

Unjani Clinic Network



Concept Note & Impact

October 2020



Unjani Clinic Network:

According to the World Health Organization “Primary healthcare is usually the first point of contact people have with their health care system, and ideally should provide comprehensive, affordable, community-based care throughout life. Yet many countries do not have adequate primary healthcare facilities. This neglect may be a lack of resources in low- or middle-income countries, but possibly also a focus in the past few decades on single disease programs.”¹

South Africa has a population of 58 million+ people. Approximately 10 million people (16%) insure their healthcare with private insurance companies. The balance of the population (48 million people or 84%) self-insures, pays out of pocket or relies on the Government for their healthcare needs. While the Government offers a “free primary healthcare service” at its Public Clinics, the cost of the patient’s transport (often long travelling distances), time (due to long queues), loss of daily wage and medication shortages are not taken into consideration. It is common knowledge that the Government is unable to meet the healthcare needs of its people (a Constitutional right) and the Government facilities and staff are under severe strain – resulting in bad staff attitudes, inadequate equipment and medication and long queues. According to a Diagnostic Report on Access to Quality Healthcare, “Access relates to the opportunity to obtain and appropriately use quality health services. It is concerned with the “degree of fit” or compatibility between the health system on the one hand and individuals who need to use these services on the other hand. Access is generally seen as being multidimensional or having different elements.”²

The Unjani Clinic Network assists the Government facilities, through infrastructure strengthening, by relieving them of the patients that are able to pay something towards their healthcare. Not only is the South African healthcare service industry under severe strain, but also the availability of medical doctor resources is problematic. As a result, the need to task shift to suitably trained Professional Nurses is a necessity in order to deal with the healthcare needs of the South African population.

According to Health Systems Trust, the number of South African Nursing Council (“SANC”) registered Professional Nurses³ in South Africa is 142 092. Of these Nurses, 70 899 are employed in the Public Sector, which translates to 149 Nurses to every 100 000 people, and there are 32 Medical Practitioners to every 100 000 people. There are also approximately 3 500 Public and Community Health Clinics in South Africa, which implies that if all of the Professional Nurses worked in these Clinics, there would be approximately 20 Professional Nurses per Clinic (which is not the case, given that many of the Professional Nurses also work in Public Hospitals and Managerial roles).

The Unjani Clinic initiative is addressing the need for quality, affordable and accessible primary healthcare at community level. The largest constraint that is limiting employment in the healthcare sector for Nurses is that Nurse practitioners are not empowered to take on increased responsibility under the supervision of appropriately trained medical practitioners. The result is that Nurses with specialist training and skills are inefficiently used to deliver care in the system and may for example be performing medical claims administration rather than treating patients. There is a need to empower Nurses and to introduce increased para-skilling within our healthcare system to deal with the shortage of doctors. This is becoming increasingly important as the healthcare demands of South Africans are changing.

¹ <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>

² https://www.parliament.gov.za/storage/app/media/Pages/2017/october/High_Level_Panel/Commissioned_reports_f or_triple_challenges_of_poverty_unemployment_and_inequality/Diagnostic_Report_on_Access_to_Quality_Healthcare.pdf

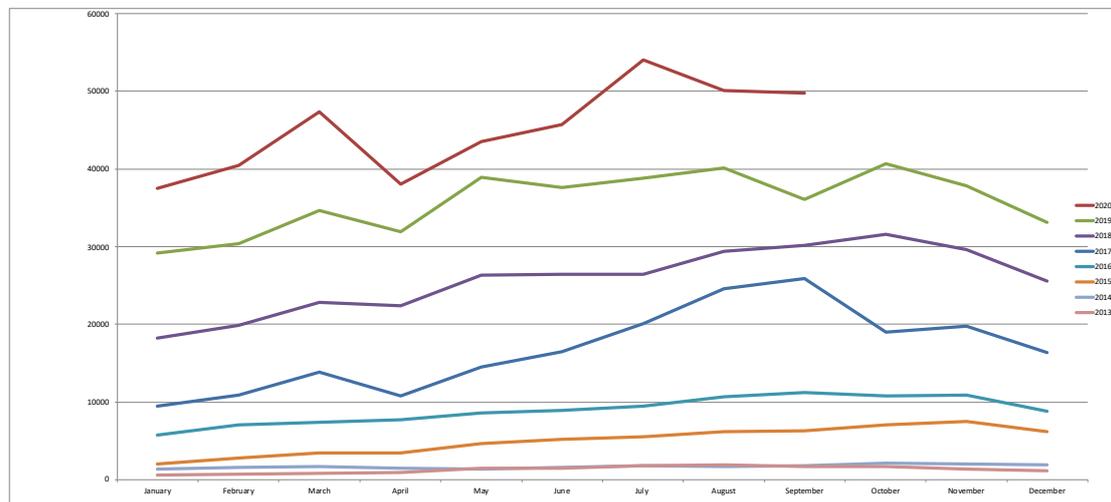
³ <https://www.hst.org.za/publications/South%20African%20Health%20Reviews/SAHR%202018.pdf>

