Re-engineering Primary Health Care through Ward Based Outreach Teams: Mpumalanga Experience

ANOVA’s 3rd Annual Health Systems Strengthening Symposium
28 AUGUST 2014

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DIRECTOR: PHC
PRESENTATION OUTLINE

1. Vision
2. Background
3. PHC Re-engineering
4. Resources for WBOT
5. Challenges and plans to address challenges
6. Progress on other Streams of PHC Reengineering
7. Future Plans
8. Conclusion
Vision and mission of the Department

VISION

• “A Healthy Developed Society”. (Social Determinants of health)

MISSION

• The Mpumalanga Department of Health is committed to improve the quality of health and well-being of all people of Mpumalanga by providing needs based, people centered, equitable health care delivery system through an integrated network of health care services provided by a cadre of dedicated and well skilled health workers.
Population distribution for Mpumalanga Province

The province has a population of 4,181,594 (2014 midyear estimates) with 3,679,802 (88%) that is uninsured and depend on public health services.

<table>
<thead>
<tr>
<th>District</th>
<th>Census 2011</th>
<th>2014 Midyear Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ehlanzeni</td>
<td>1,688,615</td>
<td>1,732,786</td>
</tr>
<tr>
<td>Gert Sibande</td>
<td>1,043,194</td>
<td>1,066,395</td>
</tr>
<tr>
<td>Nkangala</td>
<td>1,308,129</td>
<td>1,382,413</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,039,939</strong></td>
<td><strong>4,181,594</strong></td>
</tr>
</tbody>
</table>

health

Department: Health

MPUMALANGA PROVINCE
## 2. Background cont’ : MCWYH Programme

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>National Target</th>
<th>Provincial Target</th>
<th>FY 11/12</th>
<th>FY 12/13</th>
<th>FY 13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maternal Mortality in facility ratio</td>
<td>146.7/100,000</td>
<td>150/100,000</td>
<td>196.3/100,000</td>
<td>161.1/100,000</td>
<td>139/100,000</td>
</tr>
<tr>
<td>2</td>
<td>Antenatal 1st visit before 20 weeks rate</td>
<td>60</td>
<td>60</td>
<td>37.5</td>
<td>42.2</td>
<td>49.1</td>
</tr>
<tr>
<td>3</td>
<td>Neonatal mortality in facility rate</td>
<td>10.9</td>
<td>10</td>
<td>10.5</td>
<td>10.3</td>
<td>10.0</td>
</tr>
</tbody>
</table>
According to the 2012 Antenatal Sentinel HIV and Syphilis Prevalence survey, Mpumalanga HIV prevalence decreased from 36.1% in 2011 to 35.5% in 2012.

Gert Sibande showed a decrease of 4.5% from 46.1% (2011) to 40.5% (2012).

Nkangala showed an increase of 2.6% from 29.5% in (2011) to 32.1% in 2012.

Nhlanzeni showed a decrease of 0.7% from 35.8% (2011) to 35.1% (2012).

TB (new Pulmonary) Cure rate: 62% (1st Quarter 2013).

TB (new Pulmonary) Default rate 4.3% vs <6% Annual target (Success stories especially in Mkhondo Subdistrict)
### Background cont’: Distribution of facilities in the province

<table>
<thead>
<tr>
<th>District</th>
<th>No of mobiles</th>
<th>Fixed Clinics</th>
<th>CHCs</th>
<th>District Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ehlanzeni</td>
<td>27</td>
<td>105</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Gert Sibande</td>
<td>36 (22 + 14 newly procured)</td>
<td>50</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>Nkangala</td>
<td>21</td>
<td>67</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>82</strong></td>
<td><strong>222</strong></td>
<td><strong>56</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>
Background cont’: Distribution of facilities in the province

<table>
<thead>
<tr>
<th>District</th>
<th>No regional hospitals</th>
<th>No of TB Specialized</th>
<th>Tertiary Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ehlanzeni</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Gert Sibande</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Nkangala</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3</strong></td>
<td><strong>5</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>
3. Progress on PHC Re-engineering

- A Provincial task team led by the Director: Primary Health Care as the Project Leader was appointed to ensure that the implementation of the streams for PHC Re-engineering are coordinated.

- The team consists of Provincial Programme Managers (PHC, MCWYH, HAS, TB, Communicable Disease, Non Communicable Disease, Health Promotion, Mental Health and Environmental Health), one PHC Manager per district and the Family Physician.
Ward Based PHC Outreach Teams

The **composition** of the PHC Outreach team is:

- X 1 Professional Nurse who is the Team Leader. (reports to the PHC facility Operational Manager)
- X 1 Enrolled Nurse or Enrolled Auxiliary Nurse
- X 6 Community Health Workers
- X 1 Environmental Health Officer – per sub-district
- X 1 Health Promotion Practitioner - per sub-district

-Mpumalanga has 402 Wards. Number of teams required 561
- Gert Sibande 138
- Ehlanzeni 234
- Nkangala 189
STAKE HOLDERS CONSULTATION

Community Buy in...

- Ward Councillors
- Clinic Committees
- Social Development
- South African Police
- Other Ward Committees
- Traditional Leaders
- SASSA
- Religious Community
- Community Development Workers (CDW)
- Traditional Healers
- Dept of Education
- NPO’S
Progress on PHC reengineering cont’

1. **Ward Based Outreach Teams (WBOTS):**

   ✓ Community Health Workers selected from funded NPO’s using a criteria which includes amongst others Grade 12, ABET, must have been trained on 69 days Skills training.

   ✓ Selection was done jointly with NPO’s to provide guidance noting that the training required people who can read and write.

