RE ENGINEERING OF PRIMARY HEALTH CARE

Progress and challenges with implementation: Gauteng

A Case Study at King's Hope in Olievenhoutbosch

Compliments to the Minister of Health Dr Aaron Motsoaledi and his team to bring about much needed change in Health Care in our country!

Introduction

We have since May this year been part of an exiting process to re engineer Primary Health Care. I would like to share with you what happened in our organisation and hopefully it will be helpful for future implementations.

1 History of King's Hope

Olievenhoutbosh is a community with a mix of formal RDP and informal houses. Estimates are that the total population is about 90 000 (about 29 000 households)

We have been established in 2002 as a Faith Based Non Profit Organisation with the vision to advance the Kingdom of God in a practical way. We started with Food Provision and Support to Health Care.

Planning and implementation are programme driven in include the following programmes.

- Home Based Care (HBC)
- People Living with HIV/AIDS (PLHIV)
- HIV Counselling and Testing (HCT)
- High Transmission Areas Education (HTA)
- Orphans and Vulnerable Children (OVC)
- Psycho/Social Care
- Spiritual Care and Support
- Food Provision and Production

Before PHC re engineering the focus of our services was mostly **Patient driven,** concentrating on ***Treatment support (curative) and Palliative care***.

One of the challenges we used to encountered were lack of integration and even overlapping of services. The new approach / re engineering of Health Services is supportive to better integration of and rendering of holistic services.

After re aligning our services are now more household driven and offers more integrated, holistic care which includes: ***Promotion, Prevention, Treatment Support and Palliative Care.***

2 Progress with implementation

Olievenhoutbosch was identified as one of the areas for a pilot implementation. The implementation was rolled in phases which we are able to see by 'hind sight'!?

2.1 Information Session – Olievenhoutbosch Community

A session was held by Dept of Health (Gauteng) and the University of Pretoria (Family Medicine) to brief the community stakeholders regarding the concept of re engineering. It was attended by representatives from Local Govt, the Local Govt Primary Health Care Clinic, Botshabelo (NPO) and King's Hope (NPO).

Concerns and questions were raised regarding availability of **resources** to render services after awareness was raised through outreaches. Other questions were about **referrals, availability of medicines** (especially chronic medicine) and the **roles and responsibilities** of different role players.

2.2 Health Post Manager appointed for Olievenhoutbosch

The professional nurse, who is appointed, has been working for and with King's Hope since 2004. This is a major advantage since a relationship of trust already exists and she is familiar with the community and organisation.

2.3 Information gathering regarding services currently rendered by King's Hope

Services rendered by King's Hope were assessed. A gap analysis indicated areas which needed to be addressed to align our services with the expected outcomes of the Community Oriented Primary Health Care.

2.4 Orientation of the whole team of King's Hope to clarify implementation

The whole team of King's Hope were involved at this stage to get 'buy in' and 're direct' our current services and approach. Finalising possible ways of implementation, allocating of geographical areas and different daily work programme were explored.

2.5 Resistance hit us! Need for Change Management identified

We under estimated 'human nature'! Initially it seemed there was good acceptance of the whole idea and suggested changes. However it became clear there were more resistance than expected.

The situation was complicated more by the appointment of 8 Community Health Workers [CHW] by Dept of Health/FPD, from amongst our existing staff. They are remunerated more than the rest of the existing team of CHW (26) but are doing the same work.

Uncertainties about the role of the current Home Based Care Manager and Professional nurse added to resistance.

Management of King's Hope were also concerned about all the changes and the impact it was having.

2.6 Monitoring and Evaluation Issues (Gauteng Dept of Health, Hospice Palliative Care Association [HPCA], Primary Health Care re engineering, King's Hope)

We are funded by a number of different donors, each one expecting different outcomes to be monitored, evaluated and reported on. Confusion existed regarding the difference between the Health Assessment and data collection of interventions.

Discussions were held and expectations regarding outcomes which had to be monitored, evaluated and reported on were clarified. Forms to collect data about interventions were stream lined. The HPCA database is used to capture information and reports will be created for different supporters from that database.

2.7 Health Assessment Tool (handset device) training

Sophisticated software, using a cell phone instrument is being developed to do Health Assessments. Information is gathered at a central database and access to information is given according to different levels of need. The Health Post manager has the '1st line of access' and monitors information from where interventions are planned and organised.

