higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

# MARKING GUIDELINE

## NATIONAL CERTIFICATE (VOCATIONAL)

## COMMUNITY ORIENTED PRIMARY CARE
## NQF LEVEL 3

**10 March 2020**

**This marking guideline consists of 11 pages.**

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## QUESTION 1

1.1
1.1.1 D
1.1.2 K
1.1.3 A
1.1.4 G
1.1.5 H
1.1.6 F
1.1.7 I
1.1.8 C
1.1.9 E
1.1.10 B

(10 × 1) (10)

1.2 1.2.1 Field workers went to people's homes to introduce vegetable gardens✓ and school meals.✓

1.2.2 Efforts were made to control outbreaks of infectious diseases✓ by vaccination programmes for illnesses such as polio.✓

1.2.3 Clinic was started in discarded farmhouse,✓ and many other subcentres created to make health care more accessible✓ by treating communicable and non-communicable diseases.✓

1.2.4 Maternal and child health programmes were established, focusing on the antenatal period, labour and the post-natal period.✓ Growth monitoring of the child, tackling malnutrition in children, vaccination programmes for children✓

1.2.5 Multiple health and nutrition surveys were conducted in the community✓ to gather information which would lead to offering better services.✓

(5 × 2) (10)

1.3 1.3.1
- Community health centres
- Community day centres
- Hospitals

(Any 2 × 1) (2)

1.3.2 Yes✓
Continuity of information would be achieved✓ Because many clinics are linked with each other, the patient's details and medical history stays on one system, making patient information easily accessible.✓ This system will reduce waiting times.✓ System gathers information about patients in a particular community – providing the clinic with valuable information on the demographics of the community and their particular health needs.✓
(1 + any relevant 3 reasons) (4)

1.3.3 Principle 1: Local health and institutional analysis✓ – Scientific information.✓ Because the system allows the clinic to gather information on demographics of communities✓ and specific health care needs✓

or

Principle 2: Comprehensive care✓ – Health promotion/Disease prevention.✓ Because this system gathers information of the different health care needs of communities,✓ the nurses know where to focus their health education or preventative strategies✓

or

Principle 3: Equity✓ – Accessibility/Affordability.✓ System allows patient to go to any clinic at any time, not binding the person to specific place and time,✓ but making health care even more accessible and more affordable✓

or

Principle 4: Practice with science✓ – Scientifically informed✓
Trained health care professionals use this system, as they are responsible to gather the correct information.✓ Once information is on the system, nurse needs to be qualified to interpret and understand the information regarding the patient.✓

or

Principle 5: Service integration around users✓ – Continuity of care.✓ Because this system ensures continuity of care, as information will not get lost,✓even if patient uses another clinic the history will be available.✓ (4)
**[30]**

## QUESTION 2

2.1 2.1.1 True
2.1.2 False
2.1.3 False
2.1.4 False
2.1.5 True
(5 × 1) (5)

2.2 2.2.1 Renewable energy (1)

2.2.2 (a) Hydro
Wind
Solar
Nuclear (Any 3 × 1) (3)
(b) Coal
Wood
Gas
Fracking
Paraffin
Petrol (Any 3 × 1) (3)

2.2.3 Non-renewable energy resources can run out, leaving communities without any energy.✓ It is not recyclable.✓ It causes severe damage to the environment (depleting resources, air pollution, water pollution)✓ (Any relevant answer) (3)

2.2.4 The electricity supply commission was founded in 1923,✓ and was later renamed ESKOM in 1986.✓ In 2002 ESKOM was converted into a state-owned company.✓ ESKOM owns and operates the electricity grid. ✓ It is regulated by the national energy regulator of SA,✓which falls directly under the Minister of Minerals and Energy.✓ (Any relevant 3 × 1) (3)

2.2.5 This plant will create 80 full-time jobs and a few hundred indirect jobs.✓ The plant will convert over 500 t/d of organic household, municipal and industrial waste into renewable, clean energy.✓ Cape Town will end up with no more landfills.✓ The plant will enhance the recycling economy.✓ (Any relevant 3 × 1) (3)

2.2.6 Service integration around users (ONE mark for correct identification of principle 5)
People and practitioners in partnership (ONE mark for the appropriate component of principle 5)
The plant is owned by New Horizons Energy, a subsidiary of Clean Energy Africa. An innovative partnership with waste management company Waste Mart has been a boost and the culmination of five years of planning.
Over the lifetime of the plant, they expect many more little industries to be established close to the plant, so that there will be zero waste to landfill. (4)