In South Africa we are still battling on-going communicable diseases however the incidence of chronic conditions is on the rise – creating a new matrix of challenges with it. The problems with our healthcare system have been widely recognised by a wide range of stakeholders.

The availability of funding or personal loans for Professional Nurses to open their own private practices in South Africa is unheard of, and as a result, Nurses without private or personal capital funding are forced to take up employment as opposed to an entrepreneurial route. The Unjani Clinic model allows selected Nurses to access an investment they would never have accessed – therein lies the motivation and the inspiration – this is a “once-in-a-life-time-opportunity” for them to take their profession and training to another level - to give back and in return, receive a reward. There is no other nurse-led network offering in South Africa that offers affordable rates for primary healthcare services. And patients now have a choice where to spend their hard-earned money – Unjani Clinics offers an affordable alternative to the more expensive private options.

The business focuses on the bottom-of-the-pyramid (BOP) and underserved markets, targeting the employed uninsured. There are approximately **10 to 12 million employed, uninsured** people in South Africa – the opportunity exists and our strategy is to meet their primary healthcare needs through the Unjani Clinic Network! Given that Unjani Clinic provides an affordable (\$12 / ZAR200 consultation fee including medication) alternative to patients in communities that are able to pay something towards their healthcare needs, but cannot afford medical aid insurance or private GP rates; these patients move away from the Government healthcare facilities freeing up capacity in the Government facilities to deal with the unemployed and destitute.

The patient statistics reflect the support for this initiative and its innovation. Since January 2013 to date over **1 525 000** consultations have been recorded through the Unjani Clinic Network. The monthly Network consultations are now around **45 500**, averaging 615 consults per clinic per month. The graph below reflects the Network consultation numbers growth over the past 8 calendar years:



As the only nurse-led initiative and network in South Africa, this is a unique model that offers convenience, quality and affordable primary healthcare in the communities that we serve. Patients do not have the long waiting queues experienced in Government facilities, they have the convenience of walking to their local Unjani Clinic as opposed to having to take transport and they are guaranteed the medicines required to treat their diagnosis. Access to affordable primary healthcare is thus enhanced through the Unjani Clinic Network. The value proposition for our patient is convenient, accessible, affordable, quality primary healthcare services. Unlike many other international clinic models, the Unjani Clinics Network is not a private, public, partnership (PPP), it is **entirely private**, and the clinics receive no Government assistance (product, price or

otherwise). We serve Government patients by offering them an affordable, alternative healthcare solution.

With **78** Unjani Clinics currently operational nationally in South Africa, we believe we have a proven formula for success and need to transition to scale in order to maximise our impact and achieve greater reach of the target populations; and populations in other African countries.



Unjani drives 4 important SDG's through providing community access to affordable, quality care; creating business opportunities for women; creating new meaningful jobs and building partnerships to achieve the goals. We prove the potential of task shifting to skilled nurse practitioners in delivering primary care and utilise scarce skills more appropriately. We show the power of partnerships in achieving great outcomes - either through funding, collaboration or co-operation and we demonstrate the role that private service providers can play in achieving Universal Health Coverage.

Unjani Clinics is an Enterprise Development initiative aimed at:

- Empowering black woman Professional Nurses
- Creating meaningful, permanent jobs and
- Perfecting a sustainable model for delivering primary care

Unjani Clinic is a network of black women owned and operated primary healthcare clinics that provide accessible, affordable and quality healthcare to communities in low income areas of South Africa. It complements the re-engineering of our healthcare system by creating community based healthcare structures at the point of need. It is an innovative model to address the inequality which exists between private and public healthcare services in our country. Whilst private and public hospitals and clinics exist there are too few to deal with the increasing healthcare burden and private healthcare is too expensive for the bulk of the population.

The innovation behind Unjani Clinic is based on shifting primary healthcare tasks to Professional Nurses and the ability to leverage a highly developed and extensive **private** sector distribution network to ensure more people have access to quality primary healthcare and medicines. Many of the existing Nurse-led models are reliant on health department support or assistance through PPP's (Public Private Partnerships) i.e. Government has the demand and works with the private sector to deliver the requirements; Unjani Clinics are solely private, offering Government patients a choice to use an affordable, alternative model of quality care!

