



PRESENTATION TO THE PPCH ON THE IMPLEMENTATION OF THE NHI

and

STRATEGIC COMMUNITY HEALTH INITIATIVES



AGENDA

ITEM	PRESENTATION	TIME	MIN
1	INTRODUCTION Opening Prayer – Objectives & Custodianship Background to Community engagement, AlanF Exp Health, be@root.org , NPO	14:30-14:35	5
2	INTEGRATED PLANNING -permaLIFE systems - Health Impact Perspective	14:35-14:40	5
3	NHI OBJECTIVES – Primary Health Care Perspective LEGISLATIVE Requirements	14:40-14:45	5
4	Primary Health Care – Impact Assessment : CURRENT SITUATION	14:45-14:50	5
5	Primary Health Care – Community Impact Mitigation	14:50-14:55	5
6	MIDWIVES AND TBA CARE – DIRECT ENTRY PILOT PROJECTS	14:55-15:05	10
7	WORKSHOP OUTCOMES.	15:05-15:15	10
8	QUESTIONS AND RESPONSES	15:10-15:40	25
9	Closing and Thank You	15:40-15:45	5

INTRODUCTIONS
ROLES &
CUSTODIANSHIP

SYSTEMS APPROACH
TO INTEGRATED
PLANNING

HEALTH SECTOR
IMPACTS ON
FAMILIES

COMMUNITY
HEALTH IMPACT
MITIGATION

GREEN BAR
INTEGRATED
HEALTH STRATEGY

WORKSHOP INTRODUCTION

INTRODUCTION – Opening Prayer

SETTING THE FOUNDATIONS

Roles and Responsibilities of Us as Custodians of this process

be@root.org - PPCH - NHI

Planning for Care of Communities.

COLONIAL MEDICALISED SYSTEMS AND TRADITIONAL SYSTEMS –
AN AFRICAN SOLUTION

AlanF – Background

Project Architect, Project Manager, Arbitrator

Integrated Development Planning and Implementation

Health Sector Experience.

be@root.org - Community Vision and Engagements

Integrated Sustainable Development Planning

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HEALTH STRATEGY

INTEGRATED PLANNING

A SYSTEMS APPROACH

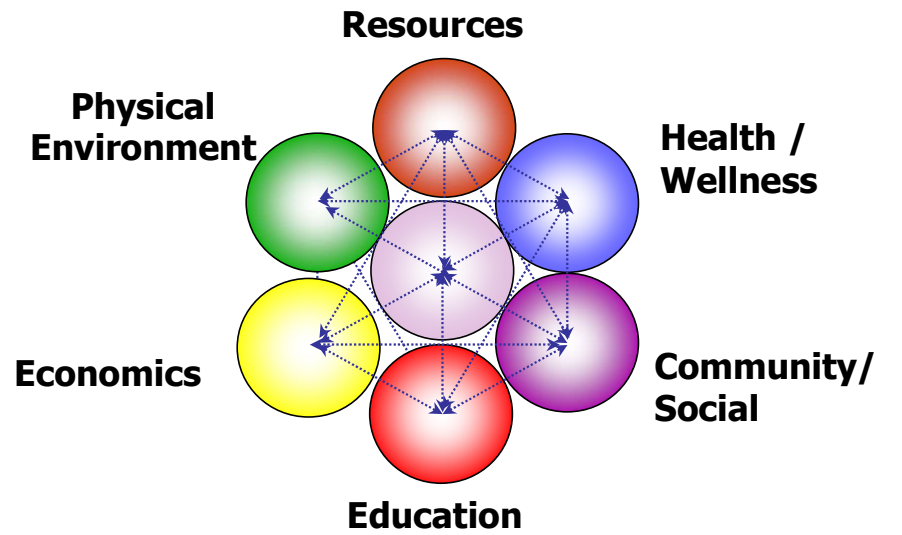
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INTEGRATED SYSTEMS APPROACH

