higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE (VOCATIONAL)

COMMUNITY ORIENTED PRIMARY CARE
NQF LEVEL 3

27 November 2023

This marking guideline consists of 11 pages.

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QUESTION 1

1.1 1.1.1 model
1.1.2 primary
1.1.3 divided and poorly organised
1.1.4 apartheid rule
1.1.5 Alma Alta

(5 × 1) (5)

1.2 1.2.1
- Failure to meet people's health needs
- Most national health systems were highly fragmented
- Rising costs for elite segments of the population
- Increasing specialist/curative focus
- Not ensuring adequate preventive and basic health services for the majority
- Poor collaboration within and between health services
- Poor professional preparation
- Undervalued and dissatisfied personnel (Any 4 × 1) (4)

1.2.2

PLACE	ROLE PLAYER
INDIA	Dr Carl E Taylor
ISRAEL	Drs Sidney and Emily Kark
BRAZIL	Paulo Freire and Frei Betto
UNITED KINGDOM	Scott Williamson and Innes Pierce
SPAIN	Dr Jaime Goffin

(5 × 1) (5)

1.3 1.3.1
- Training of the health team and community health workers✓ to ensure that everyone had the necessary skills.✓
- It became the initial training base✓ for the health centre programme in SA.✓
- To train doctors, nurses, community health educators, and other personnel✓ for a network of health centres based on the Pholela model✓ as envisaged in the Gluckman Report of the National Health Services Commission. (Any 2 × 1)

1.3.2
- Being practical, it meant that field workers went to the homes✓ of people and demonstrated what a vegetable garden looks like.✓
- They established vegetable gardens✓ and introduced school meals.✓
- The health centre invited all expectant and nursing mothers to attend educational sessions✓ with nutrition as the main theme.✓
- Teach parents✓ about the signs and symptoms of dehydration and malnutrition to prevent childhood death.✓ (Any 2 × 1)

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1.3.3
- The team attempted to control outbreaks✓ of infectious disease by notifying✓ the magistrate or district surgeons (smallpox, typhoid, typhus fever, TB, and leprosy).✓
- Taught communities how to recognise signs and symptoms of these diseases.✓
- Taught how to prevent these diseases.✓
- Encouraged vaccinations among members of the community.✓

(Any 2 × 1)

1.3.4
- Conducting surveys provided important information✓ regarding the progress made by the several interventions.✓
- They conducted health and nutrition surveys✓ via a mini-census of the whole Pholela area in consultation with teachers and community members.✓
- Community surveys provided detailed feedback✓ that would inform new and/or an improvement to the interventions and ways of helping the communities.✓ (Any 2 × 1)

(Any relevant 4 × 2) (8)

1.4
- The Pholela project focused on bringing health care✓ to disadvantaged, poor communities✓ as health care was mainly available for the white population.
- In 1948,✓ the National Party came into power,✓ changing the political situation in South Africa forever. This was the start of Apartheid.
- This new government changed many policies✓ regarding care given to non-white people;✓ medical professionals such as Dr Kark were placed in prison for communism.
- These policies threated the growth of the IFCH✓ and its sub- health centres, which eventually led to their closure✓ in 1961.
- Due to the political environment,✓ many health care professionals such as the Karks and Dr Cassel immigrated to other countries to continue with their work in social medicine.✓ (Any relevant 8 × 1) (8)

[30]

QUESTION 2

2.1

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

(10 × 1) (10)

2.2 2.2.1
- Recreational services
- Telecommunication services
- Transport services
- Welfare services
- Educational services
- Water and sanitation services
- Safety services
- Health services (Any 5 × 1) (5)

2.2.2
(a) Joseph Stone Auditorium
(b)
- Various roads
- Hazendal train station (Any ONE)

(c)
- Chameleon Schools – Sybrand Park
- Kewtown Primary School
- College of Cape Town
- Spes Bona High School (Any ONE)

(d)
- Braudes Pharmacy
- Athlone Community Centre (Any ONE)

(e)
- Shoprite Athlone
- Braudes Pharmacy (Any ONE)

