higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE (VOCATIONAL)

COMMUNITY ORIENTED PRIMARY CARE
NQF LEVEL 3

21 November 2024

This marking guideline consists of 10 pages.

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QUESTION 1

1.1 1.1.1

- Failure to meet people's health needs
- Rising costs
- Increasing specialist/curative focus
- Poor collaboration within and between health services
- Poor professional preparation
- Undervalued and dissatisfied personnel (Any relevant 5 × 1) (5)

1.1.2

- COPC in SA arose due to the inequality that existed during the 1930's
- Clinical medicine in the country was facility-bound which meant that resources were made available only to those who had access to these facilities
- Public health services were non-existent
- Curative services were linked to preventative services

(Any relevant 4 × 1) (4)

1.2 1.2.1

- Education services:✓ Bisley Park Primary School; Hazelwood Pre-Primary School; My Pace Cottage School; Kalinka Edu Care✓
- Recreation services:✓ Scrimpers Hair Design; St Vincent's Catholic Church; Pietermaritzburg Model Engineering Society✓ Thoko adventure tours✓
- Health services:✓ Scottsville clinic✓
- Safety services:✓ SAPS; Oribi Fire Station✓
- Transport services:✓ various road infrastructure✓ (Any 3 × 2) (6)

1.2.2

- Principle 1: local health and institutional analysis✓.
- Component 2: people and organisations in defined local places✓
- Motivation: because the map provides various organisations which offers services in a specific community (Scottsville)✓

(2 + 1) (3)

1.2.3

- Partnership between health service and safety service✓:
  SAPS to provide direct assistance to Scottsville clinic in assault cases, etc.✓
- Partnership between health services and education services✓
  Scottsville clinic to be in partnership with the various schools in the community – to provide for school health services such as vaccinations, etc. ✓
- Partnership between safety services and education services✓:
  SAPS to provide direct telecommunication services to schools in case of emergencies✓
  Fire emergency services to be in direct contact with local schools in case of a fire emergency,✓ educate students on fire prevention strategies at home, etc. ✓

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- Partnership between education and transport✓
  Provide free transport services to student to school and back home.✓
- Partnership between recreation and education✓
  Assists schools with educational excursions, etc.✓

(Any relevant 2 × 2) (4)

1.3
- Carl E. Taylor was born in the foothills of the Himalayas in India,✓ on 1 July 1916✓ and graduated from Harvard in 1941✓.
- He completed his internship in Panama during World War II
- He returned to India in 1947✓ to direct the Fatehgarh Presbyterian Hospital✓. He returned to Harvard to do his doctorate in public health✓
- His research on infant and child mortality shaped his ideas about how improving child survival could reduce fertility✓.
- 1950s Taylor established the department of Preventative Medicine in Punjab✓.
- 1960 he became director of the affiliated Narangwal Rural Health Research Project in northern India✓ – which has been accepted as a reference project for COPC.
- In 1961, Taylor founded the Department of International Health at Johs Hopkins University, while he continued to lead the research at Narangwal.✓
- Taylor and his colleagues showed that pneumonia can be diagnosed and treated without X-rays;✓ community health workers gave the treatment.✓
- Taylor and his colleagues described how prenatal nutritional care to pregnant women could affect child growth, disease and mortality.✓
- They further predicted the synergism between malnutrition and infection as it relates to diarrhoea.✓
- Taylor's research on infant and child mortality shaped his ideas about how improving child survival could reduce fertility.✓ (Any relevant 8 × 1) (8)

[30]

QUESTION 2

2.1
2.1.1 Jaime Goffin
2.1.2 Dr Carl E. Taylor
2.1.3 Dr Sidney and Emily Kark
2.1.4 Dr Cassel
2.1.5 Dr Geiger

(5 × 1) (5)

