PHC RE-ENGINEERING & CBS (PHC Outreach

SANAC Civil Society

20 September 2011

BACKGROUND

- Lack of progress on key health indicators (infant, child and maternal mortality, HIV, TB)
- National Service Delivery Agreement
  - Increase life expectancy
  - Decrease child and maternal mortality
  - Decrease the burden of disease from HIV and TB
  - Improve the effectiveness of the health system
- International experience shows that strengthening health systems, PHC in particular is key to improving health outcomes

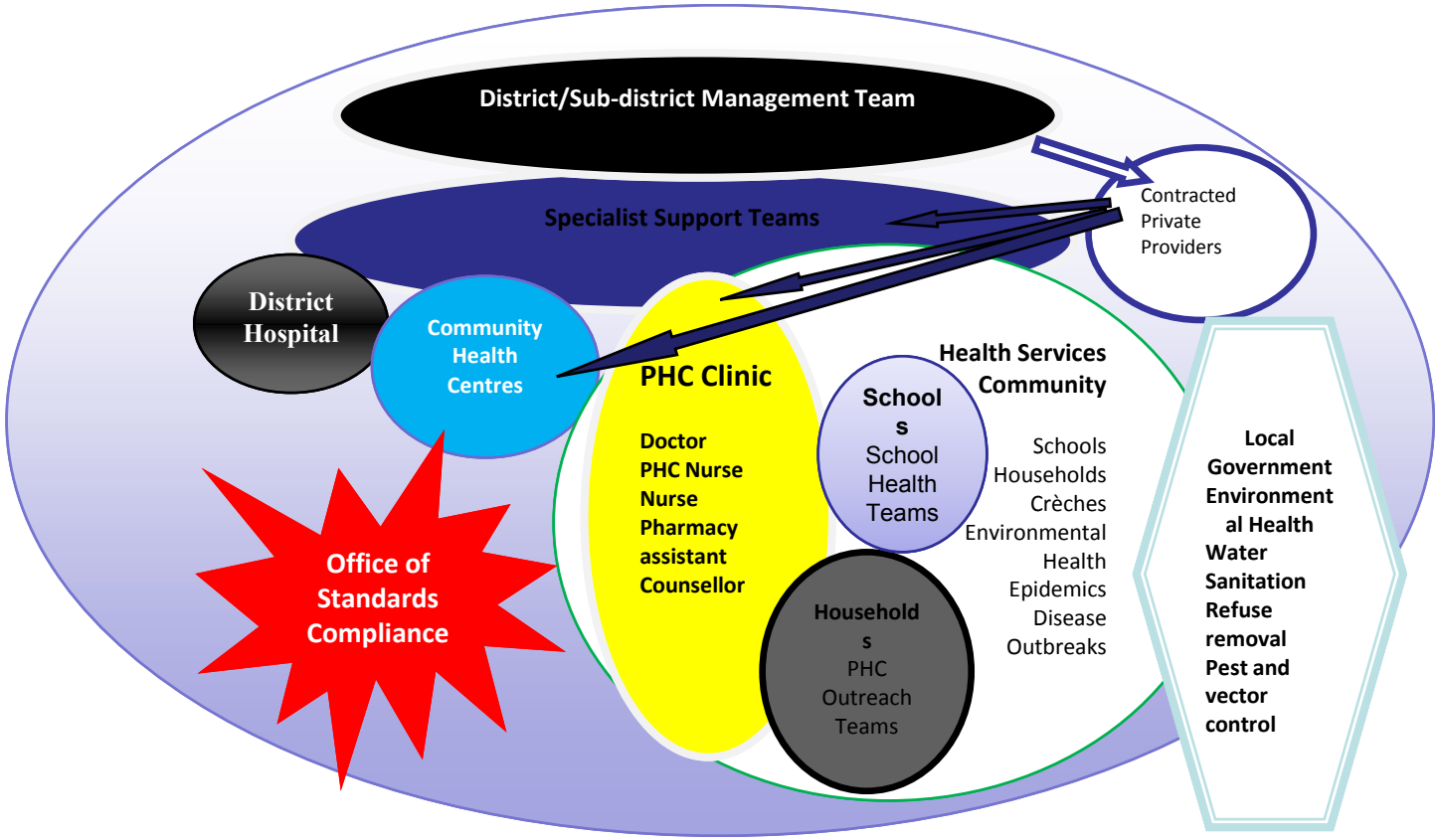
NATIONAL HEALTH COUNCIL (NHC) DECISIONS

- Visit of Minister and MECs to Brazil to explore how they improved health outcomes
- Impressed with their PHC system (because of the way it improved health outcomes)
- Requested a small team to work on proposals based on the Brazilian model
- Team expanded to include individuals with provincial and private sector experience