Unjani Clinic empowers women within their communities to own and lead the effort in transforming the healthcare system. At the front-end of the clinic delivery mechanism, the financial model has been tried and tested to ensure that sustainability presupposes commercial viability. All clinics in the network are given the business support and on-going coaching and mentoring to succeed and make a profit.

Each clinic guarantees 3 full-time sustainable jobs and has the potential for a further 2 jobs as patient numbers increase. We have proven that Unjani Clinics offer a higher quality of care and more reliable service compared with other market offerings. The bundled pricing (consultation including medicines) is affordable and relevant to the low-income patients we serve. Low-income patients now have a choice to either use “free services” at a Government clinic, which often is accompanied by staff attitude, long queues and medication shortages, or pay an affordable rate to a private nursing practitioner and receive immediate, quality care.

The assumptions upon which this initiative is built is that if we are to revamp healthcare delivery in South Africa we have to revise the focus from acute to preventative care, and from treating single ailments to tackling multiple conditions. The assumption is that there is increasing political support and will for task-shifting within the system to address the severe shortages of trained medical personnel.

To address both of these assumptions we believe that Unjani Clinic can change the status quo by empowering the community with the knowledge, skills and access to affordable care to manage their health independently. We believe that the foundation of Unjani Clinic is found in educating and training the Nurse (and owner operator) for positive developmental outcomes.

By empowering Nurses and other women who play an important part in their communities’ social networks, through entrepreneurial opportunity and job creation it is possible to fundamentally change the base profile of communities.

The innovation of Unjani Clinic is that it is a new, pioneering way in which to deliver primary healthcare. The no-frills, clinic concept enables the delivery of affordable, high quality private primary healthcare to low income communities.

Consistency and high quality standards are achieved and managed through standardisation of treatment protocols, formulary and pre-selected suppliers.

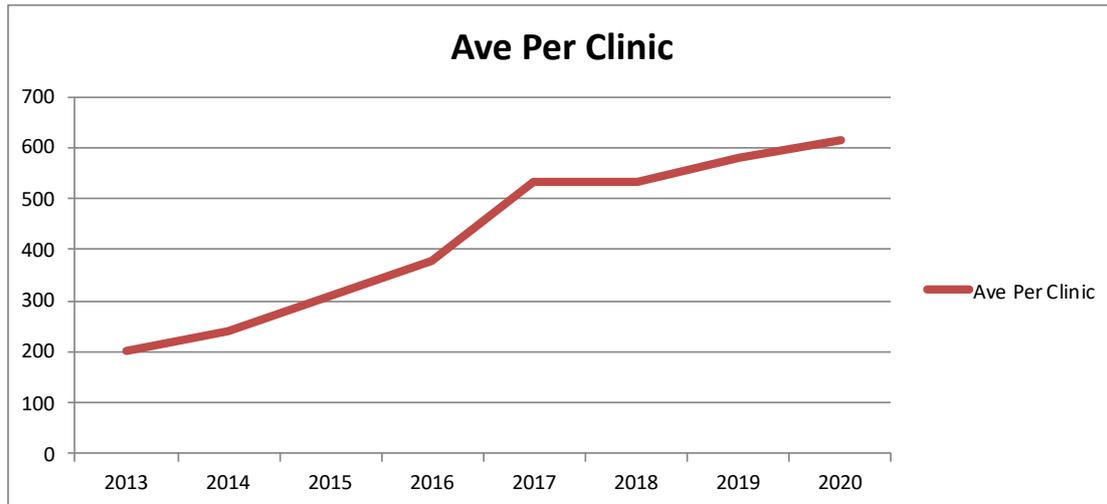
Project context

The context in which Unjani Clinic initiative operates in, is primary healthcare. There is a market for affordable private healthcare in currently under-served communities, and there are people who have the means to pay for private care, but currently lack affordable, accessible options.

The commercial element of Unjani Clinic exists in the clinic network structure. The Unjani Clinics Non Profit Company (NPC) structure is a lean back-end structure which operates and is sustained through the receipt of funding from donors and monthly network fees from the Clinics. Costs incurred on behalf of the clinics are recovered from the clinics monthly.

