IMPACT STUDY FOR ROTARY FAMILY HEALTH DAYS (RFHD) SOUTH AFRICA 2017

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Contents

List of Acronyms

CDC – Centres for Disease Control and Prevention

DG – Rotary District Governor

EPI – Expanded Programme on Immunisation

HCT – HIV/Aids Counselling and Testing

M & E – Monitoring and Evaluation

NDOH – National Department of Health

PDG – Rotary Past District Governor

PEPFAR – The United States President's Emergency Plan for AIDS Relief

RFHA – Rotarians for Family Health and Aids prevention Inc. – a Rotary Action Group

RFHD – Rotary Family Health Days

RI – Rotary International

USAID – United States Agency for International Development

Introduction

The Rotary Family Health Days is the signature programme of the Rotary Action Group, Rotarians for Family Health & AIDS Prevention (RFHA). This three-day annual programme provides holistic, comprehensive, and preventative health screenings (both for infectious and non-communicable diseases) by way of leveraging and inspiring a massive force of humanitarian-driven Rotarians and Partners. Through this Public/Private Partnership programme, tens of thousands of people are served in underprivileged communities in various countries in Africa.

The services include free lifelong immunizations to children, such as polio and measles vaccines and comprehensive life-saving annual health screens, counselling, testing and referrals for HIV/Aids, TB, diabetes, hypertension, MMC, cancer and more.

In South Africa, the programme is led by Rotary and its partners, namely: Department of Health (DoH), South Africa National AIDS Council (SANAC), Gilead Sciences, the US Mission through the PEPFAR funded agencies of the Centres for Disease Control and Prevention and USAID, three Rotary Districts and the SABC Foundation and Caxton as primary media partners and other support partners and funders.

In 2017, 36,585 people attended the Rotary Family Health Days in South Africa across 95 sites.

Together we believe we are leaving a legacy of shared responsibility to serve the disadvantaged communities within South Africa.

However, forced to choose among programs and projects ‘doing good’ in the world, various funding agencies and local Rotary clubs need to know — with support of empirical data — what the lasting impacts (sustainability) of these efforts are on the nation’s families and its health-care delivery systems.

The intent of the 3-month Impact Study is therefore to assess this sustainability, or lasting impact, of RFHDs. This included understanding behavioural or lifestyle changes, improvements to health conditions, as well as the clients’ following up on referrals. We also wanted to measure the client’s satisfaction with the services, and listen to their recommendations for future RFHDs.

Methodology

The guideline document **"A Monitoring and Evaluation Template for Rotary Family Health Days - Guidelines for African Countries 2014" by Dr Philip J. Silvers (December 1, 2013)** was used in designing a methodology to use.

RFHA South Africa understands the importance of doing impact studies. The Rotary Family Health Days has been a journey that the South African Department of Health and South African Rotarians alike have be taken on. After piloting the impact study in 2016, last year the methodology was rolled out fully across all Rotary districts and RFHD sites. This year the approach remained consistent with last year; to ensure Rotary Districts become familiar with the process.

Objectives

The intent of the impact study is to assess the **sustainability**, or **lasting impact**, of RFHDs. This will include improvements to **health conditions**, as well as the clients' following up on **referrals**. RFHA also wants to measure the **client's satisfaction** with the services, and listen to their **recommendations** for future RFHDs.

Sampling Plan

Although the number of people attending the RFHDs had dropped, we decided to maintain the previous targets. In other words, a planned sample size was calculated as follows: assuming a **population size** of **65,000**, a desired **confidence level** of **95%**, and a **margin of error** of **5%**, an appropriate and affordable sample size of **382 *completed survey questionnaires*** is required.

The 382 was rounded up to 400, and a 40% successful response rate of completed questionnaires was assumed. This resulted in a total number of **1000 participants being required** to be selected from amongst RFHD clients.

Working on a simple rationale of requiring 1000 RFHD clients to consent to participating in the impact study, and assuming a "worst case" number of RFHD sites of 100; the guidance that was communicated to all districts, was for each RFHD site to collect a *minimum* of 10 signed impact study consent forms.

But, to increase our chances of achieving our sampling plan, a *stretch target "percentage" guideline* was given as follows: small sites (100 to 300 clients anticipated) should systematically approach every 10th client for consent; and larger sites (300+ clients anticipated) should systematically approach every 10th to 20th client for consent.

Guidelines

A succinct set of simple **guidelines** were developed. This was intended as further guidance (after initial training Skype calls) for all interview teams to use and provide as training to all interviewers.

Consent Forms

All districts were requested to obtain a minimum of 10 **signed consent forms** from every Family Health Day site, using the guidelines described under 'Sampling Plan' above. These signed consent forms would then be used as the sample for the telephonic interviews.

Instrument (Questionnaire)

Dr Philip J. Silvers' questionnaire template was used as the basis of the South African questionnaire, in 2016, to draft the questionnaire for the pilot impact study. The **impact study questionnaire** was then reviewed and modified again in 2017 with the help of Dr Ubanesia Adams-Jack (District 9350) and PDG Hennie de Bruin (District 9370 East). 2018 saw minor changes being made to the questionnaire.

The questionnaire uses an **"open-ended/close-ended" approach**. The intention was that most of the questions are 'open-ended,' whereby the client is asked to respond in his/her own words, without any prompting of categories. The interviewer then records the most relevant 'close-ended' categories so that the data can be quantified. This technique enables us to obtain precise quotations from the respondent—without putting words in her/his mouth, reduce response bias, and at the same time, can categorize and quantify the responses.

The survey instrument is designed to obtain data on the respondent's motivation to attend RFHDs, the services/supplies they received, actions on any referrals, overall satisfaction with the RFHD event, and any recommendations they may have for future RFHDs.

Each interview takes approximately seven to twelve minutes to complete—depending on the complexity of the respondent's RFHD experience.

Interview Teams

Telephonic interview teams were organised and coordinated in 4 areas, by the following people:

- **Dr Ubanesia Adams-Jack** (D9350)
- **PDG Hennie de Bruin** (D9370 East)
- **Catherine MacMillan** (D9370 West)
- **Elyjoy Landa** *from the Social Collective* (RFHA supported sites)

Although we believe consent forms were obtained in D9400, they did not participate in the impact study.

RFHA supported sites included the Launch site in Mpumalanga and 14 Gauteng sites. Data collection was outsourced by RFHA to the Social Collective.

Conducting the Interviews

Telephonic interviews were used to conduct this impact study.

Call **Control Sheets** were developed to be used by interviewers to control the various attempts at contacting clients.

Various combinations of Rotarians, Rotaractors, qualified nurses, and other volunteers, were used in the different areas.

Data Entry, Data Editing, Data Analysis, and Insights Gained

The whole data entry, editing, analysis and insights process was performed and controlled by **Emile Mouton**.

A **data entry Google form** and **Excel worksheet** was developed. Data entry was done as close to the actual data on the questionnaires as possible. The quality of data capturing was controlled by using radio buttons, check boxes, and drop-down lists to limit capturing to valid standard values only (where not an open-ended answer). Completeness of data capture was controlled via strict processing steps, reference numbers assigned to each questionnaire, and control checks performed between the Google form and the Excel worksheet.

Inconsistencies, errors, and omissions on the interview questionnaires were then cleansed where possible, after the original questionnaire data was captured.

Data was then summarized, and graphical representations of the results were developed, which enabled insights across the data sections to be gained.

Report Format

The report drafted describes the context of RFHDs, the methodology of the client follow-up survey, the findings supported by data graphs, as well as conclusions and recommendations.

Findings

Survey Demographics

Total Survey Respondents

A total sample of 1000 clients was planned for, but eventually **1227 signed consent forms** were received from the various Health Day sites.