DISTRICT HEALTH SYSTEM

- No change in policy with respect to the DHS
- Vehicle for the delivery of PHC services
- Basic components of the DHS need strengthening (e.g. management responsibility and accountability at all levels; improved supervision and quality of care)
- Alma Alta principles (on PHC) still apply

DHS MODEL


District/Sub-district Management Team
Specialist Support Teams
Contracted Private Providers
District Hospital
Community Health Centres
PHC Clinic
Doctor
PHC Nurse
Nurse
Pharmacy assistant
Counsellor
Schools
School Health Teams
Households
PHC Outreach Teams
Health Services Community
Schools
Households
Crèches
Environmental Health
Epidemics
Disease Outbreaks
Local Government
Environmental Health
Water
Sanitation
Refuse removal
Pest and vector control
Office of Standards Compliance

PHC RE-ENGINEERING

Three stream approach to PHC re-engineering adopted by Department of Health:

(a) a ward based PHC outreach team for each municipal ward;

(b) strengthening school health services; and

(c) district based clinical specialist teams with an initial focus on improving maternal and child health.

SCHOOL HEALTH SERVICES

- Mandate is: have health presence in every school
- National finalising core package of services for ECD, primary and secondary schools
- Need to employ more school health nurses/teams and deploy them
- Strengthen M/E to show impact of school health

SCHOOL HEALTH SERVICES

- School Health Policy adopted in 2003
- Implementation has been very limited due to resource constraints
- Minister requested that the policy be revised and that he launches it with the Minister of Basic Education
- Minister directed that the package includes reproductive health services and integrates HCT

SCHOOL HEALTH: NEXT STEPS

- Clearly this needs to build on what exists with rapid scale up
- Proposal is that we start with schools in quintile 1 districts (over 10,000 schools!)
- Need to prioritise within quintile 1 and group schools
- Hire more school health nurses
- Ensure clear reporting lines (school health at district, PHC nurse in ward team)
- Strong M/E

DISTRICT SPECIALIST TEAMS

- NHC directed that specialist teams to improve maternal and child health be deployed to cover every health district
- Teams to be composed of:
  - principal O&G, paeds, anaesthetist, family physician, advanced midwife, advanced paed nurse and PHCN

SPECIALIST TEAMS

- District populations vary from: 65 000 (Central Karoo) to 3.4m (COJ) – and with great density variations as well
- We have developed (with the chairs of the Ministerial Committees) core sets of responsibilities and job descriptions for part of the team (obgyn and paeds) – rest is work in progress
- Minister/DG started a process of consulting with specialist groups
- Minister appointed task team to advise

SPECIALIST TEAMS: ROLES

- Work with institutional based specialists.
- Adopt a population based focus and participate in outreach activities for the development and support of all health facilities in the catchment area of their institution.
- Their primary function remains the development and support of an acceptable standard of clinical care throughout the region for which they are responsible.
- Will not be used to cover staff shortages in the regional hospital (however, may provide some clinical services to ensure own competency is maintained and to continue registration).

SPECIALIST TEAMS: MATERNAL CARE

- Strengthen family planning services
- Improve proportion of women that attend antenatal care in the first trimester; improve the quality of ANC (e.g. early testing for HIV, use of barrier contraception during pregnancy to maintain HIV negative status)
- Ensure that all eligible mothers receive all components of the PMTCT programme
- Improve the quality of intrapartum and emergency obstetric care (through training the relevant health workers)
- Ensure HAART cover for HIV positive breastfeeding mothers

SPECIALIST TEAMS: NEONATAL CARE

- Ensure that systems for caring for healthy as well as small or ill newborn infants are in place, in line with the National Newborn guidelines.