SYSTEMS APPROACH
TO INTEGRATED
PLANNING

COMMUNITY HEALTH



NATIONAL HEALTH INSURANCE PRIMARY HEALTH CARE PERSPECTIVE

3



PRIMARY NHI OBJECTIVE

To achieve universal access to quality health care services in the Republic in accordance with section 27 of the Constitution

inter alia

- **equitable, effective and efficient utilisation of the resources of the Fund to meet the health needs of the population**
 - **strategic purchasing of health care services by the Fund on behalf of users**

“Primary Health Care” means addressing the main health problems in the community through providing promotive, preventive, curative and rehabilitative services and—

(a) is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process; and

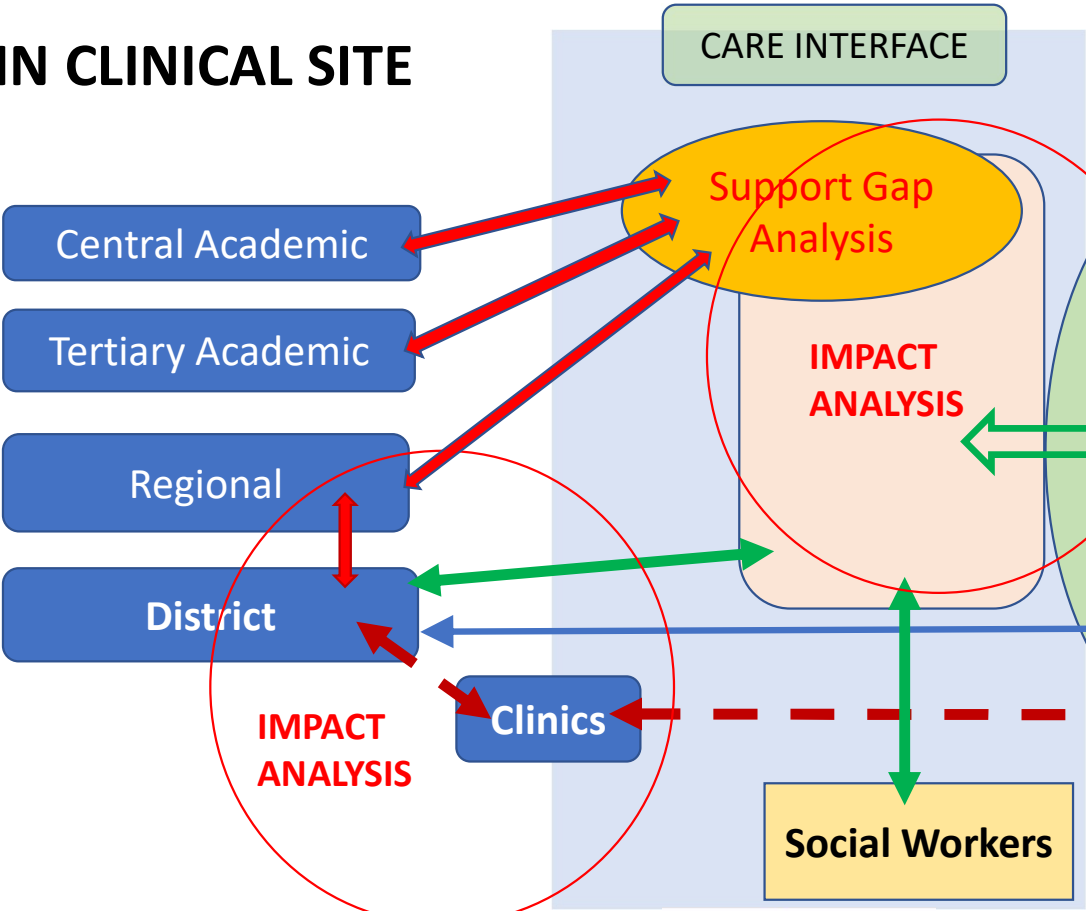
(b) in the public health sector, is the clinic, and in the private health sector, is the general practitioner, primary care nursing professional, primary care dental professional and **primary allied health professional, through multi-disciplinary practices;**