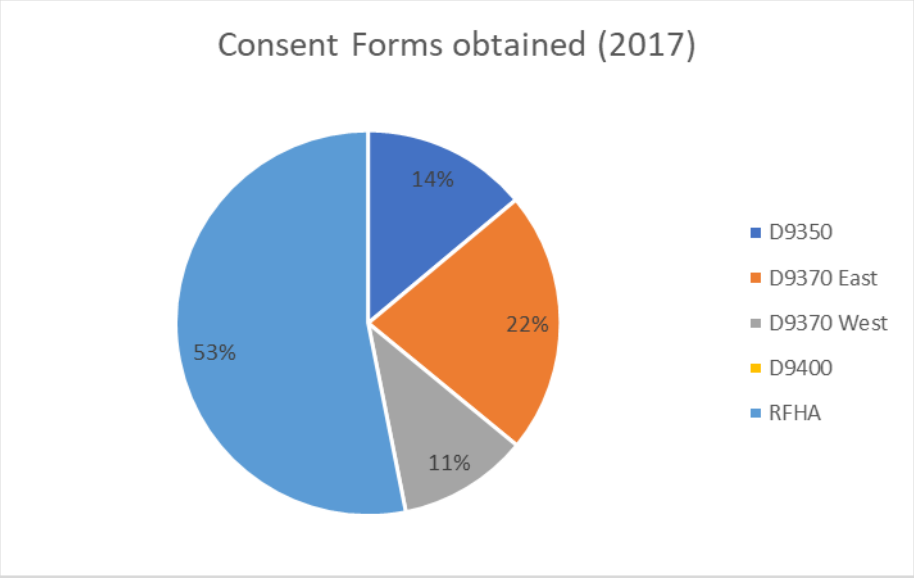
We easily achieved our target of 400, by receiving **619 completed questionnaires (surveys)**.

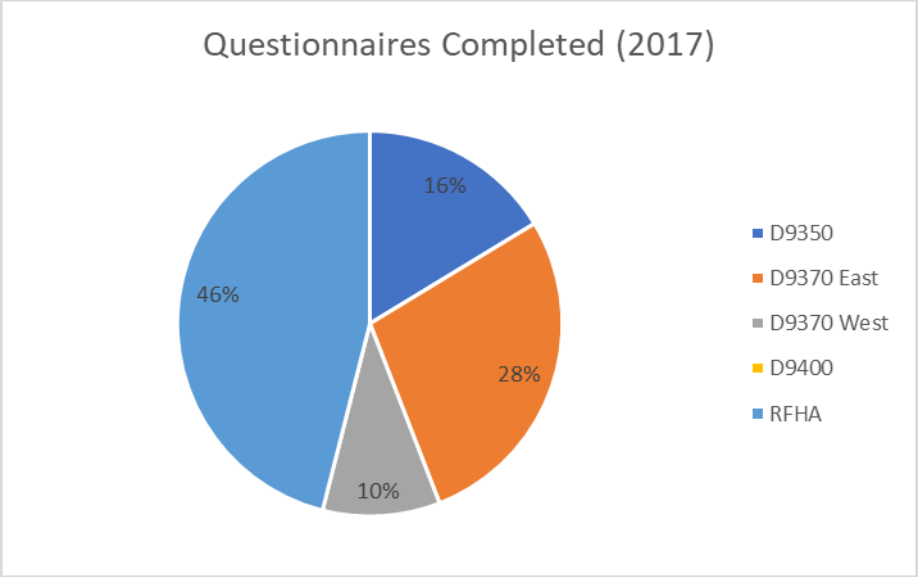
Our planning assumed a response rate of 40%; which was easily exceeded. We ultimately obtained a **response rate of 50%**.

The impact study results can therefore be seen as **statistically reliable**.

Consent forms were unfortunately not very evenly spread across the districts; with some districts achieving much more success than others. With RFHA supported sites obtaining 53% of all consent forms. Completion rates of questionnaires also varied across the districts. With D9370 East (KZN) having the greatest success at 63.7%.

District	Consent Forms obtained (2017)	Questionnaires Completed (2017)	Completion Rate (2017)	Consent Forms obtained (2016)	Questionnaires Completed (2016)	Completion Rate (2016)
D9350	171	101	59.06%	181	105	58.01%
D9370 East	270	172	63.70%	214	160	74.77%
D9370 West	134	61	45.52%	168	54	32.14%
D9400				150	83	55.33%
RFHA	652	285	43.71%			
	1227	**619**	**50.45%**	**713**	**402**	**56.38%**



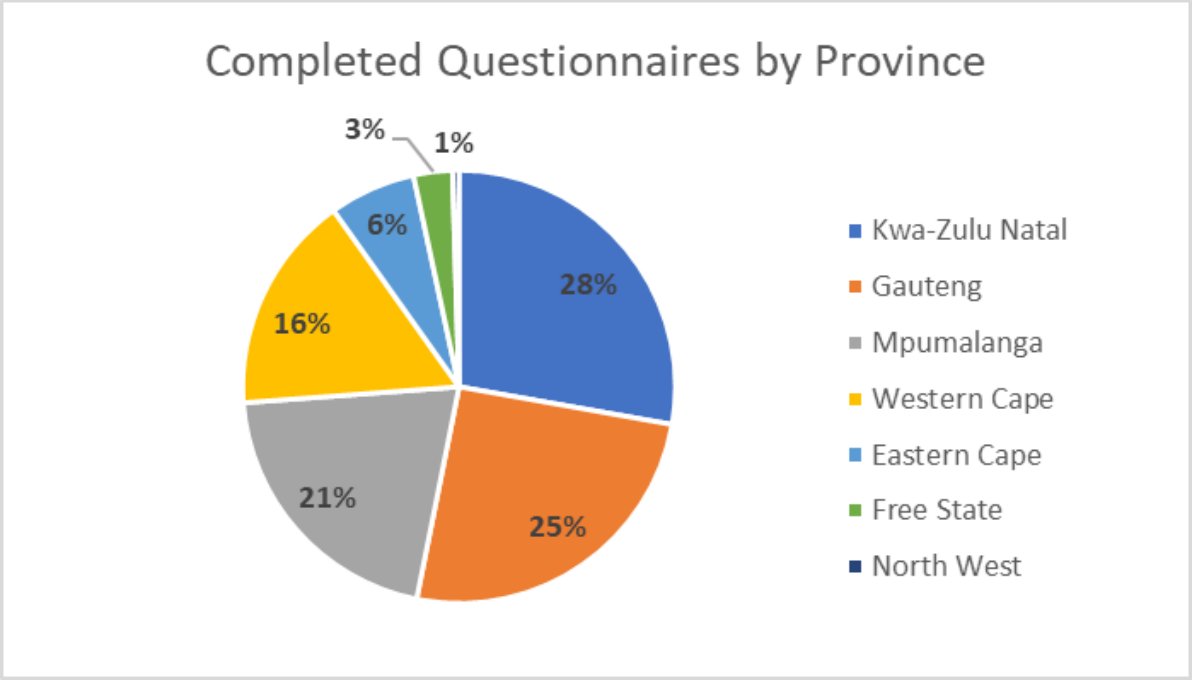

Questionnaires Completed (2017)
16%
28%
10%
46%
D9350
D9370 East
D9370 West
D9400
RFHA

Survey Respondents by RSA Province

Unfortunately, all RSA provinces are not evenly covered. Completed questionnaires were received from 7 provinces. KZN, Gauteng and the Western Cape are reasonably well covered with 28%, 25%, and 16% shares of the final responses. Eastern Cape, Free State, and North West are under-represented. Northern Cape and Limpopo are not represented at all. Mpumalanga appears to be well represented, until you understand that all 128 responses for the province came from the launch site alone; which means that 1 site is significantly over-represented.

This may of course affect the survey results and any conclusions reached.

District	Province	Questionnaires Completed
D9350	Western Cape	101
D9370 East	Kwa-Zulu Natal	172
D9370 West	Eastern Cape	40
	North West	3
	Free State	18
RFHA	Gauteng	157
	Mpumalanga	128
Grand Total		**619**



Survey Respondents by Age

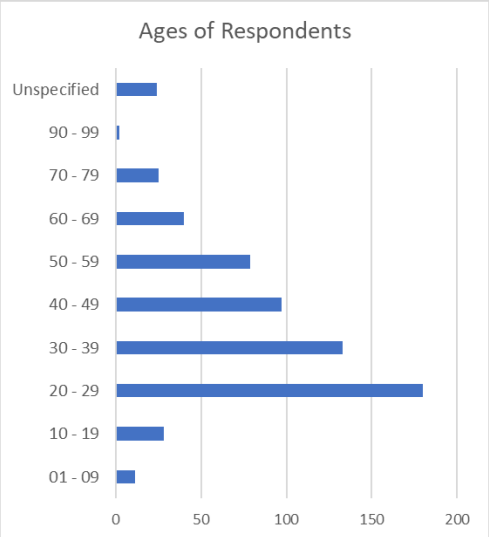
Unlike last year where a good spread of age groups completed the survey, this year the questionnaire was completed by a younger group with 50% of respondents in their twenties and thirties. 29% were in their forties and fifties; and 10% older than that. 4% of respondents preferred not to give their age. There was a small group (5%) of teenagers that responded.

