



The KZN CCG/CHW Programme Progress and challenges 2011

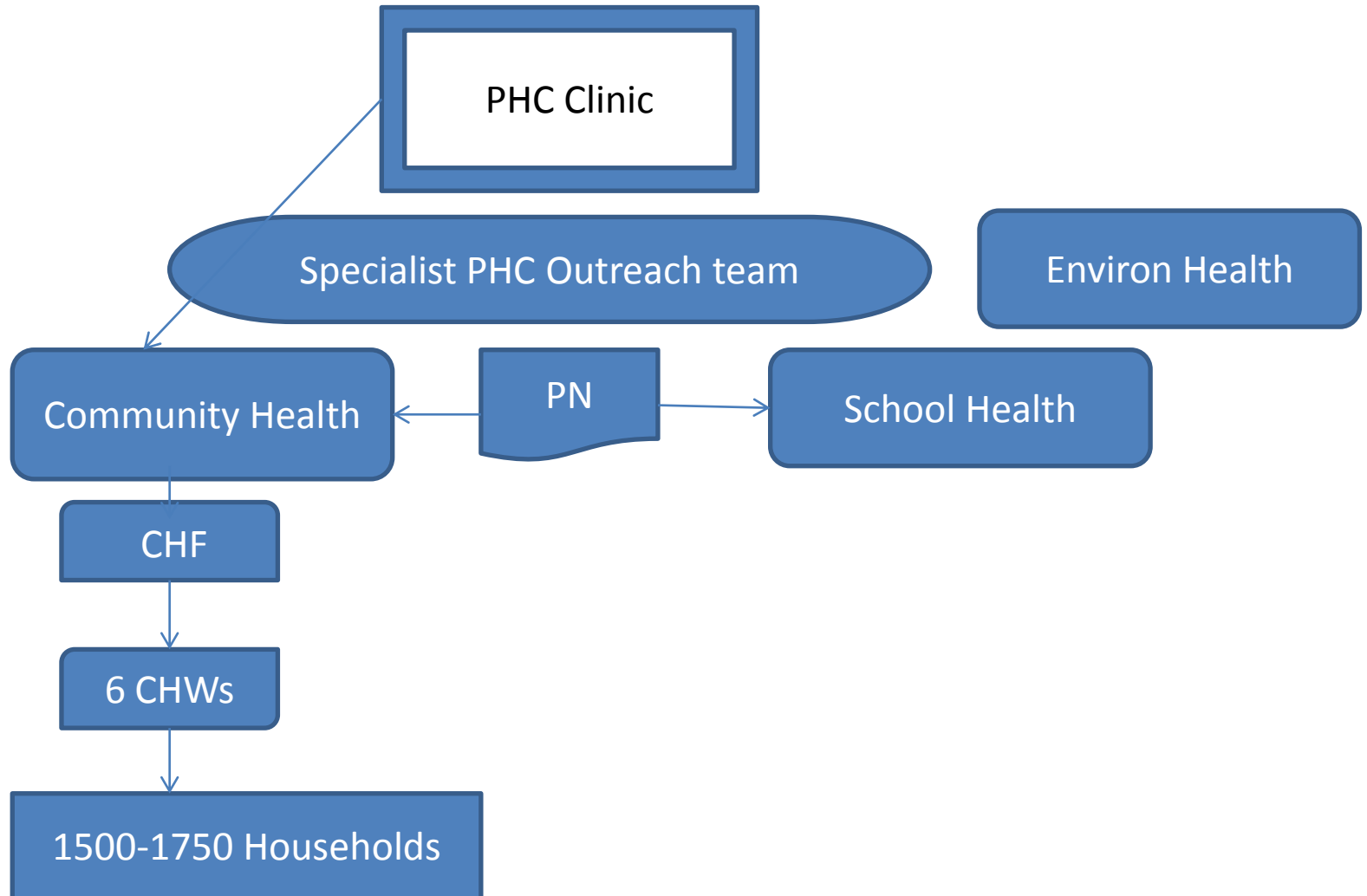
Care groups



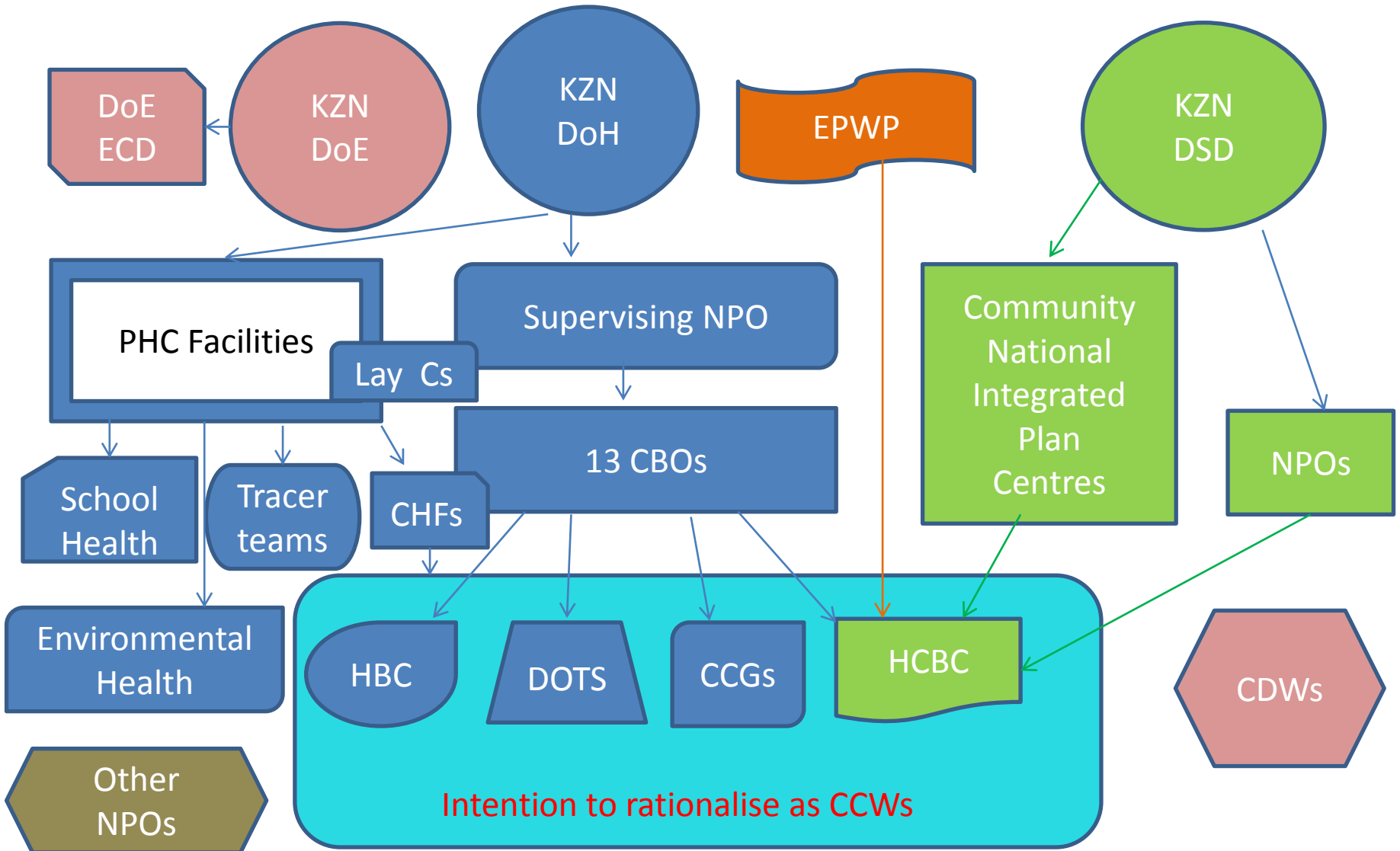
Terminology

- There is severe confusion of the terminology
- Community Health Workers (CHWs), Onomipilo, Community-Based Health Workers (CBHWs) Home Based Carers (HBC), Home Based Care Workers (HBCW), Home/Community Based (HCBC), Community Care Givers/Workers (CCG) or CCWs, Lay Counsellors, Youth Ambassadors etc
- Confusion can translate into competition and conflict between individuals, programmes & organisational structures
- This is not in the interests of clients or anyone