SA HEALTH SERVICES SYSTEM MAP ASSESSMENT POINTS

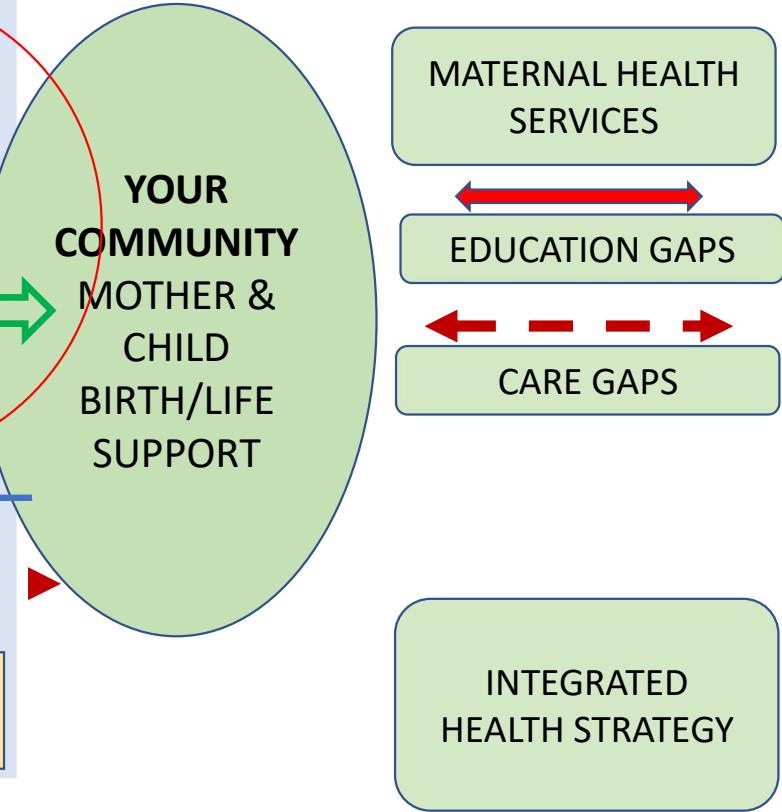


HEALTH CARE SYSTEM

IN CLINICAL SITE



PHC COMMUNITY SITE



SA PRIMARY HEALTH CARE SYSTEM MUST ADDRESS

CRISIS IN MATERNAL HEALTH, GENDER

VIOLENCE AND RIGHTS ABUSE

COMPOUNDED BY

PANDEMICS, CLIMATE IMPACTS, FOOD AND WATER SCARCITY,

FAMILY SAFETY & SECURITY

CRITICAL ROLE OF PRIMARY HEALTHCARE FOR

WOMEN & CHILDREN IN COMMUNITY

AS AN EMERGENCY RESPONSE TO CRISIS



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COMMUNITY HEALTH & CARE

PRIMARY HEALTH CARE - IMPACT ASSESSMENT

4



APPROACH TO COMMUNITY HEALTHCARE



FEMALE WITH ONE INFANT SENT HOME FROM HOSPITAL WITH INFECTED OPEN WOUND FROM GALL BLADDER REMOVAL

NO INSTRUCTION ON HOW TO TAKE ANTIBIOTICS OR CLEAN WOUND
Taking 1 tablet a day

AFTER 1 WEEK WOUND INFECTED
ANTIBIOTIC REGIME INCORRECT

IMPACTS
SERVICE
COSTS
EMOTIONAL
PERCEPTIONS

COMMUNITY HEALTH & WELLNESS PERSPECTIVE

PRIMARY HEALTH CARE FOR COMMUNITIES

Primary Health Care Service at levels that provide safer immediate and community on-site options to provide compassionate and appropriate level of care instead of referring through to secondary Levels.

