

**Master of Public Health**

# Population Health and

# Development: A Primary Health

# Care Approach II

**Module Guide**

**2016**

**School of Public Health**

**University of the Western Cape**



Population Health and Development and Primary Health Care Approach II (2nd ed)

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**Acknowledgements:** Prof Thandi Puoane of the SOPH, UWC (for the case study); for the previous version of this module (*Health, Development & Primary Health Care II 1st ed*), Emeritus ProfessorDavid Sanders, SOPH, UWC, Dr Frank Tesoriero and Prof Fran Baum of Flinders University and Director of the Southgate Institute of Health, Society and Equity, and the South Australian Community Health Research Unit, at Flinders University; for suggested readings, Ms Tarminder Grover; illustrations: Sarah Allderman; audio editing: Luc Veermeer.

The SOPH, UWC gratefully acknowledges the support of the British Council Development Partnerships in Higher Education (DelPHE) during the re-conceptualization and revision of this module.

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First published 2012

This Edition: **2016**

Module Registration Number: 851848

Value of module: 20 credits

Study time required: 200 notional learning hours

Pre-requisites: See MPH Rules

Study Materials for this module:

Module Guide, Reader & Additional Materials

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###### **CONTENTS**

|  |  |  |
| --- | --- | --- |
| **UNIT** | **TITLE** |  |
| **I** | **MODULE INTRODUCTION** | i |
| 1 | **LETTER OF WELCOME** | i |
| **2** | **INFORMATION ABOUT THIS MODULE** | iv |
| 2.1 | Module Aims and Rationale | iv |
| 2.2 | Module Outcomes | iv |
| 2.3 | Module Outline | iv |
| 2.4 | Learning Materials | v |
| 2.5 | Discussion Forum | vi |
| 2.6 | Module Evaluation | vii |
| **3** | **ASSESSMENT** | **viii** |
| 3.1 | Information about Assessment | viii |
| 3.2 | Submitting Assignments | viii |
| 3.3 | Assignment Deadlines | ix |
| 3.4 | Draft Assignments | x |
| 3.5 | Assignments | xi |
| 3.6 | Assignment Cover Sheet | xx |
| **II** | **STUDY SESSIONS** | xxi |
| **UNIT 1** | **DETERMINANTS OF HEALTH IN AFRICA** | **1** |
| Study Session 1 | Orientation to a Public Health Perspective | 4 |
| Study Session 2 | Describing the Burden and Pattern of Disease | 22 |
| Study Session 3 | Questioning Health Inequity | 47 |
| Study Session 4 | Health, Development and Urbanization | 73 |
| Study Session 5 | The Relationship of Health and Development | 104 |
|  |  |  |
| **UNIT 2** | THREE DECADES OF PHC: A REVIEW | 123 |
| Study Session 1 | Introduction to PHC | 125 |
| Study Session 2 | ***Selective and Comprehensive Approaches to PHC*** | 149 |
| Study Session 3 | Review of PHC’s Success Over the Past Three Decades | 162 |
|  |  |  |
| **UNIT 3** | **SYSTEMS THAT SUPPORT CPHC** | **172** |
| Study Session 1 | Health Systems that Support CPHC | 174 |
| Study Session 2 | Finances that Support PHC | 193 |
| Study Session 3 | Human Resources that Support PHC | 211 |
|  |  |  |
|  | **GLOSSARY** | 227 |

**I MODULE INTRODUCTION**

1 Letter of Welcome

School of Public Health (SOPH)

University of the Western Cape

Private Bag X17, Bellville

7535, South Africa

Dear colleague

Welcome to your first module of the Master of Public Health – *Population Health and Development: A Primary Health Care Approach II*. The journey you are about to embark on during this module has been designed to challenge your thinking about health and development and introduce you to the history and value of a Primary Health Care (PHC) approach.

**The Module**

This module begins by focusing on the determinants of health in Africa and the burden and pattern of disease across the continent. Issues related to causation, health inequity and the relationship between health and development, and the impact of urbanisation are discussed in the first Unit. The value of this to you as a Public Health professional is that you can then assess what implications this has for the health of a population, and how such underlying determinants might be considered in planning Public Health interventions.

Unit 2 focuses on the Primary Health Care approach which has been designed to address the implications of the underlying determinants of health. The School of Public Health is particularly supportive of this approach, and it is one in which its founding Director, Emeritus Professor David Sanders, has extensive experience – in philosophical and political terms as well as the way in which it can be articulated in local and national health programmes. Prof Sanders has specifically advocated for a Comprehensive (as opposed to a Selective) PHC approach – an important distinction that we address in this Unit. The third Unit focuses on some of the key issues that would need to be considered in relation to health policy, finances and human resources when establishing a Comprehensive PHC (CPHC) approach to health and health care at district level.

