

Thokomala Nathi
(Feel at home with us)
072-777-NPO

Business Plan 2009/2010

Thokomala Nathi was founded in 2008 to compliment the health care offered to children admitted to public sector hospitals in KwaZulu-Natal. The establishment of the organization was based on:

- a recognition of the complex physical, intellectual and psychosocial needs of children in hospital;
- a need to extend the focus of health care beyond one that merely ensures the survival of children to one that embraces the holistic care and wellbeing of sick children and aspires towards achieving enhanced resilience on discharge from hospital;
- an appreciation of the limited resources available within the public sector and recognition of the need to establish partnerships with organizations outside the state sector that are able to compliment existing health services.

Background

KwaZulu-Natal is the third smallest but most populous province in South Africa with over 10 million people including 3,5 million children below 15 years of age. The majority of these children live in rural communities with underdeveloped municipal infrastructure and limited access to various public services.

The socio-economic circumstances of most households, reflected in Appendix 1, is poor and the poverty rate in the province high with 49% of household surviving on less than R800.00 per month (US\$ 100.00). Broader social circumstances are characterised by high levels of unemployment, crime and violence. Education levels are low with one in ten adults having no formal education and only two in ten completing grade 12.

An estimated 21% of children have already lost at least one parent principally to traffic accidents, homicide, HIV and TB. The province is the epicentre of the South African HIV epidemic with an estimated 1,5 million HIV infected people and a prevalence of 39% amongst pregnant women. The midlands region of the province also has the highest prevalence of TB in the world.

These circumstances create an environment in which the appropriate growth and development of children is difficult and the levels of childhood morbidity and

mortality are high. Malnutrition, HIV/AIDS, TB and other preventable diseases combine with poor household circumstances and limited access to health care to cause infant and under five mortality rates which are disproportionately high compared to countries with a similar economic status.

Almost 90% of the population of the province is dependant on the public health system. Features of this service are presented in Appendix 2 and include over 790 facilities including 57 general and specialist hospitals providing acute and comprehensive health care. Access to these facilities is often restricted by their geographic distribution and in most institutions clinical services are invariably compromised by the lack of medical and surgical commodities and a severe shortage of professional staff. Despite this the utilization rate of primary health care clinics and bed occupancy rates in local hospitals are comparable to those throughout the country although the average length of hospital admission, at 6 days, is much longer.

The impact of the above circumstances on the health outcomes of children is profound. Recognition of this impact led to an innovative response to the care of children admitted to the children's wards of the Pietermaritzburg hospitals. In 2004 a review of factors leading to the death of 14,8% of children admitted to Edendale Hospital identified 4 major contributing factors – poor infrastructure, staff shortages, inadequate treatment guidelines and the lack of standardised clinical records. The introduction of standard treatment guidelines and clinical records, the appropriate use of available staff together with quality improvement and quality assurance activities has seen a progressive and sustained decline in the mortality rate to below 5%. A similar trend has been repeated in all the children's wards in the three hospitals in Pietermaritzburg.

This reduction in child mortality has precipitated two further responses:

- The development of resources and activities to extend these interventions to hospitals throughout KwaZulu-Natal.
- The broadening of attention beyond survival to focus on improving the experience of children in hospital through the provision of more holistic care appropriate to the age, development and needs of each individual child.

Holistic care of children in hospital

The department of Paediatrics in the Pietermaritzburg Metropolitan Hospitals Complex has developed a number of programmes to support the provision of holistic care for children admitted to public sector hospitals in the province. It has also established partnerships with a variety of organisations in the province in an effort to compliment this care so that all the needs of these children can be addressed.

Activities to extend the child survival interventions throughout the province include:

- The development of a Child Health Resource Package (CHERP) inclusive of clinical guidelines, clinical governance and quality improvement and assurance activities.
- A comprehensive Paediatric Outreach Programme for the support of paediatric and child health programmes in peripheral hospitals.
- The creation of Paediatric and Neonatal Experiential Learning Sites for the development, support and supervision of professional staff in peripheral hospitals.

Activities to broaden the scope of care beyond survival include:

- The development and implementation of policies and protocols that recognise the specific developmental, social and psychological needs of children as distinct from those of adults.
- The creation of a child friendly environment for children in hospital. This includes separate facilities for children attending hospital, appropriate services and décor in children's wards and in- and out-door play facilities,
- The establishment of lodger facilities to enable mothers or caregivers to stay with their sick children.
- The appointment of a Technical Advisor for Child Development (TACD) and Stimulation to oversee the implementation of activities to address the developmental and psychosocial needs of children in hospital.