On the front end, our experience to date demonstrates a viable and tested financial model. Based on our monthly patient target numbers of 180 patients (on average) in year 1, 250 patients (on average) in year 2 and 350 patients (on average) in year 3 the clinic will break-even in the third year of operation. The fees (\$12 / ZAR200 per consultation including medicines) generated from these patient consultations are used by the nurses to cover their monthly operating costs. The NPC takes a small monthly network fee from the Nurses to assist in covering operational expenses.

From the below graph, it is evident that the required 250 average clinic consultations per month to achieve break-even is achievable, with over 600 consults per clinic per month being recorded in 2020:



However, given the low-cost pricing model, an operational support donation is provided to the clinic in order to provide nurses with working capital for the first 2 years of operation to ensure sustainability. The operational support donation is not intended to create a culture of dependence, and only upon achievement of strict targets and following operational procedures, do the clinics qualify for the operational support.

Development impact

The development outcomes that have been achieved through this initiative are permanent job creation for over 300 people over a five-year period as well as systemic change and transformation within the healthcare system in South Africa. Based on a clinic network of 78 clinics Unjani Clinics sees and treats between 300 000 and 380 000 individual patients annually (approximately 570 000 consultations). This means that these patients will have reduced the burden on the public health system (creating capacity in the existing Government facilities) and will have received quality, accessible and affordable private healthcare at their point of need.

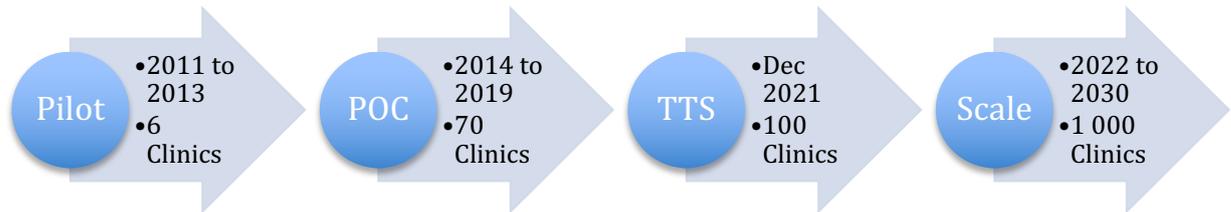
At 100 clinics, this impact increases to permanent job creation for 350+ people, and the annual individual patients treated increases to between 400 000 and 500 000 (approximately 720 000 consultations).

We want to empower Professional Nurses to be able to deliver affordable primary healthcare services through our innovative system of care delivery. Our on-going coaching and mentoring is a unique benefit of this initiative.

Some of the services currently offered by the Clinics include:

- Primary healthcare consultation (including medication)
- Pre-employment medical assessment
- Basic vision screening
- Wound care
- HIV Testing, counseling and ART initiation
- Diagnostic Tests – Glucose, Cholesterol, Blood Pressure, Pregnancy etc
- Family planning
- Antenatal care
- Baby wellness
- Basic ultrasound
- Wellness assessment
- Papsmear / PSA
- Laboratory services etc

The Network had 70 clinics in December 2019, and we aim to achieve **100 clinics by December 2021**. Thereafter, we plan to scale to **1 000 clinics by 2030** in order to achieve real healthcare impact for our target populations.



Key: POC = Proof of Concept; TTS = Transition to Scale

Evidence obtained during the 3 year pilot project from 2011 to 2013 (6 clinics) demonstrated that the state health system is overburdened and there is a lack of education and awareness of health issues at community level. Furthermore a team of medical experts who have practiced in the system have experienced the “dichotomies of medical service provision”. By this we mean that communities are spending huge sums of money to go to hospitals and private doctors for very basic conditions, that should be managed and treated at a primary healthcare level.

The primary healthcare model of nurse-owned and operated clinics is new to South Africa. This alternative model of care will help change the face of healthcare and bring systemic change. The Unjani Clinic concept and model are aligned with government’s policy for universal health coverage through the provision of an affordable and accessible “gap service” for those who have the ability to pay something towards their healthcare costs. Wherever possible, we work with national, provincial, district and local departments of health to achieve best possible health outcomes and we subscribe to the *Batho Pele* principles, always striving to put the “Patient First”.

Conceptualised in 2010 by Dr Iain Barton, who recognised the need for task shifting to Nurse level of primary healthcare services, **6 pilot** Unjani Clinics were tested from 2011 to 2013. Several pilot learning’s including infrastructure enhancements, nurse and site selection processes and service additions were implemented post pilot and built into the **proof of concept** stage from 2014 to 2019, during which time **70 new** Clinics were opened, 4 Clinics have graduated from the Network (proving sustainably in that they are operating independently of the Unjani Clinic brand) and 4 Clinics (5%) were closed due to non-sustainability / regulatory / financial non-compliance to the Enterprise Development Agreement (EDA).

