



South African Health Review 2018 Series

Chapter 7: Ward-based primary health care outreach teams in South Africa: developments, challenges and future directions

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- In 2011, South Africa adopted the Ward-based Primary Health Care Outreach Team (WBPHCOT) Strategy. The WBPHCOTs are made up of generalist community health workers (CHWs) supported by nurse team leaders, and linked to local primary health care (PHC) facilities (via referral, support and oversight). These outreach teams build on a pre-existing NGO-based community care and support system that emerged in response to HIV and AIDS in South Africa. By early 2017, 42% of the estimated required total of 7 800 teams were reporting activity data through the District Health Information Software (DHIS).
- The National Department of Health (NDoH) defined an overall model and roles for the WBPHCOTs, issued a set of implementation guidelines, developed a reporting system through the national DHIS, and established an accredited national CHW curriculum. However, the detailed design, funding and implementation of the WBPHCOT strategy was left to provinces, which proceeded to adopt and adapt the strategy in varying ways and at different paces from 2011 onwards.
- Primary health care re-engineering features centrally in the overarching reform agenda of National Health Insurance (NHI), and NHI pilot districts have received some support in developing the outreach teams in their districts.
- Since its inception, the WBPHCOT strategy has been favourably received by health system actors and it is being implemented in many parts of the country. The strategy is now finally anchored in formal policy and there is increasing consensus on the core elements of the model and scopes of work. As an integral part of the proposed NHI PHC platform, WBPHCOTs could play a unique role in supporting the implementation of new NHI systems (such as health patient registration systems), widening access to health care, and addressing the social determinants of health.
- However, implementation of the strategy has been slow and uneven, and coverage is still relatively low. Lack of clear national leadership and political and budgetary commitment, poor governance mechanisms and employment status, low remuneration of CHWs, too few outreach team leaders, and poorly developed support systems (including links to health facilities and the role of facilities) are important constraints in the scale up and performance of WBPHCOTs.
- Bold national leadership and willingness to commit resources in the face of fiscal austerity will be required to overcome these constraints. Until then, the WBPHCOT programme will be caught in a catch-22: unless it is properly resourced, impact will be hard to achieve, while advocating for more resources will require that the programme prove its value to skeptical decision-makers.
- The WBPHCOTs are envisaged as a key element of PHC in the roll-out of NHI, and a WBPHCOT Policy Framework was launched in December 2017. The policy outlines four goals, linked to objectives (Table 1), each of which is currently part of more detailed planning processes convened by the NDoH.

Table 1: Goals and objectives of the WBPHCOT Policy Framework and Strategy, 2017

No.	Goal	Objectives
1	Improve the working conditions of WBPHCOTs	Standardise WBPHCOT management structures at provincial and district level
		Standardise roles and responsibilities of actors in the provision of community-level services
		Complete the CHW investment case to obtain the required budget over the medium-term expenditure framework (MTEF) for a well-resourced and well-functioning CHW programme
		Complete and maintain the national CHW information database and use the information to confirm existing CHWs in teams required to serve specific communities
2	Improve human resource recruitment, selection, placement, development and management pertaining to the WBPHCOT programme	Define an adequate ratio of WBPHCOTs to population and households, allowing for differential geographic distribution and considering problems with access in rural areas
		Ensure that WBPHCOTs are fully staffed and equitably distributed throughout South Africa
		Ensure appropriate implementation and management of recruitment, selection, appointment, placement, remuneration, skills development, dispute resolution and occupational health and safety processes for all members of WBPHCOTs
		Ensure adequate supervision and support for CHWs as well as for WBPHCOT team leaders
3	Standardise the WBPHCOTs scope of work and ensure standardised application in all nine provinces of South Africa	Ensure standardised implementation of the approved scope of work
		Confirm training content and method to ensure that WBPHCOTs are capacitated to provide the required services
		As part of the Ideal Clinic programme, ensure that WBPHCOTs have adequate physical space in clinics to prepare for their day in the field and to meet their data-recording and reporting responsibilities
4	Improve and maintain the monitoring and evaluation system for the WBPHCOT Programme	Review and standardise current indicators and data-collection tools across all provinces
		Establish the required structures at national, provincial, district and PHC facility level for data collection and reporting
		Ensure submission of monthly activity data from PHC facilities into the DHIS, quarterly progress reports, and five-yearly outcome and impact reports from the NDoH and provinces

- Key recommendations for addressing constraints on performance and future development of WBPHCOTs in the light of their intended role in NHI include: defining relationships between WBPHCOTs and governance structures at community level; defining realistic scopes of work for WBPHCOTs; and instituting systems of programme governance that enable feedback and learning across the system.

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