Partnerships to ensure a comprehensive package of care include:

- Phila Impilo which focuses on children's participation and the contribution of the health care worker to the experiences of children in hospital.
- Medical Knowledge International (MKI) which provides health education to the parents and caregivers of children in hospital.
- Bamblela Khuyesu, Zanini bantwana and the School of Psychology, University of KwaZulu-Natal who all provide a range of activities for the emotional and psychological support for children in hospital.

Complimentary community based programmes undertaken by the provincial Department of Health include:

- The health promoting hospitals initiative which aims to extend hospital services beyond the provision of curative care only.
- The Community Health Care Worker programme to promote a healthy lifestyle, facilitate prevention programmes as well as access to scheduled and emergency health services.
- Partnerships with various non-governmental organisations providing preventive, curative and rehabilitation services.

Thokomala Nathi

The primary purpose of Thokomala Nathi is to support the provision of holistic care for children in hospitals in KwaZulu-Natal.

The organisations aim is to reduce the negative impact of hospitalization on children and their families through:

- Promoting public awareness of the needs and rights of children in hospital.
- Supporting the needs of children in hospital by:
 - Facilitating the creation of a child friendly hospital environment.
 - Coordinating activities to support the emotional, intellectual and social wellbeing of children in hospital.
 - Helping to meet the material needs of children attending hospitals.
- Facilitating appropriate support to the caregivers and families of children attending hospitals.
- Assisting health care providers so that they can focus on their core function of meeting the health needs of children.
- Enhancing the coping skills and resilience of children, and their families, on discharge from hospital.

As a newly established organisation the following activities will be required to achieve these objectives:

1. Development of an organizational structure

This is to be achieved over the first 6 months of the financial year and entails the:

- Appointment of a director or manager;
- Raising funds for the day-to-day running of the organization;
- Establishment of organization infrastructure – offices, storage facilities etc;
- Development of a corporate identity for the organization;
- Development of organizational policies, protocols, systems and programmes.

2. Promoting awareness of the needs and rights of children in hospital.

This requires:

- Strengthening the existing relationship between the paediatric department in Pietermaritzburg and Phila Impilo;
- Assisting the TACD with the development, distribution and implementation of suitable materials, resources and interventions.

3. Supporting the creation of a child friendly hospital environment.

This includes:

- Supporting the development of a model for a child friendly hospital
- Sourcing resources and materials for the implementation of this model in select sites in the province
- Assisting with the creation of partnerships with civil and corporate society to promote the creation of an appropriate child centred physical environment in each hospital.
- Engaging with health care workers and other professions to facilitate a change in systems and practices aimed at achieving a functional environment that recognizes the special and specific needs of children in hospital.

To achieve the above the programme will need to liaise with the corporate sector, civil society structures and professional organizations in Pietermaritzburg and the Midlands of KwaZulu-Natal.

4. Supporting the intellectual, emotional and social needs of children.

This will be achieved by:

- Facilitating the creation of play areas in children's wards and clinics
- The development, recruitment, coordination and support of volunteer programmes for the stimulation and support of children in hospitals
- Developing and sourcing admission and support packs for children admitted to or attending specialised services in our hospitals

5. Supporting parents and caregivers of children in hospital.

This entails:

- Promoting the rights of parents and caregivers in a hospital environment
- Supporting activities aimed at the development of suitable facilities for the accommodation of lodger mothers in our hospitals.
- Facilitating and supporting the provision of counselling, support and education programmes for caregivers residing with their hospitalized children.
- Sourcing discharge packs to support the reintegration of children and caregivers who have been in hospital for a prolonged period into their families.

6. Assisting health care providers to focus on their core function.

Simplistically this entails:

- Identifying the non-core activities undertaken by health care workers
- Exploring models able to meet deliver these services including the recruitment, coordination and support of volunteers who are willing to assist with non-core administrative tasks in the children's wards of our hospitals
- Promote the development of peer support systems of staff working with children.

7. Enhancing the coping skills and resilience of children on discharge from hospital.

This will hopefully be achieved through modifying the experiences of children and addressing their social and intellectual needs whilst in hospital and interacting with their mothers to promote improved insight and understanding with regard to child wellbeing and health seeking practices.

It also includes:

- The identification of community based resources providing health promoting activities and the associated development and support of children and their families
- Facilitating linkages between health facilities and these community based resources.

Way forward

In order to achieve the objectives of the organization the activities identified above will need to be implemented in a phased manner starting in Pietermaritzburg before expanding into the inland half of the province (Area 2) and eventually throughout the entire province.

It is intended to do this as follows:

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| Year 1 | Establish the model |
| Year 2 | Pilot the model in the 3 general hospitals comprising the Pietermaritzburg Metropolitan Hospitals Complex |
| Year 3 | Extend to include 15 general and 5 specialized hospitals in Area 2 |
| Year 7 | Expansion outside Area 2 to include the remaining 40 hospitals in the rest of KwaZulu-Natal |