Our modules are designed for self-study or flexible learning, which enables you to work through the course material at a pace that suits you, but guided by the Study Schedule which will be sent to you. Flexible learning allows you to explore the material to whatever depth you require, and to skip over parts with which you are already familiar.

Most modules we provide are also supported by an electronic platform or learning management system called iKamva, which provides an all-in one site hosting the Module Guides, the Reading and the Additional Resources. You will be guided to using iKamva through email communications.

Our aim is to provide you with most of the study resources electronically, so that you can access them where you are and when you need them. However, given that the internet is still not as accessible or reliable as it should be across Africa, we have also loaded all of the materials on to a USB flash drive for your convenience.

**Readings and Support**

Before you start studying, please ensure that you have all the accompanying resources and that you are aware of the assignment requirements and deadlines. These resources are:

* the Study Schedule (to be sent by email);
* the Module Readings and Additional Resources (the latter contains a number of documents gathered from the Internet which have been downloaded for your convenience). They should always be at hand while you are studying as you will be referred to them;
* your *SOPH Academic Handbook*, particularly the section on Referencing. This can also be found on the iKamva site.

In relation to the assignments, we suggest that you carefully read the Assessment section of this Module Introduction which outlines the TWO assignments.

## **iKamva Discussion Forum Tutorials**

In addition to making the module resources available, the iKamva site has a number of other facilities: it allows us provide the materials we share with students who are attending the Summer School programme in early February.

Although we all have email to communicate, iKamva offers a dedicated space for communication – where we can engage in module-related conversation, post assignments, answer queries. It also allows us to hold an online Discussion Forum, which is compulsory for all students and for which a portion of your module result is allocated. In this way, you can connect non-synchronously (ie at a time of day that suits you), with your lecturer/s and your fellow students. It will be used to discuss key and difficult topics in the module, and to help you to prepare for your first assignment; most importantly, it provides a space in which you can support and receive support from peers and your lecturer, hopefully reducing the isolation you may feel as a distance learner. Instructions for using iKamva and the Discussion Forum will be sent to you by email, and you are urged to familiarise yourselves with the site as soon as possible.

So in summary, in using iKamva, we will also be able to:

* introduce ourselves to the rest of the class via the “Blog” space;
* remind you of deadlines for your draft and final assignments (through Announcements);
* host the Discussion Forum;
* encourage you to share any questions or queries about the module content and the associated readings (via the Blog);
* furthermore, you will find all learning resources of the Module in iKamva: the Module Guide, Assignments and their Assessment Criteria, the Reading and the Additional Resources.

To participate using iKamva effectively, you will need to follow the timeline we have developed which guides your progression through the Module Guide (called the Study Schedule) making sure you participate in compulsory events.

**Finding your way around the Module Introduction**

The introductory pages which follow provide you with an overview of the Module and its outcomes, the assessment requirements, as well as the support and assistance you can expect. Take the time to look through this section before you begin studying - taking particular note of the assignments and their requirements, as well as the time pressure that you will face in completing the module.

Assessment

This module will be assessed through two assignments. Your assignment dates will be sent by the Student Administrator and will be posted on iKamva. Your Assignments and their Assessment Criteria are in the Assessment section of this Module Introduction, as they will be in all your modules. You should read all the guidance and Rules pertaining to your Assignments, plagiarism, and scholarly referencing before embarking on your first Assignment.

**Evaluation of the Module**

At the end of the semester, we will be sending you an evaluation form which we urge you to complete and send to us.

We hope that you enjoy the module and find it useful in your own efforts to improve community health!

With best wishes,

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| --- |
| **Ms Nikki Schaay**  **Module Convenor**  E-mail: [schaay@mweb.co.za](mailto:schaay@mweb.co.za)  Tel: 021 959 2809 or  021 788 4186  or 084 211 5544  Fax: 021 959 2872 |

|  |
| --- |
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**2 Information about this Module**

* 1. **Module Aims and Rationale**

As the first module of the Master of Public Health, *Population Health and Development: A Primary Health Care Approach II* provides an orientation to the field of Public Health and inducts you into some of the key concerns for Public Health professionals in the African context, not forgetting the influence of global factors. The impact of social determinants on health forms a key theme in this module, and a particular approach – the Comprehensive Primary Health Care is presented as one with significant potential to address health in the African context. The module introduces you to many of the concepts and tools for the Public Health discipline, and guides you to a range of resources on the internet and in the literature.

The rationale for this module is to provide you with the conceptual vocabulary and tools needed to respond more equitably, appropriately and effectively to population health care needs. We adopt an explicit socio-political orientation, influenced by the concept of social justice. You are invited to explore, question and argue with the approach offered, and to recognise that you are expected to be or become a critical receiver of information.