(5 × 1) (5)

2.2.3
- Health promotion:✓ Health care professionals such as pharmacists and professional nurses work at pharmacies which can provide health education/information regarding disease management, how to prevent further complications, etc.✓
- Prevention:✓ Many pharmacies have a professional nurse on duty, who can perform various types of screening and testing to prevent disease. Medication prevents complications of disease on a tertiary level.✓
- Treatment:✓ Pharmacies provide various treatments such as medication, dressings, sutures, etc.✓
- Rehabilitation:✓ Pharmacies sell prophylactic devices such as ankle support, crutches, etc. to support recovery.✓
- Palliation:✓ Pharmacies keep medications specifically for pain control.✓ (5 × 2) (10)

[30]

QUESTION 3

3.1
3.1.1 Room 4
3.1.2 Room 1
3.1.3 Room 2
3.1.4 Room 3
3.1.5 Labour ward
3.1.6 Room 4
3.1.7 Room 2
3.1.8 Room 3
3.1.9 Room 5
3.1.10 Room 1

(10 × 1) (10)

3.2
- All women in reproductive age:✓ Receives sexual and reproductive health services, such as regular testing and counselling of HIV.✓
- All pregnant women:✓ Been offered HIV counselling and testing services at antenatal clinic and further management as per HIV status.✓
- All pregnant women during labour:✓ Management during labour and delivery as per HIV status.✓
- All women in the postnatal period:✓ Management as per HIV status. Follow-up of all infants and management as per HIV exposure status.✓

(4 × 2) (8)

3.3 To provide health care✓ to mothers✓ and their unborn babies✓ during pregnancy from the point of conception until labour.✓ (4)

3.4 3.4.1
- Professional nurse✓ can perform the physical examination.✓
- Doctor✓ can provide Lucy with medications such as emergency contraceptives, PREP, and antibiotics.✓
- Counsellors, social workers, psychologists✓ can provide emotional support and counselling.✓ (Any relevant 2 × 2)

3.4.2
- Safety services:✓ SAPS needs to investigate this case.✓
- Welfare services:✓ Social workers can be involved.✓
- Telecommunication services:✓ A direct number can be given to Lucy to phone the police officer, the professional nurse, or the social worker if needed.✓ (Any relevant 2 × 2)

(2 × 4) (8)
[30]

QUESTION 4

4.1
4.1.1 immunisation schedules
4.1.2 NPOs
4.1.3 adoption
4.1.4 Pickles chart
4.1.5 People and practitioners in partnerships

(5 × 1) (5)

4.2 4.2.1 Site✓ where waste materials✓ are disposed of by burying it.✓

4.2.2 Includes the provision of waste-disposal services like toilets✓ linked to the sewerage system or septic tanks.✓
It's a system that enables safe and appropriate treatment✓ and/or removal of human waste✓ and waste water in an environmentally sound manner. (Any 3 × 1)

4.2.3 Offered by the Thu-tong Portal✓ which is an online system✓ that provides learners✓ and educators✓ with access to a wide variety of educational resources.✓ (Any 3 × 1)

4.2.4 An initiative that aims to promote✓ and support food production✓ and food security✓ in schools and communities✓ and that provides learners with hot, nutritious meals at school.✓ (Any 3 × 1)

4.2.5
- Is an operational policing approach✓ adopted to strengthen the philosophy of community policing in the SAPS.✓
- It provides for practical policing approaches✓ to complement community participation in accordance with policing needs and community requirements and is aligned with community structures.✓
- It ensures that there are targeted visible police✓ patrols, rapid response to complaints, crime generators are addressed, reported cases are properly investigated✓ and that a localised policing service is provided to communities to address their needs.✓ (Any 3 × 1)

(Any relevant 5 × 3) (15)

4.3 4.3.1
- Operations/Firefighting to save lives: They need the best equipment to assist those in need, to protect lives.✓
- Operations/Firefighting to save property: They need the best equipment to assist those in need, to protect property and infrastructure.✓
- Disaster management: All are equipped with extensive off-road capabilities with an advanced drive train to allow firefighters to access difficult terrain. Wide range of rescue devices and equipment which will further enhance the capabilities of current rescue teams.✓
- Proactive services/fire safety education - Education: The city's Fire Services often educate neighbourhoods on fire safety.✓