National CHW model



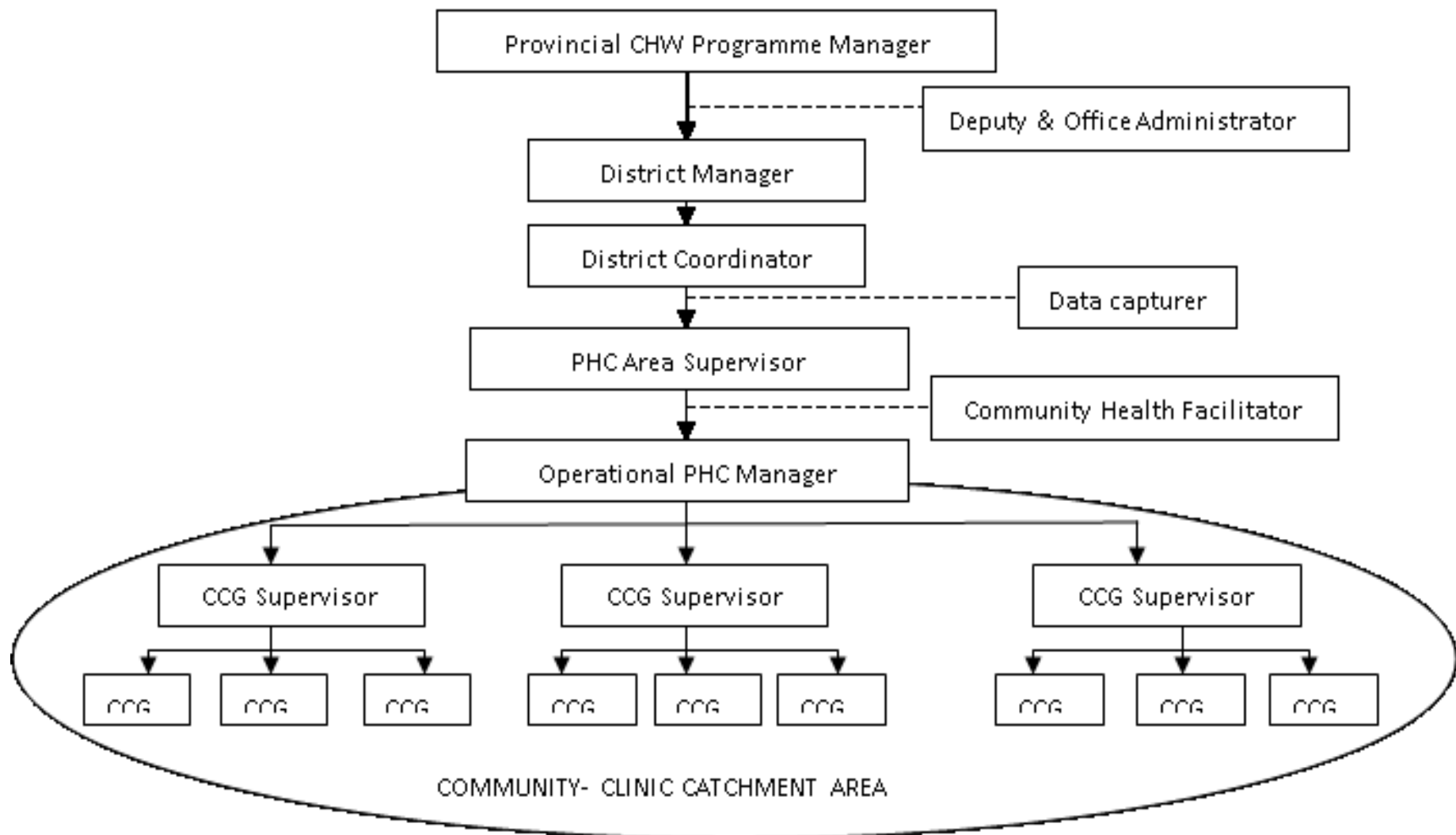
Previous KZN organogram before 2010



Benefits envisaged by restructuring

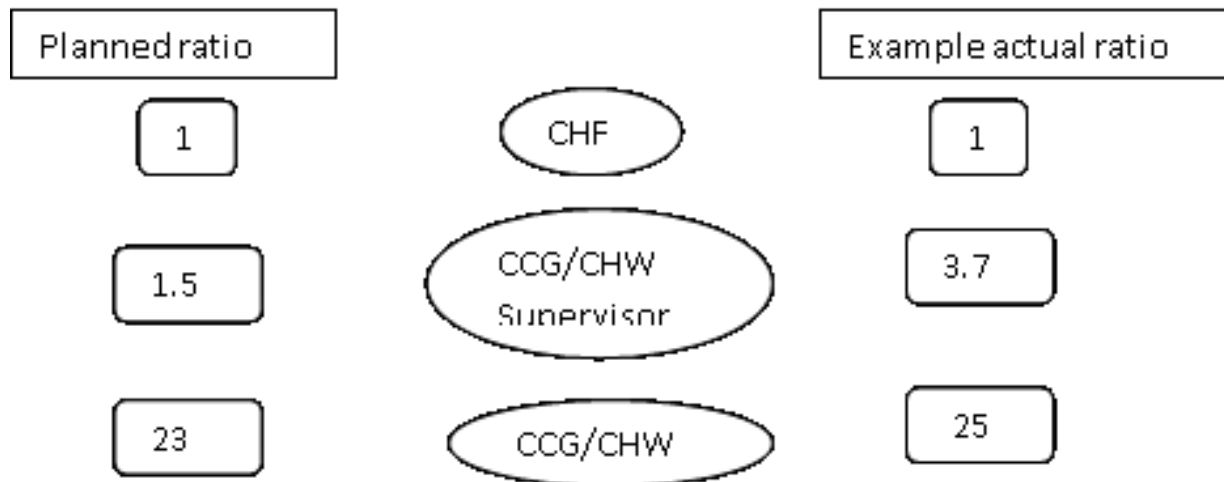
- Maximize the use of stipends;
- strengthen supervision, monitoring and data collection;
- enhance linkages between community, PHC and other health facilities;
- enable savings totaling R56million which had been made to CBOs/NPOs comprising
 - project management fees (R11,000 for CHW programmes and R6,000 for HBC programmes);
 - 4% administration fees;
 - audit fees (R10,000 and R8,000 per annum in CHW and HBC programmes)

