

# Creating and developing a non-profit community-outreach healthcare clinic in the developing world: lessons learnt in South Africa

**Creating a non-profit community clinic in the developing world**

Chesed Children's Clinic is a non-profit, non-governmental, volunteer-run primary care paediatric-outreach clinic servicing the severely under-resourced informal settlement of Mzamomhle within South Africa's impoverished Eastern Cape Province. Founded in May 2011 by a group of junior medical professionals and volunteers, the clinic has been successfully operating a weekend clinic on alternate Sundays since September 2011. This paper discusses 10 points of essential consideration for individuals and organisations intent on pursuing similar projects.

## Introduction

In May 2011, a group of junior medical professionals and volunteers grouped together to form a multidisciplinary non-profit organisation (NPO) with the primary aim of providing paediatric primary healthcare for the severely impoverished Mzamomhle area of East London in South Africa's poorest province, the Eastern Cape. The impetus behind this project was the limited healthcare available to the ever enlarging informal settlement of Mzamomhle, which comprises approximately 12,000 individuals living in 3000 shacks, with no sanitation, electricity or running water available and with health services being limited to a single nurse-run weekday public clinic (1). The group's paediatric clinic, named the Chesed Children's Clinic (chesed is a biblical Hebrew word meaning 'loving kindness') is located at a former USAID ARV site, and has been successfully operating on alternate Sundays since September 2011.

Setting up a new non-profit community clinic (NPCC) is an ambitious and altruistic task, which takes a lot of hard work to successfully accomplish. The following 10 aspects were essential for the development of Chesed Children's Clinic. It is hoped that this discussion will benefit groups interested in pursuing similar projects within Africa and in other developing countries.

A framework for the development of a NGO community clinic:

### 1 Selection of aims and scope of service

Before starting your NPCC, it is important to develop and define a set of aims as well as the scope

of service you aim to provide. This needs to be developed in partnership with the community you will serve. Choosing your target community also needs to be done carefully, and should involve thorough investigation of the current local health landscape. Is there a significant demand for the clinical service you hope to provide? Will you be duplicating a service already provided by the state or another non-profit organisation? If you have chosen a community not serviced by any

healthcare service it is wise to select a service which will best benefit that community. Community leaders may be an invaluable source of advice in this situation. As this is a daunting and demanding process, it is advised to start with small and simple plans. Once established, the addition of further services to your NPCC's repertoire will occur naturally with time. Starting small enabled us to gradually build up our local experience as well as nurture a group of dedicated volunteers. Thus, as the clinic grows, we aim to increase our scope of service as well as our opening hours.

Another important consideration is your NPCC's opening hours. When we created the Chesed Children's Clinic, we decided to open our clinic on alternate weekend afternoons for both altruistic and pragmatic reasons. Firstly, the primary care service offered by the state in Mzamomhle is closed during the weekend, thus allowing our clinic to fill a significant gap in health delivery for this community. Secondly, having weekend opening hours allows our clinic to cater for children whose parents or caregivers are unable to bring their children to a weekday clinic without jeopardising their own (usually temporary) employment. Lastly, it was found that Sunday afternoon was the most accessible time for our volunteers, all of whom were either in full-time study or employment.

### 2 The management structure and the management team

The importance of having a hardworking, cohesive team managing your NPCC cannot be understated and without this, your project is unlikely to succeed.

Indeed, a strong team is essential for the success of any organisation. The team needs to be passionate about the field of work chosen, enthusiastic about the project and, if already in full-time employment, be ready to give up their limited spare time. Finding such people takes time.

We decided that the management model supporting our NPCC would be based on that employed at the SHAWCO (Student Health and Welfare Centres Organisation) Health Clinics of the University of Cape Town, with which the author had prior experience (2). These clinics, run and managed by medical students (and overseen by general practitioners), have successfully served the indigent populations of the greater Cape Town region for the past 70 years (2). The ethos of sharing managerial responsibility as well as the framework behind the historically successful SHAWCO clinic and its administration was thus successfully transplanted to Mzamomhle, albeit with a few modifications regarding the additional bio-psychosocial services offered at our NPCC.

We divided leadership roles based on the various services offered at the clinic, all under the watchful eye of a chairperson. For example, the medical managers ensure that all the medical aspects of the clinic run smoothly, that volunteer doctors and pharmacists are recruited and that the pharmacy is always adequately stocked. The clinic also has a manager for the arts and craft workshop, a sports manager, a pastoral care and counselling manager, and a financial and advertising manager. Sharing responsibility and ownership of the services offered at the clinic among the management team is an important practice. This helps to ensure that the team remains focused and committed to the project and that work is evenly spread (especially important when members are all unpaid volunteers).