**2.2 Module Outcomes**

|  |
| --- |
| **By the end of this module, you should be better able to:** |
| * Discuss how political, economic and social factors impact on the health of societies in Africa. * Discuss critically the implementation of Primary Health Care in developing countries over the past three decades and the factors facilitating and constraining its implementation. * Understand and apply the policy, resources, structures and tools required to operationalise Comprehensive Primary Health Care programmes. * Demonstrate an understanding of the challenges of applying the principles of Comprehensive Primary Health Care Approach within a district health context. |

# 2.3 Module Outline

This module consists of three Units, divided into 11 Study Sessions. The Study Sessions are supported by a number of readings either in the Reader section or in the Additional Resources section. Study Sessions vary in length, taking 5–8 hours to complete. The Study Sessions are thematically arranged in Units as follows:

Unit 1 - Determinants of Health in Africa.

Unit 2 - Three Decades of Primary Health Care – A Review.

Unit 3 - Systems that Support Comprehensive Primary Health Care.

The study sessions are designed to achieve the learning outcomes listed above.

**2.4 Learning Materials**

You have been provided with:

* a Module Guide,
* a set of Readings - along with Additional Resources, and
* the iKamva site for Discussion Forum and Blog interactions, and as a repository for all study resources.

You also should have:

* a schedule of assignment deadlines (from the Student Administrators), and
* a Study Schedule for this Module which will alert you to the dates of the online Discussion Forum.

We use a standard format for our Study Sessions which are a sort of tutorial in print. At the outset of each session, we present the intended outcomes of the session. The Readings are also listed at the start of the Study Session, and you are directed to them as you work through the Session. Boxes like the one below indicate that you should find and read the reading in the Readings sub-folder (or on the iKamva site); it is essential to your learning. The Readings are indexed alphabetically. As a Masters student, you should read them, and more!

|  |
| --- |
| **Reading**  Birn, A-E., Pillay, Y. & Holtz, T. H. (2009). Ch 4 – The Political Economy of Health and Development. *Textbook of International Health. Global Health in a Dynamic World.* New York: Oxford University Press: 132 – 140. |

The USB flash drive that you have been given not only contains the Module Guide and the Readings but also contains supplementary teaching resources. The latter are all contained in the sub-folder called Additional Resources - in which you will find pdfs of selected articles, a podcast or audio recording, a PowerPoint presentation with voice over, some videos downloaded from the internet and a number of very interesting large institutional reports published by UNICEF, WHO, etc. As you work through the Module Guide, you will be directed to them. They are freely available from the Internet, but we have saved them onto the USB flash drive because it takes time to download them and therefore is an additional expense. Some of these additional readings are needed for Tasks, others may be helpful for your assignments. You’ll see a box like the one below when you are being directed to the Additional Resource sub-folder on your USB flash drive. Note that if you have not opened this sub-folder by the end of Unit 1, you are missing out on a lot of important content!

|  |
| --- |
| **Additional Resource**  Brandt, A. M. & Gardner M. (May 2000). Antagonism and Accommodation: Interpreting the Relationship Between Public Health and Medicine in the United States During the 20th Century. *American Journal of Public Health,* 5: 707 - 715. |

There are a few resources that you will also have to look at on the Internet which are indicated by this type of box:

|  |  |
| --- | --- |
|  | **Internet Resource**  Read the explanation “Why counting the dead matters” on the WHO website: http://www.who.int/mediacentre/factsheets/fs310/en/index2.html [Downloaded: 2/6/11]. |

Remember that there is a great deal of good (and bad) material available on the Internet – so please be selective.

You will also come across Glossary boxes like the one below. The Glossary is at the end of Unit 3 of the Module Guide you are reading. Some of this material is from sites on the Internet which are not considered scholarly. Please note that Wikipedia, for example, is a really helpful source of information to clarify a term or to find references for scholarly articles, but it is not a scholarly source itself. In other words, do not use it in Assignments.

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|  | **Glossary**  We have provided a list of many other websites and surveys in the Resource Section at the end of this module. Look under *International Surveys Health Information* websites. |

It is also very important to remember that as a UWC student, you have access to a vast amount of scholarly literature which is not generally accessible on the Internet. You reach this through the UWC library databases (or listings). UWC subscribes to journals and databases, and your fees give you access to them. You’ll find out how to use them through the *SOPH Programme Handbook* or by visiting the library website, or our librarian when you’re in Cape Town. We have also put some guidance on the iKamva site.

Finally, you also have access to the Discussion Forum as learning and support mechanism.

2.5 Discussion Forum

We will be using iKamva as an online support strategy for this module, and one of the tools it offers is a Discussion Forum. A Discussion Forum is an online site to which the class and the lecturers and anyone else we invite has access. It is restricted to this registered student group and will be kept active only for the period of the module’s delivery.