Rationalised structure 2010-11

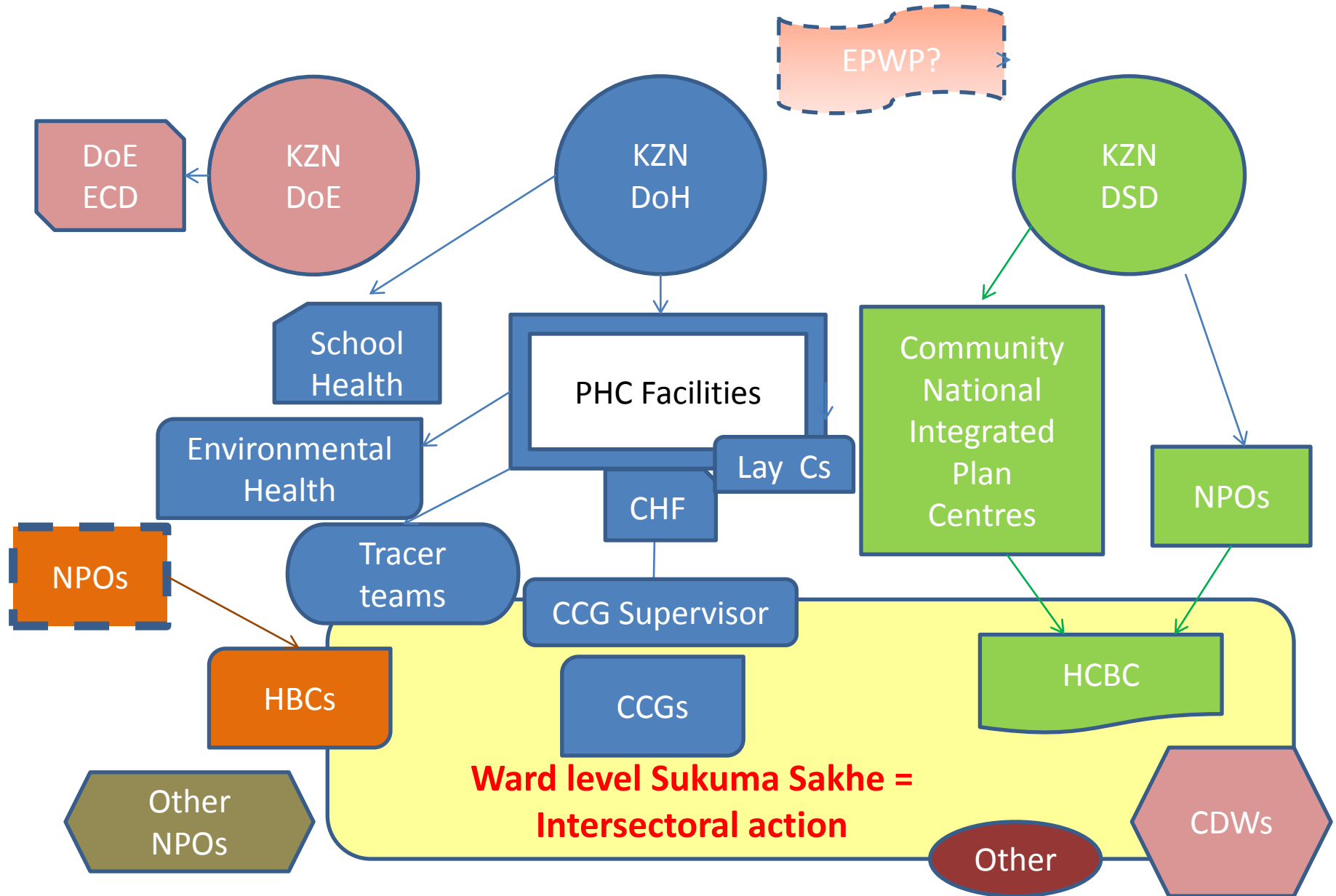


Approximate KZN CHW budget

Line items	Budget
Stipends for 8,982 CCGs @ R1,500 per person per month	R161,765,784
Stipend for 390 CCG Supervisors @ R2,500 pp per month	R11,715,900
Salary for 250 CHFs @ R144,089.75 pp per annum	R36,022,438
Unemployment insurance UIF @ 1% for CCGs	R1,617,657
Unemployment insurance UIF @ 1% for CCG Supervisors	R117,159
Training of CCGs and Supervisors @R1,000 per person	R9,372,000
Total budget required	R220,610,938



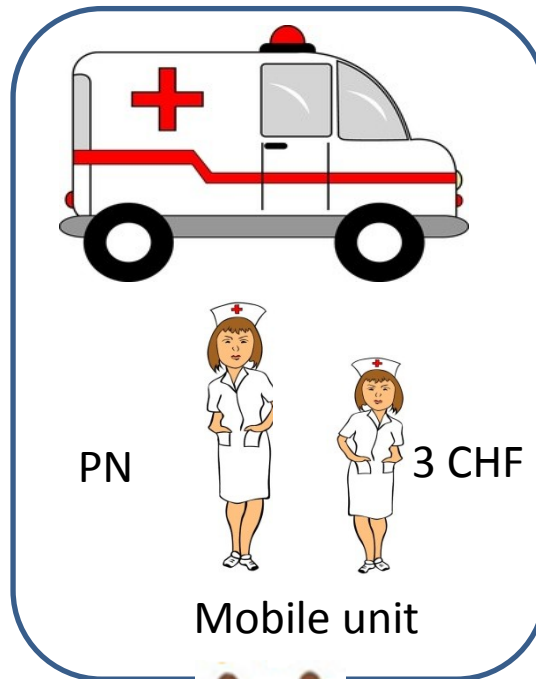
Current KZN CHW & related structures



The basic essentials for the PHC outreach team in a ward

Promote equity & universal coverage

Use appropriate technology for health development



3 teams of 6 = CHW
(+ xHBC ideal)

