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ANC PROJECTS DEPARTMENT
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- % Each aone reach one * Each ane teach ane *
3 * For a new South Africa Â¥

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PROJECT FOR LIAISON AND NEGOTIATION
- . BETWEEN COMMUNITY CLINICS
AND GOVERNMENT HEALTH DEPARTMENTS

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BENEFICIARY COHHUNITY CLINICS AT R e R
-~ BOTSHABELO Orange Free State Â¢

KHUMA Western Transvaal

BRAKLAAAGTE Western Transvaal

OUKASIE NorthHern Transvaal
MULDERSDRIFT Southern Transvaal

"WITKOPPEN = Southern Transvaal

other clinics, as required

AMOUNT REQUESTED: R 82 400 = Â£ 18 250 = . FFr 160 776

CONSULTANT: INSTITUTE FOR URBAN PRIMARY HEALTH CARE
: ALEXANDRA TOWNSHIP JOHANNESBURG

1.0 PROJECT DESCRIPTION

The project is to provide a liaison worker to assist community-based clinics in their relations with Government Departments of Health at Central, Provincial and Local Authority levels.

1.1 Background

Community based clinics and health centres have sprung up over the last few years to try to meet the needs of communities uprooted by the apartheid system, to cope with the traumatic effects of the continued waves of violence, and to satisfy basic needs for maternity care, health advice, and aids education and counselling.

Each of the clinics makes some basic charge to its patients and clients. Each of the clinics is attempting to negotiate with the appropriate levels of government to provide qualified personnel, medical supplies, vaccines, etc, and to be

- integrated into the referral system of the state secondary and tertiary health services.

State health care provision is the responsibility of all three levels of government, Central, Regional and Local. Their responsibilities frequently overlap in terms of particular services, and also in geographical terms.

Liaison and negotiation are therefore extremely complex. In each case it is necessary to relate to three levels of government. It is often difficult to ascertain which authority has responsibility for a particular service in a particular geographical area.

1.2 Functions of the Liaison worker

We seek funding for a liaison worker to assist the management committees of community clinics with expert advice and research, and assistance in their negotiations, to enable them to get government funded support for the health care services, buildings, personnel and funding to which they are entitled.

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1.3 Objectives of the project :

Successful negotiations

(a) enable the community based clinics:

"health care for their community

(b) reduce the dependence of the clinics on charitable support.

Page 3

2.0 BUDGET , i
e (Â£1=R4.8) (Â£1=FFr8.36)

Salary for Liason worker R60 000 Â£12 500 FFr104 400
- for 1 year at R5 000 pm

Administrative back up dots s 24000 05 R0 . 44 780
(part time secretary TR W e ~ ;
+ transport costs) i : :

S e PR L R84 000 Â£17 500 FFr146 1860

prjÃ©bt'superviSion-and'ad@in.

3.0 CONSULTANT

We have arranged with the Institute of Urban Primary Health Care, which is associated with the Alexandra Health Centre and University Clinic, to carry out this work to support the work of the community clinics in their negotiations with government.

The IUPHC is well known in South Africa. We set out the reasons for our association with them as consultants for this project, below.

3.1 INSTITUTE OF URBAN PRIMARY HEALTH CARE (IUPHC) and Alexandra Health Centre and University Clinic (AHC)

3.1.1 BACKGROUND OF IUPHC AND AHC

Alexandra Health Centre (AHC) has been part of the community of Alexandra for more than 83 years. It has built on a long tradition of service in the township and has taken advantage of the fact that it is the only public Primary Health Care (PHC) service of any size in South Africa that is not controlled by the present government.

Since 1986 the vision has grown of the AHC as a "liberated zone" in the health sector. Working with the resources affordable by any government for all South Africans, the people of Alexandra township and their health centre have demonstrated what can be achieved through PHC in a South African township.

Both government and private health sector services in South Africa are in crisis and there is a desperate need for practical alternatives. More and more people are seeing AHC as a good model for a future National Health Service. They also see AHC as a place with the potential to train many health workers how to work with local communities and how to manage and run public PHC services.

Several AHC staff have been involved in their personal capacities in progressive structures and in debate within for example civic organisations, the National Development Forum, the PPHC network, and ANC branch, regional and national health committees. In the present Department of Health : servants within the present Department of Health : also increasingly calling on AHC to hold seminars and workshops to give their views on how services can be reorganised and improved.

The mission and goals of AHC and an indication of the work covered, together with the audited financial statements, can be found in the Annual Reports.

3.1.2 IUPHC AND AHC

There are two aspects to the work of Alexandra Township.

The first aspect is building a model of comprehensive

Primary Health Care. This model has to meet the needs of the people of Alexandra. Those who run the model are directly accountable to this community. The model is AHC and its relationships with other local community organisations and structures.

The second aspect of the work at Alexandra is taking the lessons of AHC and spreading the knowledge and skills into other communities and organisations in order to help build a national health service for South Africa.

: This part of the work is now being done by the Institute
_ of Urban Primary Health Care (IUPHC). Its brief is advocacy,

training, research and development, and its accountability is

much wider than that of AHC. : :

4., 1 3 The role of IUPHC in PHC Development and Consultancy

, The IUPHC is increasingly being approached to assist in the development and upgrading of several other independent PHC

. providers. These independent initiatives are all characterised by inadequate resources, both human and financial, and dire need on the part of the communities they serve. They have also consistently attempted within these constraints to provide services in line with the principles of PHC accepted internationally.

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