(Any 3 × 1) (3)

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4.3.2
- Partnership between fire rescue services and emergency medical services✓ – for more effective and quick response✓ to saving lives.✓
- Partnership between fire rescue services and SAPS✓ – for immediate and more effective response✓ to protect property and lives.✓
- Partnership between fire rescue services and local schools✓ – to educate✓ schools on fire safety and fire prevention.✓

(Any relevant 2 × 2) (4)

4.4
- Education concerning prevailing health problems and the methods of preventing and controlling them
- Promotion of food supply and proper nutrition
- An adequate supply of safe water and basic sanitation
- Maternal and child health, including family planning
- Immunisation against the major infectious diseases
- Prevention and control of endemic diseases
- Appropriate treatment of common diseases and injuries
- Provision of essential drugs (Any 3 × 1) (3)

[30]

QUESTION 5

5.1
5.1.1 False
5.1.2 False
5.1.3 True
5.1.4 True
5.1.5 True
5.1.6 False
5.1.7 False
5.1.8 True
5.1.9 True
5.1.10 False

(10 × 1) (10)

5.2 5.2.1

RENEWABLE SOURCES	NON-RENEWABLE SOURCES
• Hydro	• Coal
• Wind	• Oil
• Nuclear	• Petroleum
• Solar	• Gas

(8)

5.2.2
- Energy enables us to be productive, safe, and sociable✓ and use artificial light when there is no natural light from the sun.✓
- Energy gives us access to household equipment✓ which can free members of the community up to work✓ (mostly women).
- Energy allows women to be educated✓ and to enjoy more time for leisure and for socialising.✓
- Energy is a means of ensuring longer and more productive✓ work hours.✓
- Energy gives us access✓ to technology.✓
- Energy makes a difference to our health✓ especially for those who need access to current health technology, e.g., dialysis sterilisation so as not to transfer germs.✓
- Energy makes a difference to our safety,✓ particularly during the night.✓ (Any relevant 3 × 2) (6)

5.2.3 Sources such as coal, oil, and gas can:
- Run out when they have all been harvested
- Cause environmental pollution
- Cause a massive amount of carbon dioxide emissions
- Carbon dioxide emissions can lead to poor health (Any 2 × 1) (2)

5.2.4
- When left unattended, the fire can spread through the community.✓
- This will lead to damage or loss of property.✓
- People can get injured or lose their lives when structures burn down.✓
- They offer poor lighting.✓
- Use of wood fires can cause deforestation.✓
- Use of wood fires can cause fire devastation of infrastructures.✓
- It takes longer to accomplish chores and activities when using them,✓ e.g., boiling water on the fire vs a kettle.
- It can cause environmental pollution.✓
- Continuous use might cause or exacerbate respiratory illnesses.✓
- They cause a lot of discomfort when using them.✓
- There is greater financial cost for use of these services.✓

OR

- Many people in informal settlements and rural areas use alternatives as they do not have access✓ to formal energy sources such as electricity.✓
- Many people cannot afford to pay for electricity✓ or gas.✓
- Wood is available and free.✓
- Candles are cheap.✓
- They have no other option as government does not supply electricity to all.✓

(Any 4 × 1) (4)
[30]

QUESTION 6

6.1
- Emphasis is on health promotion and disease prevention via *consultorios* (clinics)✓ − These treat approximately 80% of health problems.✓
- Physicians are paired with nurses✓ to serve a defined area✓ around a *consultorio* (approx. 150 families).✓
- The inter-professional team live in housing units adjacent✓ to their *consultorio*, within the community.✓
- Home visits✓ in the afternoons to patients with acute care needs,✓ rehabilitation of chronic conditions, and primary prevention.✓
- Good referral system✓ to *policlinicos* (hospitals) for secondary care by interdisciplinary teams in a variety of speciality care areas.✓
- Natural and traditional (complementary) medicine✓ is well established with registered practitioners.✓
- Continuity of care for patients built through relationships between family physicians and specialists.✓ (Any FIVE) (5)