Participation

Supervision
Transport
Training
Support
Care
Quality improvement
M&E



Consumables

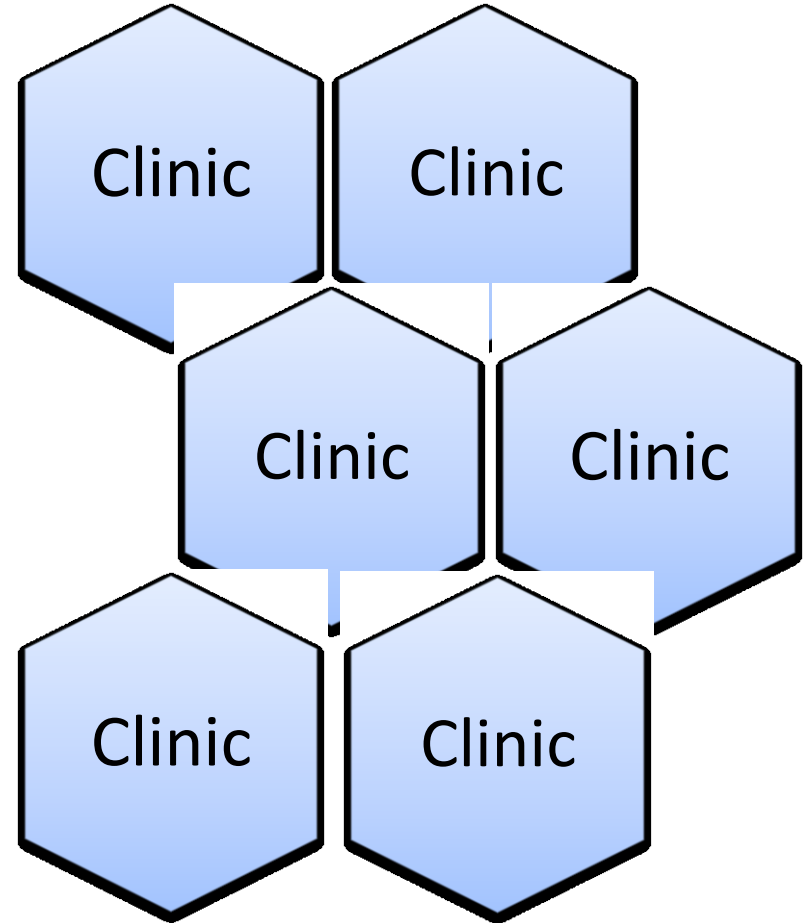
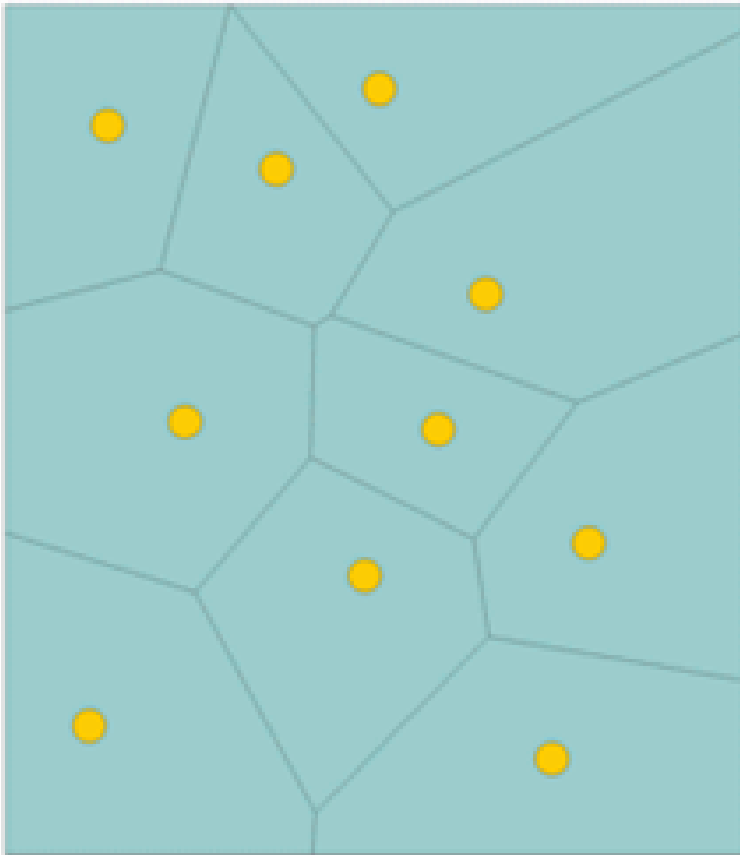


