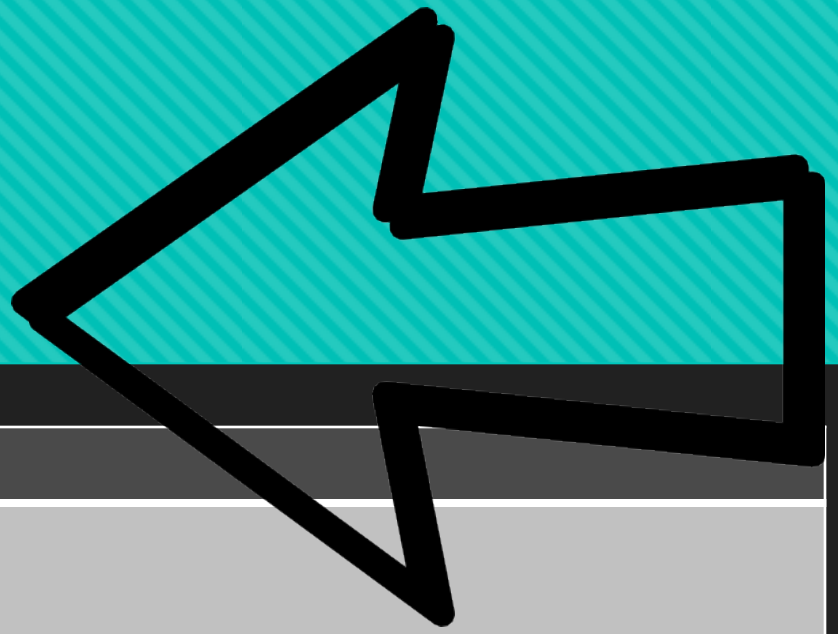
Community Health Workers in South Africa

A Scoping Review

The History of CHWs in South Africa



Year	Status
1940s	Karks — Pholela Health Centre Gluckman Report
1970s & 80s	NGO-driven community health programmes Progressive Primary Healthcare Network Alma Ata Declaration
1994	Democratic government institutes health system driven by professionals Many CHW programmes shut down
Late 90s – early 2000s	Burden of HIV/AIDS epidemic gives rise to numerous, ad-hoc CHW interventions & renewed funding
2004	National Community Health Worker Framework EPWP ART Rollout
2011	Plans to 'Re-engineer Primary Health Care' with CHWs at the forefront

Recent Trends in the Positioning of CHWs

Care as Decentralised & Deprofessionalised

- 'Task-shifting' to lay workers as a strategy to combat HIV/AIDS and human resource crises.
- Centralised hospitals – to – CBHC
- Curative – to - preventative

Care as Remunerated Work

- Labour advocacy
- Job creation strategy = new demographic
- Tensions over motivation
- Will formalization = exclusion?

Care as Generalist

- Offer comprehensive, promotive care
- Current CHW landscape is disease-specific
- Worries over workload and state of evidence

CHWs integrated into state PHC system

- CHW programmes standardised & integrated
- Improves linkages state networks
- Improved working conditions
- Loss of community-focus, workers & expertise?

Key Policy Debates

Liberators Vs. Lackeys

- Representatives of the community or technical extensions of the health system
- For task-shifting or advocacy?
- Difficulties of trust & respect in either role

Generalist vs. Specialist

- **Generalist:** cost-effective, comprehensive, alleviates burden on patients, favoured by state
- **Specialist:** manageable, effective, reflects current state of CHW programmes, less workers lost, favoured by NGOs.

