2. Identify the relevant rights contained in the Patient Rights Charter
 - Interpret the relevant sections and explain it in simple language
 - Establish the link between the relevant rights contained in the
 Patient Rights Charter and the health of an individual
- 3. Demonstrate an understanding of how these rights can be exercised as a health worker and as a patient
 - List the rights that concern the health worker
 - Describe how these rights can be exercised as a health worker
 - List the rights that concern the patient
 - Describe how these rights can be exercised as a patient
- 4. Demonstrate an understanding of how these rights can be contravened as a health worker and how the health worker must prevent this
 - Identify the rights that can be contravened
 - Explain how the health worker can prevent these rights being contravened

Topic 1: Human and Health Related Needs

Purpose of the topic

- Identify human needs
- Demonstrate an understanding of the hierarchy of needs
- Identify health needs
- Identify health related service providers

Outcomes

US	SO	AC
6	2	i

Learning Activity 1

The AL are divided into groups and human needs (not necessarily health needs) are identified i.e. food, clothing etc. Each group should make a poster that shows the different needs. The AL should also prioritise these needs i.e. is food more important than clothing, is shelter or housing more important than food etc.

Learning Activity 2

The AE presents **Maslow's Hierarchy of Needs** to the learners.

Abraham Maslow developed a theory that says that every human being has five levels of needs. The first need is for food, shelter, sex and physical needs. The second level is to be safe and protected from any harm, while the third need refers to our need to be part of a group. The fourth need relates to how we fell about ourselves and at the top of the needs list is our need to grow and develop and become what we really want to be.

There is a lot of literature available on Maslow's Hierarchy of Needs.

Maslow's Hierarchy of Needs

Self-Actualisation Needs

The need to grow and develop to become what you can become

Esteem Needs

The need to like yourself, be recognised, get attention and status

Affiliation Needs

Social needs, to belong, to be liked, friendship

Safety Needs

Be secure and protected from physical and emotional harm

Physiological Needs

Hunger, shelter, sex, needs that relate to survival

Learning Activity 2

Brainstorm the health-related needs with the AL and list them on the board. (They have been identified before in Module 1.) Fit these needs into the hierarchy of needs.

Learning Activity 3

The AL look at both the human and health needs from the previous activities and arrange them so that one can clearly establish a link i.e.



From these links, one should be able to draw a conclusion i.e. if your basic food need is not satisfied; you will most probably suffer from underfeeding or malnutrition. The lists should then be prioritised i.e. food first.

The AL should identify of organisations within the community that are providing services that satisfy the human need and the health need. For example:

Human Need	Health Need	Provider
Food	Underfeeding	Methodist
	Malnutrition	Church

The purpose of this activity is to enable the health worker to identify the most appropriate service provider for the human or health need that exists. This will enable the healthworker to refer people with related needs to the correct service provider.

Topic 2: Human and Health related rights and

responsibilities

Purpose of the topic

- Identify health related service providers
- Explain how the health related service providers provide access to health related human rights
- Explain the responsibilities of health related service providers
- Explain the right of the individual to access services provided offered by the health related service providers

<u>Outcomes</u>

US
6

SO
2 & 3

AC
i)
i.i)
ii)
iii)

Learning Activity 1

The groups write up a definition to identify the difference between a right and a responsibility and give at least one example of a right and one example of a responsibility.

For Example:

Right: relieves from wrong, fair

Responsibility: answerable, bound

Give the AL a list of items. The AL has to decide which are rights and which are responsibilities.

For Example:

	Right	Responsibility
Have access to clean water		
Have a family		
Vote	x	
Have an abortion	х	
Raise a child		
Sleep around		

The AE should be aware that sometimes what is a right, might also become a responsibility i.e. it is every legitimate citizen's right to vote, but if you vote, it is your responsibility to choose the right person or issue to vote for. If you go around telling people what you voted for and they do not agree, they might do you harm. Therefore it becomes your responsibility to keep your vote private.

To have an abortion is a right, but with it comes the responsibility to seek the best place for the abortion and to take care of your health. It is also your responsibility to ensure that you do not end up have another abortion and take responsible precautions to prevent it from happening again.

Health workers are responsible for helping people access health-related services and information.

The AL should divide into groups. The needs identified in the previous topic should be listed again and the groups brainstorm what are the rights and responsibilities of the health worker with regards to providing people with access to the needs. The AL should also consider the right and responsibilities of the person he/she is helping

For Example:

Food

My responsibility as a health worker is to know which organisations or services will give this person food. If it is a child, then the child welfare may be approached. If it is an aged person, then the Methodist Church will help. If it is a person living on the street, then the Salvation Army's soup kitchen will provide him/her with bread and soup at 17h00 everyday.