mHealth

Collaboration

Clinic catchments

Thiessen Polygons

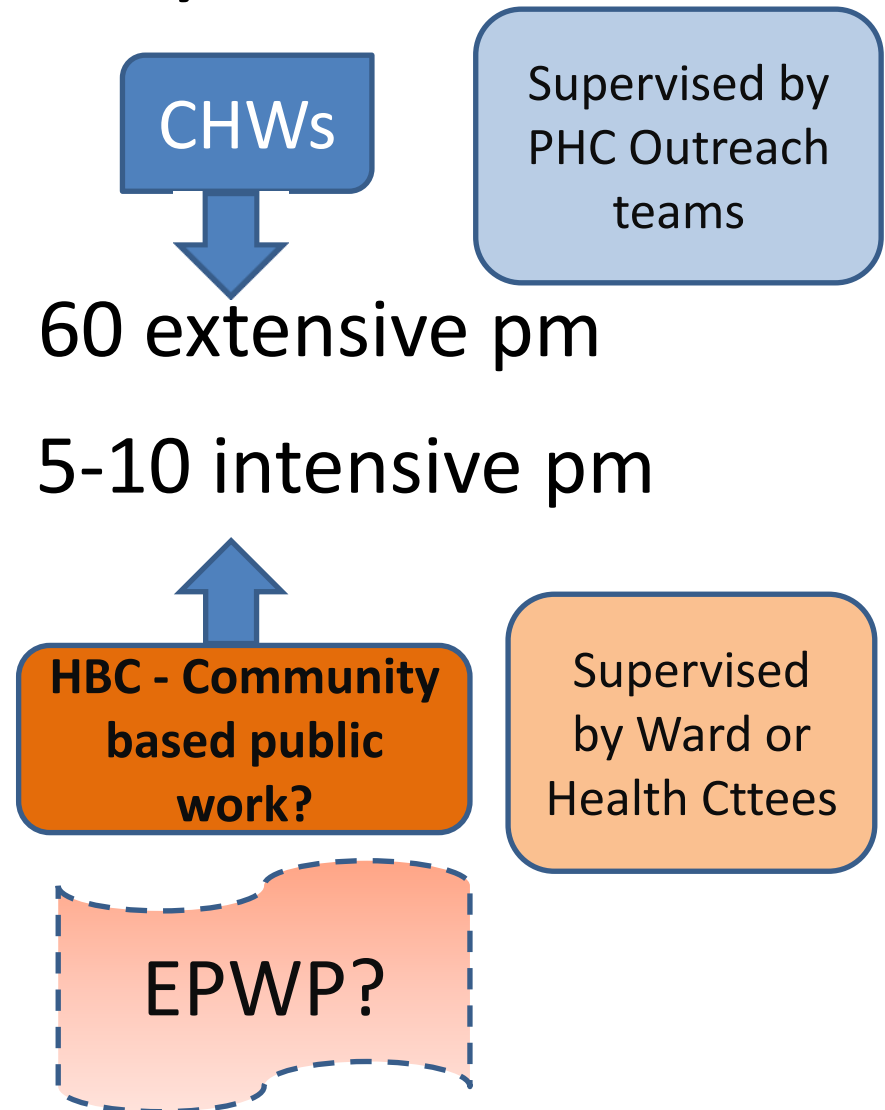


**Typical clinic catchment