These devices are not ready for use yet. Training has been given to team members already.

2.8 Re aligning strategic and operational plan

Strategic and operational plans are now adjusted to reflect the new requirements. The end result is a better integrated and holistic approach where overlapping of services is addressed. We ensure that Promotion, Prevention, Support to cure [treatment support] and Palliative Care are equally addressed.

It is important to *maintain balance of all services* and not forget that people will still become sick and sadly be dying and will be in need of Palliative Care!

3 Challenges encountered

3.1 Uncertainties regarding implementation: expectations from NGO / Staff / Process

We are well aware of the fact that we are a pilot site in Gauteng. Being a pilot site means no one is 100% clear on what and how the implementation will be done. The end results which are expected are more or less clear, but the detail of how to achieve it is less clear.

3.2 Resistance to Change

If there is one area where I am convinced future implementations should benefit from our experiences, it is on the Management of Change (or lack thereof?) **Change Manage Specialists must** be involved to guide the process in order to limit the negative impact of 'normal' resistance to change.

3.3 Approach to NGO management

The management and other important role players could be informed more clearly about expectations and processes which will be followed. Better planning of appointments [ahead of time] for interventions could be helpful. Relationship of trust between managers and the Health Post Manager must be built and feelings of threat should be dealt with in a sensitive way.

3.4 Role and responsibilities of Health Post Manager

Uncertainties regarding whether she was to 'take over' our existing managers' role created conflict and resistance. We have now clarified her role to be that of a mentor, specialist and supporter. She has to assist with 'big picture' health interventions as the trends from the data regarding the Health assessment are becoming available. She assists with overseeing

referrals to relevant stakeholders and ensures follow up interventions. She works very closely as a 'partner' in assisting us to become successful in our challenge to implement Community Oriented Primary Health Care. We are passionate about bringing about change in our community and appreciate her presence to strengthen us in our endeavours!

3.5 Role, scope of practice and future employment of Community Health Care Workers (CHW)

The CHW play an important role and should never be under estimated. The success of implementation will depend much on them. Previously they focussed on Treatment Support and Palliative Care, with some focus on Education. However it is now expected of them to have knowledge of a broad spectrum of health matters. Their previous training (69 days or at most Auxiliary nursing) are not sufficient to fulfil these expectations.

Capacity building is urgently needed to build their ability to know how to do the work. A comprehensive training needs analysis was done and a programme has been developed to build our teams' capacity to render the services. More formal education/training will have to be given to send adequately equipped CHW to render services. Lack of addressing this important gap might contribute to the unsuccessful implementation of a wonderful dream! Currently CHW are part of the Governments' Extended Public Works Program (job creation) which is causing continuous movement out of the programme as people find other jobs as soon as they have obtained basic skills. This is wonderful for them, but it leaves a huge gap where health services are rendered. Relationships form a vital part of current success as well as future success. Community Health Workers should be developed as an important part of the health profession and not as part of a job creation programme.

The number of households and ratio of CHW and professional nurse will be another challenge. There are simply not enough professional nurses trained to fill all the vacancies and to mentor the work of the CHW.

Future employment raises serious concerns. The question is whether Govt will take over NGOs?

3.6 Relationship to the Local Clinic

We have a very good working relationship with our local clinic, but **Understaffing** is a huge burden and will cause more challenges in future as implementing of the new approach will progress. Only 5 of 10 vacancies for professional nurses are currently filled. Urgent attention will have to be given at highest levels to this. One would not want CHW to identify patients

in order to prevent more serious illnesses, simply to find services are not available. This is a major threat to the successful re engineering of Primary Health Care.

4 Conclusion

We strongly believe a partnership with the Govt is possible and desirable. However, our *biggest fear* is that the re engineering will bring an end to the dreams and passion of those who feel called to make a difference in their communities. Will health services in communities be absorbed into large, ineffective bureaucracies? What will the role of NPO's in future be?

My plea would be for Govt to develop **standards of expected service delivery** and to **strengthen** organisations like us to continue to render the services with the same passion we have had when establishing the organisation years ago! That will be a dream come true!

I thank you.

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