higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE (VOCATIONAL)

COMMUNITY ORIENTED PRIMARY CARE
NQF LEVEL 4

22 November 2024

This marking guideline consists of 11 pages.

Copyright reserved

QUESTION 1

1.1 1.1.1

- In COPC the health-care workers are responsible✓ for providing health care and the community is responsible for looking after their own health.✓

OR

- In COPC, there is a relationship✓ between health-care workers and the community. The community participates in decision making regarding their own health.✓ In other words, community members are allowed to exercise their autonomy.✓

1.1.2

- There is a decrease in maternal deaths because women are able to access health facilities where they can access safe abortions, instead of having to do backstreet abortions✓ which can result in sepsis and bleeding with consequent death✓

OR

- They can be monitored✓ in hospital to prevent complications and death.✓

1.1.3

- There is a lack of physical and human resources in the public✓ sector resulting in health care workers being understaffed✓ and overworked✓ which cause them to leave the country.

1.1.4

- COPC principle 2, comprehensive care✓ deals with health promotion up until palliation✓ along the health-disease continuum.

OR

- COPC principle 1, deals with finding out about the health of people in a defined community✓ and the available organisations/institutions✓ which deal with the specific health problems.

(Any relevant 4 × 2) (8)

1.2 1.2.1 Performance standards are valuable statements of work quality✓ that are used to evaluate activities✓ and communicate expectations of how an activity should be performed.✓ These standards guide the person doing the activity and the observer.✓

(Any 3 × 1) (3)

1.2.2 Primary information is original information directly collected by you, clinicians or researchers.✓ It includes questionnaires,✓ letters,✓ photos,✓ records✓ and documents.✓ (Any 3 × 1) (3)

1.2.3

- Ethics are the standard of behaviour✓ we expect from one another.✓
- Ethics deal with what is considered right✓ or wrong✓ at a given time.
- Ethics are concerned with the obligations✓ of health-care workers and the hospital towards patients.✓
- Ethics are the principles✓ that guide health-care professionals in providing medical care.✓ (Any 3 × 1) (3)

Copyright reserved

1.3 1.3.1 Ayanda's death does✓ contribute to the statistics of maternal mortality because her TB and HIV relates to pregnancy complications.✓ (3)

1.3.2 Communicable (infectious) disease.✓ She had TB and HIV.✓ (2)

1.3.3 Likelihood (or statistical chance) of getting an illness or injury, et cetera. (2)

1.3.4
- Modifiable risk factor: unsafe sex practices
- Non-modifiable risk factor: sex and gender; pregnancy (2)

1.3.5 (a) Scientifically informed:
- The professional nurse,✓ doctor✓ and dietician✓
- studied at a university for four years and more✓
- where they were taught on how to deal with infectious and non-infectious diseases and pregnancy.✓
- Therefore they have knowledge on how to manage Ayanda's health problems.✓ (Any 3 × 1) (3)

(b) Interdisciplinary and multiprofessional:
- Ayanda was seen by different professionals from different disciplines (fields of study)✓
- The professional nurse did all the tests✓
- The dietician gave advice about her diet✓
- The doctor prescribed medication✓ (Any 3 × 1) (3)

1.3.6
- Promote✓ testing✓ to all people who show signs of TB, to prevent the spread of TB.✓
- Create awareness✓ of the importance of treatment compliance✓ for South African citizens by 2030.✓
- Manage✓ TB patients by linking each patient to a DOTS worker✓ to ensure treatment compliance.✓

(Any relevant answer) (Any 3 × 1) (3)

1.3.7 Ayanda should:
- Inform her partner of her status and encourage him to go for HIV✓ and TB✓ testing
- Practice safe sex (use a condom all the time)✓
- Take ARVs to reduce the chances of HIV spreading to the foetus via the placenta✓
- Cover her cough✓
- Open the windows to improve ventilation✓
- Take her TB medication to prevent TB spreading to the foetus and other people✓
- Take ARV's as prescribed (Any relevant 5 × 1) (5)

[40]

