RE-ENGINEERING PRIMARY HEALTH CARE FOR SOUTH AFRICA

Ward Based Primary Health Care Outreach Teams

5 July 2012
CONTEXT

PHC RE-ENGINEERING
Negotiated Service Delivery Agreement (NSDA)

- A charter that reflects the commitment of key sectoral and inter-sectoral partners linked to the delivery of identified outputs as they relate to a particular sector of government.

- Government agreed on 12 key outcomes as key indicators for its programme of action for period 2010 – 2014

- Each outcome area is linked to a number of outputs that inform the priority implementation activities that will have to be undertaken over the given timeframe to achieve the outcomes associated with a particular output.
Strategic Outputs
Health Sector to Achieve by 2014.

Output 1: Increasing Life Expectancy

Output 2: Decreasing Maternal and Child mortality

Output 3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis

Output 4: Strengthening Health System Effectiveness
PHC RE-ENGINEERING

• Work commenced after the Minister and MECs visited Brazil and found the Brazilian model attractive

• Recognition that PHC system in SA not fully functional

• PHC re-engineering to facility improvements to PHC service delivery
THE MAIN FOCUS OF THE PHC RE-ENGINEERING

• Strengthen the district health system (DHS) and do the basics better

• Place greater emphasis on population based health and outcomes
  – a new strategy for strengthening community-based services
  – a team approach which includes community health workers (CHWs) as members of the team
Review of PHC Package

• New primary health care package (NHI):
  ▪ Community based services
  ▪ Increased emphasis on promotive, preventive services at household level
  ▪ Includes: oral, hearing, vision, rehabilitative
  ▪ School health services

• Aligned with District Hospital package

• Effective referral system

• Appropriate emergency and planned patient transport
DHS MODEL

District/Sub-district Management Team

Specialist Support Teams

District Hospital

Community Health Centres

Office of Standards Compliance

PHC Clinic
  Doctor
  PHC Nurse
  Nurse
  Pharmacy assistant
  Counsellor

Health Services Community
  Schools
  Health Teams
  Houses
  Household
  Crèches
  Environmental Health
  Epidemics
  Disease Outbreaks

Schools

Ward-based PHC Outreach Teams

Contracted Private Providers

Local Government
  Environmental Health
  Water
  Sanitation
  Refuse removal
  Pest and vector control
KEY DIFFERENCES BETWEEN CURRENT AND PROPOSED MODEL

• Current service delivery needs to be strengthened – to achieve better health outcomes

• Current model is largely focused on individuals, is curative and passive – new model focuses on population, prevention and reaches into communities, households and schools
Immediate Focus on 3 Streams

1. Establish Specialist Teams
2. Strengthen School Health
3. Implement Ward Based PHC Outreach Teams
School Health Services

• School Health Policy adopted in 2003
• Implementation has been very limited due to resource constraints
• Minister of Health and e Minister of Basic Education
• Package includes reproductive health services and integrates HCT
School Health Services contd

29 000 schools in the country

Quintile 1 and 2 Schools (the poorest schools)
• Screening of all grades R and grades 1
• ECD and primary school children are fully immunized

Secondary schools
• Life skills programme
  – sexual and reproductive health and the reduction of alcohol consumption.

As more resources become available services expanded to full range of school health services as per revised policy.
Specialist Teams

➢ To address the unacceptably high infant, child and maternal mortality in most of our districts National Health Council

➢ Every district should be supported by a team consisting of
  - gynaecologist
  - paediatrician
  - anaesthetist
  - Family physician
  - advanced midwife
  - primary health care nurse

➢ We have 52 health districts,
➢ 54 regional hospitals and
➢ 260 district hospitals
Specialist Team: Functions

• Strengthen **clinical governance** (PHC level & district hospitals)
• **Treatment guidelines and protocols** are available and are used
• Essential **equipment** is available and correctly used
• **Mortality review** meetings are held, are of good quality and that recommendations from these meetings are implemented
• **Support, supervise and mentor clinicians**; and
• Monitor **health outcomes**
WARD BASED PHC OUTREACH TEAMS

PHC OUTREACH TEAM

Team Responsible for health of 1500 Families

No. of teams in a Ward (determined by population size)

Preventative, promotive, curative and rehabilitative services (work with EHOs)

Community Services

Professional Nurse
  (Team leader)
  Health Promoter
  Environmental Health Officer

