

Letters

Primary Health Care Services: Are we walking the walk?

An audit of the clinics in the Middelburg subdistrict of Mpumalanga Province

To the editor: Primary health care is defined as affordable, sustainable, and universally essential health care for all individuals, families and communities in the district, rendered in accordance with the people's health needs, acceptance and their full participation.¹ If we have to attain health for all in the 21st century, we have to make our primary health care effective and accessible to all our populations. Success can only be measured in terms of our people receiving decent, quality health care. This report is an abridged version of the comprehensive audit the author conducted in order to familiarise himself with the existing primary healthcare services in the Middelburg sub district of Mpumalanga.

The author, between June 20 and August 03 2006, visited all clinics in the sub district in question and conducted a fact-finding mission. The clinics were assessed against the Primary Health Care Package for South Africa – a set of norms and standards, documented² and published by the National Department of Health.

A global assessment of services was made taking into account the following: accessibility, skills and training of healthcare workers, equipment, visits by doctors and referral of patients.

Accessibility: Seventeen clinics (94,4%) are easily accessible by the community living in a radius of 5 km.

Skills and training of healthcare workers: At the majority of these clinics there was only one registered nurse without a staff nurse or an assistant nurse. Only three clinics (16,6%) had a member of staff trained in a recognised Primary Health Care (PHC) course.

Equipment and medicine supplies: All the clinics had a minimum of the required equipment available.

Although all the clinics had blood pressure machines, none of them had the appropriate cuffs for obese patients. Three clinics (16,6%)

did not have oxygen cylinders or facemasks of varying sizes. No clinic (0%) had a suitable dressing/procedure room; the consulting rooms are used when the need arises. Five clinics (27,7%) did not have an adequate number of consulting rooms. Four clinics (22,2%) did not have suitable medicine rooms; medicines were kept in a filing cupboard. Four clinics (22,2%) had burglar bars to protect rooms. There was a space for oral rehydration therapy in most of the clinics; where there was no space, it was done in the consulting room.

Visits by doctors: All the clinics under the Department of Health (44,4%) received at least a weekly doctor's visit, while the clinics under the local authority (municipality) did not.

Referral system: The primary healthcare personnel deplored the lack of a written reply from the referral hospital/s.

If the observations made in this survey are the same in other districts or provinces, then serious attention needs to be paid to the following in order to improve rendering of primary health care to our populations:

1. The creation of full-time posts for medical doctors at the clinics must be considered and acted upon as a matter of urgency.
2. Nurses must be empowered by enrolling all the registered nurses at the clinics into a recognised PHC course; each clinic must have at least two PHC trained nurses: no clinic can render optimal services without adequately trained professionals.
3. Recruitment and retention of adequately trained staff for clinics have to be placed high on municipal managers' priority lists.
4. The limited resources and equipment at some of the clinics need to be addressed as a matter of urgency.
5. The referral hospitals' managers must be informed of the deleterious effect their officers not supplying patients with referral-back information has on continuity of care in the subdistrict.

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References

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2. National Department of Health, *The Primary Health Care Package for South Africa – a set of norms and standards 2000*.