The Discussion Forum is as much for student-to-student (peer) communication as it is for lecturer-to-student communication.

The learning objective for the Discussion Forum is:

* To hold limited period focused discussions (much like a tutorial) on specific topics which are important but potentially difficult. These are compulsory and marks are allocated for your participation.

Participation is compulsory and your participation will be assessed as follows:

**Discussion Forum participation will be assessed according to the following criteria and form part of the marks for Assignment 1.**

|  |
| --- |
| Participation will be rated as follows:  0 - No participation  3- Minimal participation  6- Average to good participation  10- Excellent participation  Participation is taken to mean: input which shows reflection, critical thought, insight and understanding of relevant literature.  Minimal participation is rated as, for example, providing a direct response to the facilitator’s questions and not managing to interact or engage with the comments of peers.  Average to good participation is rated as, for example, as responding to the facilitator’s questions, providing input and engaging with at least two peers.  Excellent participation includes responding to or engaging with at least two peers as well as the facilitator, extending the discussion by including literature and/or asking a critical question, and thereby contributing *significantly* to the conversation. |

A word of advice about the Discussion Forum process: education theory holds that we learn better (or internalize) new understandings by interacting and even collaborating with other people; they may be peers or experts or anything in-between. Because of the distance between you and us, we will use the Discussion Forum to actively engage you with others, so that you can benefit from their experience and knowledge, and so that you can learn from each other. Whatever your level of experience, you have unique perceptions and points of view about the world; you work in a context of which others have little experience, and through sharing this, you are exposing us to new and important insights about Public Health. Your experience can offer valuable insights for other students, and you can help to hone each others’ thinking around critical issues of the module content.

Remember that you will be sent further communications about the Study Schedule and the Discussion Forum as well as the topics for the discussion.

Technical queries about iKamva should be sent by email to soph-comm@uwc.ac.za. We’ll respond as soon as possible to your query.

2.6 Module Evaluation

At the end of the module, you will be asked to evaluate the Module. We always find the feedback from our students most helpful to us as it assists us in revising the module, planning future modules and providing future students with appropriate support.

**3 Assessment**

There is further information about assessment in the *SOPH Programme Handbook*. Please refer to it before submitting your assignment.

3.1 Information about Assessment

There are TWO compulsory assignments in the module. You must submit both, on time. You will receive assignment deadlines from the SOPH Student Administrator; consider it your responsibility to ensure that you know the deadlines when the semester starts.

The modules are weighted as follows:

Assignment 1: 40%of which 10% of this assignment is for online participation

Assignment 2: 60%

To pass the module:

* You are required to pass both assignments with a minimum of 50%.
* You must achieve a minimum aggregate of 50% or more for the module.
* If you get below 50% in Assignment 1, you may resubmit the assignment once only; a maximum of 50% can be awarded on second submission.
* If you do not pass it the second time around, you cannot proceed to Assignment 2 and must repeat the module next year.
* If you do not achieve 50% in Assignment 2, you must repeat the entire module the following year.

3.2 Submitting Assignments

These guidelines must be followed exactly every time you submit an assignment. Getting this wrong wastes our time, and we WILL return the assignment to you to correct.

**NOTE:**

**ALL STUDENTS**

**Read the *SOPH Programme Handbook* before submitting, to make sure**

**you have followed the SOPH’s instructions for submission of assignments.**

**THERE IS CRUCIAL INFORMATION ON REFERENCING AND PLAGIARISM IN THE PROGRAMME HANDBOOK**

* Send in your assignments by email.
* Handwritten assignments will not be accepted.
* Send assignments to the Student Administrators, not the lecturer.
* When you submit your assignment, you will receive acknowledgement that it has been received. If you don’t receive acknowledgement, check with the Student Administrators that it has been received.
* Type your assignment on A4 paper, in 1,5 line spacing, in 12 pt Times New Roman, and leave normal margins for the lecturer’s comments.
* Keep to the recommended length. Excessively long assignments may be penalised. Length does not show quality or hard work.
* Number ALL pages.
* Include the Assignment Cover Sheet (completed *fully*) as the first page of the assignment, i.e. the cover sheet and the assignment must be one document.
* Always put your name on every file you send, and label the file correctly, using these instructions as a guideline if submitting by e-mail:
* Your Name (Surname, Initial) e.g. *Mambwe R*
* Module abbreviation (see Programme Handbook for Core module abbreviations). Use CAPITALS, e.g. *PHC II*
* Assignment number, e.g. 1 or 2, and indicate if it is a Draft or Final
* The year, i.e. 2010

*e.g. Mambwe R, PHC II Asn 1 Final 2010; Mambwe R, PHC II Asn 1 Draft 2010.*

**SOPH Address to which assignments MUST be sent:**

**E-mail:** [**soph-asn@uwc.ac.za**](mailto:%20soph-asn@uwc.ac.za%20)

**Fax:** + 27 21 959 2872 (Att: Student Admin, SOPH)

**Post:** The Student Administrator, SOPH, University of the Western Cape, Private Bag X17, Bellville 7535, South Africa.

