Holistic informal settlement care

Challenges

A disease-based approach to health care can no longer reach to the heart of the households and the communities that live in South Africa and so many other communities across Africa and the globe. The African proverb "It takes a village to raise a child" rings louder than ever across the townships of South Africa.

The University of Pretoria's Department of Family Medicine, in collaboration with other disciplines and faculties – including various health fields such as dietetics, nursing, occupational therapy, psychology, physio- and speech and language pathology students and faculty members as well as disciplines that include business, engineering and architecture – has for the last seven years offered health care in various informal settlements throughout Pretoria. This encompasses health care that addresses the physical, socio-emotional and spiritual needs of people within the context of a specific community.

Intervention

The Department of Family Medicine at UP has three primary care clinics that offer primary care consultations and treatment in vulnerable communities at no charge to the residents. These sites are Zama Zama, Melusi and Woodlane Village. Community health workers at each of these sites are employed from within the community and are supported by a community-oriented primary care (COPC) clinical manager on site. A

Department for Education Innovation Unit for Community Engagement gernia.vanniekerk@up.ac.za roaming health team from UP with a doctor, dietician and environmental health officer visit each informal settlement clinic weekly offering services that are supported on site by the local community health workers that do household visits throughout the week and NGOs that support each of the community activities for each respective site.

Impact

The holistic health services focus on maternal and child health, early detection and referral for management of chronic diseases that include communicable diseases such as TB and HIV and non-communicable diseases including hypertension and diabetes. The primary health care services are supported by dietetic consultations that include nutritional assessment and supplementation of vulnerable groups, social services, group counselling, community needs assessment and individual development is focused on the safety and independence of the person, including business and socio-spiritual stimuli.

A practical example is the Woodlane Village Clinic, which is a collaboration between the University of Pretoria's Department of Family Medicine and LIFT NPO. This community clinic celebrated two years' existence in February 2019. The free, once-a-week clinical services on site are linked to household visits. Seven community health workers that reside in the village were each assigned around 150 households to cover the entire village.

Over a third of the households have been registered on the AITA[™] health and social data app by mid-2019. Community health workers are supported to manage health and social issues in collaboration with the roaming clinical team. With the once-aweek clinic on a Wednesday, 5 856 patient consultations have been conducted. The project has improved the general health status of many local residents. Key successes include helping to reduce the spread of TB (which is up to three times higher than in other informal settlements), preventing unwanted pregnancies and assisting numerous patients to access and get treatment for the care they need. Food insecurity and malnutrition was also very high in the settlement and the nutritional programme with regular weighing, Vit A supplementation and deworming has statistically proven, over the last two years, to have improved the nutritional status of the long-term residents, especially children, in the village.

Lessons Learnt

Informal settlement health work requires an interdisciplinary team that does not only collaborate across specialist fields, but also work with the person for the best interest of the person in the context of a multifaceted environment, which requires an understanding and engagement with social, political, contextual and personal health issues that are focused on the support and development of the whole of the person and the community.