### 3 Successfully dealing with challenges

As with all new creations, it is important to expect that plans may not always work out. However, the importance of such challenges and failures cannot be overstated as it is through them that the NPCC will adapt, grow and ultimately improve. Good leadership from the chairperson is however essential during times of crisis to ensure that negative events do not derail the enthusiasm and common aim of the team.

For some individuals within your management team, this may be their first involvement in a developing NPCC. Although their inexperience may bring about further challenges and frustrations, it is important to remember that new people may also bring with them potentially new perspectives and tech-

niques, which can be very useful for the evolution of any group project.

Our clinic experienced its own share of challenges and failures. The first was finding an adequate and safe clinic site, a search that lasted for a few months. Then, there remains the ever-present concern regarding recruiting medical volunteers to staff the clinic, which consistently proves to be a difficult task. We also struggled to initially raise awareness for our clinic within the Mzamomhle community as our initial adverts printed in isiXhosa (the most widely spoken language of the Eastern Cape Province) did not attract the attention of the community. This resulted in very few patients attending our first clinics. Another challenge we continue face is the unpredictability of the weather. During bad weather, children and their parents do not attend the clinic because the paths and dirt-roads become very muddy and dangerous. We have also found that during school holidays, most families take their children to their rural homesteads within the interior of the Eastern Cape Province. Clinic attendance during school holidays mirrors this migration (dropping to zero) and peaks when school resumes. Because of this phenomenon, the clinic now operates only during the school term.

### 4 What are the legal requirements for starting your own outreach clinic?

It is extremely important to follow the correct legal procedure when starting your own NPCC and failure to do so may have dire consequences. Registering your group as a non-profit entity is usually the first step taken. In South Africa, this is done through the South African Social Development Office. The benefits of registering as a non-profit entity include: (i) the ability to open a bank account for your organisation; (ii) various tax incentives; and (iii) improved credibility when approaching potential donors. Registering as a non-profit entity in South Africa requires the creation of a constitution (3) (which lists your aims, functions, management structure, membership rules and plans for financial stewardship) and submission of an application form (4). The registration process takes approximately 2 months.

The next step is to contact both your local municipality and Department of Health to request permission to set up a legally accountable medical clinic at a specific location. It is noted that each South African province appears to have its own unique authorisation protocols, which can take many months. If medicines are to be dispensed, the South African Department of Health requires that a qualified pharmacist or a medical general practitioner with a

dispensing licence be present whenever the clinic is in operation and that all medication be securely and safely stored in a temperature-controlled environment.

Furthermore, the Health Professions Council of South Africa and National Department of Health requires that should junior doctors (South African intern and community service level) volunteer to perform unpaid outreach work in your clinic (outside of their working hours), at least one fully registered and accountable medical general practitioner be present at all times to supervise their work. Abiding by the statutes of the country you will run your clinic in is very important and should be strictly adhered to.

### 5 Choosing an appropriate clinic site

Finding an appropriate site for your NPCC can be quite challenging, especially in rural and resource-poor environments. Key points to consider are as follows: (i) ease of accessibility for your target community; (ii) safety of clinic staff; (iii) the presence of private consulting space; (iv) functional ablution facilities; (v) storage facilities for medication and medical records; and (vi) waiting room facilities.

Unless operating from an established clinic, finding all of the above in one site may be difficult. It is recommended to first approach the local state-run primary healthcare day-clinic to enquire about possible after hour use. Often this can be done without cost, as long as a contract of responsibility is signed by the NPCC's management team. If such a site is unavailable, it is advisable to approach schools, churches and community centres.

Large rooms can easily be temporarily transformed into a clinic where multiple consulting areas are created by separating the room with sheets suspended by washing-line or physical dividers. We operate from a former USAID clinic site, which has been generously shared with us by CATCH Projects, a non-profit foster-care organisation based in the surrounds of Mzamomhle.

### 6 Organising your pharmacy, medical equipment and medical records

Choosing the correct medication should be directed by the needs of the population you plan to serve. This information can usually be obtained from health professionals with experience in or around the community you are planning to work in. It is crucial to remember that different preparations of medication have varying shelf lives and that young children do not tolerate swallowing pills or capsules. Having surplus pharmaceutical stock expiring within your pharmacy

can place a significant financial burden on your NPCC. This can be prevented with good planning.

