AIDS Foundation South Africa

Developing Partnerships - Serving Communities

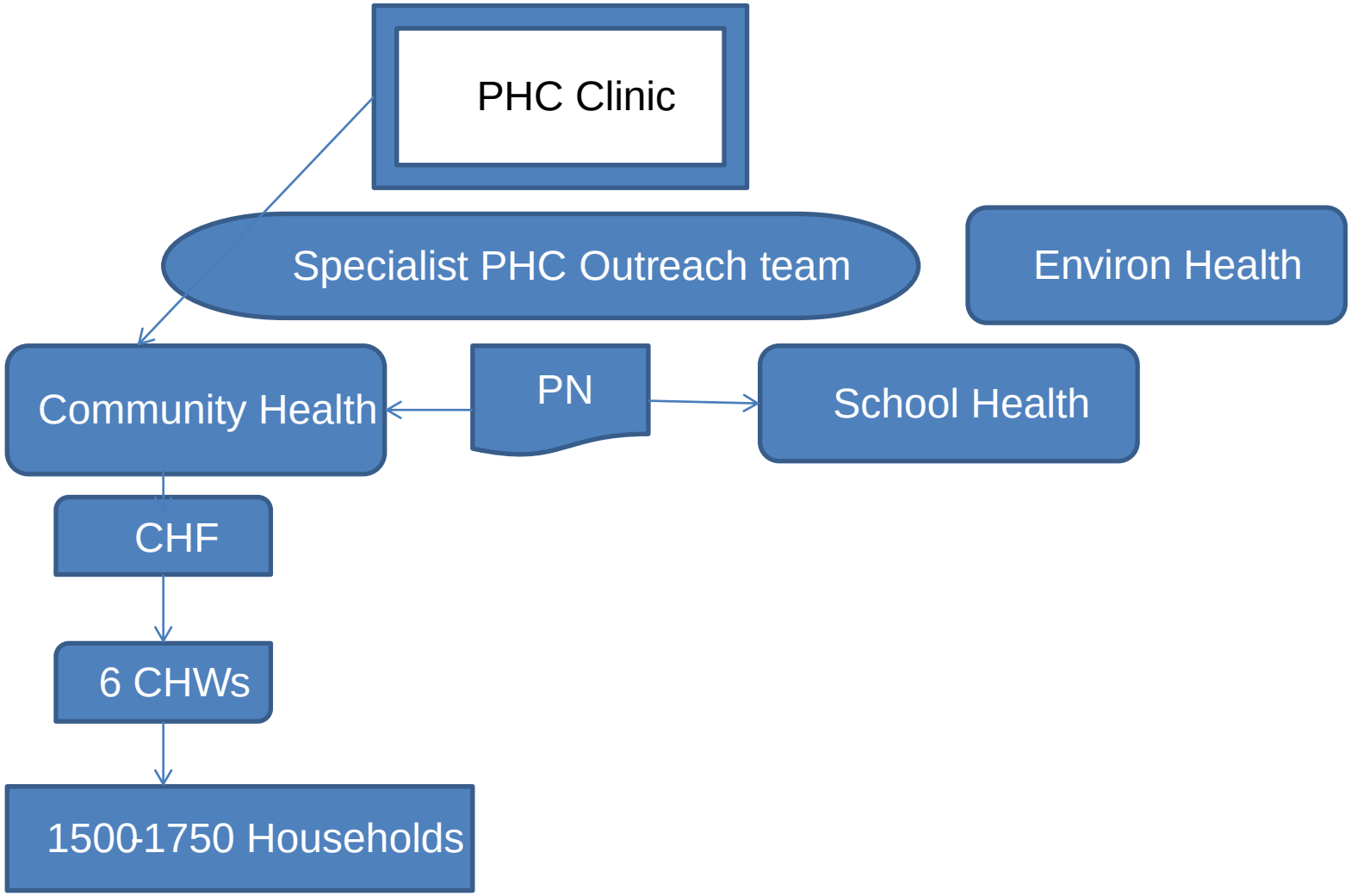
The KZN CCG/CHW Programme Progress and challenges 2011