My right as a health worker is ensure my own health and safety at all times

The right of person in need of food is to use services that are offered to me.

The responsibility of the person in need of food is to make sure that he/she arrives at the food providing service provider in time to receive food.

The AE and AL brainstorm the difference between a 'norm' and a 'standard' to ensure they understand the responsibilities of the health clinics.

Norm: a rule, a model, a typical form

Standard: the average grade of service to which the rest of the services

are expected to comply with

The AL should familiarise him/herself with the norms and standards outline for the health clinics.

Learning Activity 7

Divide the class into groups and let each group do a number of norms.

For Example:

Group A	Norms 1 & 2
Group B	Norms 3 & 4
Group C	Norms 5 & 6
Group D	Norms 7 & 8
Group E	Norms 9 & 10

The group must write what they understand with regards to the norm i.e.

1. The clinic renders comprehensive integrated PHC services using a one-stop approach for at least 8 hours a day, five days a week.

*Means, t*he clinic provides a number of services such as TB treatment, family planning etc. The clinic is open 8 hours a day. The clinic is open 5 days a week

In this example, the AL should also:

- List the services provided i.e. TB treatment, family planning, nutrition advice, ante-natal care
- The hours of work at the clinic i.e. 08h00 to 16h00
- The days that the clinic is open i.e. Monday to Friday.

Here follows the core norms for health clinics.

CORE NORMS AND STANDARDS FOR HEALTH CLINICS

CORE NORMS

- 1. The clinic renders comprehensive integrated PHC services using a onestop 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.

Topic 3: Health and The Patient Rights Charter

Purpose of the topic

- Demonstrate an understanding of the items covered in the Patient Rights Charter
- Explain how these rights apply to the health worker
- Explain how these rights influence the work of the health worker
- Explain how these rights apply to the patient

.

Outcomes

US	SO	AC
6	4	ii)
		iv)

Learning Activity 1

The AL looks at the mission statement of the Department of Health and explains it in their own words.

Mission & Vision

Our Vision

is a caring and humane society in which all South Africans have access to affordable, good quality health care.

Our Mission

is to consolidate and build on the achievements of the past five years in improving access to health care for all and reducing inequity, and to focus on working in partnership with other stakeholders to improve the quality of care of all levels of the health system, especially preventive and promotive health, and to improve the overall efficiency of the health care delivery system.

The Patient Rights Charter is a recent addition to the rights of a patient and was launched in January 2001.

Give each learner a section of the Minister's speech and they take turns to read it.

THE MINISTER, AT THE LAUNCH OF THE PATIENTS' RIGHTS CHARTER Bisho, 29 January 2001

Greetings

I am glad to join today as we launch the Patients' Rights Charter - a document that is a milestone in our quest for improving the quality of health care in our country.

Years of colonialism and apartheid in this country dehumanized the majority of our people, denied them basic human rights including right to health care and subjected many of them to a gross violation of these rights.

When we adopted our Constitution in 1996, we committed ourselves as South Africans to bury the divisions of the past and pledged to unite ourselves into a nation that respects human rights and the dignity of all the people who live in this country.

On top of the Bill of Rights that is included in our Constitution to protect the dignity, freedom and well-being of all South Africans, we crafted the concept of Batho Pele which puts the interest of our people first in all the services we are rendering.

The Patients' Rights Charter provides the true meaning of this concept within the health sector. It contributes towards raising awareness amongst both the patients and health workers on patients' entitlement to be treated with dignity, to complain, and the right to information, to mention but the few of the twelve rights that are included in this Charter.

Much progress has been made since the Charter was launched at a national level in November 1999. With regard to the right to a healthy and safe environment as stated in this Charter, we passed the Tobacco Products Control Amendment Act. As most of your know, smoking in public places has been prohibited as from 1 January this year and we are stopping the

promotion of tobacco products which encourages unhealthy smoking habits especially amongst our youth.

People can now perform their duties at their workplaces without being exposed to the dangers of tobacco smoke. Everyone can enjoy him or herself in places of entertainment without being subjected to secondary smoking. These regulations will not only protect our people from the harm of tobacco smoke but they will also save a lot of resources spent on treating patients that are suffering from a number of tobacco related diseases, especially as a result of secondary smoking.

The Charter states that everyone has a right of access to health care services including emergency care, treatment and rehabilitation, provisioning for special needs, counselling, palliative care, positive disposition and health information.