Through our cumulative clinical experience working in the region, we were able to select appropriate medication (5) for the majority of paediatric primary healthcare problems expected in the Mzamomhle community. This was corroborated by comparisons with the South African Essential Paediatric Drugs List, a national registry of drugs available within the public health sector.

In addition to medication, your NPCC will need basic furniture as well as medical equipment appropriate for primary care. Additional considerations include whether to have emergency and life-support equipment on site. Every health professional in your NPCC should have life-support experience relevant to the age-group you are serving.

Good medical record keeping is essential and is part of good medical practice. We recommend that you design durable folders for your clinic and store them in a secure location. The contents of all folders must remain strictly confidential. In addition to storing patient records, folders are also useful vehicles for patient and caregiver education. We achieved this by adding simple visual instructions for making oral rehydration solution (ORS) on the cover, in addition to growth and developmental charts (6). In Mzamomhle and its surrounding areas, diarrhoeal disease has a high mortality. This can easily and cheaply be prevented by widespread knowledge of the use of homemade ORS.

### 7 Advertising, awareness and sponsorship

Advertise well and your clinic will be filled with patients and volunteers. A good advertising strategy is essential and should focus on three groups: (i) the target patient population; (ii) potential donors; and (iii) potential volunteers. It is also useful to introduce the management of your local medical and emergency services to your NPCC. The importance of a good professional relationship between your NPCC and these services cannot be overstressed.

As mentioned earlier, our initial attempts at advertising using isiXhosa language posters within Mzamomhle failed, presumably because of high levels of illiteracy. We solved this problem by working with local leaders within the Mzamomhle community who spread news of our service through the pulpit and at political meetings. This had a desirable effect on our patient numbers.

Sourcing funds is another major element of NPCC development. Without funding, your NPCC is unlikely to function. Advertising your proposed NPCC to potential donors is thus an important aspect of NPCC development. We recommend creating a

portfolio of your proposed NPCC and include its constitution and a detailed description of expected expenditure. If already functioning, include financial progress reports as well as clinical statistics. It is advisable that somebody with accounting experience be responsible for your NPCC's financial record keeping. Our clinic has been generously sponsored by medical and pharmaceutical companies, local businesses and philanthropists.

#### 8 The importance of attracting and retaining volunteers

Ensuring that your project has a sustainable volunteer community is another important consideration when developing and managing a volunteer-driven NPCC. Retaining medical volunteers has been an ongoing challenge for our clinic as most work very long hours in the local public hospitals and struggle to commit to further medical work during their limited free time. To combat this and raise enthusiasm amongst local doctors for the clinic, we have hosted a number of social events promoting the clinic, such as picnics, beach barbeques, sports days and a spring ball. These events have all been very successful in generating interest and raising volunteer numbers. We have also found that having a small social gathering following each clinic at a nearby beachside café has had beneficial effects on retaining volunteers.

Some volunteers will be interested in taking on further responsibility in the NPCC. The future of any NPCC depends on such individuals and they should be actively nurtured and encouraged. We have learnt that one should always be prepared for last-minute volunteer cancellations.

#### 9 Self-sustainability

Self-sustainability is the ultimate goal of any NPO. In the context of our clinic, it is interpreted to represent the state reached when the clinic is able to func-

tion efficiently and successfully as well as expand its services without the input of the original founding team. This includes absorbing and electing new committee members, efficiently dealing with challenges and, importantly, remaining financially buoyant. This should be an important long-term goal for your NPCC and requires good teamwork, individual ownership of specific leadership roles, sound financial management, and feasible plans for expansion and further development.

#### 10 The importance of self-review

Self-review should be an integral component of your NPCC and should be performed regularly by the management team. Without it, problems may be missed and services may function inefficiently. In addition, with regular self-review, your NPCC is likely to mature and evolve faster. Managerial meetings can often be dry and lengthy. It is advisable to keep such meetings as brief as possible. We find that having them over a meal or snack improves team efficiency and enthusiasm.

## Conclusion

Forming an outreach or community healthcare-providing organisation is a highly demanding yet very rewarding and achievable project. It is hoped that the discussion presented in this study will aid and stimulate both readers contemplating developmental healthcare projects and those already in the field. I end with our clinic's motto, which beautifully encapsulates the ethos of developmental public health: 'working together to heal communities, inside and outside.'

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