Care groups

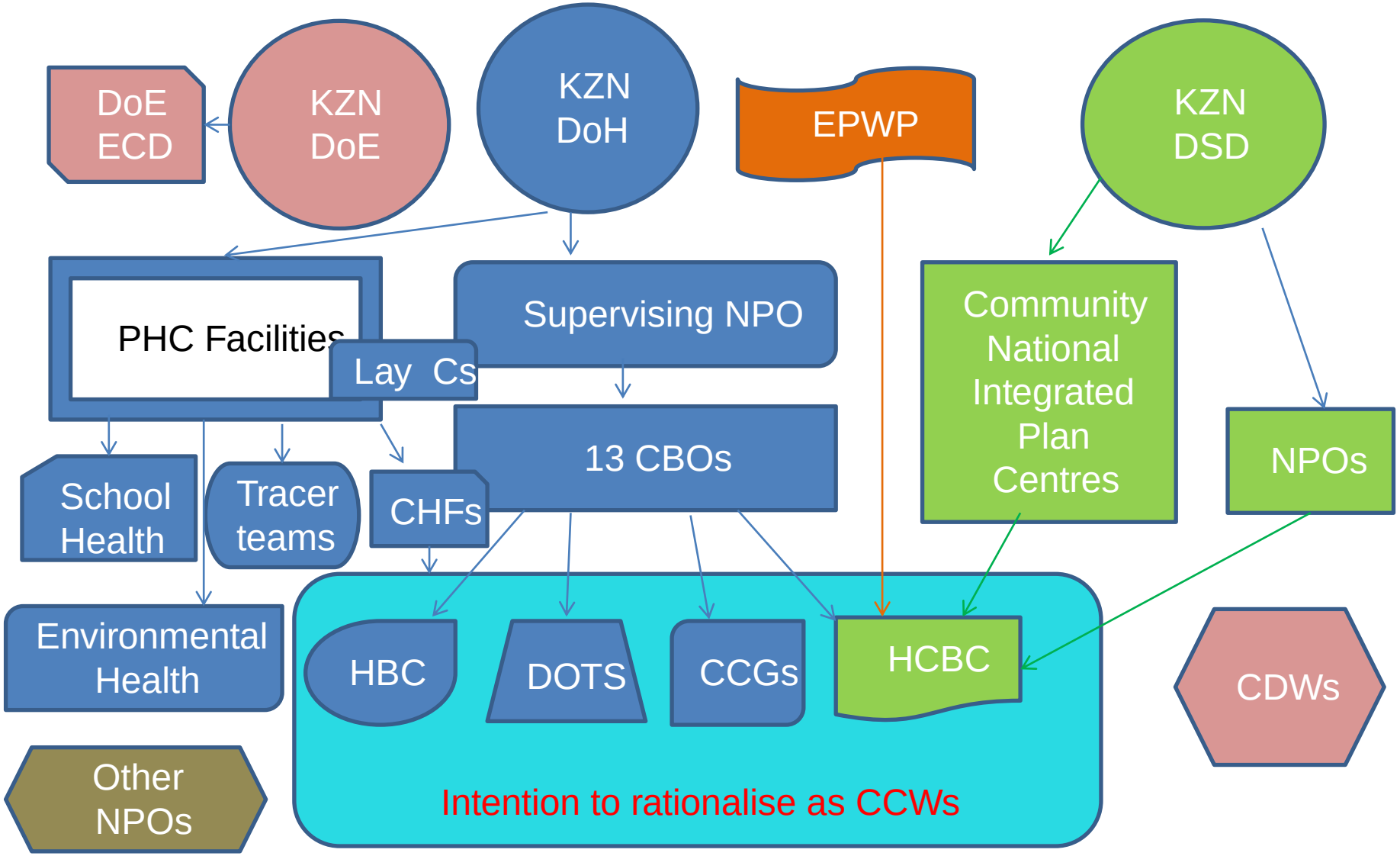
Terminology

- There is severe confusion of the terminology
- Community Health Workers (CHWs), Community-Based Health Workers (CBHWs), Home Based Carers (HBC), Home Based Care Workers (HBCW), Home/Community Based Care (HCBC), Community Care Givers/Workers (CCG) or CCWs, Lay Counsellors, Youth Ambassadors etc
- Confusion can translate into competition and conflict between individuals, programmes & organisational structures
- This is not in the interests of clients or anyone