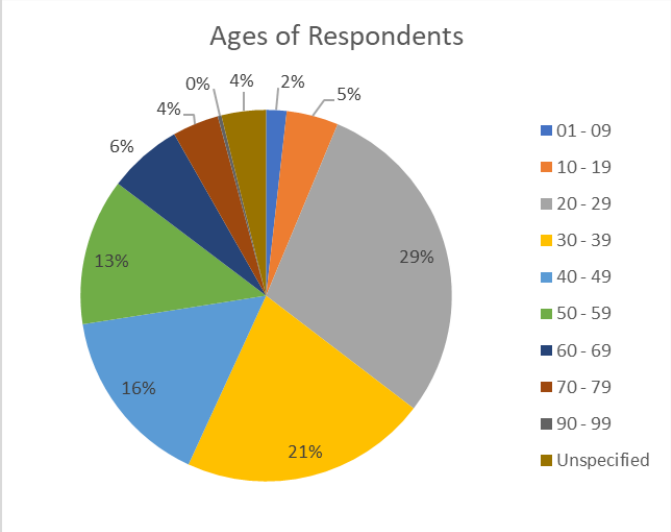
The average respondent was 38 years old (last year 44).

The leaning towards younger age groups suggests a possible generational bias in the survey results. There is no obvious evidence of such a bias however.

NOTE: This year there seems to be an anomaly with 11 respondents in the 1 to 9 age group. They are all from the RFHA-supported sites where the impact study was done by the Social Collective (*first-time involvement*). It is suspected that it is in the interpretation of the questionnaire requirements; i.e. the adult on the phone never received services themselves but took their child, and so the child's age was recorded instead of that of the adult respondent.

Age Groups	
01 - 09	11
10 - 19	28
20 - 29	180
30 - 39	133
40 - 49	97
50 - 59	79
60 - 69	40
70 - 79	25
90 - 99	2
Unspecified	24
Grand Total	**619**



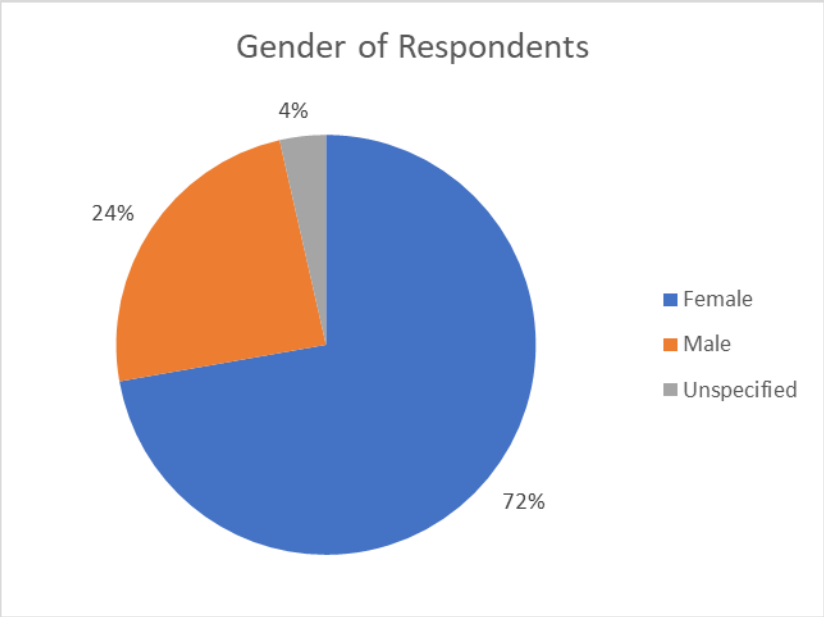


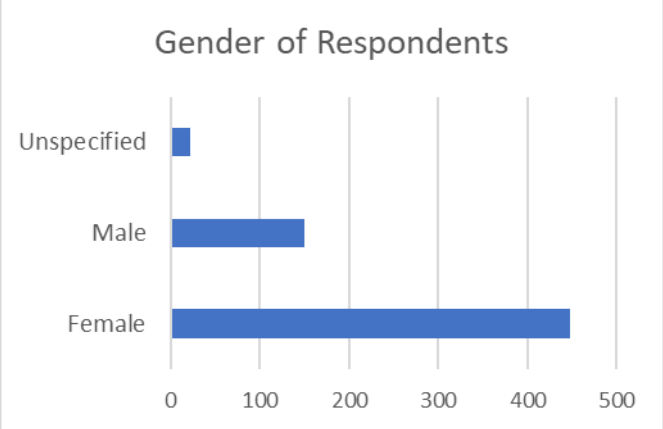
Survey Respondents by Gender

The overwhelming majority of respondents were female (72%) – approximately 3 in every 4 people – which is above the actual attendance (67%) at the Rotary Family Health Days. A small number of respondents (4%) preferred not to provide their gender.

The slant towards females may introduce a "female perspective" bias in the survey results, if such a perspective variation exists between men and women. There is no obvious evidence of such a bias however.

Gender	
Female	447
Male	150
Unspecified	22
Grand Total	**619**





Coming to the Rotary Family Health Days

Why did they come?

Clearly the focus of the Health Days on testing and prevention is also what cause people to come in the first place; since those are the services that were available.

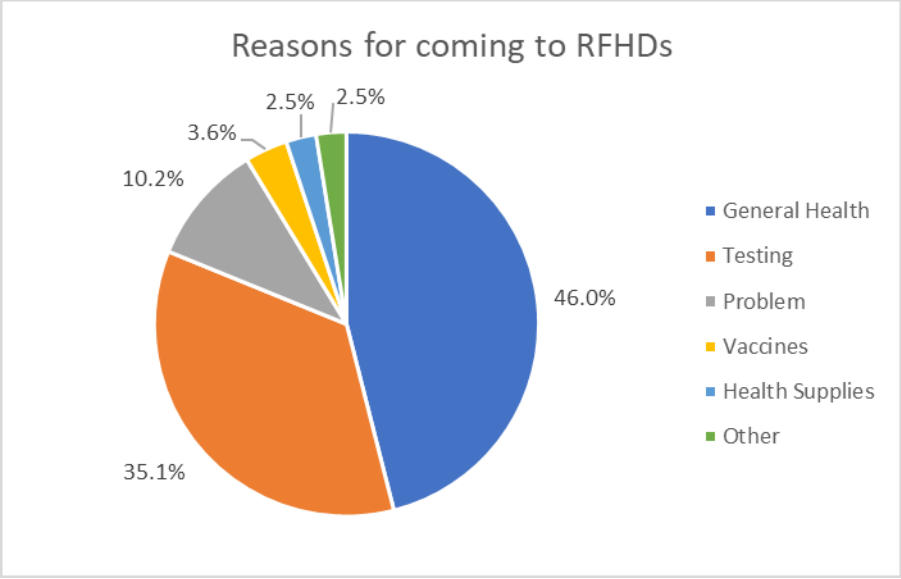
Wanting to understand their general health status (*46% of respondents*) and be tested for certain conditions (*35% of respondents*) was by far the biggest reasons cited for coming to the Health Days in the first place. When comparing across years understanding their general health status has increased in prominence, taking away from other reasons. It appears many people are using the Health Days as their "annual health check-up".

Some people also came because they specifically knew of something they had a problem with that would be covered in some way (*10% of respondents*).

Note that people *could select multiple reasons*, which some people did do.

Reasons for Coming	
General Health	308
Testing	235
Problem	68
Vaccines	24
Health Supplies	17
Other	17
Grand Total	**669**

Reasons for Coming	2017	2016	2015
General Health	46%	33%	39%
Testing	35%	39%	36%
Problem	10%	13%	9%
Vaccines	4%	6%	2%
Health Supplies	3%	6%	2%
Other	3%	4%	13%
Grand Total	**100%**	**100%**	**100%**



How many people came with them?

Last year there was an equal chance of people coming alone and coming together with others.

This year, *based on those that responded to this question*, there was a slightly higher likelihood of people coming with at least 1 other person (297) than coming alone (211).