'Volunteers' vs Employees

- Fixed-term contracts, stipends, lacking employment benefits,
- Expected to work full day, meet targets, great responsibility
- 'Spirit of volunteerism' vs 'careerism'

Education vs. Experience

- Accredited qualifications, career pathing, entrance requirements VS.
- Recognition of experience & inclusivity

NGO vs. State

NGO

- Experience
- Community-based orientation
- Better resourced

BUT

- Donor-driven mandates
- Fragmented
- 'Labour brokers'
- Unaccountable

State

- Improved working conditions
- Aligned to DOH mandate
- Career pathing
- **BUT**
- Facilities overstretched
- Less well resourced
- Fewer CHWs
- Barriers to entry

CHW vs HBC

Two Cadres

- More care workers overall
- Greater inclusivity
- Less expensive for government
- More manageable for CHWs

One Cadre

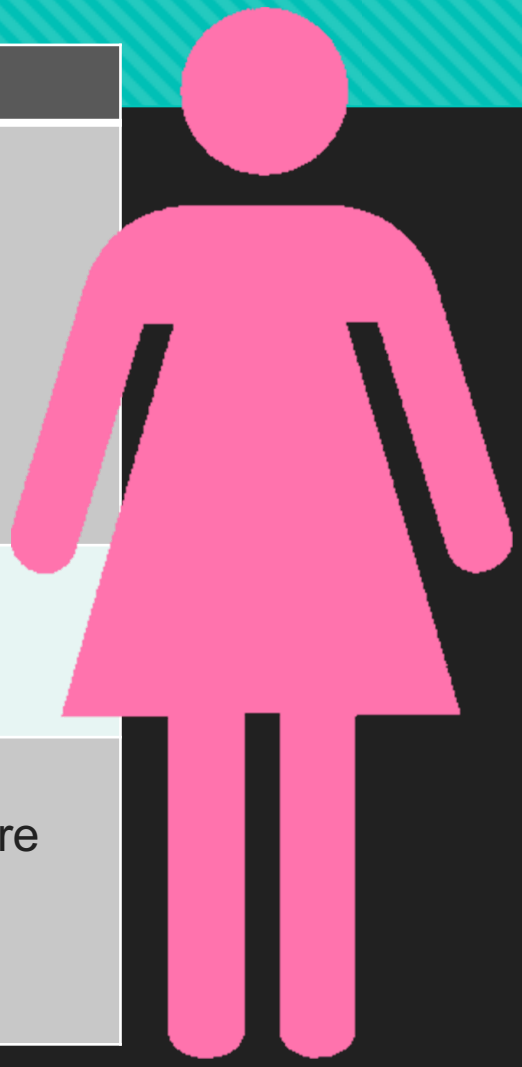
- Less in-field tension
- Avoid arbitrary delineation of roles
- Better working conditions for HBC
- Less burden on patients

Provincial Profiles

GP	KZN	FS	MP	LP	NC	NW	EC	WC
DOH	DOH	NPO	DOH& NPO	NPO	NPO	DOH	DOH &NPO	NPO
Best Paid R2500 ***Smartpurse***	R1800	R1800	R1000 - R1200	R1500 – R1800	Best Paid R2500	Best Paid R2400	R2000	Poorest paid R0 – R1100
Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits		Basic Benefits		Poorest benefits
No single-purpose workers	No single-purpose workers	**All CHWs need to apply**			No single-purpose workers	**Will not recruit from NPOs** Single-purpose workers continue		**Both old and new CHWs recruited**

Who are CHWs in South Africa?

Age Bracket	Characteristics
CHWs under 30 years	• Most have a matric • View a CHW position as a career path or skills-building opportunity • Greater likelihood of attrition • Many are single mothers • Young mothers, in particular, appreciate being able to work close to where they live.
CHWs age 30–50	• Often have experience in care work. • Previous, insecure employment • Usually cohabiting
CHWs older than 50	• Most do not have a matric. • Very limited schooling, but many years of experience in care work. • Some feel trapped (as a result of their age and limited qualifications).



CHWs terms of employment

Funding & Employment:

Most still employed by NGOs, with financial support from DOH and DSD

CHWs remain an unfunded mandate. Provinces drawing on different pools of funding (HIV, NHI, provincial allocations).