National CHW model



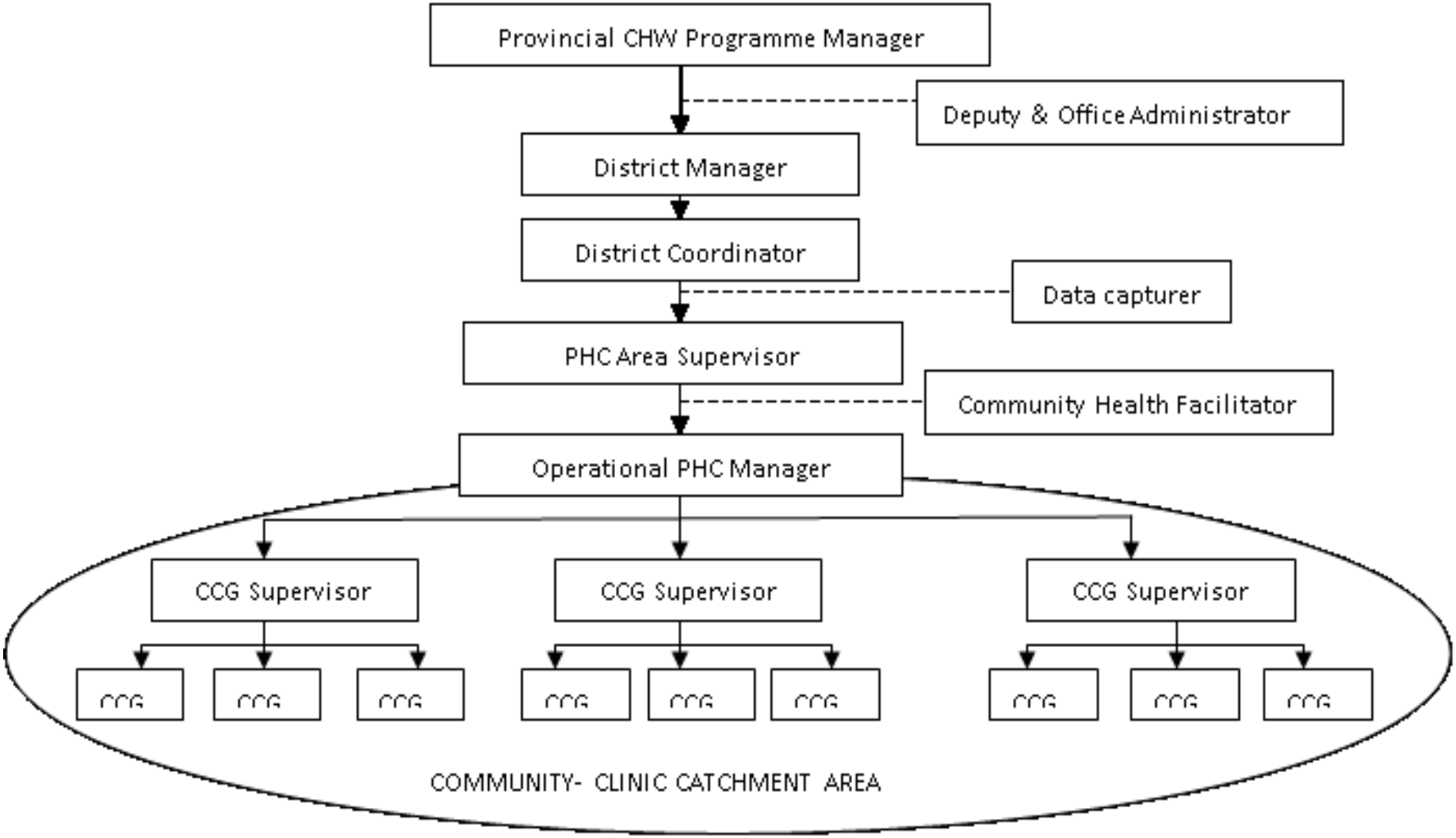
Previous KZN organogram before 201



Benefits envisaged by restructuring

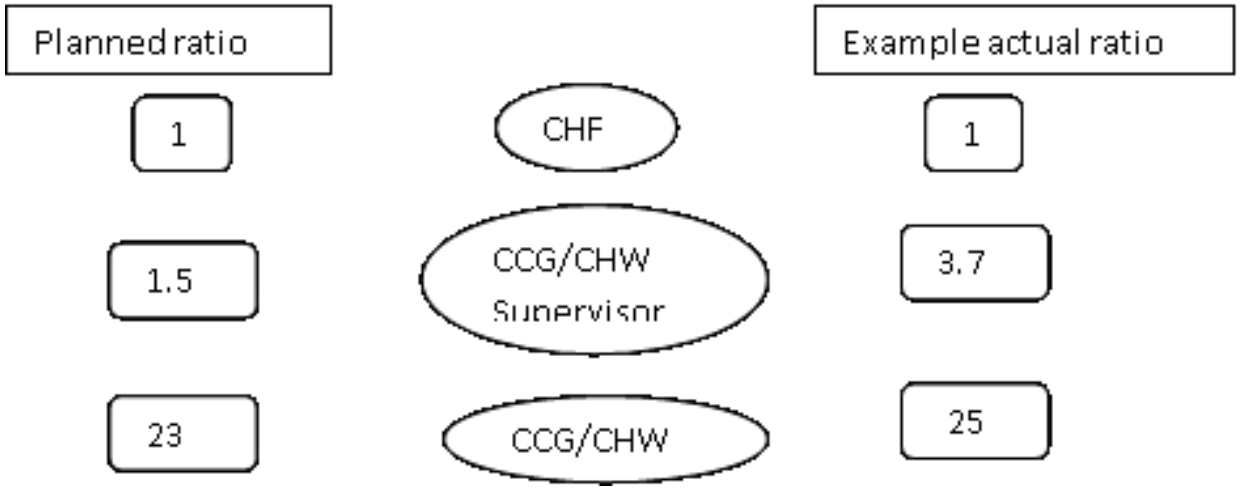
- Maximize the use of stipends;
- strengthen supervision, monitoring and data collection;
- enhance linkages between community, PHC and other health facilities;
- enables savings totaling R56 million which had been made to CBOs/NPOs comprising
  - project management fees (R11,000 for CHW programmes and R6,000 for HBC programmes);
  - 4% administration fees;
  - audit fees (R10,000 and R8,000 per annum in CHW and HBC programmes)