It seems though like people would generally prefer to come with others, as the reason given by most of those coming alone was that they were there alone simply because of circumstance (e.g. no-one else available at the time, they happened to be near the venue, on way home from work).

Only coming to attend to a specific issue, or coming to have a confidential test done, were the other reasons to come alone.

Social aspects, common purpose, and moral support played a big role in coming together with someone else. Accompanying others (e.g. elderly, children) was another reason to come together.

Adults with you	Count
0	274
1	113
2	52
3	27
4	15
5	9
6	5
7	2
8	1
9	1
10	3
16	1
19	1
20	2
22	1
125	1
Unspecified	111
Grand Total	**619**

Children with you	Count
0	423
1	55
2	18
3	7
4	2
5	2
7	1
Unspecified	111
Grand Total	**619**

Why come with people?	Count
Unspecified	87
Common interest in health	70
Accompanied/brought others	55
Family opportunity	27
Work colleagues	16
Moral support	14
Group of friends	14
Community group	10
Also had health issues	9
More accessible than clinic	4
Together at time	2
Don't like going to doctor	1
Preference	1
Grand Total	**310**

Why come alone?	Count
No-one else available	78
Preference	42
In area; heard about it	29
Alone at home	27
Only one needing service	11
Coming from work	10
Unspecified	5
Close to home	2
Took off work	2
Encouraged at work	1
Not working	1
Everyone else had been	1
Affordable / free	1
Had some free time	1
Grand Total	**211**

How did they hear about the RFHD?

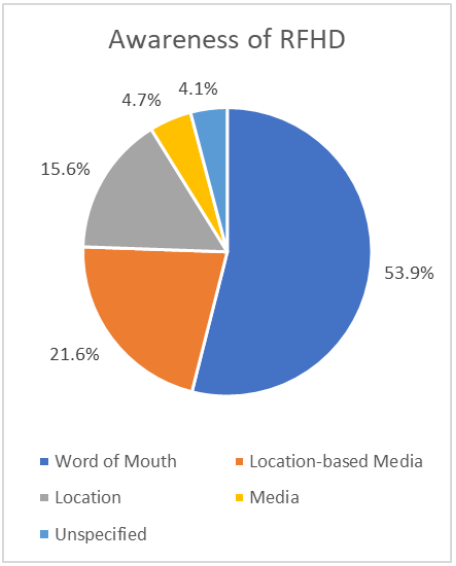
Based on the survey options for how people knew about the RFHDs, hearing about it by word-of-mouth (**family and friends**, **clinic**, **neighbours**, **colleagues**) is by far the most influential at 53.9%. However, this showed a significant drop from last year's 66%.

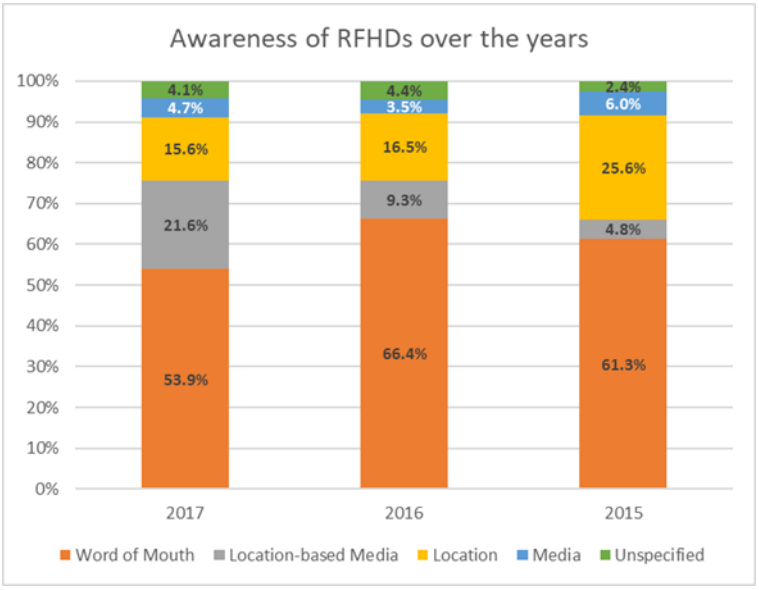
Location-based advertising such as posters and flyers showed a major increase from 9.3% up to 21.6%.

The **location** of the Health Days sites also play a significant role (visibility of event & loud hailer), and has remained steady with last year (at around 16%).

Media **(newspapers, radio)** accounted for 4.7% of the awareness of the event.

Type of Awareness	How Exactly	Count
Location	Loud hailer	67
Location	Venue	32
Location-based Media	Posters/Pamphlets/Flyers	137
Media	Radio	19
Media	Newspapers	11
Word of Mouth	Family/Friends	162
Word of Mouth	Clinic	77
Word of Mouth	Neighbours	67
Word of Mouth	Colleagues	30
Word of Mouth	Other: School	4
Word of Mouth	Other: Invitation	1
Word of Mouth	Other: Councillor	1
Unspecified	Unspecified	26
Grand Total		634





The sharp increase in influence of location-based media (posters) warranted further investigation (see table on next page).

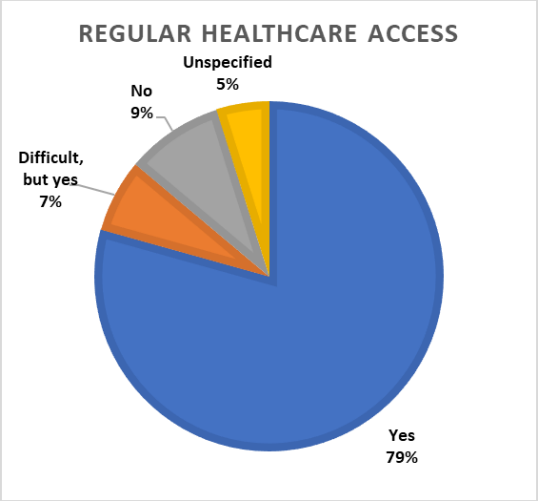
It seemed to play a strong role around the Mpumalanga launch site, and was also the dominant form of awareness in the Gauteng province.

The Gauteng sites were all RFHA-supported sites. Perhaps these were not regular Rotary sites, so it was the first time people in the area experienced the RFHDs.

	Eastern Cape	Free State	Gauteng	Kwa-Zulu Natal	Mpumalanga	North West	Western Cape	Grand Total
Location	**12**	**6**	**11**	**40**	**12**	**3**	**15**	**99**
Loud Hailer	7		8	40	7		5	67
Venue	5	6	3		5	3	10	32
Location-based Media	**2**		**86**	**5**	**36**		**8**	**137**
Posters/Pamphlets/Flyers	2		86	5	36		8	137
Media		**1**	**3**	**2**	**19**		**5**	**30**
Newspapers		1		2	3		5	11
Radio			3		16			19
Unspecified	**5**	**5**	**7**		**9**			**26**
Unspecified	5	5	7		9			26
Word of Mouth	**23**	**6**	**55**	**126**	**58**		**74**	**342**
Clinic	1	1	29	29	16		1	77
Colleagues	3	2	5	3	10		7	30
Family/Friends	17	3	15	62	13		52	162
Neighbours	2		6	32	14		13	67
Other: Councillor							1	1
Other: Invitation					1			1
Other: School					4			4
Grand Total	**42**	**18**	**162**	**173**	**134**	**3**	**102**	**634**

Do they regularly have access to healthcare services?

Although there is always more that can be done, South Africa is reasonably serviced by a network of *free* primary healthcare clinics, and public hospitals. It is therefore no surprise that the graph below shows that *74% of respondents* to the survey say they have **regular access to healthcare**.