~18,000 people**

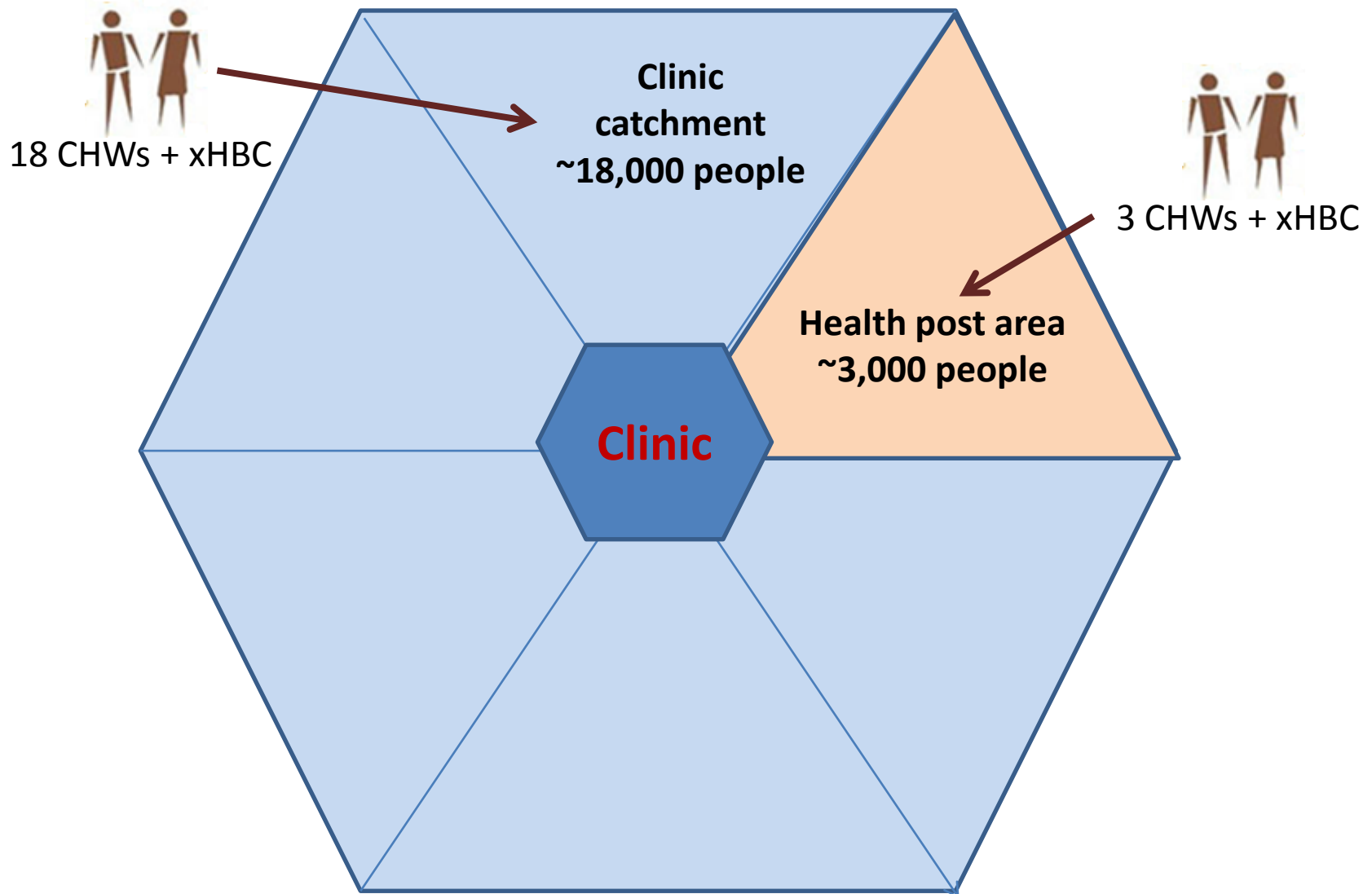
An opportunity to contribute to inequality & poverty reduction