Rationalised structure 2010-11

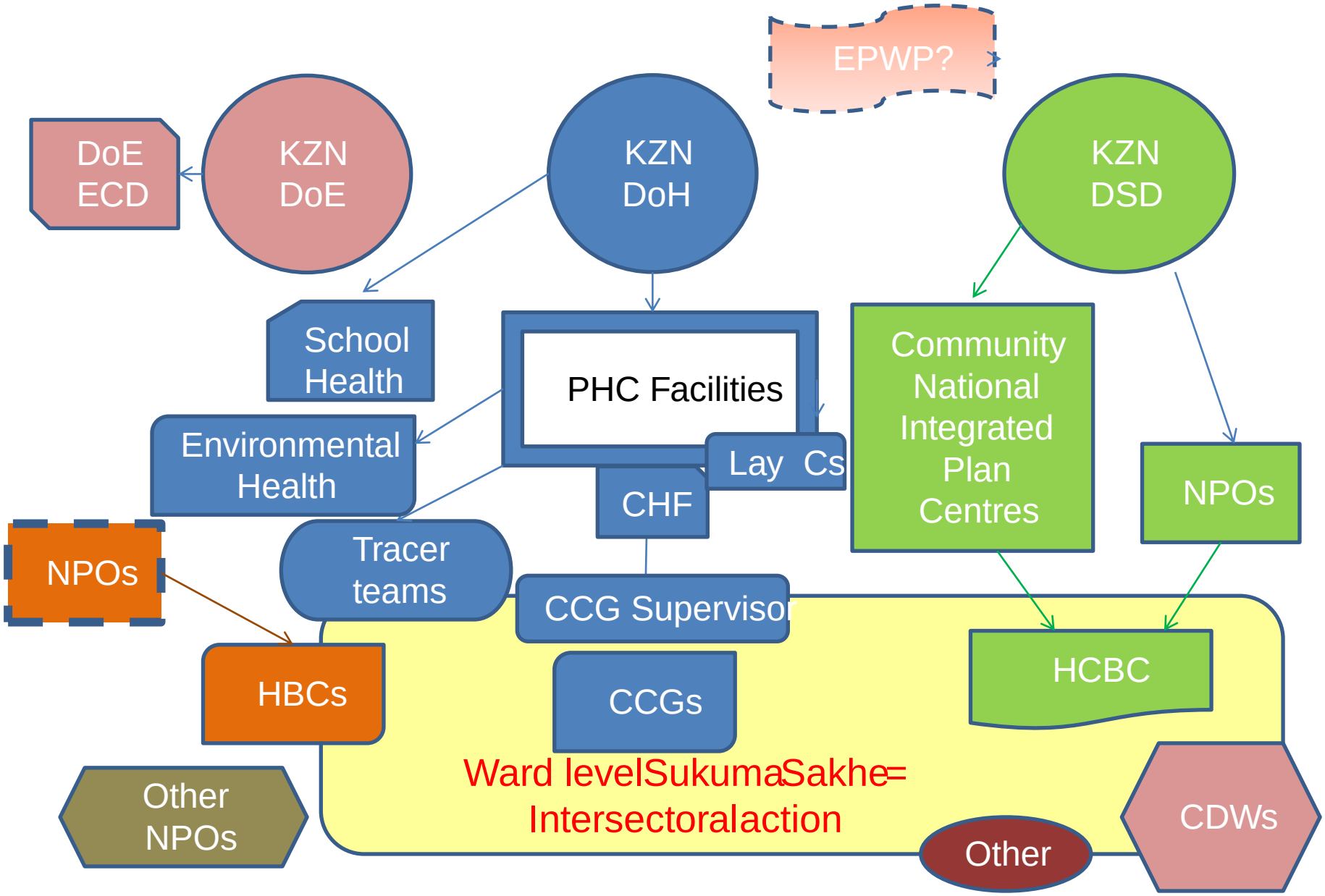


Approximate KZN CHW budget

Line items	Budget
Stipends for 8,982 CCGs @ R1,500 per person per month	R161,765,78
Stipend for 390 CCG Supervisors @ R2,500 per month	R11,715,90
Salary for 250 CHFs @ R144,089.75 per annum	R36,022,43
Unemployment insurance UIF @ 1% for CCGs	R1,617,65
Unemployment insurance UIF @ 1% for CCG Supervis	R117,15
Training of CCGs and Supervisors @R1,000 per person	R9,372,00
Total budget required	R220,610,93



Current KZN CHW & related structures



The basic essentials for the PHC outreach team in a ward

Promoteequity & universal coverage

Use appropriate technology for health development

PN

3 CHF

Mobile unit

3 teams of 6 = CHW
(+ xHBC deal)

