

The Batlhokomedi study - Learning from local innovation to enhance community health worker (or WBOTⁱ) programmes

Why community health workers are important

Many vulnerable people do not access care, or feel unsupported when they do. They miss appointments, or fail to adhere to treatment schedules. Community health worker programmes can support people from vulnerable communities in accessing facility-based care.

South Africa is developing a national government community health worker programme (WBOTsⁱ), in place of the previous patchwork of multiple NGO-led, donor-funded programmes. This new government programme aims to provide training, supervision and co-ordination so CHW can provide comprehensive, integrated, community-based care.

What are the challenges for community health worker programmes?

International evidence has shown that community health worker programmes face difficulties in both scale-up and sustainability (see Box 1).

Box 1: Challenges facing community health worker programmes

- Insufficient numbers of community health workers
- Community health workers not sufficiently integrated into the health system;
- Inadequate supervision, support and resources to enable CHW to provide an effective service;

What information might help to enhance community health worker programmes?

For example, research shows that community health worker programmes are more successful with locally appropriate programme design and management, as well as good integration into the local health system. Without effective integration of community health workers, continuity of care is unlikely to become a reality, and nurses may resist working with community health workers. However, it is unclear whether:

- Integration best achieved when community health workers report to a clinic-based nurse, thus increasing their access to medication & supplies, and enabling them to engage with clinic staff about patients who have been referred?
- Or does the benefit of having a health post as a base in the community, with a full-time nurse who can do home visits, outweigh these advantages?

More information would assist decision makers and service providers to strengthen the WBOT programmes in South Africa (see Box 2).



ⁱ Ward-based outreach teams

Box 2: What policy makers and service providers would like to know when developing a CHW programme:

- How many community health workers are needed and at what cost?
- What is a manageable workload and travelling distance for a community health worker?
- Is it more effective to have two cadres, with one for preventative and promotive care, and another, where workers may have lower levels of education, for the physical care of house-bound patients?
- Should community health workers be based in a clinic which may be outside of community they serve, or should there be a basic health post located within the community?
- How many CHWs can a nurse supervise?
- Can a senior community health worker assist in supervising others given the limited number of nurses?

How the Batlhokomedi ('carers') study aims to answer these questions

In this three year project, we will study differently structured community health worker/ WBOT programmes, drawing on the experience of existing innovative programmes in Gauteng and other provinces. We will do detailed work in Sedibeng Health District (where there is already quite a variation in service models) to see what coverage and quality of care is achieved, and at what cost. We will also review international literature and seek the opinions of national experts.

We will use the information to develop several potential service models for CHW. This will take into account the South African community health worker policy, local

circumstances, cost and affordability, and what is already known about barriers and facilitators to community health worker programmes.

We will hold a consensus-building workshop with local stakeholders to select the most appropriate community health worker model, which we will then implement in two pilot sites over 15 months.

We will assess the coverage and quality of care that is achieved in the two pilot sites, using before and after household surveys, and a detailed mixed methods evaluation.

We anticipate that this study will provide relevant information for decision-makers and service providers responsible for the WBOT programme.



If you are interested in learning more about this study, please contact:

Jane Goudge (Jane.goudge@gmail.com)

or **Nonhlanhla Nxumalo**
(nonhlanhla.nxumalo@wits.ac.za)

at the Centre for Health Policy, University of the Witwatersrand, Johannesburg