Despite all the challenges from certain sectors that are prepared to protect their self-centred interests at all cost, we are forging ahead with our efforts to ensure that all our people have a right to affordable treatment as entrenched in this Charter.

While we honour our international trade obligations, we have a duty to provide our people access to affordable treatment. We worked out a legal and transparent framework within which we can perform this duty. However, this process is being challenged in court as being unlawful. Access to affordable treatment is a duty placed on us by the poor majority of this country. It is a duty that we not only prepared to perform but to defend if necessary. In line with this Charter and together with the Department of Social Development, we are making much progress in developing a home-based care programme that will enable us to respond mainly to the effects of HIV/AIDS and ensure that those who are infected and affected by this epidemic receive the care and support they need.

The Charter places responsibility on our health workers that they be guided by a caring ethos in performance of their duties. I do not doubt the dedication that exists amongst our health care workers. The way they have performed around the clock responding to the outbreak of cholera in this country is just one example which was even noted by the World Health Organisation in its

report on the cholera situation in KwaZulu-Natal.

However, we still have some elements within our personnel who are not prepared to adapt to the new spirit of putting the interest of our people first. Demoralisation within this section of our staff, inefficiencies and other problems facing some of our facilities need to be addressed as matter of urgency if we are to meet the expectations of our communities, as stated in this Charter.

Patients and other recipients of health care services also have a responsibility to take care of their health, protect the environment, respect the rights of other patients and health care providers, and to comply with prescribed treatment or rehabilitation procedures.

As we move towards decentralising management of services to focus on improving quality and empowering clinic committees and hospital boards, we should encourage the participation of communities and recipients of our services in this process.

Improving service delivery is not a once off event, but a continuous process of setting, meeting and then raising standards over time. It is a dynamic process in which the recipients of services are able to bring pressure to bear on the providers to ensure that the customers, who are patients, are key in setting of priorities which should determine both the nature and the level of service to be provided.

The outcome of the greater awareness created by the Charter will be raised expectations of patients, change in the attitudes of health workers, and ultimately the strengthening of the important partnership between health workers and patients.

I believe that the Charter we are launching today will stimulate a greater participation by our people in health matters, thereby contributing towards deepening of the culture of democracy. It should be viewed by both the patients and health workers as a tool to assist in changing our health system into a caring and compassionate health care delivery system which will serve us all with pride.

It is my hope that this Charter will inspire all of us to work in unison towards instilling the culture of respect and caring ethos in health care, improving the

health of our nation and ensuring a brighter future for our children.

Thank you.

Issued by: Ministry of Health, 29 January 2001

A discussion follows and the AE and AL outline the highlights of the speech.

Learning Activity 3

The AL each receives a 'Patient Rights Charter'. In groups, they have to develop a set of 10 questions that they can ask the other groups. Once the questions have been prepared, the groups take turns to question each other and get points for each correct answer.

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

- 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 healthy and safe environment
- access to health care
- confidentiality and privacy
- informed consent
- be referred for a second opinion
- exercise choice in health care

- continuity of care
- participation in decision making that affect his/her health
- be treated by a named health care provider
- refuse treatment and
- 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
- Advise health staff on his or her wishes with regard to death
- Comply with the prescribed treatment and rehabilitation procedures
- Ask about management costs and arrange for payment
- 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.
- Services are provided with courtesy, kindness, empathy, tolerance and dignity.
- 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.
- The name, address, telephone number of the person in charge of the clinic displayed.

Topic 4: Legislation and Policies

Purpose of the topic

- Draft a plan of action showing how the community can be involved in health promotion by:
 - Educating the community about health
 - Promote the benefits of a healthy community
 - Providing advise and support
 - Demonstrating an example of healthy living

<u>Outcomes</u>

US	SO	AC
6	4	iv

Learning Activity 1

The fundamental rights contained in the "Bill of Rights", which is part of the Constitution of South Africa follows. The AL should identify the fundamental human rights related to health and list the rights of all South Africans with regards to their right to health and safety.

FUNDAMENTAL RIGHTS (ss. 7-35) 7 Application

- (1) This Chapter shall bind all legislative and executive organs of state at all levels of government.
- (2) This Chapter shall apply to all law in force and all administrative decisions taken and acts performed during the period of operation of this Constitution.