- Monitor and improve the quality of newborn care using a quality improvement package such as the Limpopo Initiative for Newborn Care.

- Ensure that systems are in place to follow-up neonates after delivery (at least one visit during the first six days after discharge).

- Ensure that HIV exposed infants receive appropriate care and follow-up.

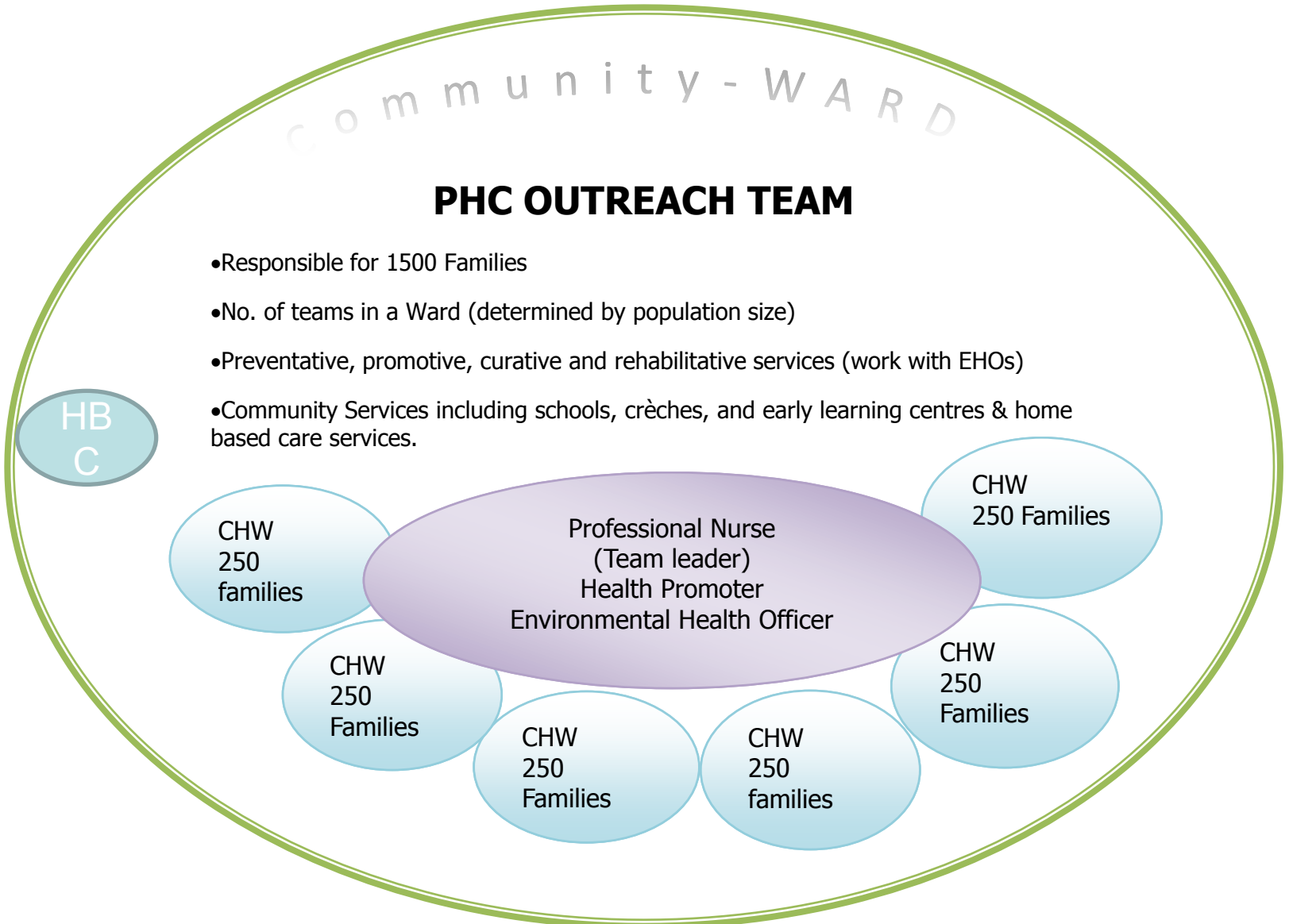
SPECIALIST TEAMS: CHILDREN UNDER 5

- Ensure children receive package of preventive & curative care addressing main causes of child mortality –diarrhoea, pneumonia, HIV and under-nutrition. Key components include:
  - Improved household practices especially improved young child feeding (increased breastfeeding rates).
  - Improved coverage of key preventive services such as immunization, Vitamin A supplementation, deworming, early identification of HIV infection.
  - Improved case management of children with common childhood illnesses through improved implementation of IMCI (including provision of ART)
  - Improved hospital care of ill children