The Concept of Unjani Clinics

- A network of black women owned and operated primary care clinics that provide accessible, affordable and quality healthcare to communities in poorly served, low-income areas.
- Compliments the re-engineering and strengthening of South Africa’s healthcare system by creating highly accessible, community-based healthcare capacity at the point of need.
- Addressing the inequality of access and capacity between private and public healthcare services – where private healthcare is too expensive for the bulk of the population and both the number and placement of both private and public services are gravely inadequate to deal with the increasing healthcare burden of South Africa’s emerging society.
- Shifting primary healthcare tasks to Professional Nurses to ensure more people have access to care and medicines.

- Empowers women within their communities to own and lead the effort in transforming the healthcare system.
- A tried and tested financial model to ensure sustainability - all nurse-owners are provided business support and on-going coaching and mentoring to succeed and make a profit.
- Each clinic creates 3 full-time meaningful and sustainable jobs with potential for a further 2 jobs as patient numbers increase.
- Proven to deliver a higher quality of care and more reliable service compared with other market offerings. The bundled pricing (\$12 / ZAR200 per consultation including medicines) is affordable and relevant to the low-income patients we serve.

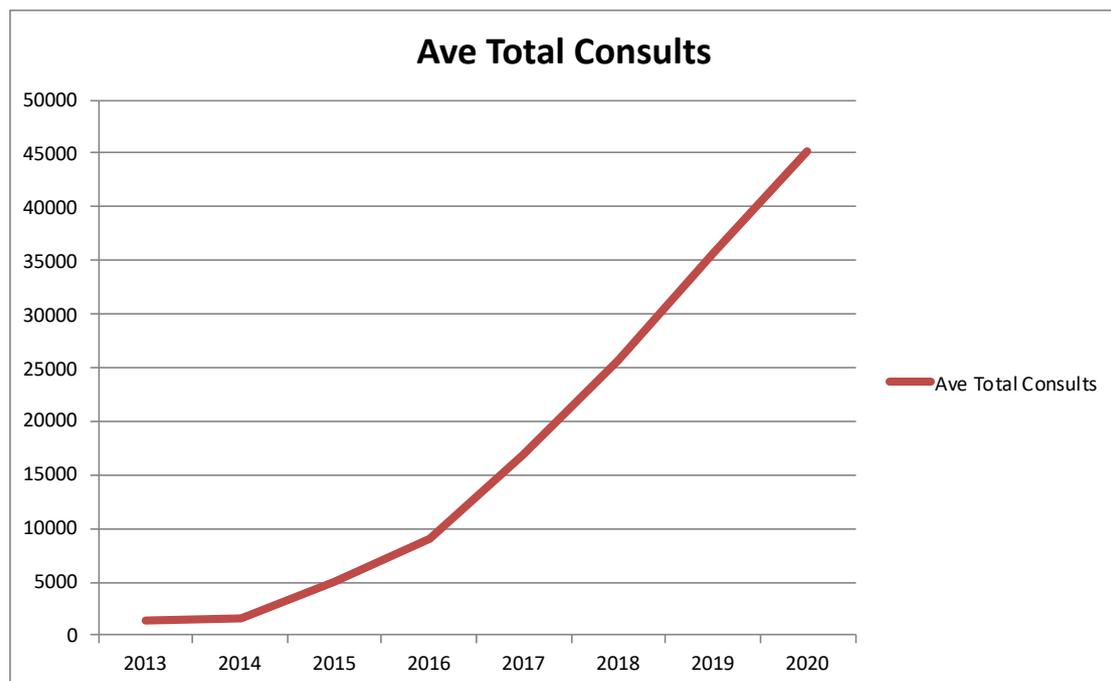
Out Target Market

Our focus is the employed uninsured population of South Africa (10 to 12 million people). This sector is both willing and able to self-fund some portion of their healthcare needs but are unable to afford private health insurance or private doctor, clinic or hospital services. By providing an affordable alternative (\$12 / ZAR200 consultation fee including the needed medication), Unjani Clinics assist in healthcare system capacity building by off-loading these patients from the Government system.

The main beneficiaries of the model are the patients who are living in the communities, which we serve. The results from our existing clinic units demonstrate that there is a dramatic improvement in the healthcare experience compared with existing offerings in the market. On average 80% of patients wait <30 minutes to be served at Unjani Clinic, 75% of all our patients reported that they received excellent service at our network. The nurse owned and operated, primary healthcare model is completely new to South Africa and is a new model of care. We believe that Unjani Clinic will help change the face of healthcare and that it will bring about systemic change.