- (3) Juristic persons shall be entitled to the rights contained in this Chapter where, and to the extent that, the nature of the rights permits.
- (4) (a) When an infringement of or threat to any right entrenched in this Chapter is alleged, any person referred to in paragraph
 - (b) shall be entitled to apply to a competent court of law for appropriate relief, which may include a declaration of rights.
 - (c) The relief referred to in paragraph (a) may be sought by-
 - (i) a person acting in his or her own interest;
 - (ii) an association acting in the interest of its members;
 - (iii) a person acting on behalf of another person who is not in a position to seek such relief in his or her own name;
 - (iv) a person acting as a member of or in the interest of a group or class of persons; or (v) a person acting in the public interest.

8 Equality

- (1) Every person shall have the right to equality before the law and to equal protection of the law.
- (2) No person shall be unfairly discriminated against, directly or indirectly, and, without derogating from the generality of this provision, on one or more of the following grounds in particular: race, gender, sex, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture or language.
- (3) (a) This section shall not preclude measures designed to achieve the adequate protection and advancement of persons or groups or categories of persons disadvantaged by unfair discrimination, in order to enable their full and equal enjoyment of all rights and freedoms.
 - (b) Every person or community dispossessed of rights in land before the commencement of this Constitution under any law which would have been inconsistent with subsection (2) had that subsection been in operation at the time of the dispossession, shall be entitled to claim restitution of such rights subject to and in accordance with sections 121, 122 and 123.
- (4) Prima facie proof of discrimination on any of the grounds specified in subsection (2) shall be presumed to be sufficient proof of unfair

discrimination as contemplated in that subsection, until the contrary is established.

9 Life Every person shall have the right to life.

10 Human dignity

Every person shall have the right to respect for and protection of his or her dignity.

11 Freedom and security of the person

- (1) Every person shall have the right to freedom and security of the person, which shall include the right not to be detained without trial.
- (2) No person shall be subject to torture of any kind, whether physical, mental or emotional, nor shall any person be subject to cruel, inhuman or degrading treatment or punishment.

12 Servitude and forced labour

No person shall be subject to servitude or forced labour.

13 Privacy

Every person shall have the right to his or her personal privacy, which shall include the right not to be subject to searches of his or her person, home or property, the seizure of private possessions or the violation of private communications.

14 Religion, belief and opinion

- (1) Every person shall have the right to freedom of conscience, religion, thought, belief and opinion, which shall include academic freedom in institutions of higher learning.
- (2) Without derogating from the generality of subsection (1), religious observances may be conducted at state or state- aided institutions under rules established by an appropriate authority for that purpose, provided that such religious observances are conducted on an equitable basis and attendance at them is free and voluntary.

- (3) Nothing in this Chapter shall preclude legislation recognising-
 - (a) a system of personal and family law adhered to by persons professing a particular religion; and
 - (b) the validity of marriages concluded under a system of religious law subject to specified procedures.

15 Freedom of expression

- (1) Every person shall have the right to freedom of speech and expression, which shall include freedom of the press and other media, and the freedom of artistic creativity and scientific research.
- (2) All media financed by or under the control of the state shall be regulated in a manner which ensures impartiality and the expression of a diversity of opinion.

16 Assembly, demonstration and petition

Every person shall have the right to assemble and demonstrate with others peacefully and unarmed, and to present petitions.

17 Freedom of association

Every person shall have the right to freedom of association.

18 Freedom of movement

Every person shall have the right to freedom of movement anywhere within the national territory.

19 Residence

Every person shall have the right freely to choose his or her place of residence anywhere in the national territory.

20 Citizens' rights

Every citizen shall have the right to enter, remain in and leave the Republic, and no citizen shall without justification be deprived of his or her citizenship.

21 Political rights

- (1) Every citizen shall have the right-
 - (a) to form, to participate in the activities of and to recruit members for a political party;
 - (b) to campaign for a political party or cause; and
 - (c) freely to make political choices.
- (2) Every citizen shall have the right to vote, to do so in secret and to stand for election to public office.

22 Access to court

Every person shall have the right to have justiciable disputes settled by a court of law or, where appropriate, another independent and impartial forum.

23 Access to information

Every person shall have the right of access to all information held by the state or any of its organs at any level of government in so far as such information is required for the exercise or protection of any of his or her rights.

24 Administrative justice

Every person shall have the right to-

- (a) lawful administrative action where any of his or her rights or interests is affected or threatened;
- (b) procedurally fair administrative action where any of his or her rights or legitimate expectations is affected or threatened;
- (c) be furnished with reasons in writing for administrative action which affects any of his or her rights or interests unless the reasons for such action have been made public; and
- (d) administrative action which is justifiable in relation to the reasons given for it where any of his or her rights is affected or threatened.