PHC OUTREACH TEAMS: GENERIC FUNCTIONS

- Know the demography of the catchment population
- Know the epidemiology
- Health promotion and prevention (household and community)
- Screening and referral
- Palliative care
- Social mobilisation
- Linking resources to community needs to improve health outcomes

WARD BASED PHC OUTREACH TEAMS

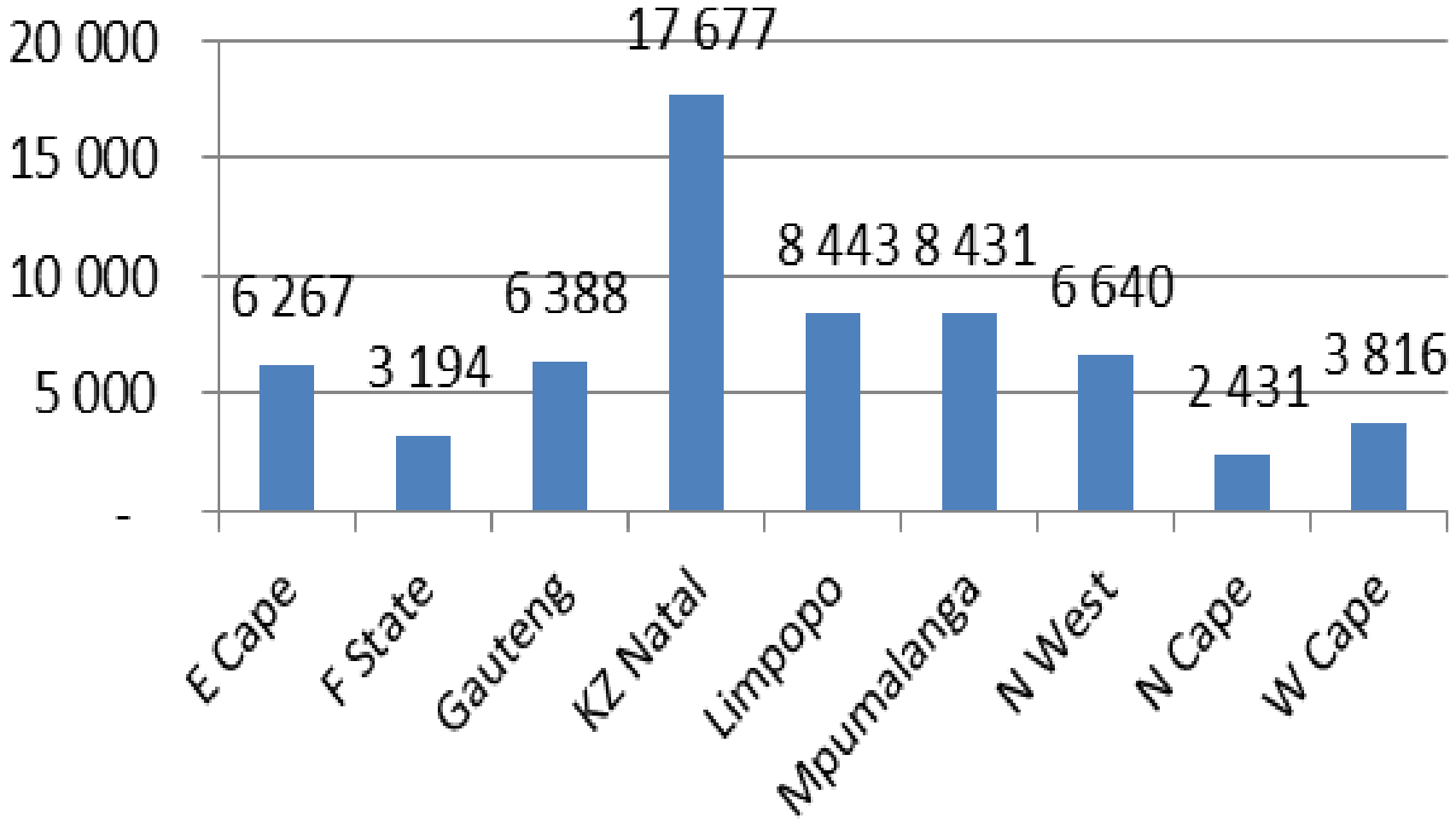


PHC OUTREACH TEAM SERVICES

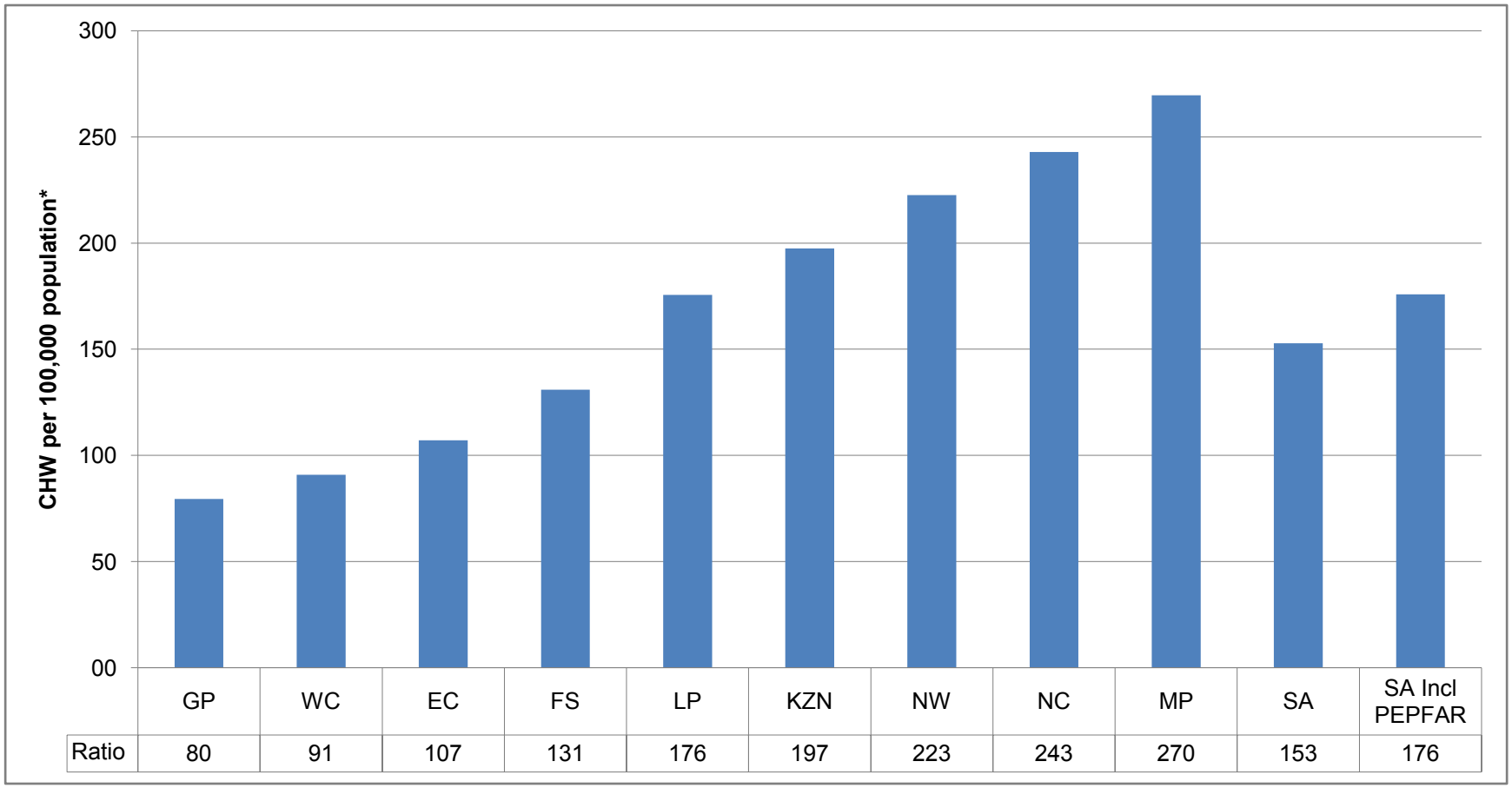
PHC outreach team provide integrated service to the households and individuals within its catchment area