Supervision
Transport
Training
Support
Care
Quality improvement
M&E

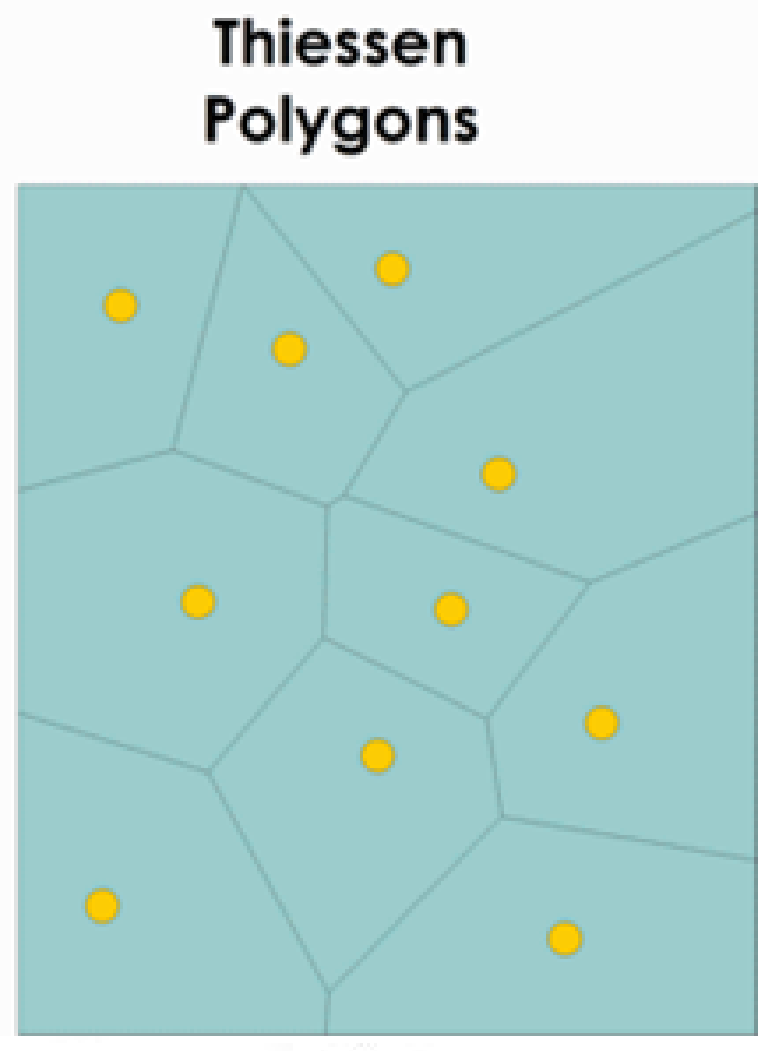
Consumables

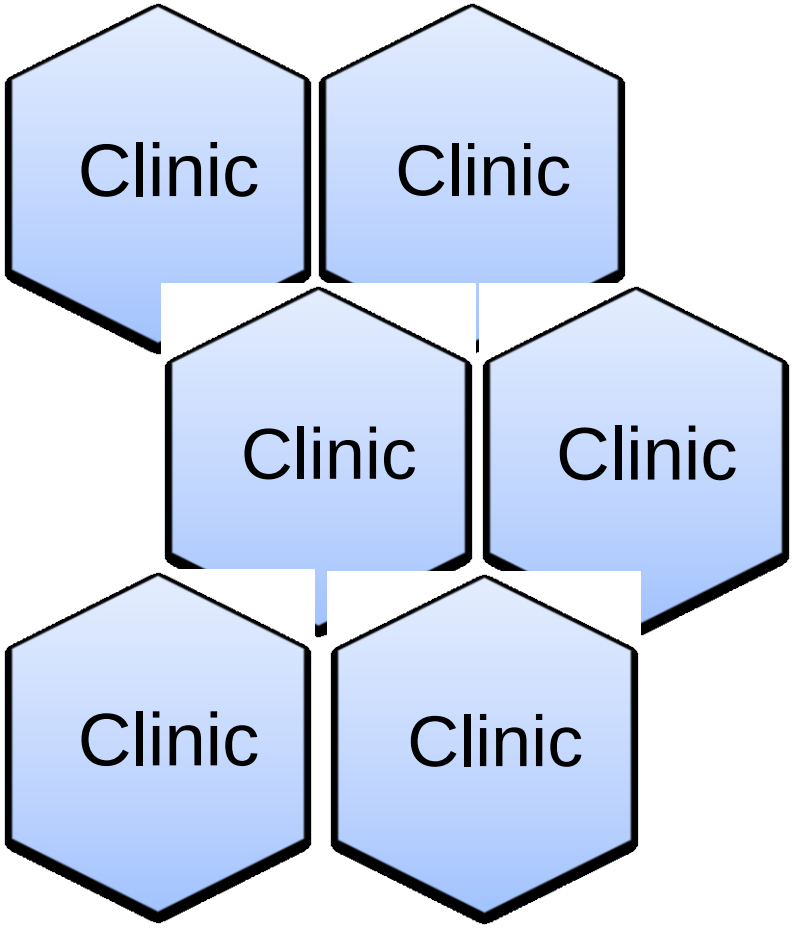
mHealth

Participation

Collaboration

Clinic catchments





Typical clinic catchment
~18,000 people

An opportunity to contribute to inequality & poverty reduction

1CHW : 250+ households quarterly

CHWs

Supervised by PHC Outreach teams

60 extensive pm

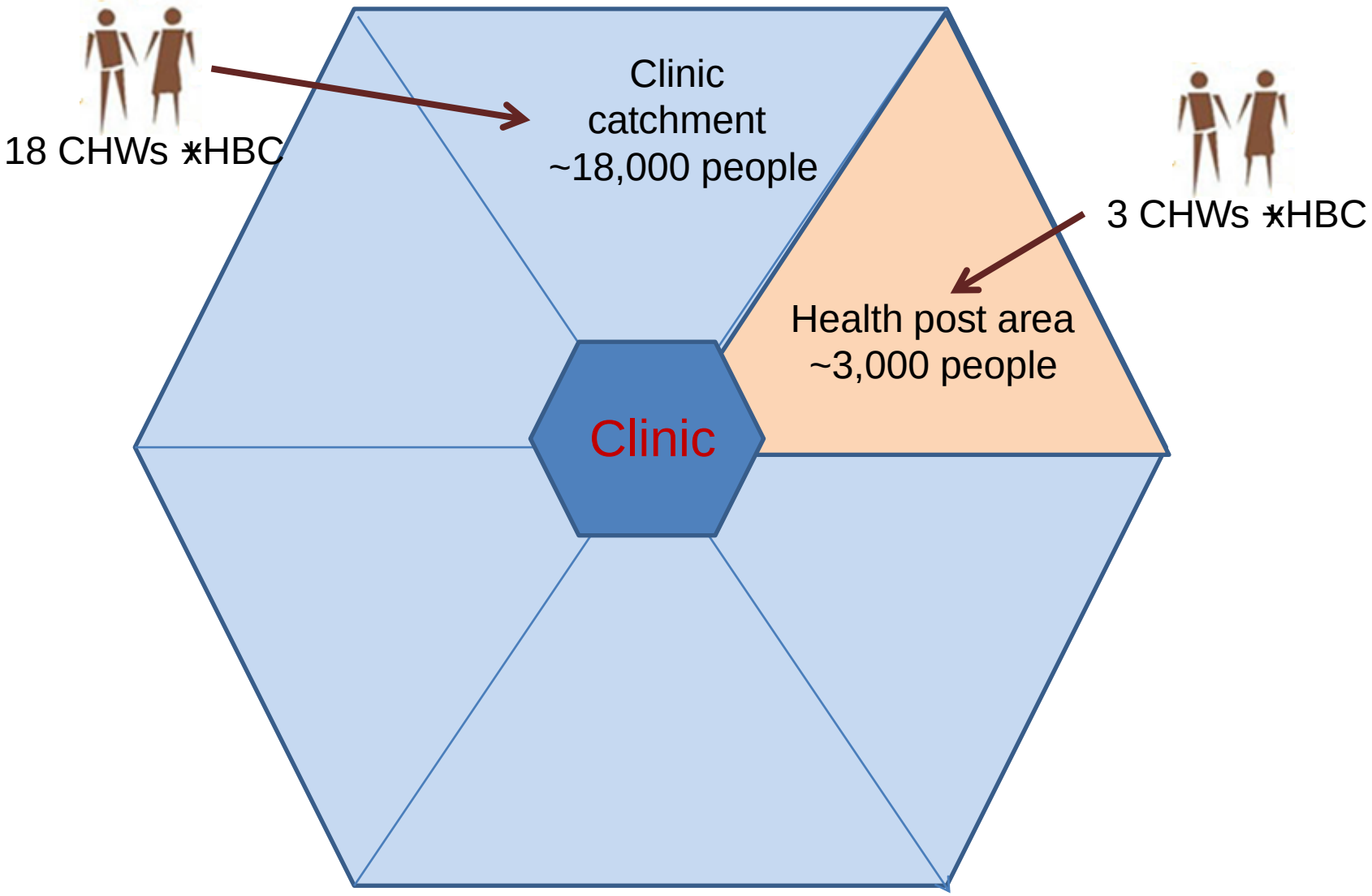
5-10 intensive pm

HBC- Community based public work?