25 Detained, arrested and accused persons

- (1) Every person who is detained, including every sentenced prisoner, shall have the right-
 - (a) to be informed promptly in a language which he or she understands of the reason for his or her detention:

- (b) to be detained under conditions consonant with human dignity, which shall include at least the provision of adequate nutrition, reading material and medical treatment at state expense;
- (c) to consult with a legal practitioner of his or her choice, to be informed of this right promptly and, where substantial injustice would otherwise result, to be provided with the services of a legal practitioner by the state;
- (d) to be given the opportunity to communicate with, and to be visited by, his or her spouse or partner, next-of-kin, religious counsellor and a medical practitioner of his or her choice; and
- (e) to challenge the lawfulness of his or her detention in person before a court of law and to be released if such detention is unlawful.
- (2) Every person arrested for the alleged commission of an offence shall, in addition to the rights which he or she has as a detained person, have the right-
 - (a) promptly to be informed, in a language which he or she understands, that he or she has the right to remain silent and to be warned of the consequences of making any statement;
 - (b) as soon as it is reasonably possible, but not later than 48 hours after the arrest or, if the said period of 48 hours expires outside ordinary court hours or on a day which is not a court day, the first court day after such expiry, to be brought before an ordinary court of law and to be charged or to be informed of the reason for his or her further detention, failing which he or she shall be entitled to be released;
 - (c) not to be compelled to make a confession or admission which could be used in evidence against him or her; and
 - (d) to be released from detention with or without bail, unless the interests of justice require otherwise.
- (3) Every accused person shall have the right to a fair trial, which shall include the right-
 - (a) to a public trial before an ordinary court of law within a reasonable time after having been charged;
 - (b) to be informed with sufficient particularity of the charge;

- (c) to be presumed innocent and to remain silent during plea proceedings or trial and not to testify during trial;
- (d) to adduce and challenge evidence, and not to be a compellable witness against himself or herself;
- (e) to be represented by a legal practitioner of his or her choice or, where substantial injustice would otherwise result, to be provided with legal representation at state expense, and to be informed of these rights;
- (f) not to be convicted of an offence in respect of any act or omission which was not an offence at the time it was committed, and not to be sentenced to a more severe punishment than that which was applicable when the offence was committed;
- (g) not to be tried again for any offence of which he or she has previously been convicted or acquitted;
- (h) to have recourse by way of appeal or review to a higher court than the court of first instance;
- (i) to be tried in a language which he or she understands or, failing this, to have the proceedings interpreted to him or her; and
- (j) to be sentenced within a reasonable time after conviction.

26 Economic activity

- (1) Every person shall have the right freely to engage in economic activity and to pursue a livelihood anywhere in the national territory.
- (2) Subsection (1) shall not preclude measures designed to promote the protection or the improvement of the quality of life, economic growth, human development, social justice, basic conditions of employment, fair labour practices or equal opportunity for all, provided such measures are justifiable in an open and democratic society based on freedom and equality.

27 Labour relations

- (1) Every person shall have the right to fair labour practices.
- (2) Workers shall have the right to form and join trade unions, and employers shall have the right to form and join employers' organisations.

- (3) Workers and employers shall have the right to organise and bargain collectively.
- (4) Workers shall have the right to strike for the purpose of collective bargaining.
- (5) Employers' recourse to the lock-out for the purpose of collective bargaining shall not be impaired, subject to section 33 (1).

28 Property

- (1) Every person shall have the right to acquire and hold rights in property and, to the extent that the nature of the rights permits, to dispose of such rights.
- (2) No deprivation of any rights in property shall be permitted otherwise than in accordance with a law.
- (3) Where any rights in property are expropriated pursuant to a law referred to in subsection (2), such expropriation shall be permissible for public purposes only and shall be subject to the payment of agreed compensation or, failing agreement, to the payment of such compensation and within such period as may be determined by a court of law as just and equitable, taking into account all relevant factors, including, in the case of the determination of compensation, the use to which the property is being put, the history of its acquisition, its market value, the value of the investments in it by those affected and the interests of those affected.

29 Environment

Every person shall have the right to an environment which is not detrimental to his or her health or well-being.

30 Children

- (1) Every child shall have the right-
 - (a) to a name and nationality as from birth;
 - (b) to parental care;
 - (c) to security, basic nutrition and basic health and social services;
 - (d) not to be subject to neglect or abuse; and

- (e) not to be subject to exploitative labour practices nor to be required or permitted to perform work which is hazardous or harmful to his or her education, health or well- being.
- (2) Every child who is in detention shall, in addition to the rights which he or she has in terms of section 25, have the right to be detained under conditions and to be treated in a manner that takes account of his or her age.
- (3) For the purpose of this section a child shall mean a person under the age of 18 years and in all matters concerning such child his or her best interest shall be paramount.