Create a safer healthcare system centred around natural birthing process for mothers and babies in South Africa that will support the health of communities;

It is here at the Community interface that Traditional and Support Health Practitioners work and can make significant impact and help create a responsive safer healthcare system centred around natural birthing process for mothers and babies in South Africa that will support the health of their communities

COMMUNITY HEALTH & WELLNESS PERSPECTIVE

CURRENT PRIMARY HEALTH CARE NURSING CHALLENGES COMMUNITY PERCEPTIONS

DOH Sector CARE IMPACTS –

Video Clip 1:48-3:52



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HEALTH SYSTEMS ASESMENT

PRIMARY HEALTH CARE – MOTHER AND CHILD SUPPORT

Situation Analysis – CHALLENGES TO REVIEW

DOH COMMUNITY HEALTHCARE SYSTEM

CLINIC SUPPORT

HOSPITAL SUPPORT

LOW RISK MOTHERS FORCED TO BIRTH IN CLINICAL SITE

SYSTEMIC LACK OF MIDWIFERY CARE PROVIDER
SUPPORT

LOW RISK MOTHERS FORCED TO BIRTH IN OFTEN
UNSUPPORTIVE CLINICAL SITE

EDUCATION – PATHOLOGY FOCUS

SYSTEM STRESSES – CLAIMS, WORKLOAD, HEIRACHIES
CPD & EDUCATION

MATERNAL CARE - SYSTEMIC VIOLENCE

KNOWLEDGE and SELF - PROTECTIVE PRACTICES

PRIVATE HEALTHCARE SYSTEM

MOTHER AND CHILD SUPPORT MEDICALISED
(+70% CAESEREAN) (WHO = 15%)

ACCESSIBLE TO COLONIAL SYSTEM ONLY

INSURANCE RISK IMPACTS ON MOTHERS AND
CARE PROVIDERS, DRIVING CAESAREAN
SECTIONS

PATHOLOGY APPROACH TO PREGNANCY BIRTH
AND CHILD

OBSTETRIC SYSTEM VIOLENCE

KNOWLEDGE and SELF - PROTECTIVE PRACTICES



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HEALTH SYSTEMS ASESMENT

PRIMARY HEALTH CARE – MOTHER AND CHILD SUPPORT

Situation Analysis - CHALLENGES

2021-06-14 - Baby Death Rate AT Gqeberha Hospital skyrockets as staffing crisis deepens
South Africa Infant Mortality (EC) 43/1000 births ...normal 4– 5/1000

ARTICLES



HEALTH & WELLNESS

MATERNAL CARE CONCERN

CAESAREAN SECTION RATES

CHALLENGES

preventing unnecessary caesareans for first birth which impacts a mothers childbearing and the child for the rest of her life.

provide statistically proven safer, less invasive birthing experiences for mothers and babies;

reduce significantly the statistics which show that South Africa has one of the highest caesarean rates in the world;

reduce in-patient impacts on resources and costs for Second Tier Facilities

HEALTH & WELLNESS

MATERNAL CARE CONCERN

THE NURSING PROFESSION AND CARE

SYSTEMIC CHALLENGES

Incontestable evidence of a lack of adequate maternal care in system, this as a result of a systems and protocols breakdown and a lack of compassionate care.

Current nursing systems education in maternal support training, requires comprehensive review and capacity building.

The levels of education and ability of all healthcare providers : Regulation, accreditation and certification process envisaged in the NHI Bill takes into account Community Health support services such as Midwives and Traditional Birth Attendants, healers and traditional practices where certain healing takes place.

NHI Fund to ensure the adequacy and quality of the care that is provided to SA Citizens .