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

Provincial Distribution of Community Based Health Workers



PROVINCIAL DISTRIBUTION OF CHWS PER 100,000 POPULATION



	GP	WC	EC	FS	LP	KZN	NW	NC	MP	SA	SA Incl PEPFAR
Ratio	80	91	107	131	176	197	223	243	270	153	176

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 (children, women, elderly, disabled persons affected by TB, HIV, chronic diseases)
- Act as an advocate for improving health services
- Deliver the community component of 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.

Role of Community Health Worker in the PHC Outreach Team Year 1 and 2

Household

- Register households (team & PHC Clinic) (Year 1 100% of households)
- Conduct household assessments (35% of households in year 1)
- Health promotion and prevention (Maternal and child health, HIV, TB (year 1) Chronic Diseases (year 2)

Specific functions

- Health promotion
- Provide health related information (immunisation, ante-natal and post natal care, HIV, TB and chronic diseases)
- Conduct simple screen for potential health problems
- Perform basic first aid
- Adherence support and counselling
- Provide supportive counselling
- Refer to and receive referrals from health other services

Role of Community Health Worker in the PHC Outreach Team Year 1 and 2

Community

- ❑ Update Resource Profile of Community
- ❑ Assist with conducting Support Groups
- ❑ Participate in health days in the community
- ❑ Attend community meetings
- ❑ Assist with School health
- ❑ Support and promote health at crèches, ECD institutions and other institutions like old age homes
- ❑ Spend time in facilities to update records and prepare reports

HOME BASED CARE (HBC)

- HBC will continue to be community based service offered by NPOs
- HBC services will be offered as a comprehensive service including but not limited to terminally ill, aged, HIV, TB & Chronically ill persons
- Based on burden of disease on average require 21 000 home based carers
- The current HBC services rendered by NGOs and NPOs will continue to function after they are adjusted to meet the recommended population norm for home based care
- Overlap in services between health and social services requires intervention
- The curative/care approach required for HBC may detract from the promotion and prevention focus of the PHC outreach teams
- Initial separation of HBC and prevention and promotion outreach PHC services will allow these two streams of services to develop a complementary approach

WARD BASED PHC OUTREACH TEAM RATIOS

Ratio of CHW/PHC Outreach Team/Households/Population		
	Households (Average)	Population (Average)
1 CHW	250	1000
1 PHC Team	1500	6000
PHC outreach teams required for current uninsured population		
Number PHC Outreach Teams in South Africa	6 000	

Human Resources for Ward based PHC Outreach Teams (Uninsured Population)

No. of PHC Outreach Teams	6 000
Professional nurses	6 000
Community Health Workers	36 000

Home Based Care requirements to Support PHC Outreach Services	
Home Based Carers	21 000

(Calculations based on national burden of disease, demographics and PHC care package of community based services)