31 Language and culture

Every person shall have the right to use the language and to participate in the cultural life of his or her choice.

32 Education

Every person shall have the right-

- (a) to basic education and to equal access to educational institutions;
- (b) to instruction in the language of his or her choice where this is reasonably practicable; and
- (c) to establish, where practicable, educational institutions based on a common culture, language or religion, provided that there shall be no discrimination on the ground of race.

33 Limitation

- (1) The rights entrenched in this Chapter may be limited by law of general application, provided that such limitation-
 - (a) shall be permissible only to the extent that it is-
 - (i) reasonable; and
 - (ii) justifiable in an open and democratic society based on freedom and equality; and
 - (b) shall not negate the essential content of the right in question, and provided further that any limitation to- (aa) a right entrenched in section 10, 11, 12, 14 (1), 21, 25 or 30 (1) (d) or (e) or (2); or (bb) a right

- entrenched in section 15, 16, 17, 18, 23 or 24, in so far as such right relates to free and fair political activity, shall, in addition to being reasonable as required in paragraph (a) (i), also be necessary.
- (2) Save as provided for in subsection (1) or any other provision of this Constitution, no law, whether a rule of the common law, customary law or legislation, shall limit any right entrenched in this Chapter.
- (3) The entrenchment of the rights in terms of this Chapter shall not be construed as denying the existence of any other rights or freedoms recognised or conferred by common law, customary law or legislation to the extent that they are not inconsistent with this Chapter.
- (4) This Chapter shall not preclude measures designed to prohibit unfair discrimination by bodies and persons other than those bound in terms of section 7 (1).
- (5) (a) The provisions of a law in force at the commencement of this
 Constitution promoting fair employment practices, orderly and equitable
 collective bargaining and the regulation of industrial action shall remain of
 full force and effect until repealed or amended by the legislature.
 (b) If a proposed enactment amending or repealing a law referred to in
 paragraph (a) deals with a matter in respect of which the National
 Manpower Commission, referred to in section 2A of the Labour Relations
 Act, 1956 (Act 28 of 1956), or any other similar body which may replace
 the Commission, is competent in terms of a law then in force to consider
 and make recommendations, such proposed enactment shall not be
 introduced in Parliament unless the said Commission or such other body
 has been given an opportunity to consider the proposed enactment and to
 make recommendations with regard thereto.

34 State of emergency and suspension

(1) A state of emergency shall be proclaimed prospectively under an Act of Parliament, and shall be declared only where the security of the Republic is threatened by war, invasion, general insurrection or disorder or at a time of national disaster, and if the declaration of a state of emergency is necessary to restore peace or order.

- (2) The declaration of a state of emergency and any action taken, including any regulation enacted, in consequence thereof, shall be of force for a period of not more than 21 days, unless it is extended for a period of not longer than three months, or consecutive periods of not longer than three months at a time, by resolution of the National Assembly adopted by a majority of at least two-thirds of all its members.
- (3) Any superior court shall be competent to enquire into the validity of a declaration of a state of emergency, any extension thereof, and any action taken, including any regulation enacted, under such declaration.
- (4) The rights entrenched in this Chapter may be suspended only in consequence of the declaration of a state of emergency, and only to the extent necessary to restore peace or order.
- (5) Neither any law which provides for the declaration of a state of emergency, nor any action taken, including any regulation enacted, in consequence thereof, shall permit or authorise-
 - (a) the creation of retrospective crimes;
 - (b) the indemnification of the state or of persons acting under its authority for unlawful actions during the state of emergency; or
 - (c) the suspension of this section, and sections 7, 8 (2), 9, 10, 11 (2), 12, 14, 27 (1) and (2), 30 (1) (d) and (e) and (2) and 33 (1) and (2).
- (6) Where a person is detained under a state of emergency the detention shall be subject to the following conditions:
 - (a) An adult family member or friend of the detainee shall be notified of the detention as soon as is reasonably possible;
 - (b) the names of all detainees and a reference to the measures in terms of which they are being detained shall be published in the Gazette within five days of their detention;
 - (c) when rights entrenched in section 11 or 25 have been suspended-
 - (i) the detention of a detainee shall, as soon as it is reasonably possible but not later than 10 days after his or her detention, be reviewed by a court of law, and the court shall order the release of the detainee if it is satisfied that the detention is not necessary to restore peace or order;

