HEALTH SYSTEMS TRUST

Developing a model for strengthening community health worker programme implementation in South Africa

[1,2]René English, [1]**Naomi Massyn**, [1]Natasha Esau, [1]Jocelyn Muller

[1]Health Systems Research Unit, Health Systems Trust, Cape Town, South Africa;
[2]School of Public Health and Family Medicine, University of Cape Town, South Africa

Introduction

In an attempt to overhaul the health system in preparation for the attainment of universal healthcare coverage through the eventual introduction of a national health insurance financing mechanism, South Africa recently introduced ward-based outreach teams (WBOTs) comprising mostly of community health workers (CHW), led by a trained nurse.

These teams primarily provide preventive and promotive care in the communities. District management structures provide high-level oversight with support from provincial structures.

Aim

To assess the degree of functionality and integration of the WBOTs into the primary health care platform in one district in South Africa, three years after initial implementation, and to provide recommendations for future scale-up.

Method

This was a mixed-method study comprising a desktop review, qualitative (focus group discussions, key informant interviews) and quantitative (structured questionnaires) data collection. Data were collected from provincial, district, facility and clinic health committee actors, including the WBOT team leader and community health workers.

Thematic qualitative data analysis was conducted. The USAID Functionality Framework[1] as well as a conceptual framework of factors influencing CHW performance (Kok et al[2]) were used to guide data collection and analysis.

Results

Areas for strengthening community health worker functionality and integration were identified and included the need for improved recruitment approaches, clarification of roles and responsibilities, ongoing training, the need for enhanced supervision and documentation, and information management.

Dimension	Successes	Challenges
Recruitment	▪ Good co-operation amongst actors	▪ Employment criteria and recruitment not standardised or clear
Roles	▪ Training materials make these clear	▪ Not adequately communicated to other stakeholders ▪ Team leaders have dual roles: facility work and leading team
Training, career advancement	▪ Phase 1 training successfully implemented	▪ Key staff not included nor sensitised with regards to training ▪ Ongoing training suboptimal
Equipment, supplies	▪ Each facility has a car allocated to it	▪ Shortages ▪ Transport insufficient; used for other purposes ▪ Limited space in facilities
Supervision; individual performance management	▪ CHWs satisfied with team leaders' supervision	▪ Dual role of leaders, thus supervision not constant ▪ Dual NPO and health supervision problematic ▪ Supervision activities not standardised
Incentives	▪ CHWs receive stipends	▪ Payments from NPOs often late ▪ CHWs often feel unsupported ▪ Require counselling, debriefing
Community involvement	▪ Those familiar with the programme speak highly of it	▪ Most clinic committee members not familiar with programme
Referral system	▪ Well established ▪ Referral to other sectors taking place	▪ Health system not adequately prepared ▪ Forms to be updated
Documentation, information management	▪ Monitoring system in place	▪ Data flow, management can be improved. ▪ Indicators to be revised.

A model, drawing on the Functionality Framework and Brinkerhoff and Crosby's policy implementation framework[3], for strengthening the WBOT programme in preparation for scale-up was developed. The Functionality Framework was used to inform 'what' should be done, and Brinkerhoff and Crosby's approach focused on the 'how'.

Model Approach

1 Overarching requirements to enable implementation

1. Develop a WBOTs model that is applicable to local settings.
2. Produce, distribute comprehensive locally-tailored WBOTs programme policy document.
3. Develop a WBOTs programme communication strategy.

2 State the 'what'? (Based on *Functionality Framework*): Key recommendations?

1. Make recruitment criteria clear; ensure these are adhered to
2. Role clarification of team members: important for buy-in, acceptance
3. Mix of training modalities required: classroom, practical
4. Ongoing training, mentoring, support required
5. Regular supervision with standardised approaches, supporting tools
6. Individual performance management
7. Financial rewards important
8. Opportunities to advance in terms of career are required
9. Strong, functioning systems are critical for monitoring and evaluation, planning and motivation
10. Systems to accurately measure programme implementation required; feedback to be institutionalised

3 State the 'how'? (Based on *Brinkerhoff and Crosby's* policy implementation approach)

Implementation Task	Task Implementation mechanisms and tools
Create legitimacy for the WBOTs project *Get key decision makers to see the policy as important and that the policy is necessary*	▪ Communications strategy ▪ WBOTs programme guide/document ▪ WBOTs indaba/workshop (with an intersectoral focus) ▪ Partner with a local university or non-profit organisation (NPO) and focus the theme of the departmental research day on WBOTs
Building constituencies *Ensuring the support of those who in turn support the policy, and will drive change and acceptance*	▪ Communications strategy ▪ Stakeholder analysis to identify people/organisations to be mobilised ▪ Engagements with private and NPO sectors ▪ Set up a Task Team/Lead Group to drive the process
Accumulate resources *Identify which human, financial, material and technical resources are required. May require redirections of resources to programme*	▪ Prioritising incorporation of WBOTs budgeting and financing, or resources into PHC planning and into district plans (e.g. district health plans, etc.) ▪ Human resources plan ▪ Procurement plan and processes and standard operating procedures (SOPs) ▪ Review delegations to lower level management and districts ▪ Community engagement – strategic partnerships with NPOs (meetings, indabas); partnerships with development partners
Organisational design and modification *Modifying aspects of the implementing organisation(s) to accommodate changes introduced by the programme*	▪ Discuss need for organisational design to support optimal functioning of WBOTs and management structures ▪ Partnerships – Non-profit organisations/community fora ▪ Institute change management processes that can be facilitated by the communications strategy and formal engagements
Mobilising resources and actions *Shifting from planning (paper) to action (implementation) as operationalising plans can lead to resistance*	▪ Specific project plans with clear deliverables and timelines ▪ Change management plans and approaches ▪ Regular Task Force/Lead Team meetings to gauge implementation progress ▪ Engage with research or tertiary education institutions to support rapid piloting and feedback on progress of implementation and scale-up in future ▪ Consider incentives and non-financial rewards for good practices of policy implementation
Monitoring impact *At the initiation of the programme ensure that the programme is designed to meet programme objectives, and that monitoring and evaluation systems can truly measure impact of the programme*	▪ Engage with Health Management Information Systems, research institutions, tertiary organisations, partners to collaboratively design a monitoring and evaluation plan ▪ Engage with Health Ministry to redesign data collection tools to enable collection of data that will better reflect what WBOTs do in the households ▪ Consider conducting: small studies; health service audits; community and patient satisfaction surveys that include feedback on the WBOTs programme

Conclusion

Strengthening of community-based services through the introduction of WBOTs in South Africa requires ongoing implementation support that focuses not only on 'what' is to be done to improve community health worker functionality, but also on 'how' it should be done. This will provide specifics in terms of planning and implementation that extends beyond mere programme implementation to a broader systems policy implementation approach that takes into account actors, motivations and resources.

References

1. Community health worker assessment and improvement framework matrix (AIM). USAID 2013.
2. Kok M, et al. Which intervention design factors influence performance of community health workers in low- and middle-income countries? A systematic review. 2014.
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Contact details

Dr René English, Health Systems Trust, 34 Essex Terrace, Westville, 3630, South Africa.
Email: rene.english@hst.org.za; Tel: +27 725668713; www.hst.org.za