Occasionally funding from international donors with their own agendas

Remuneration:

Remuneration ranging from R1000 to R3000

Usually informal leave but no employment benefits

Fixed-term contracts

Location & Supervision:

Supervised by nurses, retired nurses or promoted lay workers

Some located in facilities, but others deployed from NGO offices

How are they recruited?

Common understanding of minimum requirements	Variation	Informal practice
• Literacy and numeracy • Competency in English • Some prior experience in HBC or similar programmes • Over 18 years • 'Community' somehow involved in recruitment	*often arbitrary requirements to justify limited number of stipended CHWs • Matric • Completion of 69 day HBC training	• Family member is CHW • Existing pool of volunteers • Patient at the clinic • Referred by a church

What are their motivations?

Care

‘I had the love to look after sick people. Someone told me about the training...and I decided to become a volunteer’ (CHW volunteer, KZN)

Dignity

Employment

So, because I was not working that is why I came to [the NGO]. Just to get a job. It was not about knowing exactly what is the job, what it’s all about, what is being a PA [patient advocate]. So it was just a job for me’ (CHW, WC)

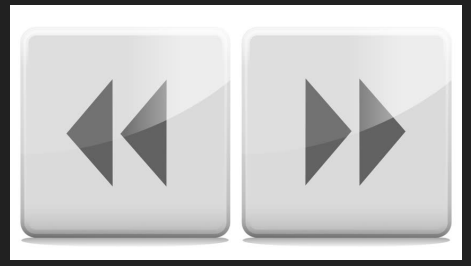
Upward Mobility

“[After just] a few months, I am already acting as a community health counsellor. But I’m not here to stay in this field forever because I want to see myself as a nurse one day... that’s my dream” (CHW, GP).

CHW's Scope of Work

What do CHWs do?

- HIV and TB-related roles (DOTS, VCT, lay counselling, support groups, adherence monitoring)
- Home-based care
- OVC support
- Referrals to social services and other government departments
- Administrative tasks



What will they be expected to do?

TB and HIV roles

Maternal and child health

Chronic illness support

Household screening

Health promotion

Lay counselling

Referrals

Rehabilitative and palliative care

Administrative tasks

CHWs Biggest Challenges

Unable to meet patient needs

What makes CHWs to appear unwelcomed is the fact that when you visit these homes you teach them about health issues. In return, they expect you to have a solution on every problem they bring" (CHW, EC)

Needs are too extensive, no access to transport or basic equipment, do not carry medicines.