APPROACH TO COMMUNITY HEALTHCARE



PRIMARY HEALTH CARE – Situation Analysis

**COMMUNITY MIDWIFE
INTERVENTION**
NATUROPATHIC TRADITIONAL AND
ALLOPATHIC PROTOCOLS

PROTOCOL
Irrigate Solution – Rooibos Tea &
Salt – 30 days
Wound Healing – Comfrey Poultice
and All Heal Salve
Antibiotic regime
Attendance

AFTER 2 WEEKS
WOUND NOT INFECTED
WOUND CLOSED IN 6 WEEKS

VALUE
No referral
Personal high care
Home based care

COMMUNITY HEALTH & CARE PRIMARY HEALTH CARE - IMPACT MITIGATION 5

THE CASE FOR COMMUNITY MIDWIVES AND TBA'S

SARCM – DIRECT ENTRY MIDWIFERY PROGRAMME

MATERNAL HEALTH PROBLEM STATEMENT

CHALLENGES

LOW LEVEL OF PRIMARY CONCEPTION TO POST BIRTH SUPPORT TO WOMEN AND FAMILIES

LIMITED/NO COUNSELLING SUPPORT

LIMITED/NO EDUCATION OF MOTHERS AND FAMILIES

NO NUTRITION /SEXUAL HEALTH/DISEASE MANAGEMENT ADVICE

LATE HEALTH AND DISEASE ASSESSMENT

PRIMARY INCIDENT RESPONSE SLOW/NONE

LATE RISK ASSESSMENT REFERRALS

IN CLINICAL BIRTH

LOW RISK STRESSFUL BIRTH EXPERIENCE

EMOTIONAL AND SEXUAL ABUSE

NUTRITION /SEXUAL HEALTH/DISEASE MANAGEMENT

TIMEOUS REFERRAL

COMMUNITY SUSTAINABILITY IMPACT

COMMUNITY
HEALTH
IMPACT
MITIGATION

INTEGRATED
NHI HEALTH
STRATEGY



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THE CASE FOR COMMUNITY MIDWIVES AND TBA'S

Midwifery is a well-established, well-respected health profession, midwives far outnumber obstetricians, and midwifery and medicine are distinct professions, inherently complementary, and based on overlapping but distinct bodies of knowledge.

Midwifery is primary health care for women.

INTERNATIONAL BEST PRACTICE FOR OUR WOMEN AND CHILDREN.

WORLD SHORTAGE OF MIDWIVES (WHO) 900,000

AFRICA

INTERNATIONAL BEST PRACTICE – HOLLAND MIDWIFE AND TBA SYSTEMS REF

SARCM – DIRECT ENTRY MIDWIFERY PROGRAMME



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COMMENT ON MOTHERS

PRIMARY HEALTH CARE – MOTHER AND CHILD SUPPORT

Situation Analysis – VALUE & BENEFITS

“How a woman is treated, affects the woman she becomes,
How she is treated during labour affects the type of mother she will be” Sr Karen Clark