**3.3 Assignment Deadlines**

* Assignments must be submitted by the due date, *preferably by e-mail*, but fax or post are accepted if dated on or before the due date.
* You will receive assignment deadlines from the Student Administrator once you have selected your modules.

Please note: Late submission of assignments will impact on the time you have available for the next assignment, disrupt your lecturers’ schedule and result in late submission of marks into the UWC marks administration system; should that happen, you may have to repeat the entire module. It is therefore in your interests to manage your time as effectively as possible. Should you require more guidance on time management, try the SOPH *Academic Handbook.*

**Assignment Extensions**

Only under special circumstances may an extension be granted. Even so, the extension will not normally be longer than two weeks. To request an extension, contact the Student Administrator (not the lecturer or Module Convenor) as soon as a problem arises. No extensions will be given for Draft Assignments, and no late assignments will be accepted in Semester 2.

3.4 Draft Assignments: Please read this section carefully

You should take advantage of the opportunity to get feedback from your lecturers at draft stage: but this means good time management. Lecturers will give you valuable feedback on your assignment if you send a draft. However, Drafts will ONLY be reviewed if they are received TWO OR MORE weeks before the final submission date (see schedule); due dates are listed on the Assignment Schedule. No extensions will be given for drafts; assignments received less than two weeks before the final assignment submission date will be taken to be the final.

If you want to submit a draft, do not submit a complete assignment. Select sections with which you are having difficulty, or submit an outline of the whole, but not the whole assignment.

Lecturers will make every effort to return your submitted drafts timeously. You will then have a week to complete the assignment.

**Important:**

The following section contains the assignments for the module. Please read questions and instructions carefully. There is additional important information about assessment in the *SOPH Programme Handbook:* be sure to refer it before submitting your assignment.

**3.5 Assignments for *Population Health & Development: A Primary Health Care Approach II***

Write both assignments in Times New Roman, font 12pt, and 1,5 line spacing.

**Assignment 1: The Social Determinants of Childhood Malnutrition**

(Weighted at 40% of the Module result incl. DF)

Read the questions, and then follow through by studying the General Overview of the assignment and the Guidelines that follow.

Read the two questions, and then follow through by studying the General Overview of the assignment and the detailed Guidelines that follow.

|  |  |
| --- | --- |
| PART A | To what extent does your country’s national child health and/ or nutrition policy, strategy or action plan (or related strategic plans) address the social determinants of health – and specifically those related to childhood malnutrition?  Please fully substantiate your answer with examples from the Policy or Plan and from relevant literature. |
| PART B | Based on your study of the PHC approach, does this policy or plan adopt a Comprehensive or Selective PHC approach to childhood malnutrition?  Please fully substantiate your answer with examples from the Policy or Plan and from relevant literature. |
| NOTE:  The word limit for this assignment (ie. both Parts A & B) is 2 000 words, or approximately 6 pages (in Times New Roman font 12 pt, and 1.5 line spacing).  Writing succinctly is part of the challenge of communication in a Public Health setting – so do not write more than this! If you do go over the limit by more than 150 words we will start deducting marks. | |

General Overview

In their report, *The State of the World’s Children 2012*, UNICEF notes that globally, undernutrition contributes to more than a third of deaths in children under five. They also note that:

*It has many short- and long-term consequences, including delayed mental development, heightened risk of infectious diseases and susceptibility to chronic disease in adult life. In low-income countries, child undernutrition is likely to be a consequence of poverty, characterized as it is by low family status and income, poor environment and housing, and inadequate access to food, safe water, guidance and health care.*

(UNICEF, 2012:19)

In preparation for your submission of Assignment 1 you ought to have completed reading Unit 1 and Unit 2 of the Module Guide.

You will notice that in Unit 1, Study Session 3 we focus on the issue of child malnutrition quite substantially - first by introducing you to a case study (the story of Thembi), and then highlighting how the UNICEF Conceptual Framework for malnutrition can help to illustrate the different levels of causation of malnutrition. The UNICEF Framework is also discussed in some depth by David Sanders in a podcast (which you will find in the Additional Resources sub-folder). We have also provided a short voice over powerpoint introduction to the concept of causation (by Dr Vera Scott – which you will also find in this sub-folder).