QUESTION 2

2.1

2.1.1	E
2.1.2	D
2.1.3	L
2.1.4	M
2.1.5	J
2.1.6	K
2.1.7	A
2.1.8	F
2.1.9	H
2.1.10	C

(10 × 1) (10)

2.2 2.2.1 Adolescent or teenage pregnancy (1)

2.2.2 660 (1)

2.2.3 Yes✓
- The information serves as baseline information✓ that can be compared to current trends.✓
- Efforts can then be made to implement interventions based on what worked and what did not work previously.✓

OR

No✓
- The information is not relevant because statistics change every year.✓
- What worked in the past might not work in current South Africa.✓

(1 mark for Yes or No) (For explanation any relevant 2 × 1) (3)

2.2.4
- Health education✓ about abstinence and safe sex can be done by health-care staff at local schools. ✓
- Condoms✓ can be distributed at schools.✓
- Contraceptives✓ can be given to girls at school who are sexually active.✓
- Health care staff can assist schools with integration✓ of health education in the curriculum.✓ (Any relevant 4 × 1) (4)

2.2.5
- The purpose of the agreement (summary of the intention of the partnership)
- Short and long-term goals (the aim or what the partners want to achieve)
- What is expected from each partner (tasks and resources that each partner will contribute)
- The length of the partnership (how long the partnership is expected to go on)
- Terms of entry and exit (Any relevant 5 × 1) (5)

2.2.6
- A formal partnership is written,✓
- therefore it solidifies the partnership and keeps each partner accountable.✓
- It is ideal because teenage pregnancy is a long-term problem which needs a long-term intervention.✓
- The organisations will have different responsibilities✓ and contribute different resources,✓
- therefore the range of issues✓ should preferably be documented. (Any 4 × 1) (4)

2.2.7
- The partners need to stay committed to the agreement to minimise the risk of conflict.✓
- Commitment will strengthen trust✓ between the partners.
- Failure to stay committed can have a negative impact on the outcome of the partnership./The parties may fail to reach the goal of decreasing adolescent pregnancies in schools.✓

(Any 2 × 1) (2)

2.2.8
- School principal✓ - can determine the need in his school for sex education and come up with ways in which it can be incorporated in the curriculum.✓
- Social worker✓ - can suggest strategies on how to implement after-school activities, especially in rural areas to keep adolescents occupied.✓
- Nurse✓ - can advise the committee regarding the best ways to encourage abstinence and safe sex in adolescent boys and girls, promote condom and contraceptive use, etc.✓
- Community leader✓ - can discuss the concerns of parents of adolescent boys and girls.✓
- Pastor✓ - can give direction on how to inspire adolescents regarding the right morals and values.✓
- Business owners✓ - can suggest ways in which their businesses can contribute in funding community projects to occupy adolescents to avoid boredom.✓ (Any relevant 5 × 2) (10)

[40]

QUESTION 3

3.1 A local institutional support assessment (LISA):
- identifies organisations that are active✓ in local communities.
- determines how the activities of organisations are linked to health care.✓
- determines which organisations can provide locally available expertise.✓
- finds out about potential areas of cooperation✓ and collaboration/ partnerships✓ or which organisations are willing to partner with health-care teams.✓
- finds out about resources✓ (people, time, money, systems, skills and infrastructure) that the organisations can contribute to COPC.
- helps to identify resource gaps.✓ (Any 5 × 1) (5)

3.2 3.2.1

- Health promoters do not study at a university and are therefore not scientifically trained.✓
- They are not qualified health professionals.✓
- They did not undergo intensive ethical✓ training
- and can therefore not be held accountable✓ should anything go wrong.
- It is not within their scope of practice to integrate✓ clinical care between the home and health facilities. (Any 4 × 1) (4)

3.2.2 See the relevant ANSWER SHEET (attached). (17)

3.2.3

- A formative evaluation is done before✓ the implementation of an intervention to determine the need✓ for the intervention.
- It is done to improve✓ the intervention by looking at whether the responsible people allocated are adequate, the timeframe is adequate, there are measures in place to counteract the barriers, etc.✓
- The scope✓ and focus✓ can be evaluated. What should be done to make the task effective (achieving the goal).✓
- It provides baseline information✓ which can be used for comparison or measurement at a later stage.
- The results of a formative evaluation can be used to engage with stakeholders about possible funding issues, before it becomes an issue.✓
- It can be used to determine possible effects/impact✓ of the intervention and to modify✓ the intervention where needed.
- It can be used to see if the tasks will be efficient before implementation (is the cost of input less than the output).