2.1 2.2.1
- Register with the South African Revenue Services (SARS);✓ to be tax compliant.✓
- Register all employees with the department of labour✓ and ensure that all employees have a contract✓, are UIF compliant✓ and that they are covered by the compensation fund which insures employees for injury and death while on duty.✓
- Ensure that all taxi drivers✓ have obtained a valid driver's licence✓ as well as a professional driving permit (PDP) from the provincial department of transport.✓

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- Ensure that vehicles✓ are roadworthy✓Ensure that all taxis✓ have an operating licence.✓
- All taxi associations✓ are registered in their provinces.✓
- The regulation and Control registration process✓ caters for the registration, Association, and routes operated by the association.✓ (Any relevant 4 × 2) (8)

2.2.2
- Many school going learners✓ were unable to attend school and missed out on education.✓
- Patients✓ are unable to get to their local clinic or hospital for consultation, procedures, emergency medical care, giving birth etc. ✓
- People can't get to shops✓ to buy basic stuff such as food, medicine.✓
- People couldn't get to their place of work✓; leading to a loss of income.✓
- Community members blocked various roads in support of taxi strikes✓, which in turn don't allow for emergency vehicles such as police and ambulance services to enter.✓
- Many community members were directly intimidated, harassed✓ etc. which in turn cause severe mental health illness.✓
- Because of the violence and looting,✓ more people could have been injured or lose their lives.✓
- Some businesses and restaurants could not open✓ and lost income.✓
- Waste management were affected as refuse could not be removed from certain areas,✓ leading to rubbish pile-up and consequent diseases which could spread.✓
- Because of the barricades, food trucks could not enter communities✓ leading to a shortage of milk, bread and other essential products and consequent hunger.✓
- People had to use alternative transport such as Uber services which cost more,✓ leading to a loss of income and stress.✓

(Any relevant 5 × 2) (10)

2.2.3
- Principle 1: Local health and institutional analysis✓
- Component 1: Scientific information ✓
  Gather information✓ on the number of people who are affected by taxi violence✓ and the contentious issues regarding taxis will give important insight in their behaviour and how to address future issues.✓
- Component 2: People and organisations in defined local places✓
  Identify other active organisations✓ in a local community such as busses and trains which can also be involved in transportation✓ or work with local schools, clinics etc.
  To identify their own transport system✓ which would be responsible for the transportation of learners/ patients/commuters, etc.✓ (Any relevant 7 × 1) (7)

[30]

QUESTION 3

3.1
- The declaration of the Alma Ata held in Russia✓ in 1978✓ was an International Conference on Primary Health Care.✓
- It was held so that many countries would come together and discuss how to improve health in their respective countries.✓
- The Alma Ata was considered the moral underpinning of primary health care.✓
- Important issues such as food security,✓ clean water and sanitation,✓ affordable housing✓ and health literacy were discussed.✓

(Any relevant 5 × 1) (5)

3.2
3.2.1 D
3.2.2 G
3.2.3 A
3.2.4 H
3.2.5 B
3.2.6 I
3.2.7 E
3.2.8 K
3.2.9 J
3.2.10 F

(10 × 1) (10)

3.3 3.3.1 Prevention of mother to child transmission of HIV (1)

3.3.2
- Ante-natal care is the health care given to the pregnant woman✓ and her unborn child/foetus.✓
- Post-natal care is health care given to the mother and her new born baby,✓ immediately after the birth and for the first six weeks after birth. ✓

(Any relevant 2 × 2) (4)

3.3.3 To avoid preventable illness and mortality due to childhood diseases,✓ by immunizing mothers during pregnancy and infants after birth and beyond.✓ (2)

3.3.4
- All women at a reproductive age✓ receive sexual and reproductive health services – such services include testing and health promotion – to primarily prevent a woman from contracting HIV.✓
- All pregnant women:✓ offer HIV counselling and testing services at antenatal clinic and further management as per HIV status – like commencing on ARVs to protect the foetus.✓
- All pregnant women: management during labour and delivery✓ as per HIV status, thus preventing the baby from contracting the virus when going through the birth canal.✓
- All women in the postnatal period:✓ management as per HIV status. Follow-up of all infants and management as per HIV exposure status – preventing the mother from passing the virus to her baby through breastfeeding.✓