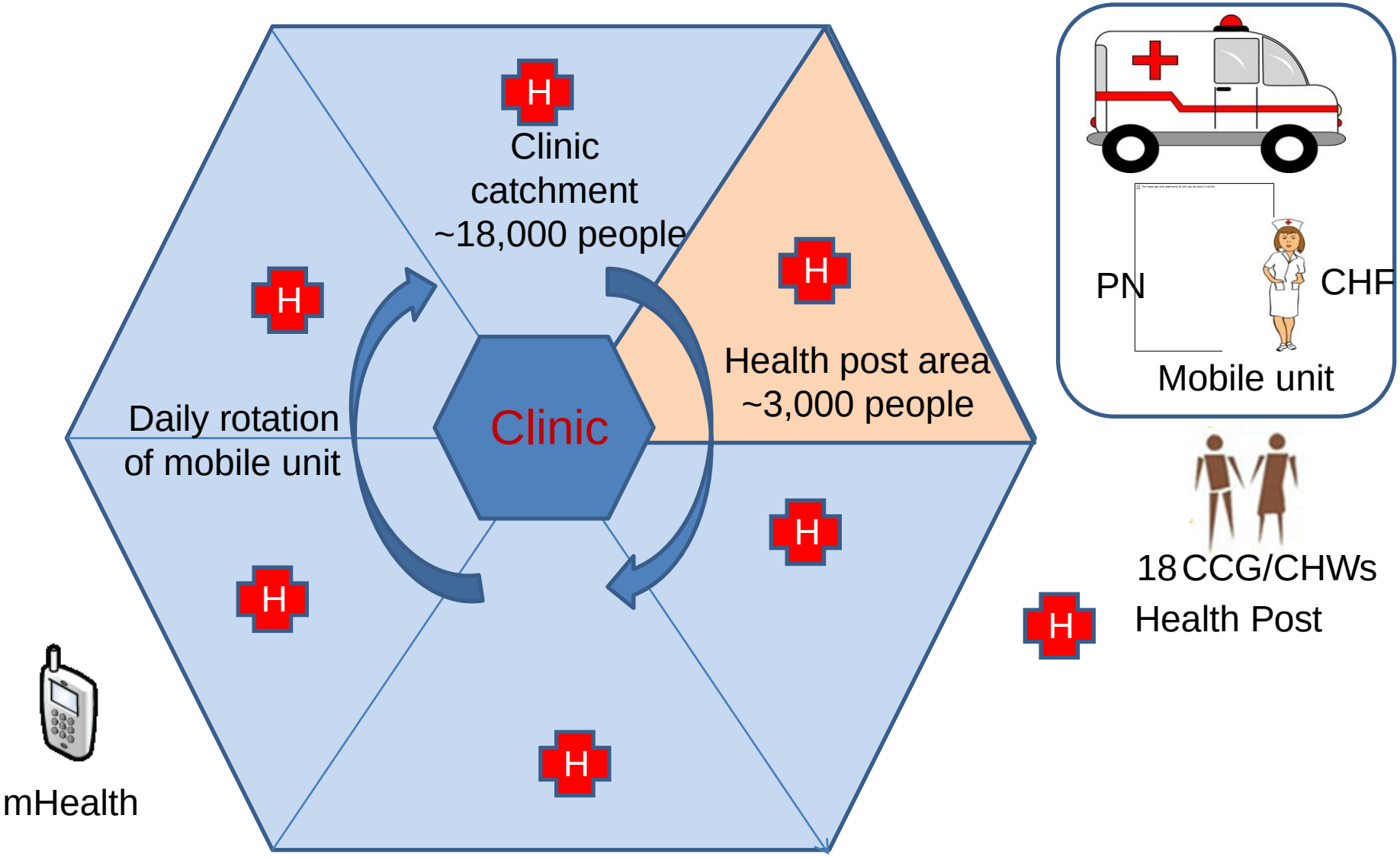
Supervised by Ward or HealthCttees

EPWP?