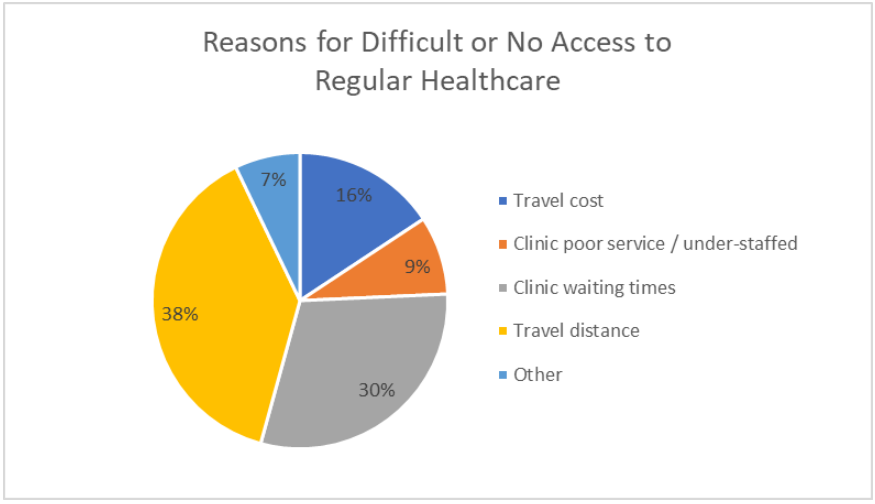


Regular Healthcare Access	
Yes	491
Difficult, but yes	42
No	56
Unspecified	30
Grand Total	**619**

	2017	2016	2015
Yes	79%	74%	80%
Difficult, but yes	7%	16%	10%
No	9%	6%	7%
Unspecified	5%	4%	3%
	100%	**100%**	**100%**

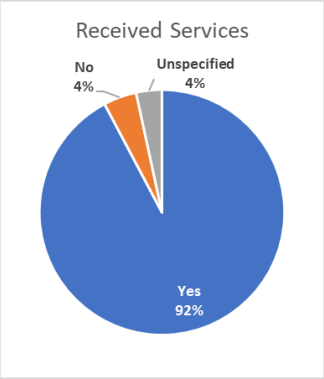
Of the respondents that said they have difficulty accessing healthcare (7%), or had no access at all (9%), the reasons for limited access comes down to three main reasons:

- **Travel distance and cost to clinics (54%**, *up from 45% last year*), especially if they have no private transport and cannot afford public transport.
- **Waiting times at clinics (30%**, *up from 17% last year*), which is costly. People that rely on the primary healthcare clinics must make sure they're queueing early and must be prepared to wait most of the day to be attended to; which means they lose out on a whole day's wages (if they're employed).
- **Poor clinic service & staff attitude (9%**, *down from 24% last year*), which seems to be severe enough that people would then rather not go, and risk further health complications.



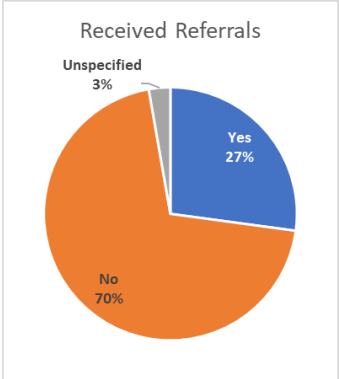
Services Provided & Referral Impact

Were services provided?

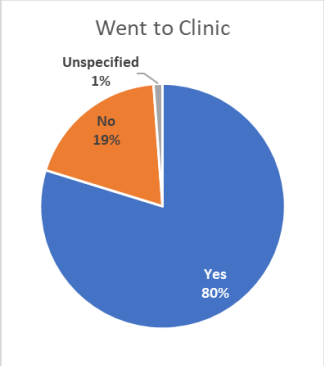


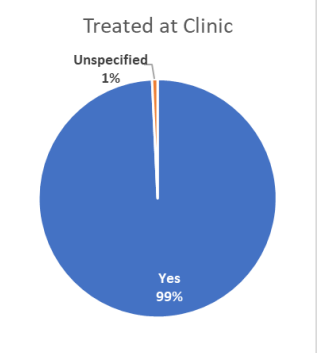
Were referrals provided?

27% of respondents received referrals for additional treatment at clinics or other healthcare providers after the Health Days. It can be assumed at this high level that the process of referrals is working.



Were referrals acted on?





80% of RFHD clients acted on the referrals given to them.

The main reasons for clients not acting on referrals are:

- **Cost & Distance (42%)** – travel cost or distance to clinic;
- **Planning (38%)** – must still do, no opportune time, waiting on clinic staff to call, etc.;
- **Awaiting appointments (12%)** – future-dated appointment, etc.

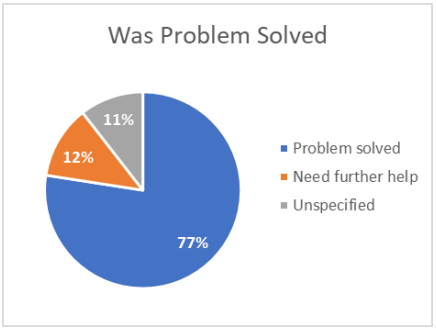
It does appear as though dealing with health problems is a long process in these communities.

This year shows a sharp increase in people who went to the clinic and were treated. This year 99% were treated, whereas last year only 70% were treated.

Reasons for not going to Clinic	
Do not have money	8
Yet to make appointment	8
Appointment in future	3
Distance to clinic	3
Awaiting call from clinic	2
Chose not to go	2
Grand Total	**26**

Were the problems solved?

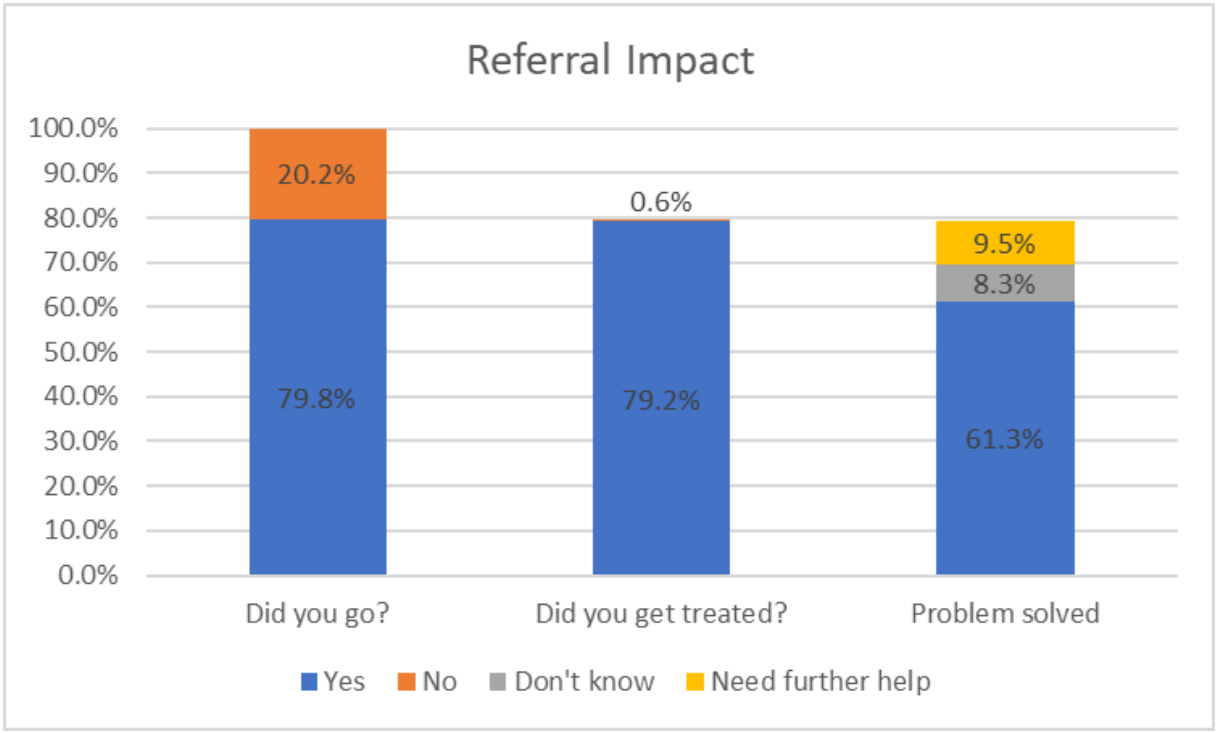
Of all the people who were treated at the clinic, **77% had their problem solved** (this is significantly up from the 52% of last year). **12% require further help**, and 11% did not answer the question. The main reasons for why problems were not solved are that people are waiting on results, need to arrange further treatment, or their condition requires on-going monitoring.