We have also discussed the determinants of health and the concept of the *social* determinants of health in some depth (Unit 1, Study Session 3, Section 6.2). In Unit 2, we discuss the work of the Commission on Social Determinants of Health and how some of their recommendations have been applied in practice over the last couple of years (Unit 2, Study Session 1, Section 4.1).

In Unit 2, Study Session 1 we return to the case study, but rather than focus on exploring the causes of malnutrition we consider the value of adopting a *Comprehensive* Primary Health Care approach to childhood malnutrition. Note that Unit 2 and its related resources are devoted to the PHC approach.

You should therefore be well equipped to respond to the above two questions.

**Guidelines for Assignment 1 Part A**

Notwithstanding the above, we thought the following suggestions might help you prepare for this assignment task:

In relation to Part A:

1. Should you not find a national policy, strategic plan or a set of guidelines for your country focusing exclusively on the issue of childhood malnutrition, select a policy document that you think will be *most* appropriate to analyse for the task. If you are in doubt please consult with your peers and/or the module convenor and together you can finalize the choice of the policy that you use.
2. Based on your reading of Units 1 & 2, and the sections we have highlighted above, make sure you are familiar with, and can describe, the UNICEF Conceptual Framework and the immediate, underlying and basic causes of childhood malnutrition. Please then make use of the UNICEF Conceptual Framework for Malnutrition in your response to the assignment question.
3. Make sure you that you are also familiar with the concept of the social determinants and can define the concept. It would be important to illustrate your definition with some examples of social determinants that relate specifically to childhood malnutrition.
4. In reviewing your country’s national policy or strategic plan, select specific aspects of the policy or plan which would be appropriate to comment on. Remember we are specifically asking you to critique the extent to which the Policy or Strategy takes into consideration the *social* determinants that give rise to childhood malnutrition. It would be important to read through the Policy or Plan with this particular focus in mind.
5. In thinking about and planning how you will present your critique of the Policy or Plan, it might be a good idea to first read the Writing Strategies section of the *SOPH Academic Handbook.* It explains how you can understand the requirements of an assignment task and develop a structure for the assignment. It is also important to realise that you are writing an “argument” and that this type of text has a particular structure and tone. (See *SOPH Academic Handbook*).

**Guidelines for Assignment 1 Part B**

1. It is important that you start this part of the assignment by first defining the Comprehensive and then the Selective approaches to Primary Health Care. Thereafter you ought to highlight the key differences between the two approaches. This will provide a good basis for your argument as to which PHC approach (or what combination of these two approaches) you think the Policy adopts.
2. In sharing your views about which PHC approach you think has been adopted in the Policy or the Plan, remember to (a) *motivate* every part of your argument by referring to specific examples in the Policy that illustrate your point, e.g. a strategy, an objective or activity, and to (b) *explain* why it illustrates an aspect of either one of the two PHC approaches.

We **do** expect you to make use of scholarly and reputable publications related to the topic of the assignment.

Before starting the assignment it is important to take note of the Assessment Criteria which are listed below. They can be used to guide your response.

**Reference**

UNICEF. (2012). *The State of the World’s Children.* [Online], Available: www.unicef.org/sowc2012/‎ [Downloaded: 1.12.13].

**Assessment Criteria for Assignment 1**

|  |  |  |
| --- | --- | --- |
| **Type of Competency** | **The student’s response:** | **Sub-total** |
| **Content and analytical** | 1. Introduces and describes the UNICEF Framework for Malnutrition and the immediate, underlying and basic causes of childhood malnutrition. | 10 |
| 1. Defines the concept of social determinants and relates them to childhood malnutrition. | 10 |
| 1. Presents a critical analysis of the extent to which the chosen Policy or Plan recognises and addresses the link between social determinants and childhood malnutrition. | 20 |
| 1. Clearly defines and differentiates the central differences between the Selective and Comprehensive approaches to Primary Health Care. | 15 |
| 1. Presents a critical argument - backed up by evidence (ie. examples from the chosen policy or plan) - as to whether its approach to childhood malnutrition is aligned to a Comprehensive or Selective PHC approach, or a combination of the two approaches. | 20 |
| **Academic skills** | **Demonstrates clarity of structure and argument.**   * The answer is coherently structured. * An appropriate introduction and conclusion is written. * An academic tone and writing style is used. * Times New Roman, font size 12pt and 1,5 spacing is used. * The text is within the word limit. | 5 |
| **Presents correct in-text referencing and reference list.** Please consult the *SOPH Academic Handbook -* Citing and Referencing the Sources that you use. The assignment will be returned to you for correction, and your marks will only be lodged once you have made the necessary corrections. This is the point where you should get to grips with referencing: it is simply following a set of rules. | 10 |
| **Discussion Forum participation** | Participates in the Discussion Forum sufficiently and insightfully.  Participation will be rated as follows:  0 - No participation  3- Minimal participation  6- Average to good participation  10- Excellent participation  Participation is taken to mean: input which shows reflection, critical thought, insight and understanding of relevant literature.  Minimal participation is rated as, for example, providing a direct response to the facilitator’s questions and not managing to interact or engage with the comments of peers.  Average to good participation is rated as, for example, as responding to the facilitator’s questions, providing input and engaging with at least two peers.  Excellent participation includes responding to or engaging with at least two peers as well as the facilitator, extending the discussion by including literature and/or asking a critical question, and thereby contributing significantly to the conversation. | 10 |
| **TOTAL** |  | 100 |

