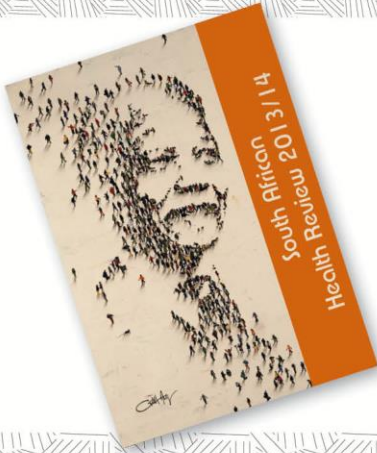




HEALTH SYSTEMS TRUST



PROGRESS IN THE ESTABLISHMENT OF WARD-BASED OUTREACH TEAMS: EXPERIENCES IN THE NORTH WEST PROVINCE SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 7 of the 2013/14 South African Health Review.

- Ward-based Outreach Teams (WBOTs) were launched as one of three streams of South Africa's primary health care (PHC) strategy. A specific feature of this stream is the deployment of community health workers (CHWs) to advance health promotion and prevention among families and communities.
- The guideline for Ward-based Outreach Teams recommends that a team comprise six CHWs, a Professional Nurse (as team leader) and one environmental health and health promotion practitioner, all linked to a PHC clinic. WBOTs are intended to work together to promote health and prevent disease through a variety of interventions based on the concept of a healthy individual, a healthy family, a healthy community, and a healthy environment.
- Findings from a rapid assessment of provincial and district implementation of WBOTs in the North West Province identified a series of factors that impacted on the implementation process in the province.
- Implementation strategies included the establishment of a provincial task team, planning of which was informed by a number of data-gathering exercises, a piloting process, implementation of a monitoring and evaluation system, development of supportive partnerships, and training of teams and team leaders.
- A baseline audit of all categories of health caregivers linked to the North West Department of Health through non-governmental organisations enabled the creation of an electronic database of CHWs for the provincial DoH Human Resources Directorate to select CHWs for pilot sites, and to develop costed operational and training plans ensuring smooth disbursement of stipends.
- Twenty-four functional teams were established as a pilot. One thousand five hundred CHWs were trained in Phase 1 Orientation Basic Foundation Training: Maternal, Neonatal and Child Health (MNCH), HIV and AIDS and TB, and Basic Skills. Seventy-eight Professional Nurses were trained to be Team Leaders on Phase 1 Basic Foundation and supervision, performance management, mentoring and coaching. Nine Master Trainers and 25 Trainers for CHWs were trained and a two-day workshop on leadership and supervision was conducted with support from development partners. By March 2014, 227 WBOTs were functioning across the province.

- The province piloted a paper-based and an mHealth version of the nationally standardised Monitoring and Evaluation (M&E) system for WBOTs, with initial training conducted in 2011 and 2012. In December 2013, the validity and quality of the M&E system in the province was evaluated, assessing ease of use, and completeness and accuracy of data collected, finding that by the end of November 2013, more than 300 000 individual household visits had been recorded in the routine DHIS for 2013. Feedback and support from team leaders greatly improved the timely flow and quality of data.
- While there was high levels of knowledge and ownership of the strategy across the province, insufficient financial and human resources were key constraints to implementation.
- Key areas for system strengthening drawn from the experience in the North West province include the following:
 - » allocation of ring-fenced district budgets, along with clear accountability and reporting mechanisms;
 - » stable and adequate provision of stipends for CHWs;
 - » regular audits and evaluative research to support evidence-based planning;
 - » reporting and review of facility-based indicators that are sensitive to community-based action in order to monitor WBOT impacts and hold stakeholders accountable;
 - » effective provincial governance with planning and monitoring of outreach integrated at district and sub-district level;
 - » forums for constructive engagement between community members, local managers and facility staff; and
 - » partnerships to provide relevant technical and implementation support to the district and province.
- Operational research on factors that influence and support CHWs is needed. These include community support structures, health systems support, service delivery platforms, referral mechanisms, the use of technology such as mHealth, and realistic norms for household coverage by CHWs.

SOURCE:

Padayachee T, Chetty N, Matse M, Mampe T, Schneider H. Progress in the establishment of Ward-based Outreach Teams. In Padarath A, English R, editors. South African Health Review 2013/14. Durban: Health Systems Trust; 2014.

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<http://www.hst.org.za/publications/south-african-health-review-2013/14>

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