- (ii) a detainee shall at any stage after the expiry of a period of 10 days after a review in terms of subparagraph (i) be entitled to apply to a court of law for a further review of his or her detention, and the court shall order the release of the detainee if it is satisfied that the detention is no longer necessary to restore peace or order;
- (d) the detainee shall be entitled to appear before the court in person, to be represented by legal counsel, and to make representations against his or her continued detention:
- (e) (e) the detainee shall be entitled at all reasonable times to have access to a legal representative of his or her choice;
- (f) the detainee shall be entitled at all times to have access to a medical practitioner of his or her choice; and
- (g) the state shall for the purpose of a review referred to in paragraph (c)(i) or (ii) submit written reasons to justify the detention or further detention of the detainee to the court, and shall furnish the detainee with such reasons not later than two days before the review.
- (7) If a court of law, having found the grounds for a detainee's detention unjustified, orders his or her release, such a person shall not be detained again on the same grounds unless the state shows good cause to a court of law prior to such re-detention.

35 Interpretation

- (1) In interpreting the provisions of this Chapter a court of law shall promote the values which underlie an open and democratic society based on freedom and equality and shall, where applicable, have regard to public international law applicable to the protection of the rights entrenched in this Chapter, and may have regard to comparable foreign case law.
- (2) No law which limits any of the rights entrenched in this Chapter, shall be constitutionally invalid solely by reason of the fact that the wording used prima facie exceeds the limits imposed in this Chapter, provided such a law is reasonably capable of a more restricted interpretation which does not exceed such limits, in which event such law shall be construed as

- having a meaning in accordance with the said more restricted interpretation.
- (3) In the interpretation of any law and the application and development of the common law and customary law, a court shall have due regard to the spirit, purport and objects of this Chapter.

Learning Activity 2

The Al should be divided into groups and given specific headings of the Core Standards that follow. The group goes through the particular heading and considers the rights and responsibilities involved in the criteria listed.

For Example:

Copies of the Patients Charter and Batho Pele documents available.

Right: The patient has a right to have a copy of the Patient

Charter and the Batho Pele documents.

The Clinic staff has a right to educate the patients about

the Patient Charter and Batho Pele.

Responsibility: The Clinic staff is responsible for:

- Knowing the contents
- Keeping enough copies
- Educating the patients about the Patient Charter and Batho Pele etc.

Headings

- References prints and educational materials.
- Equipment.
- Medicines and Supplies
- Organising the Clinic
- Caring for Patients
- Running the Clinic
- Patient Education

- Records
- Community and Home Based Activity
- Referrals
- Collaboration

The AE should be prepared for AL asking him/her to explain difficult words and terminology.

CORE STANDARDS

4. References, prints and educational materials

- Standard treatment guidelines and the essential drug list (EDL)
 manual.
- b) A library of useful health, medical and nursing reference books kept up to date.
- c) All relevant national and provincial health related circulars, policy documents, acts and protocols that impact on service delivery.
- d) Copies of the Patients Charter and Batho Pele documents available.
- e) Supplies of appropriate health learning materials in local languages.

5. Equipment

- a) A diagnostic set.
- b) A blood pressure machines with appropriate cuffs and stethoscope.
- Scales for adults and young children and measuring tapes for height and circumference.
- d) Haemoglobinometer, glucometer, pregnancy test, and urine test strips.
- e) Speculums of different sizes
- f) A reliable means of communication (two-way radio or telephone).
- g) Emergency transport available reliably when needed.
- h) An oxygen cylinder and mask of various sizes.
- i) 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.
- j) Condom dispensers are placed where condoms can be obtained with ease.
- k) A sharps disposal system and sterilisation system.
- I) Equipment and containers for taking blood and other samples.
- m) Adequate number of toilets for staff and users in working order and accessible to wheelchairs.

- n) A sluice room and a suitable storeroom or cupboard for cleaning solutions, linen and gardening tools.
- o) Suitable dressing/procedure room with washable surfaces.
- p) A space with a table and ORT equipment and needs
- q) Adequate number of consulting rooms with wash basins, diagnostic light (one for each professional nurse and medical officer working on the same shift).

6. Medicines and Supplies

- a) Suitable medicine room and medicine cupboards that are kept locked with burglar bars.
- b) 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.
- c) Medicines and Supplies always in stock, with a mechanism for obtaining emergency supplies when needed.
- d) A battery and spare globes for auroscopes and other equipment.
- e) Available electricity, cold and warm water.