Why was problem not solved	
Did not receive glasses yet	2
Brain tumour monitored	1
Still waiting for result	1
Need to do pap smear	1
Need to go to private doctor	1
Fully booked; need to go again	1
Waited long; did not receive correct medicine	1
Goes for regular check-ups every month	1
Nebuliser	1
Grand Total	**10**

Overall referral impact

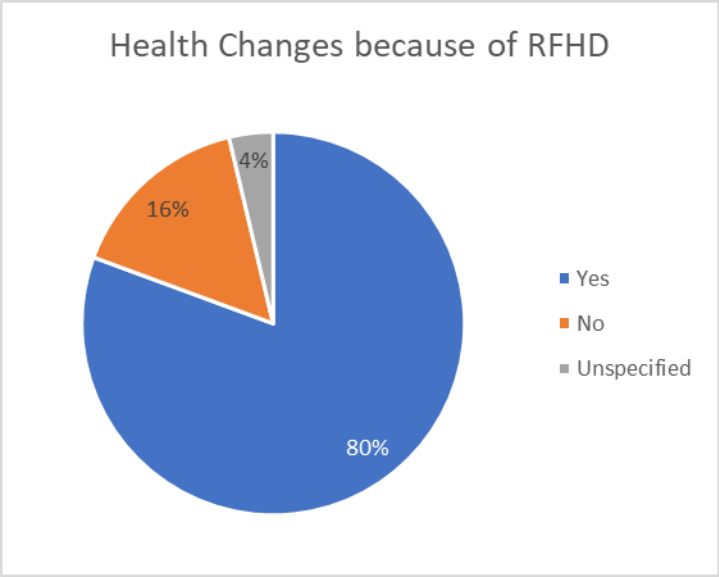
Of all people referred to clinics or other medical facilities, **61.3% had their problems solved** (this is a vast improvement on last year's 26%). That's roughly 3 in 5 people.



Changes in Life (after RFHD)

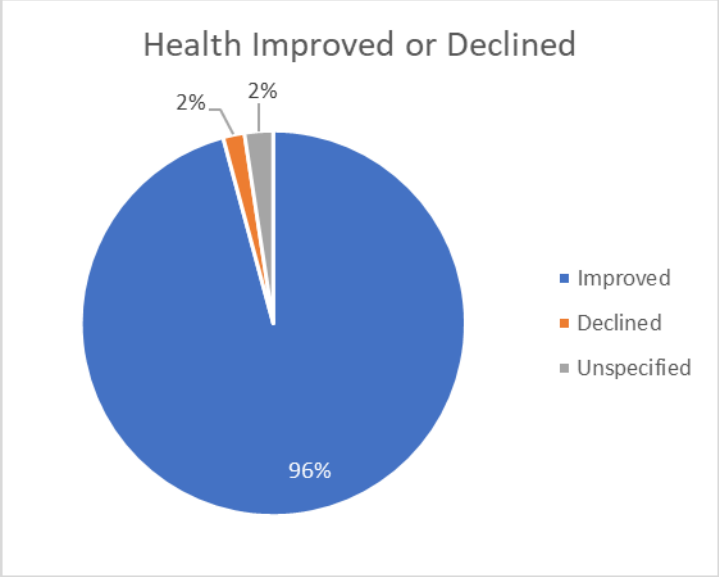
Were there changes in their lives?

The survey results show that 80% of respondents indicated that there were changes in their lives after the Health Days (*down from 85% last year*).



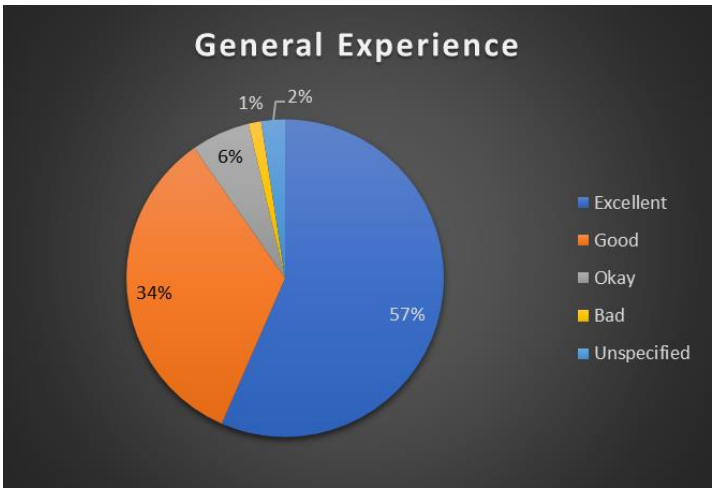
How did their health change?

Most respondents (96%, *last year 91%*) said that their health had improved after the Health Days; while some respondents (2%, *last year 7%)* said that their health worsened.



The Rotary Family Health Day Experience

How was their experience?



The Health Days seem to have been received positively, with **57%** (*last year 52%*) of all respondents saying the experience was **excellent**, **34%** (*last year 42%*) saying it was **good**, and **6%** (*last year 6%*) saying it was **okay**. Only a small 1% (*last year 1%*) said it was bad.

The overwhelming positive reason given for an excellent or good experience was the **staff**, in terms of attitude, professionalism, and treating with dignity and respect.

The main negative reasons in rating the experience were **long waiting times**, and **some staff issues**.

Reasons given for General Experience rating	Times mentioned
Unspecified	*239*
Friendly, helpful and patient staff	115
Treated with kindness and respect	73
Efficient process; well organised and managed	41
Received the help needed	35
Professional, experienced and dedicated staff	33
Understand health	28
Many services provided	13
Enjoyed the day	10
Offered snacks and entertainment	5
Long waiting times	4
Nothing special; met expectations	4
More services expected (e.g. dentist, optometry)	3
Not as time-consuming as clinic	3
Some staff were rude	2
Staff not providing sufficient feedback and information	2
Felt comfortable	1
Confusion at entrance	1
Waited for pap smear; no service	1
No confidentiality	1
Felt valued	1
All good, except eye testing	1
Expected quality service, but did not receive pap smear results	1
Confusion with part of process	1
Cultural beliefs against girls testing	1
Grand Total	**619**

Were there any problems?

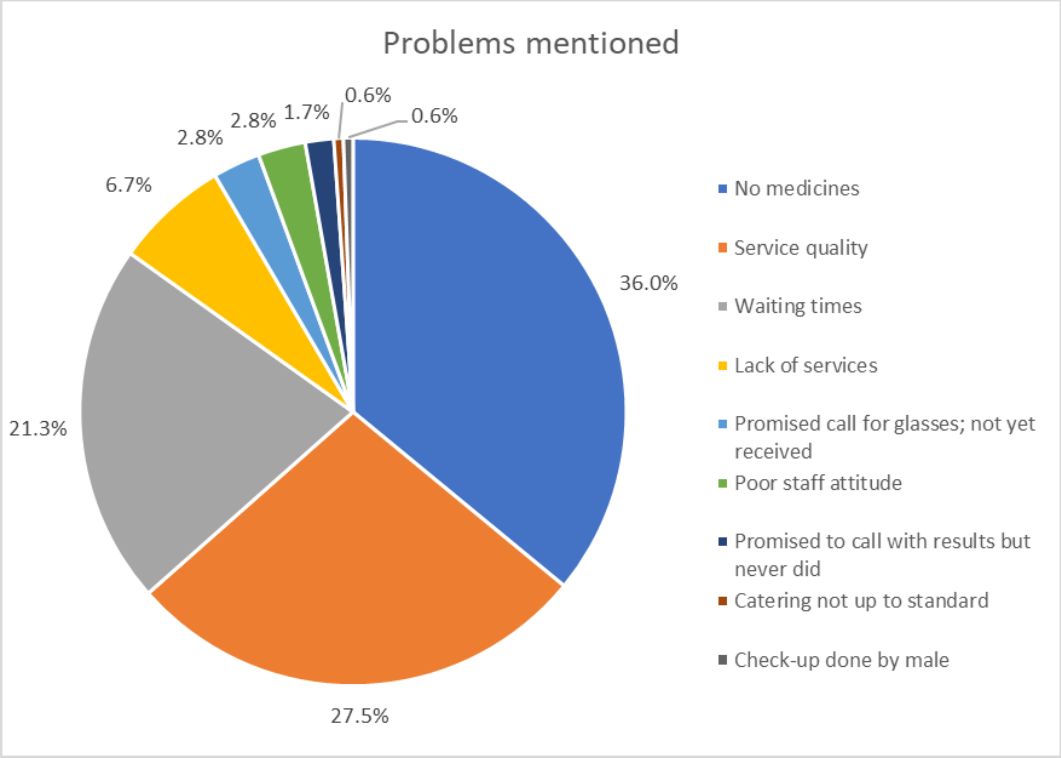
There was a sharp increase in problems raised – last year 87 vs. this year 178.