2.3
- Light
- Warmth
- Refrigeration
- Electricity for cooking
- Electricity for recreation like television

(Any relevant 5 × 1) (5)
**[30]**

**QUESTION 3**

3.1 3.1.1 Services provided to women and in respect of gender-related issues

3.1.2 National food relief programme

3.1.3 SASSA

3.1.4 Funding for children's homes

3.1.5 Child support grant

3.1.6 Services provided to the youth

3.1.7 Adoption services

3.1.8 Funding for early childhood development centre

3.1.9 Child dependency grant

3.1.10 Foster care

(10 × 1) (10)

3.2 3.2.1 COPC in SA arose due to the inequality that existed during the 1930s.✓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.✓ No surveys/census was available on any race group other than white.✓ Services were not linked. Each service functioned on its own.✓ (5)

3.2.2
- 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 5 × 1) (5)

3.3 3.3.1 The influence of this Metrorail towards the health and wellbeing of the community is negative.✓
It seems too overcrowded,✓ which means that passengers cannot use the train on a specific time, as it is full.✓ This leads to the passenger either waiting for the next train (which means he/she arrives late at destination),✓or passenger takes a chance and gets on the crowded train (endangering the life of the passenger, like increasing chance of falling from train, or contracting infection).✓
The train seems to be dirty,✓ thus increasing passenger's chance of contracting diseases.✓ (Any relevant 7 × 1) (7)

3.3.2 (a) Passenger Rail Agency of South Africa
(b) Transport
(c) Transnet
(3 × 1) (3)
**[30]**

**QUESTION 4**

4.1 4.1.1 Adult literacy programme targets those people in South Africa that cannot read and write.✓ This is mostly women living in rural communities, prisoners.✓ The purpose is to uplift the community.✓ Being illiterate can increase the person's chance of being a victim of abuse, increase unemployment, disempowerment, and social isolation.✓ Therefore educating these people can improve their quality of life.✓ (Any relevant 4 × 1) (4)

4.1.2 Through partnering the police work with these communities to create a safe environment for all.✓ Primary needs of the community as identified by the community and the police jointly are addressed.✓ The quality of information available to the police is improved which results in the police being more proactive in their approach to solving problems related to crime.✓ Communities are provided with an accessible, visible police presence to improve public confidence and to deter criminals.✓ The values of the police are closely aligned with those of a democratic SA so that the police interact with communities and adhere to the principle of respect for human dignity.✓ (Any relevant4 × 1) (4)

4.2 Principle 1: Local Health and institutional analysis. The Kark's thought that gathering information on the communities can offer them the opportunity to get to know the health status of the community better.✓ Today, the primary health clinics gather information through patient/community surveys to assess the health status of a community as well as to guide them to which services are needed.✓

Principle 2: Comprehensive care. The Kark's realised that treatment is not the only type of care to be given to a patient, but health education and disease prevention are equally important.✓ Today our primary health clinics focus on educating the patient on various diseases and prevention strategies such as vaccinations and family planning.✓

Principle 3: Equity. The Kark's realised that to provide comprehensive care to a patient, health care must be accessible and affordable.✓ Therefore today primary health clinics in communities are all within 5 km from patients, with many subcentres available in each community. Health care at these clinics is free.✓

Principle 4: Practice with science. The Kark's realised that in order to offer good quality health care, the practitioner must be trained and qualified, and they must work together as a team to the benefit of the patient.✓ Today in the primary health clinics many qualified health care professionals such as nurses, physiotherapists, occupational therapists, doctors, social workers and dentists work together to treat the patient holistically.✓

Principle 5: Service integration around users: The Kark's realised that the patient, the community and other services must work in partnership to the benefit of the patient.✓

Today the primary health clinics are in partnerships with services such as welfare (for social grants), safety, education.✓ Continuity of care takes place due to the new DHIS available where patients' history and treatment is computerised.✓ (Any 5 × 2) (10)

4.3




(Any 6 × 1) (6)

4.4

- Thutong portal is an online system that provides learners and educators access to a wide variety of educational resources.
- It includes information on school curricula as well as other supporting information.
- The DBE manages the portal and it is a way of encouraging the use of technology for learning.
- The information on the system can be used from Grade 1–12.
- It describes teaching and learning pathways (subject and learning outcomes)
- The primary focus is to create a vibrant, strong online community that can freely discuss and share information and ideas.
- It is for educators to work together to develop and improve the SA education system.
- The main objective is to improve computer literacy in schools and to make computers and computer technology more accessible to learners in public schools.✓
- This portal offers previous examination papers in different subjects, as well as PowerPoint presentations on different subjects. (Any relevant 6 × 1) (6)