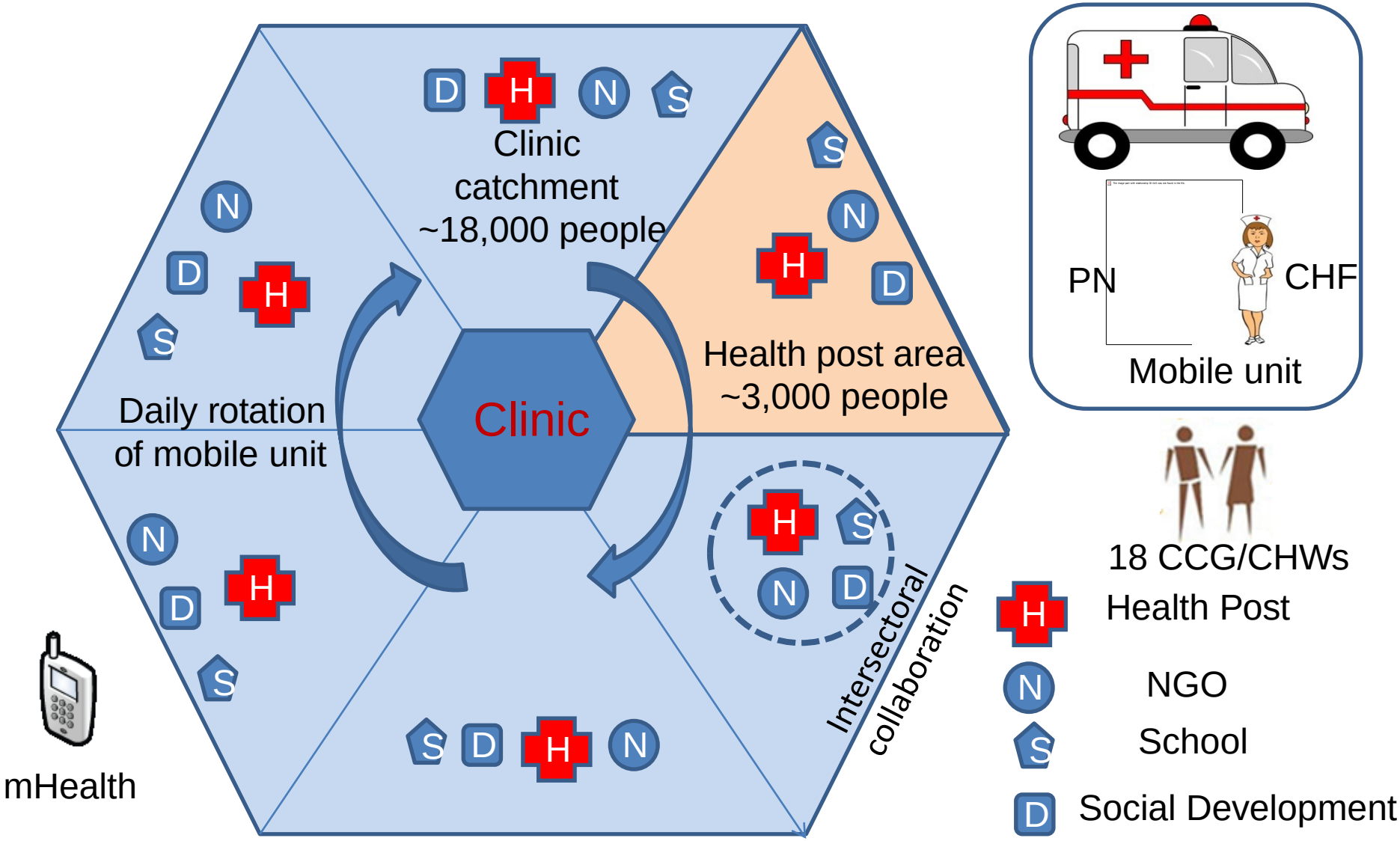
Clinic catchment/wards with visiting points or health posts



