



WARD-BASED COMMUNITY HEALTH WORKER OUTREACH TEAMS: THE SUCCESS OF THE SEDIBENG HEALTH POSTS



INTRODUCTION

In 2011, South Africa established ward-based community health workers (CHW) outreach teams, as part of a series of strategies to strengthen primary health care. In order to improve access and health outcomes and to take health services to the community, the national policy has outlined that communities (wards) should have at least one PHC outreach team comprising a professional nurse, an environmental health officer, health promoters and 6-10 CHWs. The nurse team leader is a staff member at a PHC clinic.¹

Sedibeng District has pioneered a complementary 'health post' approach in Emfuleni sub district. Physical structures called 'health posts' have been established in six communities of Ward 25 in Boipatong. These health posts are led by a nurse team leader who supervises an outreach team of up to 10 CHWs and health promoters who visit households daily. The structures range from converted containers to portable huts, where CHW can meet each day, the nurse team leader can provide support and training to the CHW, as well as conduct basic health screening, attend to minor ailments, controlled chronic diseases, family planning, mother and child care, and refer to the main clinic where necessary. This research summary outlines the successes and challenges of the Sedibeng approach.

LESSONS LEARNED

- Physical structure of the health post is important in providing a base for the CHWs and reducing long distances to be travelled by both patient and CHWs.
- A community-based nurse that leads each team is crucial in providing hands on support to CHW.
- Consultation is key: Responding to the community needs encourages innovation and participation of a range of actors. Budget constraints led business and community stakeholders to provide resources and galvanize community support.
- Local government can be instrumental in supporting implementation due greater knowledge of local contexts. However, policy changes need to be communicated effectively to avoid resistance and confusion.
- The difficulties of ensuring collaboration between provincial and local government affects implementation, creates tension and hinder service-delivery.
- Mentorship by retired nurses of each team built the capacity of CHWs, equipping them to respond to community needs including reorientation of the current professional nurses into community based approach to primary health care.
- Context matters: By responding to local community needs, Sedibeng's managers have implemented an important innovation in the provision of PHC. National policy needs to be flexible and adaptable to best suit the intended community.





BACKGROUND

Community health workers (CHWs) have contributed to better health outcomes in many countries.² In South Africa this cadre faces challenging work conditions, constraining their potential to improve access to PHC services, and despite the existence of 72,000 CHWs, have had sub-optimal success, particularly in maternal and child health. The implementation of ward-based PHC outreach teams aims to rectify this by training CHWs to provide generalist services (rather than focus on a single programme), as well as support and supervision to the CHW teams. Sedibeng is in the south of Gauteng province with high unemployment (35%)³, good access to infrastructure, and a higher spend on PHC (67%) than the national average (57%)⁴.

In 2013, CHP researchers conducted a rapid assessment of Sedibeng's alternative health post model in Boipatong ward, Emfuleni sub-district. This assessment was part of a national assessment to inform further design of the policies, models and strategies to strengthen primary health care.



METHODS

Twelve participants were included in the rapid review, including an outreach team of six CHWs led by a retired nurse. Researchers interviewed key informants, and held a focus group discussion in Zulu, Sotho and English with the CHWs. Respondents did not include NGOs or community members. Boipatong ward was selected because of the higher levels of activity of the out-reach teams.



FIGURE 1: Map of Sedibeng, Gauteng Province, South Africa

KEY FINDINGS

Implementation

In 2009 Sedibeng set up a steering committee with community stakeholders to establish the health posts in six sectors of one ward. The committee ensured community buy-in by engaging with ward counsellors (community representatives). Initially, since there was no funding, the district appealed to the municipality, local NGOs and the business sector for land and structures. Initial donations included office space at a local NGO, a business provided furniture, the municipality gave permission for the use of a building in a school premises. Over time the committee set out the requirements to establish a health post: a geographically well-defined area; existing community structures and leadership; availability of CHWs; and a retired nurse. At the time of data collection in 2013, Sedibeng had 14 PHC health posts, 12 of which were in Emfuleni sub-district. (There are currently 16 health posts.)

Retired professional nurses supervise the PHC teams. Professional nurses nominated by the health facility manager shadow the retired nurses to take over this role. The nurses received leadership training.

All those who were part of outreach teams received training on community-based primary health care and its principles, along with a manual and monthly activity forms. This training clarified their roles, and the manual has been seen as a “very helpful resource, particularly on advising young mothers on the importance of antenatal care and child development” (Respondent). Consultations took place with: the Department of Social Development to ensure assistance with issues arising from household visits; local municipalities regarding environmental health; South African Police Services for the safety and protection of the health posts staff and the patients; as well as the department of Education as some health posts are located within school grounds.