**ASSIGNMENT 2: A CPHC-BASED, DISTRICT LEVEL INTERVENTION TO**

**REDUCE CHILDHOOD DIARRHOEA**

(Weighted at 60% of Module Result)

Read the question, and then follow through by studying the General Overview and Guidelines below. Note that to complete this second assignment, you need to have read Unit 3 and its related readings and resources.

|  |
| --- |
| **Building on your understanding of the principles and components of the CPHC approach (in Unit 2), and your understanding of the district health system (Unit 3), describe what you believe would be the key components of a feasible, CPHC-orientated set of interventions to address childhood diarrhoea in a district in the context of your own country.** |
| NOTE: The word limit for this assignment (ie. both Parts A & B) is 2 000 words, or approximately 6 pages (in Times New Roman font 12 pt, and 1.5 line spacing).  Writing succinctly is part of the challenge of communication; do not write more than this! |

**General Overview**

In Unit 3, we discuss the concept of decentralized health systems and begin to consider how a health system might be able to support a Comprehensive Primary Health Care approach. We note, however, that health systems might not always gravitate towards the goals of *Health for All* as the Alma Ata Conference originally envisaged:

*Today, it is clear that left to their own devices, health systems do not gravitate naturally towards the goals of health for all through primary health care as articulated in the Declaration of Alma-Ata. Health systems are developing in directions that contribute little to equity and social justice and fail to get the best health outcomes for their money. Three particularly worrisome trends can be characterized as follows:*

* *health systems that focus disproportionately on a narrow offer of specialized curative care;*
* *health systems where a command-and-control approach to disease control, focused on short term results, is fragmenting service delivery;*
* *health systems where a hands-off or laissez-faire approach to governance has allowed unregulated commercialization of health to flourish.*

*These trends fly in the face of a comprehensive and balanced response to health needs. In a number of countries, the resulting inequitable access, impoverishing costs, and erosion of trust in health care constitute a threat to social stability.*

(WHO, 2008: xiii)

Building on your understanding of the principles and components of the CPHC approach (in Unit 2), and your understanding of the district health system (Unit 3), we would now like you to describe what you think ought to be the key components of a feasible, CPHC-orientated intervention to address childhood diarrhoea - at district level in the context of your own country.

**Guidelines for Assignment 2**

1. Describe the magnitude of the problem of childhood diarrhoea in your chosen district and contextualize the problem in relation to recent trends in your country – and, where appropriate, in relation to the MDG targets and the newly established sustainable development goals**.**
2. Using the WHO’s 2007 Health Systems Framework (or an alternative health systems framework, which you need to specify and reference) as a guide, describe the key characteristics and components of your health district.
3. Provide a descriptive outline of some of the *key* strategies (and some examples of the associated activities) that are currently being implemented by the health service *and other role players* to address the problem of childhood diarrhea in your district.

It is important in this part of the assignment to describe the nature and range of the current interventions from a variety of information sources, for example, from the district’s plans, from your own observations or knowledge of services. If you are able to, you may also conduct an interview with a service provider, programme manager or other appropriate key informant for information. Please do not simply ‘cut and paste’ your description from a single written source (eg. a programme plan).

In addition, it would be important in this part of the assignment to illustrate how the current district-based strategy to reduce this public health problem of childhood diarrhoea reflects or relates to the particular components of your chosen health systems framework.

1. Building on your understanding of the CPHC approach (from Unit 2), and the objectives of decentralization as they apply to a district health system (from Unit 3), provide an assessment of the extent to which the current strategy and set of interventions implemented to reduce childhood diarrhoea (as you have described above) in your district:

* embody the key principles and characteristics of the Comprehensive Primary Health Care approach;
* where appropriate, reflect the objectives of decentralization, and
* have been shown to be efficacious in reducing the burden of childhood diarrhoea. The latter will specifically require you to include references to reputable studies that illustrate the efficacy of these strategies in reducing the cases of, and deaths due to, childhood diarrhoea.

1. Finally, taking into account the gaps that you have identified in your analysis, provide 3 *feasible* recommendations regarding prevention and management of childhood diarrhoea that you would like to take to the District Health Manager – and which you believe could realistically be considered for implementation in the next financial year.