Addressing this fact addresses many of the social ills we confront

Women are the building blocks of Families and Community

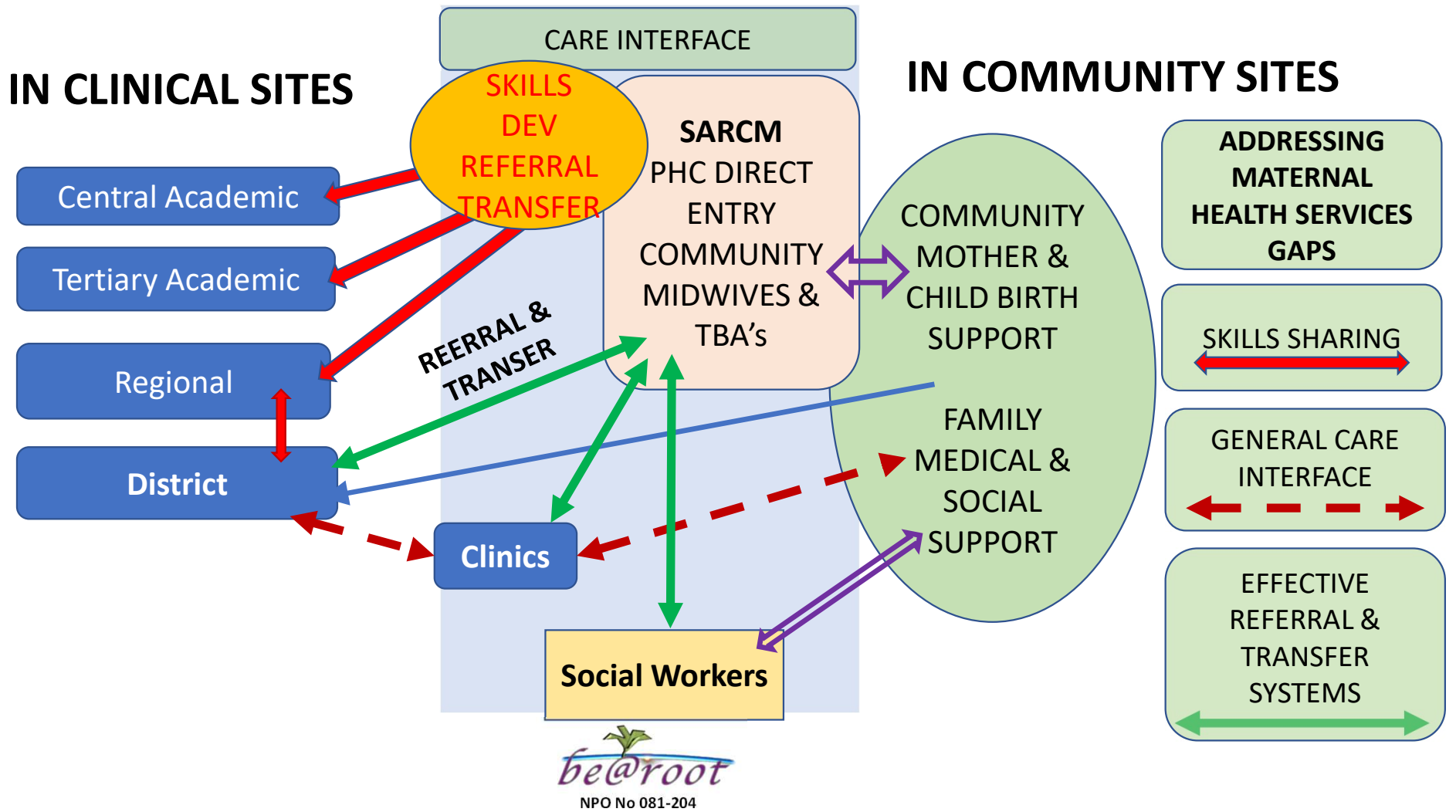
Women are disempowered from the beginning, from birth throughout their lives

We need to recognize that by empowering birthing women with support and know how, this will
create nurturing mothers who care for their homes and families and thereby their communities
through active citizenry

MOTHERS NEED TO BE MOTHERED AND NURTURED INTO MOTHERHOOD

COMMUNITY MIDWIVES PROVIDE A SAFE ENVIRONMENT, FREE OF DISCRIMINATIONS AND OTHER VIOLATIONS

MIDWIFERY PROGRAMME – SYSTEM MAP



SERVICES OF MIDWIFE AND TBA'S

SERVICES

LOW -RISK PRIMARY
CONCEPTION TO POST BIRTH
SUPPORT TO WOMEN AND
FAMILIES

COUNSELLING

EDUCATION

HEALTH AND DISEASE
ASSESSMENT & SUPPORT

PRIMARY INCIDENT
RESPONSE

RISK REFERRALS

BENEFITS

SAFER FOR LOW RISK
BIRTH

REDUCTION IN
EMOTIONAL AND
SEXUAL ABUSE

NUTRITION

SEXUAL HEALTH/DISEASE
MANAGEMENT

EARLY DETECTION &
TIMEOUS REFERRAL

COMMUNITY SUPPORT
SYSTEMS

IMPACTS -

ECONOMY
NHI
Community

RESOURCES
HEALTH

COMMUNITY
EDUCATION

BIO - PHYSICAL
In Clinical Care
Improvements

BARRIERS TO ACCESS



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COMMUNITY HEALTH & CARE MIDWIVES & TBA CARE 6