CHW 250 Families

CHW 250 Families

CHW 250 Families

CHW 250 Families

HBC

250 families

250 families

250 families
WARD BASED PHC OUTREACH TEAM SERVICES

Offer an Integrated health service at a community, household & individual level

**Core components of the integrated service**

1. Promote health (child, adolescent and women’s health)
2. Prevent ill health
3. Ante and post natal community based support and interventions that reduce maternal mortality
4. Provide information and education to communities and households on a range of health and related matters
5. Offer psychosocial support
6. Screen for early detection and intervention of health problems and illnesses
7. Provide follow-up and support to persons with health problems including adherence to treatment
8. Provide treatment for minor ailments
9. Basic first aid and emergency interventions
PROFESSIONAL NURSE ROLE IN PHC OUTREACH TEAM

SERVICES

- Plan, implement and evaluate health and wellness services to the catchment population
- Promotion, prevention, early detection, curative, rehabilitative and palliative service
- Develop a targeted plan to address the health needs of those that are vulnerable
- Act as an advocate for improving health services
- Deliver community component - PHC package of services
# PROFESSIONAL NURSE ROLE IN PHC OUTREACH TEAM

## Team
- Team leader
- Allocate and assign tasks, supervise, and manage team members
- Develop capacity of CHWs to deliver PHC outreach services
- Promote teamwork amongst PHC outreach team members
- Train, mentor, and coach PHC Team members
- Manage performance of team members
- Monitor and evaluate team performance

## Community
- Facilitate community entry
- Conduct a community assessment
- Initiate community-based PHC outreach service (households, schools, crèches)
- Establish, collaboration, and liaison with local community & service providers.
- Assess health needs and priorities - catchment population.
- Map catchment community (incl. households, and services)
- Inform local community - health related matters & potential health threats
IMPLEMENTATION OF PHC OUTREACH TEAMS

PHASE 1

ORIENTATION & TRAINING
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CHALLENGES EXISTING COMMUNITY BASED HEALTH WORKERS

- Some 65 000 – 72 000 community based health workers exist in South Africa
- Offer a wide range of services e.g.
  - Home based care
  - Lay Counselling
  - DOTS support
  - Treatment adherence support
- Education & training
  - Ranges 10 days to 4 years
  - Formal qualifications to skills programmes to in-service training
- Major gap in training (absence of maternal and child health, violence and injury, chronic diseases)
- No standardisation in employment mechanisms
- Draft Policy on CCGs focuses on HBC, community based workers employed by NPOs
  - Divergence in policy position between DOH and DSD since policy was drafted re employment
WHAT IS REQUIRED?

Production Education and Training

Appropriate Qualifications

Scope of Work

Competence Orientation and training

CHWS Practice Health Services

Enabling Employment Framework

Recruitment Selection and Appointment
Scope of CHW

• Conducting Community, household and individual health assessments and identify if there any potential or actual health seeks and facilitate the family or an individual to seek the appropriate health service;

• Promote the health of the households and the individuals within these households

• Refer persons for further assessment and testing after performing simple basic screening tests;

• Provide limited health interventions in a household (basic first aid, oral rehydration and any other basic intervention that she or he is trained to provide)

• CHWs will also provide psycho-social support and manage interventions such as treatment defaulter tracing and adherence support.
KEY DIFFERENCES BETWEEN CURRENT AND PROPOSED MODEL for CHW

Current role community based health workers
- Provide a varied range of services in communities
  - Home based care, DOTS, Adherence counseling, lay counseling, peer education, Tracing of defaulters

New role of the category CHWs
- Fulfill a role as a formal member of the PHC team
  - Main focus prevention, promotion and support to communities and households;
  - Identify health needs of families and individuals
  - Facilitate access to health and other services
  - Integrated services based on quadruple burden of disease

Report to and supervised by the PHC Outreach team leader linked to a PHC clinic
Employment of CHWs PHC Outreach Teams

- Initial recruitment & appointment from existing CHW
- The knowledge, skills competence developed through extensive orientation, training, mentorship and supervision programme.
- First cohort of CHWs will require close supervision and therefore they must be only be appointed onto an outreach PHC team where there is a team leader i.e. a Professional nurse to mentor and supervise their work.
- Newly recruited CHW may not fulfill the full range of functions required of a CHW in the first two years.
- CHWS that do not meet the job and competence requirements after two years of training, support and supervision will not be eligible to continue serving as a CHW.
- All of the first cohorts of CHWs recruited will be appointed as contract workers
Minimum Entry Requirements for CHW on PHC Outreach Team

- Incumbent must be functionally literate and numerate
- Completed some training
- Has at least 1 year experience as a community based health worker (2 years desirable)
- Positive testimonial from previous employer (NPO or DOH)
- Resides in the area that they will be serving (in areas where there is a shortage of CHWS the “area” could be more broadly defined)
- Prepared to undergo orientation and training and sign a performance agreement
- Meet basic competence requirements (assessment conducted after phase 1 orientation training before phase 2 training)
Training of CHWs