**[30]**

## QUESTION 5

5.1 5.1.1 Picture 1.✓ Mom and daughter are baking a cake for the fun of it and to spend quality time with each other.✓ Whereas picture 2 is a bakery/business.✓ (1 + 2) (3)

5.1.2 Yes.✓ Because a leisure activity refreshes the mind and body.✓ Recreation reduces the risk of developing diseases such as heart disease and stroke/depression/hypertension/diabetes/some cancers.✓ Recreation also improves muscle flexibility, strength and endurance✓ as well as sleep, social interaction, and concentration.✓ It is positively connected to self-awareness.✓
(Any relevant 1 + 3) (4)

5.1.3
- Park run/Fun walk
- Youth camps
- Golden games
- Indigenous games (Any 3 × 1) (3)

5.2 5.2.1 Education services✓ + School transport services✓

5.2.2 Health services✓ + School health services✓

5.2.3 Safety services✓ + Accident combating services (other SAPS services) ✓

5.2.4 Recreation services✓ + Library and archive services✓

5.2.5 Health services✓ + HIV and TB counselling, testing and treatment✓

5.2.6 Recreation services✓ + Community mass participation programme✓

5.2.7 Safety services✓ + Partnership protocol between DBE and SAPS✓

5.2.8 Welfare service✓ + Home-base and community-based care✓

5.2.9 Safety services✓+ Community police forum (CPF) ✓

5.2.10 Welfare services✓ + Child protection services✓
(10 × 2) (20)
**[30]**

## QUESTION 6

6.1 Carl E. Taylor, born in India, graduated from Harvard in 1941 – returned to India in 1947 to direct the Fatehgarh Presbyterian Hospital.✓ He joined an expedition in Nepal as a doctor where he undertook the first public health survey of the country.✓ He returned to Harvard to do his doctorate in public health (focused on relationship between nutrition and infection).✓ His research on infant and child mortality shaped his ideas about how improving child survival could reduce fertility.✓ In the 1950s Taylor established the department of Preventative Medicine in Punjab. ✓ In 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.✓ Taylor advised WHO between 1957 and 1983 and helped write the landmark 1978 Declaration of Alma-Ata.✓ (5)

6.2 6.2.1 Care dependency grant
6.2.2 Grant in aid
6.2.3 War veteran's grant
6.2.4 Foster care grant
6.2.5 Older person's grant

(5 × 1) (5)

6.3 6.3.1
- Syphilis
- Gonorrhoea
- HPV
- Venereal warts
- Pelvic inflammatory disease (Any 2 × 1) (2)

6.3.2
- Education and counselling of at-risk populations (sexually active teens and adults)
- Identification of asymptomatically and symptomatic individuals
- Effective treatment
- Follow-up and assessment of treatment
- Vaccination of people at risk of vaccine-preventable STDs

(Any 3 × 1) (3)

6.3.3 Principle 1: Local health and institutional analysis✓
Scientific information✓
The article uses scientific information to make its argument for the rising cases of STD's.✓
'According to figures released by the Department of Health, more than 1 million people have been treated for sexually transmitted diseases in the past year.'✓
'The figures do not include patients treated at private health institutions. There are many cases that go undiagnosed because infections do not always present symptoms typical of the STDs.'✓ (5)

6.3.4

- Health services:✓ Clinics offer treatment, education and vaccination programmes to tackle STIs. School health services offer health education and vaccinations to school children regarding STIs.✓
- Education services:✓ Many clinics and community centres have posters, pamphlets and educational programmes on definition, signs and symptoms, causes, treatment relating to STIs.✓
- Welfare services:✓ Many services to the youth/women and gender-related issues focus on STI awareness and prevention.✓
- Transport services:✓ Many patients rely on transport services such as taxis, busses and trains to get patients from home to the clinic for treatment.✓
- Telecommunication services:✓ TV, telephones, internet, radio all play a role in providing information regarding STIs, thus keeping the community informed.✓
- Energy services:✓ All services need electricity in order to function. The patient might have access to the internet, but if there is no electricity this patient might not be able to obtain any information.✓
- Recreation services:✓ Recreation can keep children and adolescents off the streets and away from risky sexual behaviour.✓ Libraries offer information regarding STIs.✓

(Any 5 × 2) (10)
**[30]**

**TOTAL: 180**

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