6.2 Yes✓
- Post-apartheid South Africa encouraged more equity policies, i.e., health care is more accessible.✓
- Primary health care in South Africa was further strengthened in the 1990s with the construction of many public primary health care facilities.✓
- The first five years of democracy in SA (1994−1999) saw major health system restructuring.✓
- Significant changes included the amalgamation of 14 previously racially divided health departments into one national health system, removal of user fees for PHC, and removal of all fees (including at hospitals) for pregnant women and children under the age of six years in the public sector; i.e., affordable health care.✓
- Key policy documents, in particular the White Paper for the Transformation of the Health System in South Africa of 1997.✓
- Other notable advancements were development of a PHC Package of Care, formulation of an Essential Drugs List, and publication of Standard Treatment Guidelines for PHC and hospitals.✓
- Focused on inter-sectorial partnerships.✓

OR

No✓
- Primary health care facilities are overwhelmed with an excessive workload, see 80% of the population.✓
- Shortage of qualified staff such as doctors, professional nurses, social workers, etc.✓
- Excessive waiting times.✓
- Staff are often considered rude and unhelpful.✓
- Often patients are refused treatment based on their age, nationality, etc.✓

(Any relevant 5 × 1) (5)

6.3 6.3.1

- The DSD offers free services directly to the youth or provides the funding✓ through NPOs, NGOs, FBOs and CBOs which would then offer services freely to the youth.✓
- The services include life-skills training and development programmes; HIV/AIDS counselling and advice; treatment and counselling for substance abuse; technical-skills training; legal and court services; programmes for youth who had been in conflict with the law.✓

6.3.2

- Government introduced STS to increase access to schooling especially for learners in rural areas and informal settlements.
- This is key to ensure that no learner struggles to have access to school despite their background.
- It is a free service that is also accessible to learners with disabilities. (Any 2 × 1)

6.3.3

- Adults with little or no education✓ can attend these programmes. The programme specifically targets the more marginalised members of communities such as women, people living with disabilities, and young people.✓
- Adult education and training programmes are regulated✓ by the Adult Basic Education and Training Act 52 of 2000.✓ (Any 2 × 1)

6.3.4

- SA has community libraries provided in partnership with municipalities.✓
- The focus of community libraries is to promote social cohesion; enhance socio-economic status of the communities served.✓
- Libraries make study material and safe studying-environments✓ available for learners
- Some libraries run reading outreach programmes that extend to old-age homes, day-care centres, prisons, hospitals and places of safety.✓ (Any 2 × 1)

6.3.5

- Aims to build capacity and promote participation in sport and recreational activities.
- This is also organised by the Department of Sport and Recreation where a number of support programmes including indigenous games, youth camps, fun walks, etc. have been developed.
- These support programmes stimulate mental and physical activity, strengthens sense of patriotism, national identity, gives valuable life skills which can assist people to be responsible citizens. (Any 2 × 1)

(Any relevant 5 × 2) (10)

6.4
- Quality✓ – some communities are still linked by narrow roads;✓ some roads might not have tar✓ or are tarred but have a lot of potholes;✓ some road networks still need construction✓ and provision of adequate signage.✓
- Quantity✓ – few access roads✓ linking communities to services.✓

(Any relevant 2 × 2) (4)

6.5
- Access and safety will be compromised in both cases.✓ When safety is compromised, accidents happen.✓ This increases the burden of death and trauma on the health care system and on communities.✓
- Accidents inflict short- and long-term injuries.✓
- Disability.✓
- Mental trauma and stress on people.✓
- This can result in loss of work.✓
- Loss of income.✓
- Loss of parents or primary care givers.✓
- Having few roads can cause same challenges as above.✓
- As well as preventing people from accessing centres of help in times of need.✓

(Any relevant 6 × 1) (6)

[30]

TOTAL: 180

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