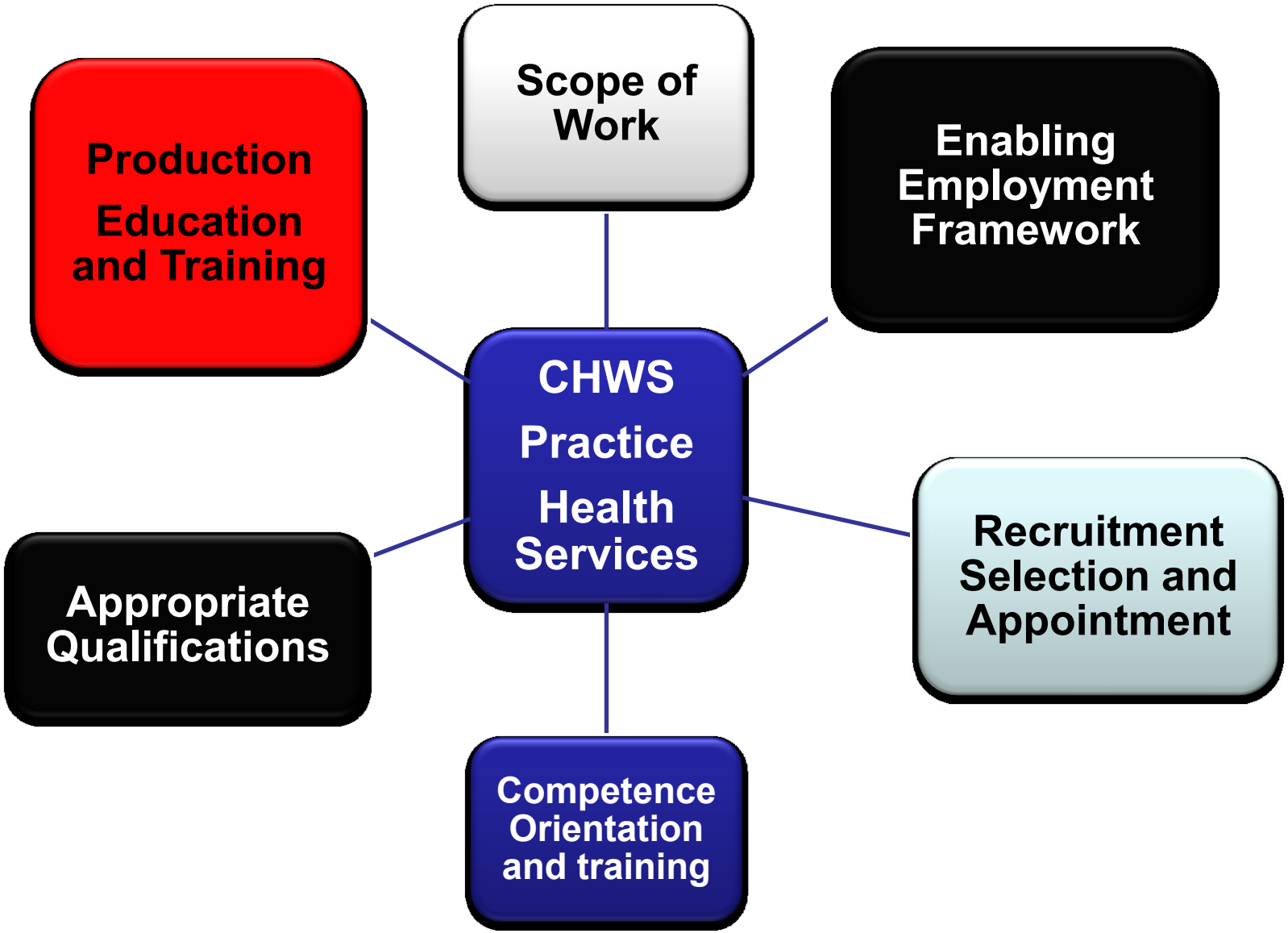
COMMUNITY HEALTH WORKERS

EMPLOYMENT, ORIENTATION AND TRAINING

CHALLENGES EXISTING COMMUNITY BASED HEALTH WORKERS

- Some 65 000 – 72 000 community based health workers exist
- 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 ?



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 counselling, lay counselling, 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; and
- 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 CHWs
- The knowledge, skills & competence developed through extensive orientation, training, mentorship and supervision programme.
- First cohort of CHWs will require close supervision; only appointed to PHC outreach team if 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 & 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