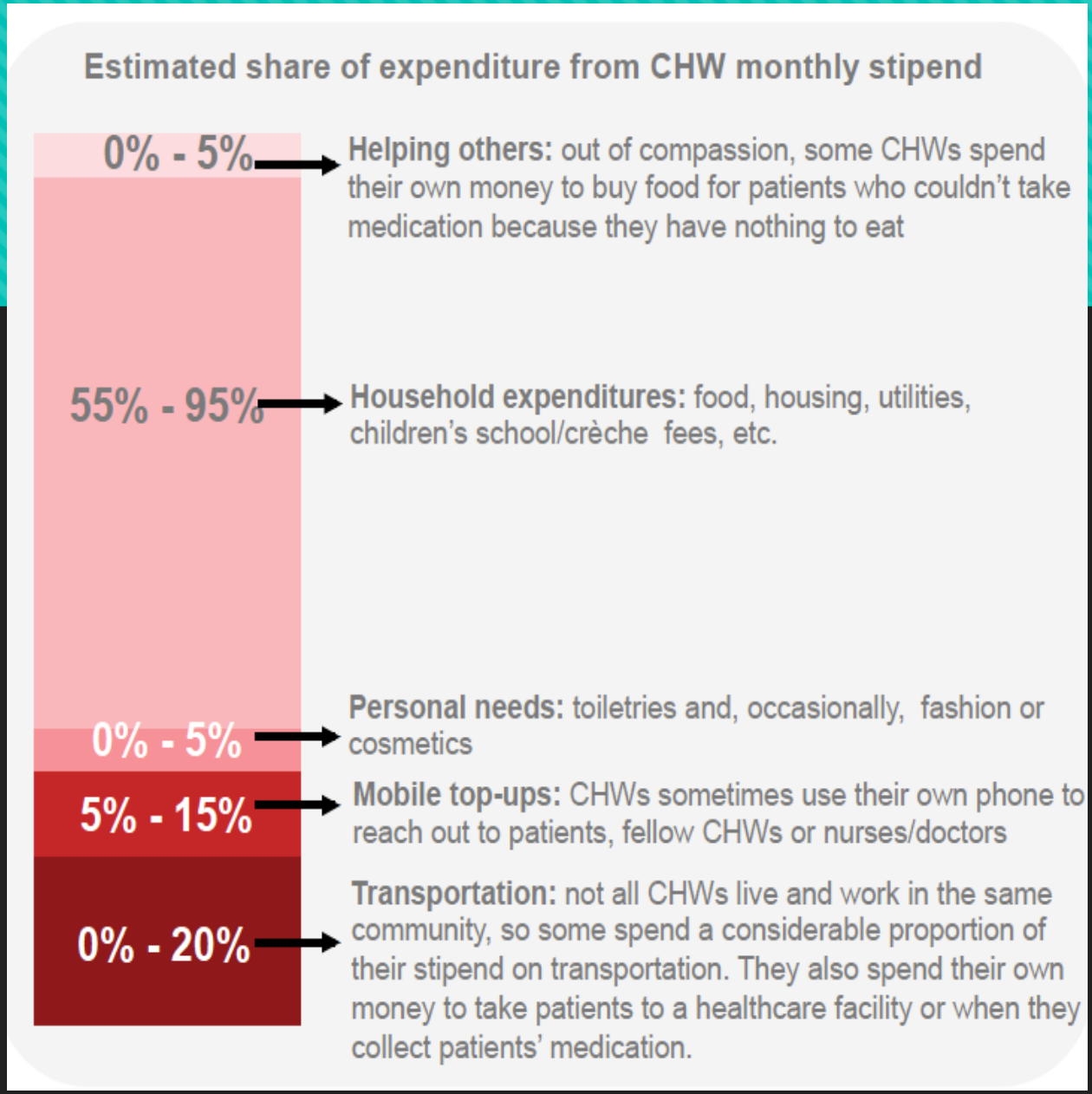
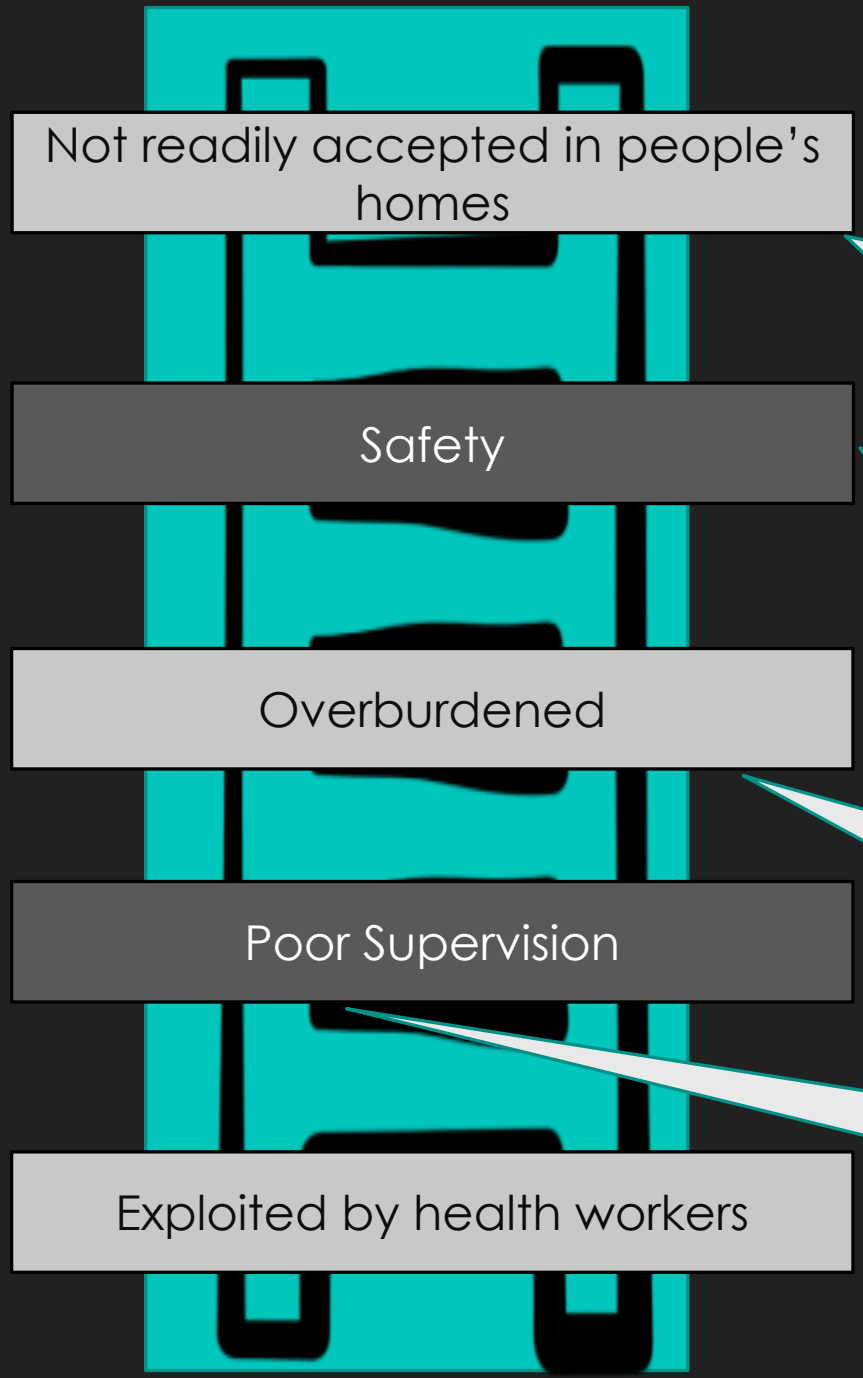