In the first household visit, CHWs registered every household conducting a “health assessment” to establish the health needs of all individuals and their families. The teams of CHWs visit households regularly, providing home-based care, adherence counselling for those on chronic medication, attending pregnant women, educate families on growing food gardens, and often cooking and cleaning for those who are not well (See Box 1). In Emfuleni, CHWs deliver pre-packaged chronic medication (as part of the Kgatelopele programme) aimed at improving management of chronic patients particularly those elderly or disabled patients unable to attend the clinic ⁵.



Box 1: “Sometimes when they cannot get out of bed or they are very sick, we make sure that we don’t only take care of you by cleaning you up...we also make sure that your home is clean so that even if the sister [nurse] can come with a doctor. We don’t just come to your house and clean you up but then leave your home and environment dirty. We have to clean for you, cook for you...we make sure that there is food for you.” CHW - FGD

Benefits of the PHC outreach teams ‘health post’ model

1. Health posts are convenient and reduce the walking distances for CHWs and patients. They provide a meeting venue for CHWs who start and end their day there, and a space for mentorship with the nurse.
2. Having a dedicated nurse, based in the community, has provided leadership and support to the team of CHWs, often not provided by a facility based nurse.
3. The retired nurses based on the health posts have provided a model of community based care for younger nurses.
4. Community members trust the close and immediate service they receive at the health posts, increasing their willingness to seek care (See Box 2), increasing the identification and management of cases such as hypertension, diabetes, un-booked pregnancies and child malnutrition.
5. Health posts benefit the health system by reducing overcrowding at the clinic, as most controlled cases can be managed at health posts, and early detection reduces complications.

Box 2: “What I like about this outreach is that the patients or clients become so attached to their ward-based health post. They even feel free to come for whatever problem. For instance, even the STIs, they come for voluntary testing so they don’t wait in long queues, they are just referred. They come, they are tested and off they go. And they come back for the results.” (Sub-district outreach team coordinator)



Challenges specific to the health post model

Due to limited resources nurses are not able to provide a clinic service at the health post which, contrary to community perceptions, is not a fully functional facility. Some sites have no running water, sanitation or electricity, forcing mothers to go to the main clinic for immunization. Despite the existence of the health post in the community, CHWs still walk long distances to households, and receive inadequate and irregular remuneration which makes transportation difficult.

Some of the newly trained professional nurses who have been shadowing the retired nurses appear to be resistant to working in the community, preferring to be facility based, despite the difficulty of providing effective support to the CHWs from the facility. The replacement of retired nurses is still patchy and is not occurring in certain areas. However, in the realisation that a nurse leader of an outreach team cannot combine both clinic based and outreach duties, the district is in the process of recruiting professional nurses whose sole responsibility will be to manage the ward-based CHW teams.



Box 3: "We need to work as a team and this is the directive from the minister and it is here to stay, but apparently it does not dawn to them (other health staff). They see themselves different. They will always say, 'I'm not employed by the district.' But the community does not know who is local authority, and who is district." (Sub-district outreach team coordinator)

Challenges common to CHW outreach teams

The CHWs are "employed" by local NGOs, with the nurse reporting to both structures, often with insufficient co-ordination between the district and NGOs. In Sedibeng as in many districts, primary health care is provided by both provincial and local authorities, creating a tension for managerial staff, employed by the local authority, who are responsible for overseeing health facilities with provincial staff. As funding for the ward-based outreach teams is allocated the province, a respondent reported that she has to work "through" her provincial counterpart, in order to request resources or manage staff paid by the province (See Box 3).

These long-standing challenges are central to the high turnover of CHWs, leading to inconsistent training and skills variation within teams. New members of the team need training and strengths and weaknesses of new CHWs constantly need to be appraised, at times challenging the sustainability of the programme.

SOURCE

This research summary is from a report "A rapid assessment of ward-based PHC outreach teams in Gauteng's Sedibeng District, Emfuleni Sub-District", February 2014. The study is one of series of studies conducted by a consortium to provide technical support and evaluation of the national implementation of the outreach teams. The consortium includes the School of Public Health and Family Medicine (University of Cape Town), the School of Public Health (University of the Western Cape), Health Systems Research Unit (Medical Research Council), Centre for Rural Health (University of KwaZulu-Natal), Health Systems Trust (HST) and the Centre for Health policy (University of the Witwatersrand). The report can be found at www.chp.ac.za/

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