You should describe these in detail and with sufficient motivation that you could realistically send them in an email to the District Manager at the end of this course.

Before starting the assignment, it is important to take note of the Assessment Criteria which are listed below.

**Reference**

World Health Organisation (2008). *The world health report 2008: primary health care now more than ever.* [Online] Available: *www.who.int/whr/2008/whr08\_en.pdf* [Downloaded 14.12.2015].

**Assessment Criteria for Assignment 2**

|  |  |  |
| --- | --- | --- |
| **Type of Competency** | **The student’s response:** | **Sub-total** |
| **Content and analytical** | 1. Describes the burden of the public health problem of childhood diarrhoea and its leading causes in their own country context. | 10 |
| 1. Demonstrates an understanding of the key components of a health system - applied at a district level and within the context of their own country country. | 20 |
| 1. Provides a descriptive outline of the range of interventions currently being implemented to address the problem of childhood diarrhoea - in a district in their own country context.   Attention is given to linking the various interventions to the chosen health systems framework. | 15 |
| 1. Presents a critical analysis, backed up by evidence ie. examples from the chosen policy or plan along with relevant academic literature, as to whether the current interventions are based on CPHC and DHS and efficacious strategies.   Drawing on the relevant theory and available evidence, the student identifies and describes the gaps that exist in current policy and practice wrt addressing this public health problem in the selected district. | 25 |
| 1. Presents a set of appropriate recommendations related to the prevention and management of childhood diarrhoea in the selected district that could realistically be sent to the District Health Manager – and which would be feasible to implement in the future. | 15 |
| **Academic skills** | **Demonstrates clarity of structure and argument.**   * The answer is coherently structured. * An appropriate introduction and conclusion is written. * An academic tone and writing style is used. * Times New Roman, font size 12pt and 1,5 spacing is used. * The text is within the word limit. | 10 |
|  | **Presents correct in-text referencing and reference list.** Please consult the *SOPH Academic Handbook -* Citing and Referencing the Sources that you use. The assignment will be returned to you for correction, and your marks will only be lodged once you have made the necessary corrections. This is the point where you should get to grips with referencing: it is simply following a set of rules. | 5 |
| **TOTAL** |  | 100 |

**3.6 ASSIGNMENT COVER SHEET**

**IMPORTANT NOTE: You will find an electronic version of this on your USB flash drive under Programme Documents**

**School of Public Health – University of the Western Cape**

An Assignment Cover Sheet should be attached to every assignment. Please fill in all details clearly and staple this form to the front of your assignment. Alternatively, please fax it as the first page of your assignment, or develop a cover sheet like this one to e-mail with your assignment.

**Full name**: …………………………………………………………………………………….…………………………………

**Address:** …………………………………………………………………………………….…………………………………

**Postal code:**…………………………………………………………………………………….…………………………………

**Student number:**

**Module name: *Population Health and Development: A Primary Health Care Approach II***

**Module code: SPH855**

**Convenor: Ms Nikki Schaay**

If faxed, state the total number of pages sent including this page: …………

Student’s comments to lecturer

……………………………………………………………………………………………………………………………………

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**Declaration by student**

I understand what plagiarism is. This assignment is my own work, and all sources of information have been acknowledged. I have taken care to cite/reference all sources as set out in the *SOPH Academic Handbook*.

**Signed by the student:** …………………………………………………………………………………………

The tutor’s comments are on the reverse of this form

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**Office Use**

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| Date received | Assessment/Grade | Tutor | Recorded & dispatched |

**II STUDY SESSIONS**

|  |  |  |
| --- | --- | --- |
| **UNIT 1** | **DETERMINANTS OF HEALTH IN AFRICA** | **1** |
| Study Session 1 | Orientation to a Public Health Perspective | 4 |
| Study Session 2 | Describing the Burden and Pattern of Disease | 22 |
| Study Session 3 | Questioning Health Inequity | 47 |
| Study Session 4 | Health, Development and Urbanization | 73 |
| Study Session 5 | The Relationship of Health and Development | 104 |
| **UNIT 2** | THREE DECADES OF PHC: A REVIEW | 123 |
| Study Session 1 | Introduction to PHC | 125 |
| Study Session 2 | Selective and Comprehensive Approaches to PHC | 149 |
| Study Session 3 | Review of PHC’s Success Over the Past Three Decades | 162 |
| **UNIT 3** | **SYSTEMS THAT SUPPORT CPHC** | 172 |
| Study Session 1 | Health Systems that Support CPHC | 174 |
| Study Session 2 | Finances that Support PHC | 193 |
| Study Session 3 | Human Resources that Support PHC | 211 |
|  | **GLOSSARY** | 227 |