Figure 1 GSMA (2014) 'MHealth: understanding the needs and wants of community healthcare workers'



"The work was difficult at first because they told us you are going to visit […] this house - doing this, be there, and monitor and everything. And I was so scared. How can I just go to that house and knock? (CHW, WC)

'When you visit, what if this person rape[s] you to this house? Because sometimes you walk alone. You go to the man's house alone. I was very scared. I was not comfortable' (CHW, WC).

After listening to painful stories, you feel the stress too. You yourself need some counselling because of all those emotional stuff" (CHW, WC)

We do not know whether we are doing things correctly because there is no one to guide us" (CHW, EC).

Dual role

“Ag I mean I know this person! They stay here. Why must I go to them?’ (CHW, WC).

‘[The patient will say] “No don’t tell the sisters!” Me I just say, “I’m watching you” (CHW, WC)

Reporting Demands

‘The most important part [of my job], they say it’s the visitation. But the most important part to me is not about the visits. It’s about are they doing well? Are they taking their medication correctly?’ (CHW, WC).

Implications for DGMT

Challenges;

1. Contributing to fragmented CHW landscape
2. A need to upskill CHWs
3. Adding to tensions around non-state involvement
4. Acceptance of CHWs in the home
5. Ambiguities of 'official' signifiers
6. Risks of mobile technology

Opportunities:

1. Building on growing emphasis on MCH
2. Equipping CHWs for more generalist work
3. Offering support, mentorship and networks
4. Offering training (preferably with completion certificate)