PILOT PROJECTS

SARCM – PRIMARY HEALTH CARE MIDWIFERY PROGRAMME








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MODEL PARTNERSHIP PILOT PROJECT –URBAN MOU

NATURAL CHILDBIRTH CENTRE - KZN

PILOT IMPACT ASSESSMENT

-  EARTH LESS Secondary Facilities, Transport, Staffing
-  HEALTH Service Access on site, Safer Options , Hospital Capacity mitigation:
-  ECONOMIC LESS Transport cost, CO2, Time, NHI Costs;
-  RESOURCES Integrated Maternal Health Services at Community ; Hospital Capacity
-  EDUCATION BEST PRACTICE , Evidence Based Education and skills sharing for Community Health
-  COMMUNITY **STRATEGIC COMMUNITY HEALTH IMPACTS**

COMMUNITY
HEALTH IMPACT
MITIGATION

DOH – GREEN BAR
INITIATIVE

3 MIN VIDEO







Natural Childbirth Centre - Video Clip 2:46



MODEL PARTNERSHIP PILOT PROJECT – RURAL MOU

BUSFARE BABIES – BFB - EC

IMPACT ASSESSMENT - Example

-  EARTH LESS - Secondary Facility Impacts, Transport, Staffing
-  HEALTH Safe Access on site, Safer Options , early detection, Community impact mitigation: Nutrition
-  ECONOMIC LESS Transport cost, CO2, Time, Refer & Data Efficiency; Job Creation; System Savings
-  RESOURCES Integrated Maternal Health Skills and Services at Community ; Learning, Learning Access, Referral system.
-  EDUCATION Best Practice, Evidence Based Education and skills pathway Community Health M& E Research/Resource sharing
-  COMMUNITY **STRATEGIC COMMUNITY HEALTH IMPACTS**

DOH – GREEN BAR INITIATIVE

COMMUNITY HEALTH IMPACT MITIGATION

2 MIN VIDEO



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BFB Video Clip 2:00



SARCM – A COMMUNITY & MOTHER RESPONSE

MATERNAL HEALTH PROGRAMME IMPLEMENTATION PATHWAY

**THE PHASING OUT OF THE ORIGINAL GREEN BAR DIRECT ENTRY MIDWIFERY PROGRAMME WAS THE POINT OF DEPARTURE FROM IN-COMMUNITY CARE .
IT IS CRITICAL TO RETURN MATERNAL INFANT AND PRIMARY HEALTH CARE TO THE COMMUNITY**

by

**AN AMENDMENT BY PARLIAMENT OF THE NURSING ACT TO PROVIDE FOR DIRECT ENTRY MIDWIVES AND HOME BASED CARERS (Strategic review of Sect. 31 and relevant sub-sections)
THIS FORMS A PLATFORM FOR RAPID IMPLEMENTATION OF NHI OBJECTIVES**

SARCM Best Practice and Evidence Based Practice - REGULATING BODY TO IMPLEMENT EDUCATION & REGULATORY SYSTEMS for REGISTERED COMMUNITY MIDWIVES & TBA's

OUTCOMES

RECOMMENDED

PPCH/DOH – NHI – Engage and Partner with SARCM – PHC MIDWIVES PROGRAMME

inter alia

- a review of natural medicine practices and traditional practices which apply to our population, be undertaken in order to give insight to the needs of mother & babies & their communities
- insight to the needs of mother & babies & their communities in respect of the necessity of caesarean sections
- accreditation of Community Healthcare Practitioner's be reviewed to provide localised Registered Community Midwives/TBA's which provide critical services and can limit the need for transferral and referral.
- Integrated Strategies for Capacity Building of Care Providers

be@root.org –Community Based Planning

Closing Prayer and Thank You



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