Phase 1
Orientation and training
- PHC
- MCWH (ante and post natal care, IMCI basic)
- Treatment adherence
- TB & HIV
- Community, household and individual assessments
- Supervision, performance management, mentoring and coaching programme for outreach team leaders
- Time frame: 2 Years
- (FY 2011-2012 2012-2013)

Phase 2
Orientation and training
- Consolidation of skills learnt in Phase 1
- Introduction of Protocols, guidelines and assessment and screening for:
  - Prevention, screening and management of chronic diseases
  - Prevention screening and management of trauma and violence
  - Women’s health
  - Child health
- Community assessments, community and group interventions
- Introduction to Group based interventions
- Timeframe: 1 Year
- (FY 2013-14)

Phase 3
Formal Qualification
- NQF Registered qualification for CHWs
- Focus will be on Training that is aligned to registered occupation qualification that will facilitate CHWs to attain the full range of competencies required for fulfilling the job of CHW
- Time Frame: 4 Years
- Year 4 to Year 8
- (FY 2014-15 to 2018-19)
QUALIFICATIONS DEVELOPMENT PROCESS

STEPS

1. Receive and Process Application
2. Oversee Scoping Meeting with Constituency
3. Develop Occupational Profile
4. Manage Verification Process
5. Develop Module and Subject Specifications
6. DQP with Constituency Group
7. QDF with Expert Practitioners and AQP
8. Submit DQP & QDF

RESULTS

A. Service Level Agreement (DQP & AQP)
B. Occupational Profile
C. Learning Component Specifications (& Internal Assessment)
D. Occupational Curriculum (B+C)
E. Qualification Assessment Specifications (External)

RESPONSIBLE

QCTO Staff

DQP & QDF

QDF with Expert Practitioners, AQP & Educationalists

QDF with Expert Practitioners, AQP & Educationalists

QDF with Expert Practitioners (incl Assessors)

QCTO Staff
DEVELOPING CAPACITY OF WARD BASED OUTREACH TEAMS

Outreach Team Leaders & Community Health Workers
Overview of Orientation & Training

Target Group
Ward Based PHC Outreach Team Members

- Community Health Workers
- Professional Nurses
- Health Promoters
- Environmental Health officers
HOUSEHOLD & COMMUNITY IMPLEMENTATION TOOLS

• CHW booklet
• Key message booklet
• CHW household tools
• Kit bag

Monitoring & Evaluation
  – Household registration tool
  – Individual record
  – CHW Weekly check list
  – PHC Team Leader monthly checklist
  – Referral Forms
Ante Natal Care
Community Health Worker

Referral Source
- Household assessment/health facility/family/Self
- Confirmed pregnancy test

Schedule 4 home visits to pregnant woman

Visit 1
Conception-14 weeks
- Care of pregnancy
  - PMTCT Testing
  - Book before 14 weeks
- Tools: AC AJ1 AJ5

Visit 2
14 - 24 Weeks
- Confirm booking & clinic attendance
- Maintaining good health
- Risks & Danger signs
- Tools: AC AJ1 AJ2 AJ3

Visit 3
24-28 weeks
- Check, Educate & Support
- Maintaining good health
- Birth Preparation and planning
- PMTCT Treatment Adherence
- Risks & Danger signs
- Tools: AC AJ1 AJ2 AJ3

Visit 4
28 - 32 Weeks
- Check, Educate & Support
- Confirm readiness and preparedness
- Confirm post natal visit appointment
- PMTCT Treatment Adherence
- Assess for risks danger signs
- Exclusive Breast Feeding
- Tools: NJ1
- Tools AC AJ1 AJ2 AJ3
Child Nutrition Process
Community Health Worker

Determine age and health status of child to choose the category of child feeding you will focus on

Feeding a New Born Baby
Check, educate & support Mother for exclusive breast feeding
- Yes
  - Mother will exclusively breast feed
    - Check, Educate and Support for exclusive breast feeding
      - Tools: NJ1 NJ2 NJ6 – NJ10
  - No
    - Mother unable to exclusively breast feed
      - Educate and Counsel for exclusive breast feeding
        - Tools: NJ1 NJ2 NJ6 – NJ10

Feeding a Child 6 - 11 Months
Check, Educate & Support
- Tools: NJ11 NJ13 NJ14 NNJ5 NJ

Feeding a Child 12 - 24 Months
Check, Educate & Support
- Tools: NJ16 NJ17

Feeding a sick Child
- Feeding a child with diarrhea
  - Tools: NJ18 NJ9
- Feeding a malnourished child
  - Tools: NJ18 NJ9

Referral
Household assessments/health facilities/Family/Other Govt Departments/NGOs
HOW DO WE AS HEALTH WORKERS WORK TOGETHER TO STRENGTHEN HEALTH CARE DELIVERY?