See Appendix A for a detailed description of the Unjani Model & Process and Appendix B for the Theory of Change.

To date our consultation data reflects an upward trend in average annual consults year on year:



The Nurse Contract

When awarded an Unjani Clinic, the Professional Nurse signs a 5-year Enterprise Development Agreement that details the responsibilities of both parties - ensuring compliance with reporting requirements, standard operating procedures, scope of practice and all regulatory requirements. In the event of breach, the Clinic can be reallocated to another Nurse.

Organisational Structure

The initiative is delivered through a Non-Profit Company (Unjani Clinics NPC Registration No. 2014/089277/08), a registered Public Benefit Organisation No. 930047735). This structure ensures maximum funding benefit reaches the professional nurses in the network. Also, funders / donors receive the tax exemption certificates and the relevant BBBEE Affidavits for their DTI (Department of Trade & Industry) scorecard requirements. And because the nurses create jobs in their Clinics, a bonus scorecard point is awarded to funders for job creation.

Costs Per Clinic

The total investment per Unjani Clinic is between ZAR1m and ZAR1,2m (US\$60k and US\$782k) depending on the clinic type deployed. There are 3 types of clinic infrastructure – peri-urban (serving < 1,800 patients/ month); semi-rural (< 1,200 ppm); and rural (< 850 ppm). The cost of structure, internal equipment and opening stock comprises 60% of the cost. In addition, working capital support is provided for the first 24 months of trade (circa 20%) and 20% is allocated to training, support, administration and mentoring.

The Unjani Clinic Network Today

There are currently **78 clinics** operating in the Network. To date Imperial Logistics, Johnson & Johnson Family of Companies, The Elma Growth Foundation, Pfizer South Africa and Pfizer Foundation, Rand Mutual Assurance, AVI Community Trust, GlaxoSmithkline Consumer South Africa, AECI's Tiso AEL Development Trust and Mediclinic South Africa have provided funding. GIZ has supported efforts to expand the Network and the Clinics' services and income generating capacity. The South African Government's Jobs Fund (National Treasury) also provided 40% matched donor funding for 44 Clinics over the period 2017 to 2019.

Development Impact of 78 Clinics

300+ meaningful, sustainable permanent jobs in 5 years and approximately 570,000 patient engagements annually – reducing the burden on the public health system by approximately 300 000 to 380 000 patients annually.

The **outcomes of the proof of concept** include:

- Improved access to affordable primary healthcare for 78+ communities of South Africa, and the surrounds;
- 78+ empowered black women professional nurses operating and will ultimately own a private practice; with improved lifestyles;
- Permanent employment for in excess of 300 community members;
- In excess of **1 525 000** primary healthcare consultations:
 - 67% of consultations were to women;
 - 33% of consultations were to men;
 - Appendix A attached reflects the split of consults by age group;
 - Of the consultations across the various services offered, 65% relate to **RMNCH**:
 - Baby Wellness 6% of consults
 - Antenatal Care 3% of consults
 - Family Planning 30% of consults
 - Immunisation / vaccination 12% of consults
 - PAP Smears 2% of consults and
 - Pregnancy / Ultrasound 12% of consults

- Referral rates (to local government clinic and hospitals) of less than 5%, which are indicative of two things:
 - Professional Nurses are able to deal with the primary care needs of the patients that visit the Unjani Clinics;
 - Patients are using primary care facilities appropriately.

The proof of concept has shown that patients need and value the services that the Unjani Clinics provide (because they are willing to pay for it); and that the pricing is reasonable and affordable; from the patient feedback it is clear that more Unjani Clinics are required to meet the population needs of South Africa. In order to do this, we need to transition the proof of concept to scale. There are several important aspects that need to be considered as we scale, and this is part of the **transition to scale** process:

1. Organisational Structure (addition of a hybrid social enterprise)
2. Organisational Design (key hires and implementation teams)
3. Monitoring & Evaluation (enhancement of systems and structures for maximum impact and outcomes measurement)
4. Implementation Timelines (when, what, who?)

While plans have been developed for all of these aspects, over the next 18 to 24 months they need to be finalised, structures implemented, and the organisation made ready to scale. During this period, we will continue to implement Clinics to achieve the short-term objective of **100 Clinics Nationally** by the end of 2021 and have a sound foundation on which to scale the model.