   ✓ Commenced with phase 1 training. By end of March 2014, a total number of 1,641 CHWs were trained on Phase 1 of the Skills training, 31 Professional nurses, 2 PHC Supervisors and 24 Health Promotion Practitioners have been trained on Orientation and Basic Training Programme for WBOT.
Progress on PHC reengineering

1. Ward Based Outreach Teams (WBOTS) cont’

- 35 Professional Nurses from various set up of the Department including the Nursing College and the Regional Training Centre were trained as Trainers
- WBOTS started reporting on DHIS since September 2013, data from April 2013 captured
- Ninety nine (99) CHWs and Team Leaders for 11 teams in Gert Sibande trained on using cell phone for data collection and submission since March 2014. The cell phones are also used as a means of communication between the Team Leaders and CHWs.
- PHC Outreach Team meetings are held on monthly basis with Team Leaders, PHC Outreach Trainers, PHC Managers and PHC Supervisors. These meeting are used as a platform to monitor progress made by teams and to identify challenges and ways of addressing them as a collective
- By the end of 2013/14 forty-four (44) teams were established. To date 52 WBOTS are functional in 15 sub-districts as indicated with the map;
1. Ward Based Outreach Teams (WBOTS) cont

✓ Uniforms were procured for the Teams
✓ Vehicles for Team Leaders to support CHW’s
✓ Laptops for data capturing for Team Leaders
✓ Cupboards for household registration forms
✓ Nametags
Team at Emalahleni

Ward Based Outreach Teams

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Utility Vehicles for Team Leaders
Progress on PHC reengineering cont’

Ward Based Outreach Teams cont’

- Activities of the WBOT ‘s are reported in the District Health Information System (DHIS) on monthly basis. By the end of March 2014 a total number of 27,938 households were already registered and 64,049 follow up visits conducted.

- The Department also provide support to the WBOT through visiting households to observe the functionality of the Teams and to monitor if CHW’s are operating in line with the set standards.
Support visit to household
Progress on PHC reengineering

MARAPYANE CHC

WOMEN YEAR PROTECTION RATE

TARGET 40

2012-2013

1ST Q
2ND Q

health

Department:
Health
MPUMALANGA PROVINCE
### 5. Challenges and Plans to address challenges

<table>
<thead>
<tr>
<th>CHALLENGES</th>
<th>PLANS TO ADDRESS CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to recruit Professional Nurses-Inadequate production versus demand</td>
<td>Train more PHC facility Prof. Nurses- allocation to Outreach on relief basis</td>
</tr>
<tr>
<td></td>
<td>- Monitor efficiency indicators per facility.</td>
</tr>
<tr>
<td></td>
<td>- Reclassification of PHC Facilities by June 2013.</td>
</tr>
<tr>
<td></td>
<td>- Intensify Career Guidance strategy from early stages.</td>
</tr>
<tr>
<td>Late transfer of funds to NPO’s-demotivation of CHW’s</td>
<td>Training conducted to empower NPO’s on requirements of Treasury Regulations</td>
</tr>
<tr>
<td>Referral System – no feedback referrals for CHWs</td>
<td>Strengthen working relationship between NPO’s and referral centres</td>
</tr>
<tr>
<td>Family members not available during the week</td>
<td>Negotiation with NPO’s and CHW’s</td>
</tr>
</tbody>
</table>
## 5. Challenges and Plans to address challenges cont’

<table>
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<th>PLANS TO ADDRESS CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of CHW’s in wards- influenced by funding model</td>
<td>Still needs to be attended to ensure that CHW’s work within their wards of residents.</td>
</tr>
<tr>
<td>Conflicts between Team Leaders and NPO’s</td>
<td>NPO Summit clarify role of Team Leaders</td>
</tr>
<tr>
<td>High turnover of Professional Nurses- Team Leaders that are already trained</td>
<td>Training of a pool of Professional Nurses from facilities to ensure sustainability of Programme</td>
</tr>
</tbody>
</table>
PHC reengineering cont’

- We have noted that the Teams are very enthusiastic and motivated. We are therefore positive that this initiative will be a success because we believe that “Success is not the key to happiness BUT if you love what you are doing you will be successful.”

- Appreciate support from Development Partners – HST, FPD Right to care, Broadreach, ANOVA
2. Establishment of **School health** teams is also done with an aim to increase access to services in quintile 1&2 schools. 29 school health teams were established by the end of 2013/14.

3. **District Clinical Specialist Team (DCST)** were established in all three districts. The teams of Gert Sibande and Nkangala are in complete.

4. **Contracting of GPs** is aimed at mitigating the shortage of doctors at PHC facilities. Currently 10 contracted in Gert Sibande District.

5. The province has adopted the **Ideal Clinic Initiative** – started in Gert Sibande with a roll out plan in place
   - Baseline assessment to complete in October 2014.
   - total 10 targeted for 2014/15
   - 72 clinics in MTSF
   - The other 2 districts of Ehlanzeni & Nkangala to follow –districts.
7. Future plan for re-engineering PHC

- Strengthen Integration and coordination of all other streams of PHC Reengineering and all other programmes in the spirit of achieving the 4 Outputs- complement each other instead of competing.
- WBOTS should not be viewed as a vertical programme but as part of PHC facility activities- rotation basis
- Integration of all categories of Community Health Workers through establishment of forums to ensure a harmonized working relationship in the communities.
- Standardization of training for Community Health Workers to improve quality.
- **Document, document, document** all interventions, achievements……..Lets market ourselves
8. CONCLUSION

The need for continuing health sector reform is compelling and it requires a joint and focused effort from all of us.

Remember our greatest glory is not in never failing or falling but in rising up every time we fail or fall.