(4 × 2) (8)

[30]

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QUESTION 4

4.1 Pholela provided one of the first working models of COPC in practice.
Principle 1: Local health and institutional analysis✓

- Pholela utilised population-based investigations to inform the provision of health services.✓
- Targeting hygiene and sanitation, nutrition, water, housing conditions and occupational threats. ✓
- A pioneering feature of the Pholela model was its reliance on social and epidemiological✓ investigation of the local population to inform the provision of services – community health profile.✓
- Distinctly innovative in its time, Pholela recruited and trained local individuals as health assistants and community educators, to facilitate the provision of health education, promotion and skills development at the village and at household level. ✓

Principle 2: Comprehensive care✓

- Integrating curative care and preventive health services in a comprehensive community-based package. ✓
- Incorporated health education and health promotion as essential elements of the health delivery system.✓
- Emphasised the provision of holistic health care, rather than simply medical care.✓
- Specialised programmes and interventions to address the health needs of vulnerable and high-risk groups (women and children) including mandatory immunisations, school-feeding schemes, the establishment of household and community food gardens, child growth monitoring, breastfeeding and baby food supplementation, communal childcare services and family planning.✓

Principle 3: Equity✓

- Health care must be accessible and sub-centres were created.✓
- Health care must become affordable.✓

Principle 4: Practice with science ✓

- All health workers at Pholela were required to understand and appreciate local conceptions of health and disease, in order to guarantee that the health centre's services and care were socially appropriate, acceptable and effective.✓
- All health care workers must be qualified and trained in the health care field.✓
- Professional health care workers must work together as a team.✓

Principle 5: Service integration around users✓

- The Pholela Health Centre had a unique focus on the health of families and the community, rather than only individual health and sought to identify and address the social conditions and determinants that influence population health in general.✓
- A key contribution of the Pholela model was its unique emphasis on community empowerment and participation in the delivery of health care.✓

- Community members and local authorities were directly involved in programme planning and health service decision-making.✓
- Empowerment of the family to improve collective health was a particularly novel feature. Health centre staff periodically met with all members of a family to complete 'family health reviews', a discussion of each individual member's health history and condition in relation to circumstances in their household and the community.✓

(Any relevant 5 × 2) (10)

4.2 4.2.1

- ESSP offers after-school support for homework and school sports.✓
- The programme offers primary school learners one hour of supervised homework and one hour of supervised recreational activity after school every day.✓
- Caregivers or homework assistants are available to grade 1–7 learners in no-fee-paying schools responsible for ensuring that learners do their homework and that they arrive on time for the homework period.✓
- They must facilitate studying, monitor and check that learners consistently complete their homework.✓
- They also discuss problems and challenges experienced by learners in and report to teaching staff.✓
- They sign homework books and keep an attendance record.✓
- ESSP is also intended to provide unemployed matriculated youth with work experience and on-the-job training as well as sector-specific training credits that can be used in job seeking workplace searches (contribute to the government's plan for creating jobs for the youth).✓

4.2.2

- Ensure that through partnering with communities, the police work together with these communities to create a safe environment for all.✓
- To ensure that the police address the primary needs of the community as identified by the community and the police jointly.✓
- To improve the quality of information that is available to the police which will result in the police being more proactive in their approach to solving problems related to crime.✓
- To provide communities with an accessible, visible police presence to improve public confidence and to deter criminals.✓
- To ensure that the police's values are closely aligned with those of a democratic SA so that the police interact sensitively with communities and adhere to the principle of respect for human dignity.✓

4.2.3

- Services include physical, social and mental to ensure holistic care for complete development.✓
- Function: to promote good health and prevent ill health in school going children.✓

- Health education and promotion such as given at life orientation classes✓
- Education and diet and nutrition✓
- Personal hygiene✓
- Menstruation and reproductive health, such as providing sanitary pads to girls, thus ensuring that they attend school instead of dropping out✓
- Additional services such as screening (hearing, visual and speech impairments and other conditions that may affect learning), treatment of parasitic infections (deworming), immunisations, treatment of skin conditions (ringworm), environmental health such as water and sanitation.✓