(Any 5 × 1) (5)

3.2.4 The team leader should monitor the implementation of the intervention to:

- Check whether the responsible persons are doing the tasks allocated to them.✓
- Check the progress against the plan.✓
- Identify challenges.✓
- Come up with quick and effective solutions✓ for the identified challenges.
- Identify if the implementation is efficient, is it working in a well-organised manner✓ and effective. Is it producing the necessary results.✓ (Any 3 × 1)

(3)

3.2.5

NUTRITION IN CHILDREN		
QUESTIONS	**YES**	**NO**
• Is correct feeding in children important? • Can children eat porridge immediately after birth? • Is breastfeeding for the first 6 months essential? • Do newborn babies need to drink water? • Can incorrect feeding cause diarrhoea in children? • Must toddlers eat at least 4−6 times per day?		

(Any relevant 6 × 1) (6)
[40]

QUESTION 4

4.1
4.1.1 Respect
4.1.2 Person-centred care
4.1.3 Reporting
4.1.4 High cholesterol
4.1.5 Evaluation criteria
4.1.6 Depression
4.1.7 Monitoring formal system
4.1.8 Outputs
4.1.9 Self-evaluation
4.1.10 Uncivil practice

(10 × 1) (10)

4.2
- Curative/specialist focus
- Health-care cost
- Public versus private (sources of funding)
- Poor integration within and between sectors
- Undervalued/dissatisfied service providers
- Inadequate relationship between the service provider and user-community
- Public dissatisfaction
- Type of health-care provider (Western versus traditional healers)
- The place and space where health care is offered (urban versus rural)
- The levels of training of practitioners (specialists versus generalists; qualified versus unqualified) (Any 5 × 1) (5)

4.3 4.3.1 The following people can give consent for a household registration:
- The household head
- A person who can properly represent the household
- A person who has knowledge and authority to speak on behalf of the family
- A person older than 18 years
- If younger than 18 years, the person must be mature enough to make an informed decision (understand the benefits and risks)
- A mature person younger than 18 years can give assent
- Parental consent is needed for children younger than 12 years

(7 × 1) (7)

4.3.2
- Credible evidence ensures that the correct measures are taken to prevent mortality.✓
- It ensures that health care is rendered safe✓ and efficiently.✓
- It ensures the provision of effective care with the aim of preventing mortality of household members.✓
- Research findings that are trustworthy improve patient outcomes.✓
- It can re-direct health care towards efficient strategies to address household health problems.✓
- Health-care plans and interventions will be based on facts.✓

(Any 4 × 1) (4)

4.4 4.4.1 HIV AIDS✓and Tuberculosis✓ (Any relevant 2 × 1) (2)
- Both diseases are infectious✓ and can spread from person to person.✓
- Infectious diseases need to be prioritised because of limited resources.✓
- Infectious diseases are a public health issue as they affect everyone in a community,✓ especially those living in poverty.✓
- Infectious diseases affect the social✓ and economic✓ status of individuals who are required to be absent from school and work causing them to lose income and be isolated from society.

(Any 2 × 1) (2)

4.4.2
- Health promoter✓ to educate people on preventative measures, e.g. safe coughing practices, the importance of ventilation, safe sex, etc.
- Nurse✓ to do TB and HIV testing✓
- Doctor✓ to prescribe TB treatment and ARVs✓
- Environmental health officer (EHO)✓ to ensure a safe environment, e.g. housing with windows that can open✓
- Social worker✓ to assist people with infectious diseases who are unable to work, with grant applications✓
- Community leader✓ to mobilise community members to take responsibility for their own health, reduce the stigma around TB and especially HIV, etc.
- Community health worker✓ to provide basic care to people inside their homes, such as bathing, feeding, giving medication, etc.✓

(Any 5 × 2) (10)
[40]

QUESTION 5

5.1 A mid-way evaluation is important because:

- It is done during the implementation of the diabetes action plan.✓
- It can improve✓ the plan in terms of effectiveness,✓ efficiency✓ and impact.✓
- Challenges✓ or weaknesses✓ during implementation can be detected.
- Solutions✓can be determined for the challenges and weaknesses.
- Strengths✓ can be determined in order to continue with them.
- It is valuable in case funding✓ is needed to complete the plan.