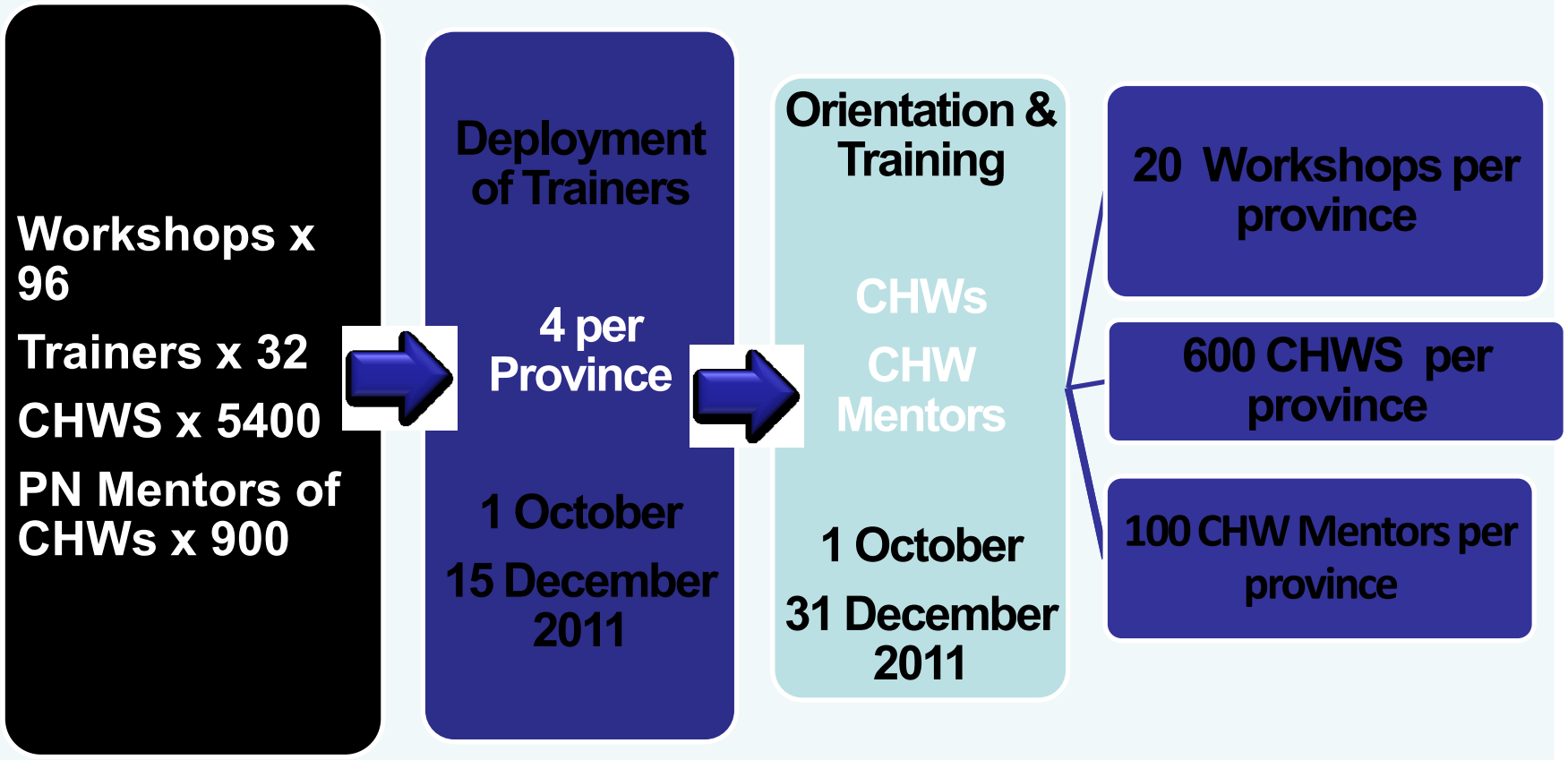
- PHC
- MCWH (ante and post natal care, IMCI basic)
- Treatment adherence
- TB & HIV
- Community, household and individual assessments
- Supervision, performance management, mentoring and coaching programme for outreach team leaders
- Time frame: 2 Years
- (FY 2011-2012 2012-2013)

Phase 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)

COMMUNITY HEALTH WORKER ORIENTATION & TRAINING PLAN



RESOURCES

- 2011/12
  - PHC: R100M
  - MCH: R228M (+HIV conditional grants)
- 2012/13
  - PHC: R400M
  - MCH: R501M
- 2013/14
  - PHC: R700M
  - MCH: R700M
  - Budget bid made to Treasury to boost these amounts, as essential component of NHI

DEPARTMENT OF HEALTH
Republic of South Africa

THANK YOU