Nurse-led implies that *“Nurse clinics offer an alternative model of care delivery where the nurse is the primary provider of care for the patient. The nursing services provided are holistic and patient-centred, with accountability and responsibility for patient care and professional practice remaining with the nurse.”*

Systems:

The NPC financial systems are all computerized (Pastel NPO Software), the books of account are reconciled, and management accounts are prepared and reviewed monthly and submitted to the Board. An annual audit is performed by Deloitte & Touche and audited financial statements are issued. Currently, the financial systems in our Clinics are manual and are captured in Excel spreadsheet templates and reported to the NPC monthly. These templates are scrutinized, and queries are addressed monthly with the Clinics to ensure that accurate reporting is maintained. During the transition to scale process, various electronic financial systems will be considered for implementation in the Clinics prior to scale.

The electronic patient management system used in our Clinics is called Health IQ2 (developed and patented by Watlf Health). The Watlf Health web server runs as ASP.Net4.0 and maintains a database on a SQL server. The goal of the web application is to provide a platform independent from the client side as much as possible. The Web application runs on the server side. The application has been tested using different platforms, connection speeds, screen settings, colours /graphics and browsers. The services are actively managed in order to provide secure, reliable and efficient services to users. The application carries a framework for Web-based Internet/Intranet Watlf Health management system. The Watlf Health system uses Web technology that provides platform independence, mobility and a friendly user interface. By using DOTNET technology, the architecture offers security, portability and scalability. It also supports multiple network management protocols and easy integration of new Internet/Intranet service management applications to the existing management applications. The ASP.NET technology is used to provide the interface to Web-based Internet/Intranet service management.

The system is both IHE Compliant and HIPAA Compliant. Online Tech's HIPAA compliant hosting solutions have passed an independent HIPAA audit against the OCR HIPAA Audit Protocol with 100% compliance, meaning data and applications are always available and secure in fully owned and operated data centers. Accreditation and system security include:

- Annual HIPAA audits passed with 100% compliance
- BAAs (Business Associate Agreements)
- High availability infrastructure
- Encrypted clouds - data at rest & in transit
- Complete cloud server disaster recovery
- Off-site backup
- PHI breach insurance protection
- HL7 Integration - Transmit Protected Health Information
- Handle Protected Health Information

The data extracted from the system provides vitally important de-identified patient data including age categories, gender, diagnosis, treatment, management outcomes, referrals, categories of treatment and statistics related to this. In addition, financial information (consultation charges, medicines dispensed, stock balances and values) is also provided by the system.

The NPC has real-time access or a maximum of 24 hours delay (if connectivity is interrupted) to the individual Clinic information and all Clinics in the Network; this assists with Clinic management and priority areas. The enhancement of data collection specific to care provided (with a focus on women and children - family planning, reproductive health, antenatal care, baby wellness, HIV screening and management, basic ultra sound etc.) is underway, with business intelligence tools for data management being investigated as part of the transition to scale plans. Data will be collected at clinic level daily and will be able to be extracted nationally or at clinic level by diagnosis, by geography, by gender, by age, and track health outcomes and adherence at patient level etc.

In order to ensure that the Unjani Clinic Network is providing a quality service, independent patient surveys will be undertaken bi-annually to assess service perceptions and identify additional services that patients may want, as well as areas of improvement for our Clinics. Electronic or USSD patient feedback will also be tracked electronically to ensure service quality is maintained.

Vital to ensuring quality in South Africa, accreditation by the Office of Healthcare Standards Compliance (OHSC) will be obtained (this is dependent on the OHSC's timelines and capabilities, but this is our intention).

Internal monitoring matrix information, which is tracked at NPC level, includes:

- Number of EDA's signed (nurses empowered);
- Staff employment statistics (age, gender, salary levels);
- Training statistics (age, gender, training dates);
- Reporting, financial and operational audit outcomes;
- Compliance issues being addressed, and actions taken.

From a health outcome and impact perspective, we will continue to track patient data through the electronic patient management system in all Clinic locations:

- Patient age and gender – unique patient visits / repeat consultations
- Mothers and children
- Diagnosis and treatment
- Referral rate to specialist (Government Clinics) and tertiary institutions (Government Hospitals).

Appendix A:

The Unjani Model & Process

Interested Professional Nurses complete an initial enquiry form and submit this for evaluation to Unjani Clinics NPC. If the Professional Nurse meets the minimum selection criteria (Registered Nurse, PHC experience, dispensing certificate, clear criminal and credit checks), they are asked to complete a detailed application form.