(Any 5 × 1) (5)

5.2 5.2.1

- Health (clinics/hospitals)✓ can treat physical and mental effects of abuse.
- Welfare✓ can assist women with shelter, application of social grants to be able to live independent of their abusers, etc.✓
- Safety✓ to arrest the perpetrators of abuse.✓
- Recreation✓ provide abused women with programs to take their minds off abuse.✓
- Transport✓ provide the women with a means of getting to health facilities, the police station, etc. for assistance.✓
- Telecommunication✓ provides toll-free help lines which abused women can phone.✓
- Energy✓ provide electricity for women to charge their phones in order to phone the police and ambulance in cases of emergency.✓ (Any relevant 5 × 2) (10)

5.2.2 See the relevant ANSWER SHEET (attached). (18)

5.2.3

- It is a great way to expose people simultaneously to new ideas.✓
- It provides a platform for people from different organisations to meet.✓
- It gives people the opportunity to collaborate✓ and cooperate.✓
- It creates a sense of common purpose✓ and understanding.✓

(4 × 1) (4)

5.2.4

- Planning
- Implementation
- Evaluation (3)

[40]

TOTAL: 200

Copyright reserved

ANSWER SHEET: ACTION PLAN TEMPLATE

QUESTION 3.2.2

TASK/OBJECTIVE	ACTION STEPS	RESPONSIBLE PERSON	RESOURCES	TIME	BARRIERS/ OBSTACLES	EXPECTED RESULTS
Diarrhoea✓	Educate mothers on hygienic feeding practices,✓ exclusive breastfeeding in the first 6 months, how to mix the oral rehydration solution, etc.✓	Health promoter✓	Pamphlets✓	6 months✓	Language barrier✓ People might not read the pamphlets✓ People might not implement what they read.✓	People must be more informed on correct feeding practices,✓ exclusive breast-feeding✓ and how to prevent dehydration due to diarrhoea.✓
	Screen the water source in communities.✓	Environmental health officer (EHO)✓	Screening/water testing equipment/ material✓		EHO on sick leave✓ Lack of testing material✓	Ensure clean water sources to prevent diarrhoea✓
	Identify high risk children,✓ etc.	Social worker✓	Vehicle✓ to do home visits		No vehicle.✓ Area is inaccessible✓	To treat high-risk children✓
	Treat children with signs of dehydration✓	Professional nurse✓	Medication✓		Not enough medication✓	To prevent death✓
(1)	(3)	(3)	(3)	(1)	(3)	(3)

(Any relevant 17 × 1) **[17]**

Copyright reserved

ANSWER SHEET: WORKSHOP PLANNING TEMPLATE

QUESTION 5.2.2

	ITEM	APPROACH/ACTIVITY	DURATION/ NUMBERS	PERSON RESPONSIBLE
TOPIC	Domestic abuse✓ (1)	• Opening and welcome✓ (1)	9:00–9:30 (1)	Dr. Reddy (1)
TOPIC CONTENT	• Effects of domestic abuse✓ • Prevention✓ (2)	• PowerPoint presentation✓ • Role play✓ OR • Group discussion✓ OR • Watching videos✓ (3)	9:30–11:00 11:00–12:00 (2)	Dr. Reddy (Psychologist) Sr. Peggy (Professional nurse) (2)
PARTICIPANTS	• Men from the township✓ • Psychologist✓ • Professional nurse✓ • Counsellors✓ (1)			
MATERIALS	• Projector✓ • Tables and chairs✓ (1)			
VENUE	Township hall✓ (1)			
TIME	Date ✓ 9:00–13:00✓ (2)			

(Any relevant 18 × 1) **[18]**

Copyright reserved