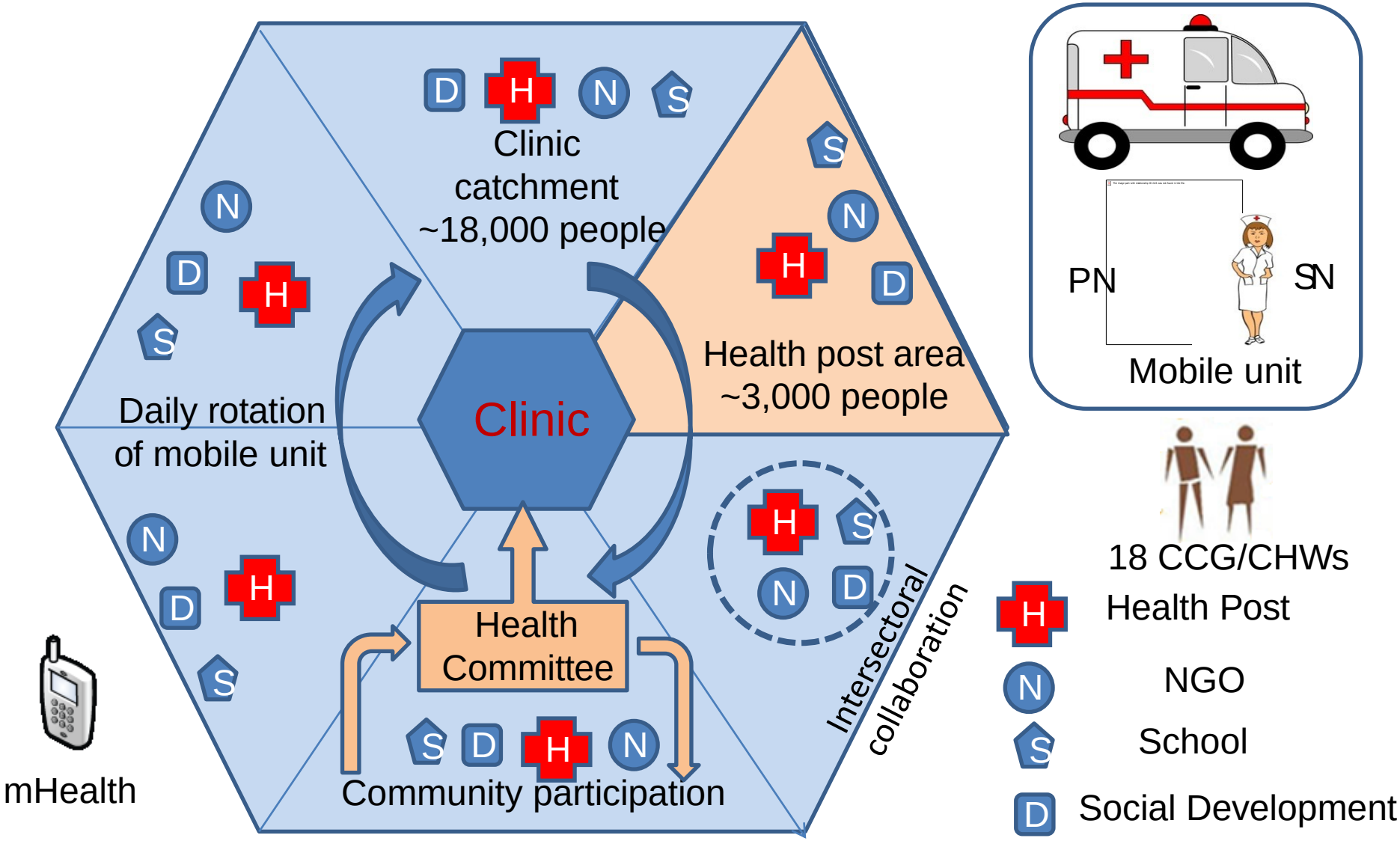
Rotating through community areas



Buildingintersectoralcollaboration



Strengthening participation



Integrated PHC approac

Clinc

Clinic

Clinic

Clinic

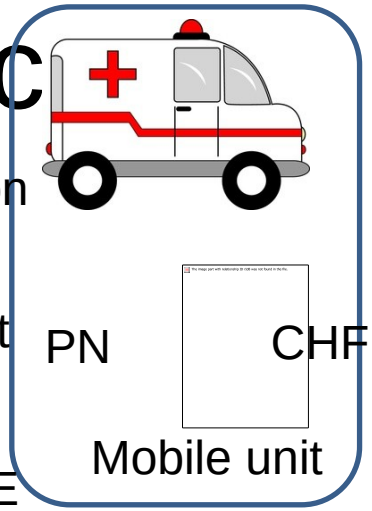
Supervision

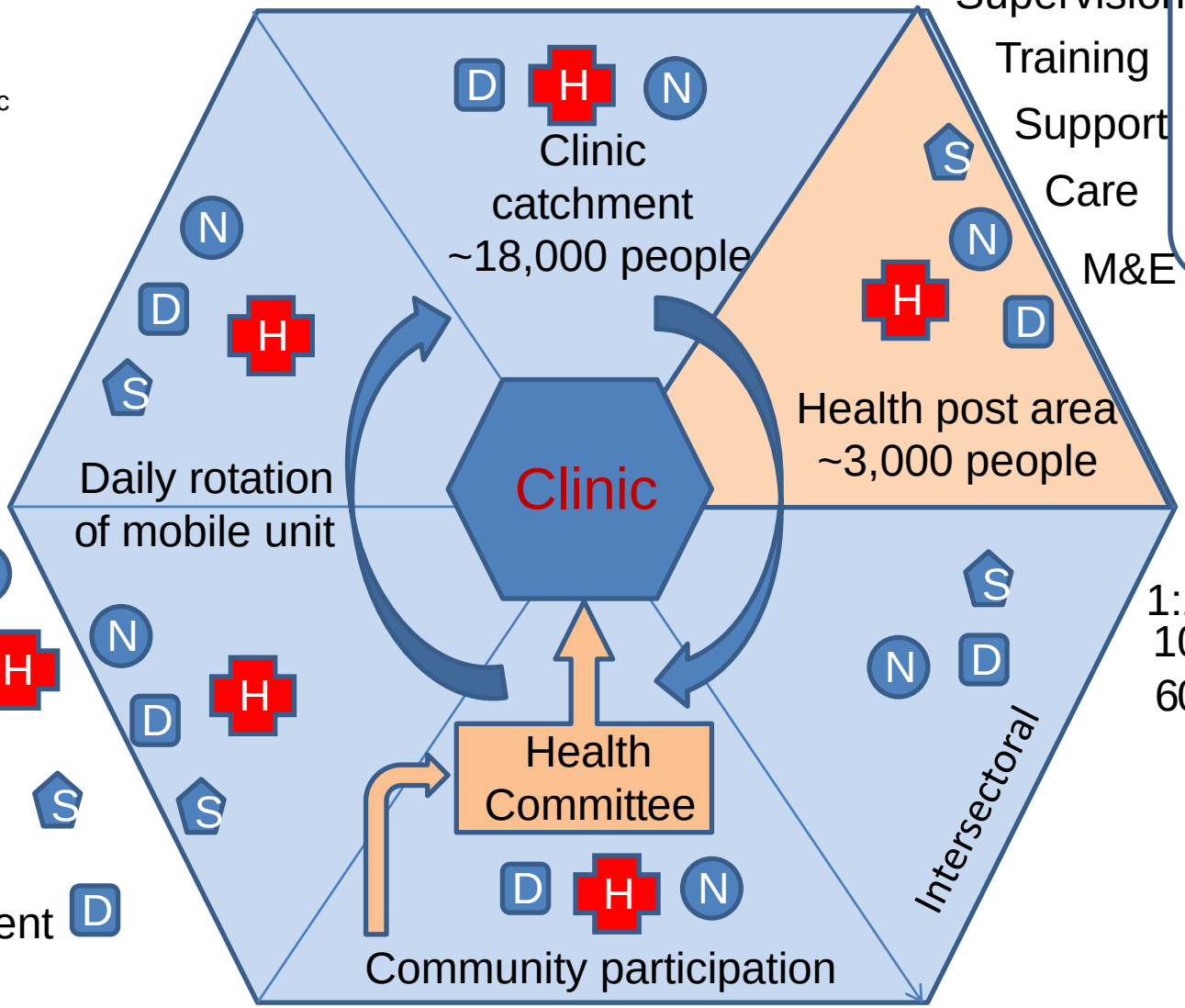
Training

Support

Care

M&E





18 CCG/CHWs

1:250 households

10 intensive pm

60 extensive pm

Consumables

KEY

NGO N

Health Post H

School S

Social Development D