4.2.4
- Increases connectivity between different services such as health, safety, education etc.✓
- Free Wi-Fi for learners allows them to stay up to date on their studies, access online materials, and stay connected with fellow students.✓
- Increases business opportunities, makes payment easier, simplifies the process and saves time.✓
- Constant access to patients' records; connection to various central data bases.✓
- Free Wi-Fi will increase tourism to your community which in turn increases economic growth. ✓

(Any relevant 4 × 5) (20)
[30]

QUESTION 5

5.1
5.1.1 Gluckman Report
5.1.2 1926
5.1.3 Pholela
5.1.4 Institute of Family and Community Health
5.1.5 National Party

(5 × 1) (5)

5.2 5.2.1
- To promote and support food production and food security in schools and communities.✓
- To improve learning capacity.✓
- To strengthen nutrition education in schools (handing out learning materials to schools such as charts on healthy lifestyles and hygiene). ✓
- To educate learners and parents on how to live healthy lifestyles.✓
- To teach learners and parents how to establish and grow vegetable gardens.✓
- Motivates learners to attend school regularly and punctually as they are guaranteed a hot meal at school.✓

5.2.2 Food is provided to individuals who fall into one of the following categories:

- Households that have no money for their next meal.✓
- People who spend less than R300 a month on food.✓
- Child-headed households or vulnerable children.✓
- Households affected by HIV/AIDS.✓
- People with disabilities.✓
- Female-headed households with little or no income.✓

(Any relevant 2 × 5) (10)

5.3 5.3.1

- Piped tap water inside home
- Piped water/tap outside homes
- Well or borehole water outside home
- Rainwater tank on site
- Public/communal tap
- Delivery of water by water tankers
- Borehole off site/communal

5.3.2

- Through Eskom
- Through a windmill
- Making use of gas
- Using batteries
- Using paraffin, petrol, wood, coal, bio fuels, candles
- Solar panels

5.3.3

- Flush toilet sanitation linked to municipal sewerage system
- Septic tank
- VIP toilets
- Pit latrines (long drop toilets)
- Bucket system

(Any relevant 3 × 5) (15)
[30]

QUESTION 6

6.1
6.1.1 False
6.1.2 True
6.1.3 False
6.1.4 True
6.1.5 True
6.1.6 False
6.1.7 False
6.1.8 False
6.1.9 True
6.1.10 True

(10 × 1) (10)

6.2 6.2.1 Internet (1)

6.2.2
- People use the internet to provide and obtain information
- It is the biggest library in the world
- To buy and sell goods and services
- Enables learning
- Enables social connections
- Provides entertainment
- Allows to do banking
- Provides mapping, address and contact details of people

(Any relevant 4 × 1) (4)

6.2.3 Telecommunications can have a positive✓ and negative effect✓ on the health and wellbeing of people.
Positive:
- Telecommunication services provide information✓ needed for people to make informed choices.✓ For example, article 1 where valuable scientific information is printed✓ on the CDC's website.✓ This information can be used by the user to make an informed decision on whether to get the vaccine or not✓. This information is based on science and are therefore to be trusted.✓
- But telecommunication services can also have a negative effect on the health of people. For example, misinformation✓ given on social media✓ can mislead people and prevent✓ them from acting in the best interest their own health and that of the community.✓ Misinformation can cause mistrust✓ in one's government/ health organisation etc. which can lead to chaos✓ especially in a pandemic like COVID where order and coordination is very important to save as many people's lives as possible.

(Any relevant 10 × 1) (10)

6.2.4
- Article 1✓
- Local health and institutional analysis✓
- Component 1: scientific information✓
- Motivation: because article 1 is based on information given by the CDC,✓ which is based on research/science/study.

(Any relevant 5 × 1) (5)
[30]

TOTAL: 180

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