Having said this, it should be noted that 139 of the problems raised came from people who rated their overall experience as Excellent or Good. Does this mean people are becoming used to the Health Days and continue to expect more; or are they just more comfortable to giving their opinions?

Furthermore, 114 problems came from D9370 East, Kwa-Zulu Natal (twice as many as all other districts combined). Could there have been a misunderstanding in completing the questionnaire? Unlikely, since D9370 East is one of the most experienced in doing the impact study.

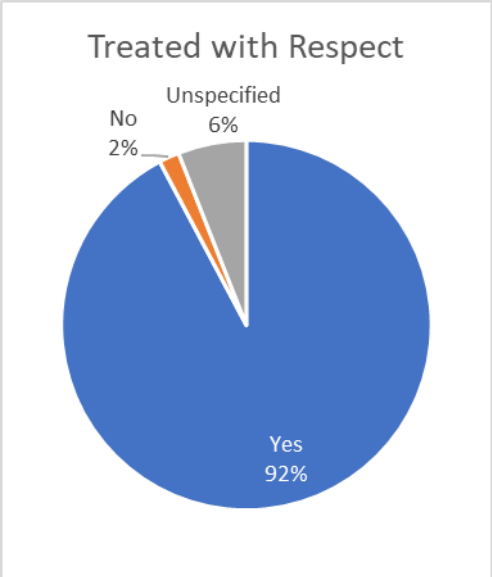
The three main problems areas are: **no medicines**, **service quality**, and **waiting times** at some sites. The emergence of "no medicines" and "service quality" may allude to clients' need to receive **on-site treatment** (see recommendations later).

Problems	Times Mentioned
No medicines	64
Service quality	49
Waiting times	38
Lack of services	12
Promised call for glasses; not yet received	5
Poor staff attitude	5
Promised to call with results but never did	3
Catering not up to standard	1
Check-up done by male	1
Grand Total	**178**



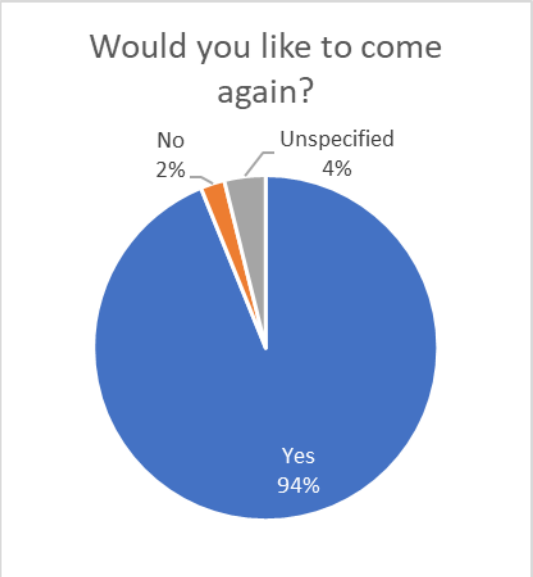
Were they treated with respect?

The Rotarians and healthcare staff engagement with clients at the Health Days seems to have been a good one; with **92%** of respondents saying that they were treated with respect. 6% opted not to comment.



Would they like to come again?

It is also pretty evident that most respondents (**94%**) recognise the value of the Rotary Family Health Days. Even if there were minor problems, or if they mentioned how things could be improved, they would want to return to the next event. 4% opted not to comment.



Why Come Again	Times Mentioned
Unspecified	*174*
Health check-up	99
Overall good experience	54
Good service	53
Staff experience	49
Access services	35
Remain informed	32
Testing again	29
Easily accessible	20
Short waiting times	9
Better than the clinic	8
Address problem	7
Introduce RFHD to people	7
Regular attendee	3
Enquire on free glasses	1
If staff attitude improves	1
Grand Total	**581**

Why NOT Come Again	Times Mentioned
Staff not assisting correctly	4
Relocating	2
Unspecified	*2*
No help required	2
It was just a campaign	1
Uncertain	1
Aware of their illness now	1
Not helped with glasses	1
Grand Total	**14**

Recommendations to RFHA by respondents

The following recommendations from respondents were recorded during the surveys.

Recommendations	Times Mentioned
Come more often	**53**
Treatment on site (medication, doctors, dentists, optometrists, audiologists)	**29**
Create more awareness	**23**
More staff, better time management	**11**
Water and refreshments (food)	**10**
Extend services (cancer, chronic diseases, bones)	**7**
Expand areas covered	**7**
Dentist	5
Pap smear results delayed	5
Some health stations too cramped (privacy)	5
More space to sit (in shade)	4
Extend RFHD periods	4
Food parcels	4
Optometry	3
More supplies	3
Staff must call back with results	3
Health education	3
Motivational speakers	2
Provide glasses	2
Pap smear tests	2
Elderly given priority	2
House-to-house visits for elderly	2
Use staff who won't judge people	2
Involve community in RFHD organising	1
Cholesterol testing	1
Provide wheel chairs	1
Equipment to process results on-site	1
Entertainment for children	1
Educate nurses to stop shouting	1
ENT specialist	1
T-shirts, caps, bags	1
Services should not close early	1
Clearly label medication	1
Eye testing	1
Organise transport to venue	1
Control queues	1
On weekends	1
Child psychologist	1
Bring good nurses	1
Home Affairs	1
Grand Total	**208**

Conclusion

Survey

The second full Impact Study has been even more successful than the first. Although there are many ways in which bias could've been introduced, the receiving of 619 completed questionnaires makes the survey results statistically reliable, and broadly representative of the Rotary Family Health Days initiative in South Africa.

Rotary Districts 9350, 9370 East, and 9370 West were reasonably represented, but were all overshadowed by the RFHA-supported sites (Gauteng and Mpumalanga launch site). Unfortunately District 9400 did not participate.

In terms of South African provinces, KwaZulu-Natal, Gauteng, Mpumalanga (albeit only the launch site) and Western Cape are well represented; while Eastern Cape, Free State and North West are underrepresented. Limpopo and Northern Cape are not represented.

Respondents were on average younger than before; with many twenty-somethings and thirty-somethings taking part. In gender terms respondents were three-quarters female.

Coming to the RFHDs

There is a significant need for basic healthcare. The Rotary Family Health Days fulfil a portion of this need. The need is such that people are attracted to it; if they know about it, they will come.

People are either curious about their general health, or their status on specific conditions (because they never get an opportunity to go to a clinic), or they have a specific problem (but need to know if they need to spend money to address the matter further); either way the first step is to screen or test for potential problems. The RFHDs are extremely effective in this regard.

There seems to be more of a chance of clients coming together with others. And even where they came alone it was largely due to circumstances which necessitated coming alone even when they didn't want to.

The most effective way to inform people about the RFHDs was through word-of-mouth; the right people, the clinics, and community organisations and businesses were informed. This year saw the rise in prominence of well-placed **posters**, and well distributed **flyers**; especially in places where the Health Days had not been before. The other critical component of a successful and effective RFHD is a **good site location**; it must be visible and central. The least effective means of informing people was via Facebook, radio, newspaper, or television.

In South Africa, there is good access to primary healthcare; however even although it's "free", it is still costly in terms of transport to the clinic, distance from some people who need it, and the sometimes extremely long waiting times before being attended to. Sometimes poor clinic service and staff attitude

does not help matters. The RFHDs therefore offer significant value as a supplementary service to the primary healthcare clinics, in that people can be screened or tested to know whether they must try to go to the clinic. It also offers great value when it provides additional services not available at the clinics.

Referrals provided

Approximately a quarter of clients receive referrals. This means that besides merely screening or testing people, potential health problems are found. This is a positive impact. Clients then have the conscious choice to do something about it.

Four-fifths (80%) of clients with referrals "chose" (normally financial restrictions) to do something about it and go to a clinic or healthcare provider. However, it does appear as though dealing with health problems is a long and costly process in these communities.

This year saw a sharp increase to 61%, of clients with referrals managing to get their problems solved in the months between the RFHDs and this impact study. The main reasons for the problem not being solved seems to be the difficulty experienced in completing the process, or the costs involved. For example, it is not easy to get off work for the whole day, or get to the clinic without money, and then to be faced potentially with poor service and staff attitudes, etc.