Site selection is left to the Professional Nurse, the strength in this is that the Nurse generally comes from the community or lives in the community and as such receives immediate community support. The Professional Nurse is required to negotiate a lease with the owner of the land (privately owned land with business rights); Unjani Clinics NPC will review the lease and will negotiate any onerous terms with the landlord.

A site survey (using the Unjani Clinic Template) of at least 200 community members has to then be completed by the Professional Nurse. Once complete, they will summarise the results and present their findings and a business proposal to an interview panel at Unjani Clinic NPC. The site survey will determine need, but more importantly community affordability and support. Given that the model is a paid for service, while a need for primary healthcare services will be evident in all communities, patients will have to be able to pay for the service in order for the Unjani Clinic model to work in a particular community. The site survey is supported by desktop research performed by Unjani Clinics NPC, which looks at population, geographic, demographics, disease profile and healthcare facilities in the area. Based on this the type of Clinic format is determined:

- Rural Format (750 patients per month)
- Semi-Rural Format (1 000 patients per month) or
- Peri-Urban Format (1 500 patients per month)

If the Professional Nurse is successful in her proposal and satisfactorily answers the clinical questions posed in the interview, they are awarded a 5-year Enterprise Development Agreement, which includes the donation of the infrastructure and clinic equipment, 24 months of operational donations and the required support, mentoring and training required throughout the agreement term in order to transform the Nurse into an entrepreneur but also ensure that a sustainable micro enterprise will emerge from the process.

Unjani Clinics NPC has a third-party implementation team and a project manager to implement the Clinic Format. These relationships are governed by service level agreements and standard format costings. The service offered is a full turnkey service – container acquisition, refurbishment, site preparation, transport, Clinic deployment and connection to facilities.

A site inspection is performed by the implementation and project management team to ensure that the site is suitable for the Clinic construction and to ensure that the required infrastructure (electricity, water and sewerage) is in place. A variation order will be raised by the team (if required) for items not covered in the standard costing's (e.g. site levelling, infrastructure connections in excess of standard 20 m etc.) If the variation order is acceptable (between 5% and 10% of the standard costing), the site will be confirmed, and a project timeline is agreed for Clinic implementation.

In order to ensure that the Professional Nurse has some "skin-in-the-game", they are required to make an upfront commitment fee payment of \$635 / ZAR10 500. This fee is reinvested in the training costs of the Nurse. Before opening the Clinic, the Professional Nurse and the Clinic Assistant are required to undergo 5 days of intensive training. The training has been developed in-house and specifically covers the Unjani Clinic Support Manual, standard operating procedures, finance and administration, human resources and systems training.

Once the classroom training has been completed, an attendance register and copies of the training certificates are held on file at Unjani Clinics NPC as proof of completion. Local marketing is then undertaken in the community to create awareness of the Clinic opening – flyer and leaflet distribution, local newspaper adverts as well as “opening soon” banners are displayed at the Clinic site.

Once the implementation team has completed construction, a site hand over document is signed by the project manager and the Network General Manager (after all snags have been dealt with) as evidence of acceptance of the project. The Network General Manager and operations team will then set the Clinic up – all Clinic equipment, furniture, stock and consumables and internal signage is placed in the Clinic.

Once the Clinic opens, the Operations Team will spend a few days in the Clinic ensuring that the classroom training is practically implemented by both the Professional Nurse and Clinic Assistant. Processes have been kept simple, to ensure repetition underpins understanding. The Professional Nurse is required to sign off receipt of the Clinic (a set-up document is signed by the Professional Nurse and Network General Manager which details all Clinic internals, the Clinic infrastructure and stock received by the Professional Nurse). After signing off, the Professional Nurse is responsible for the Clinic and takes full operational ownership. The Nurse is responsible for the payment of all Clinic operational expenses and takes all Clinic revenue from day one.

In order to ensure compliance to the Enterprise Development Agreement (EDA) and standard operating procedures, operational and financial audits are undertaken quarterly by the Unjani Clinics NPC operations and finance team. Any uncorrected or material breaches by the Professional Nurse could result in termination of the EDA and the Clinic being reallocated to another Professional Nurse – so the risk to the Professional Nurse of non-compliance is significant, and the idea that compliance drives ultimate ownership is critical to the disciplines required by the model.

Networking Days ensure that all Professional Nurses meet to share best practices, deal with practical complexities and updated procedures are shared. In addition, the platform provides suppliers with an opportunity to train the Nurses on disease management programs, new industry developments and new products on the market.

Appendix B:

Unjani Clinics Model: Theory of Change