7. Competence of Health Staff

Organising the clinic

- a) Staff are able to
- map the clinic catchment area and draw specific and achievable PHC objectives set using district, national and provincial goals and objectives as a framework.
- ii) Organise outreach services for the clinic catchment area.
- iii) Organise the clinic to reduce waiting times to a minimum and initiate an appointment system when necessary.
- iv) Train community health care promoters to educate caretakers and facilitate community action.

v) 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

- b) 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.
- c) Staff are positive in their approach to patients, evaluating their needs, correcting misinformation and giving each patient a feeling of always being welcome.
- d) 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.
- e) The rights of patients are observed.

Running the clinic

- a) A clear system for referrals and feedback on referrals is in place.
- b) All personnel wear uniforms and insignia in accordance with the South African Professional Councils' specifications.
- c) The clinic has a strong link with the community, civic organisations, schools and workplaces in the catchment area.
- d) The clinic is clean, organised and convenient and accommodates the needs of patients' confidentiality and easy access for older persons and people with disability.
- e) Every clinic has a house-keeping system to ensure regular removal and safe disposal of medical waste, dirt and refuse.
- f) Every clinic provides comprehensive security services to protect property and ensure safety of all people at all times.

- g) The clinic has a supply of electricity, running water and proper sanitation.
- h) 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.

8. Patient Education

- a) 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.
- Culturally and linguistically appropriate patients' educational pamphlets are available on different health issues for free distribution.
- Appropriate educational posters are posted on the wall for information and education of patients.
- d) Educational videos in those clinics with audio-visual equipment are on show while patients are waiting for services.

9. Records

- 10. The clinic utilises an integrated standard health information system that enables and assists in collecting and using data.
- 11. The clinic has daily service registers, road to health charts, patient treatment cards, notification forms, and all needed laboratory request and transfer forms.
- 12. All information on cases seen and discharged or referred is correctly recorded on the registers.
- 13. All notifiable medical conditions are reported according to protocol.
- 14. All registers and monthly reports are kept up to date.
- 15. The clinic has a patient carry card or filing system that allows continuity of health care

7. Community and Home Based Activity

- a) There is a functioning community health committee in the clinic catchment area.
- b) The clinic has links with the community health committee, civic organisations, schools, workplaces, political leaders and ward councillors in the catchment area.
- c) The clinic has sensitised, and receives support from, the community health committee.
- d) Staff conduct regular home visits using a home visit checklist.

8. Referral

- a) All patients are referred to the next level of care when their needs fall beyond the scope of clinic staff competence.
- b) Patients with a need for additional health or social services are referred as appropriate.
- c) Every clinic is able to arrange transport for an emergency within one hour.
- d) Referrals within and outside the clinic are recorded appropriately in the registers.
- Merits of referrals are assessed and discussed as part of the continuing education of the referring health professional to improve outcomes of referrals.

9. Collaboration

- a) Clinic staff collaborate with social welfare for social assistance and with other health related public sectors as appropriate.
- b) Clinic staff collaborate with health orientated civic organisations and workplaces in the catchment area to enhance the promotion of health.

Learning Activity 3

The Core Management Standards are handed to the AL and each group prepares 10 questions from the core management standards. The groups asked one another questions and the AE keeps the score.

CORE MANAGEMENT STANDARDS

10. Leadership and planning

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

11. Staff

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

12. Finance

- a) The clinic, as a cost centre, has a budget divided into main categories.
- b) The monthly expenditure of each main category is known.
- c) 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

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

14. Visits to clinic by unit supervisor

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

15. Community

- a) The community is involved in helping with clinic facility needs.
- b) The community health committee is in place and meets monthly.

16. Facilities and equipment

- a) There is an up-to-date inventory of clinic equipment and a list of broken equipment.
- b) 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

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

18. Information and documentation

- a) New patient cards and medico-legal forms are available.
- b) The laboratory specimen register is kept updated and missing results are followed up.
- c) Births and deaths are reported on time and on the correct form.
- d) The monthly PHC statistics report is accurate, done on time and filed/sent.
- e) Monthly and annual data are checked, graphed, displayed and discussed with staff and the health committee.
- f) There is a catchment area map showing the important features, location of mobile clinic stops, DOTS supporters, CHWs and other outreach activities.

Learning Activity 4

Batho Pele is an initiative by the Department of Health, putting people first. The Batho Pele Norms and Standards follow and health workers should familiarize themselves with it.

The AL should be divided into groups and find similarities and/or differences between Batho Pele and the Fundamental Rights. The group presents their findings to the class.

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 and 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
- services which are in partnership with or complement other sectors e.g. the private sector and non-government organisations and community based organisations
- services which are customer friendly and confidential
- opportunities for community consultation
- types of outreach which can reach to all communities and to families in greatest need
- 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.

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