The clear preference of clients is for the RFHDs not only to identify health problems, but also to treat it; at a convenient location, with professional and compassionate service, and at no cost.

Changing lives

The Rotary Family Health Days made a difference in clients' lives. A full 80% said that there were changes in their lives. 96% of respondents said their health improved.

The Rotary Family Health Day experience

57% of all respondents said that their Rotary Family Health Day experience was **excellent**, and another 34% said it was **good**; this is **overwhelmingly positive** at a total of 91%. The shining light of the RFHDs appears to be the **professional compassionate staff that treat people with respect and affirm their dignity**. **Good, quick service** was also key. If anything, the long waiting times at the bigger or less organised sites was a slight problem. Respondents also seem to be asserting themselves more and asking for more medicines and on-site treatment. 92% of all respondents said that they were **treated with respect**. 94% of all respondents said that they would like to attend future RFHDs.

There was an experience issue that was raised last year and continues to be a concern this year, namely, **making promises and then not delivering on them**. Clients were promised test results which were not provided; and clients were promised reading glasses (presumably where stocks had run out) which were not delivered. This needs to be addressed, as it can cause reputational damage.

When asked for specific recommendations for future RFHDs many respondents provided useful responses. The most important recommendations were: (1) Have more RFHDs in a year; (2) Provide treatment on-site; (3) Create more awareness of the RFHDs; (4) Bring more healthcare staff for quicker service; and (5) Provide water and food.

The Rotary Family Health Days are becoming an institution in some areas. RFHDs have a significant positive impact in peoples' lives, and should evolve to take heed of recommendations and needs.

Recommendations

Improving Reach

The significant insight into how to inform people about the RFHDs, is that **word of mouth** communication is by far the most effective. The message about upcoming RFHDs should be spread via the primary healthcare clinics, churches, schools, companies, Ward Councillors, street committees, and other community organisations. From these places, the word will spread through staff, families, friends, neighbours, and colleagues.

This survey has confirmed how important the perfect **site location** is. It makes a significant difference in how many people will be reached by this programme. **Location-based media** such banners at the venue, posters, and flyers work together with the location; especially for new sites. Loud hailers should be arranged and used on the days of the event.

Extending Offering

As already mentioned, RFHDs can be complementary to primary healthcare clinics. To build on this the variety of screenings and tests should be broad, covering all common problem health concerns in South Africa; and, critical additional services and supplies such as eye testing and reading glasses should be introduced or expanded on.

Where possible, **RFHDs should be extended** to include not only the screenings and tests, but also the **actual treatments**; thereby reducing the need for referrals. This has come through very clearly this year; people would like on-site treatment, and not be referred to clinics.

Consolidating Effectiveness & Impact

Clients should be encouraged to make full use of the RFHDs. Since they are there, they should take all tests and screenings. This will improve effectiveness and impact, and should give clients a better sense of their general health and well-being.

Encourage clients to act on their referrals received. This would close the loop and make what the RFHDs do even more valuable. Although the issue of costs to get to clinics cannot be ignored.

Impact Study Conclusions & Recommendations

Objectives

The second full impact study has been successful; it delivered statistically reliable results which are broadly representative of the Rotary Family Health Days initiative in South Africa in assessing the **sustainability**, or **lasting impact**, of RFHDs.

Sampling Plan

Response Rate

1227 consent forms were obtained, and 619 completed questionnaires were achieved, resulting in a very good 50.45% response rate. This needs to be maintained in future.

Sampling Bias

Respondents were not evenly spread across Rotary Districts or South African provinces. This needs to be improved.

A bias towards younger age groups was achieved. A more even spread should be aimed for.

Respondents leaned slightly towards overrepresentation of women. This may improve with further training on random selection of participants.

Sample Size

Assuming a **population size** of **65,000**, a desired **confidence level** of **95%**, and a **margin of error** of **5%**, an appropriate and affordable sample size of **382** completed survey questionnaires is required.

This was very easily achieved this year and should again be the aim for next year.

If the 382 is rounded up to 400, and a 50% success rate of completed questionnaires is assumed possible, then the total number of participants that need to be selected is 800 RFHD clients.

Impact Study Instrument (Questionnaire)

See **Annexure A** for the full Impact Study Questionnaire.

The questionnaire Excel template which was used proved to be compact, concise, and efficient. It was very easy to use during the telephonic interviews.

Questions were simplified and clarified further.

“Why” and “Why not” questions were split to focus interviewers better.

“Come with people” and “Come alone” questions were split to focus interviewers better.

Interview Team

The interview teams did well to achieve a 50% response rate.

Research studies have shown that, in general, the skill of the interviewer is the most important factor for valid/reliable results. It is evident that some training is required for the interview teams, to understand the questionnaires and how to probe for answers and then how to classify the answer. A good match between the gender and ethnicity of the interviewers with the respondent population is also desirable.

Annexure A: Impact Study Instrument (Questionnaire)

ROTARY FAMILY HEALTH DAYS 2017
SOUTH AFRICA – IMPACT STUDY

Socio-Demographic Details *[COMPLETE BEFORE MAKING PHONE CALL]*

001 Interviewee #: _____ Rotary District: _____ Province: _____

002 Age: _____ Gender: Male ☐ Female ☐

Intro Script *[READ TO CLIENT]*

Hello, my name is _____, I'm with the Rotary Club group that provided the Rotary Family Health Days in your area during **October 2017**. You filled in a consent form at the health site and therefore we have your number. We want to make sure that everything was okay for you with that experience, and I'd like to ask you a few questions. Your responses will be completely confidential. We are not going to use your name for the study so no one will know what you said. That is our promise to you. Okay?

Please also note: *You have the right to choose not to answer any specific questions that you feel uncomfortable answering.*

003 **INTERVIEWER, do you have the OK to continue?** Yes ☐ No ☐

Coming to the Rotary Family Health Days

101 **Why did you decide to come to the Family Health Day?** General Health ☐ Problem ☐ Testing ☐ Health Supplies ☐ Vaccines ☐ Other _____

102 **In addition to yourself, how many people came with you?** Children _____ Adults _____

(Either ask this) ***Why did you come with people?*** _____
(Or ask this) ***Why did you come alone?*** _____

103 **How did you hear about the Family Health Days?** Family/Friends ☐ Newspapers ☐ Colleagues ☐ Radio ☐ Loud Hailer ☐ Neighbours ☐ Posters ☐ Clinic ☐ Other _____

104 **Do you have regular access to healthcare services?** Yes ☐ No ☐ Yes, but with much difficulty ☐

105 **Please explain No or Difficult access to healthcare?** _____

Services Received

201 **Did you, or your children, receive health services at the Health Days?** Yes ☐ No ☐

Referrals Received

301 **Did you receive any Referrals to a medical agency or clinic?** Yes ☐ No ☐
If 'No', skip down to next section.

302 **Did you (or your family) go to the medical agency or clinic?** Yes ☐ No ☐
If 'No', why not? _____

303 **If you/they went to the medical agency or clinic; did you get treated?** Yes ☐ No ☐
If treated ("Yes"), what was the result? Need further help ☐ Problem solved ☐ Do not know ☐ Other _____

Explain 'Need further help' or 'Do not know'? _____

Page 1 of 2

ROTARY FAMILY HEALTH DAYS 2017
SOUTH AFRICA – IMPACT STUDY

Changes in Your Life

READ TO CLIENT

Please note: *You have the right to choose not to answer any specific questions that you feel uncomfortable answering.*

401 **Are there health changes in your life, because of Family Health Days?** Yes ☐ No ☐
Open probe and then code

402 **If yes, has your health improved or declined?** Health improved ☐ Health declined ☐

The Rotary Family Health Day Experience

501 **In general, how was your experience at the Rotary Family Health Day?** Excellent ☐ Good ☐ Okay ☐ Bad ☐
Why was it so? _____

502 **Were there any problems?** Poor staff attitude ☐ Lack of services ☐ No medicines ☐ Service quality ☐
Waiting times ☐ Other _____

503 **In general, did you feel like you were treated with respect?** Yes ☐ No ☐
If 'No', what do you think was the reason? _____

504 **When we hold Rotary Family Health Days next year, would you like to come again?** Yes ☐ Why? _____
No ☐ Why not? _____

505 **Do you have any recommendations for future Rotary Family Health Days?** _____

Thank you for sharing your thoughts. Your comments will be helpful to us as we plan next year.

ADDITIONAL NOTES:

#	Note

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