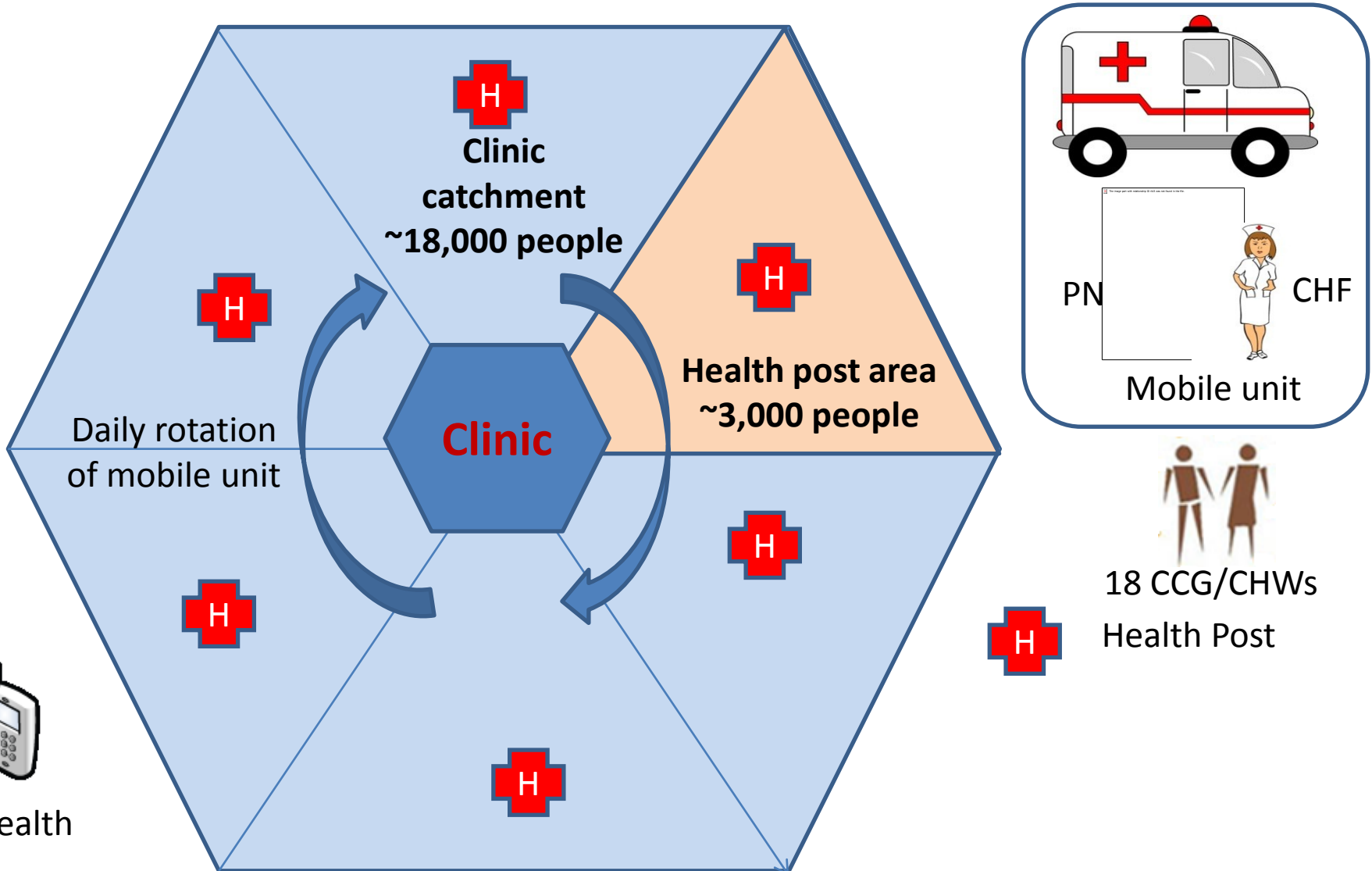
1CHW : 250+ households quarterly



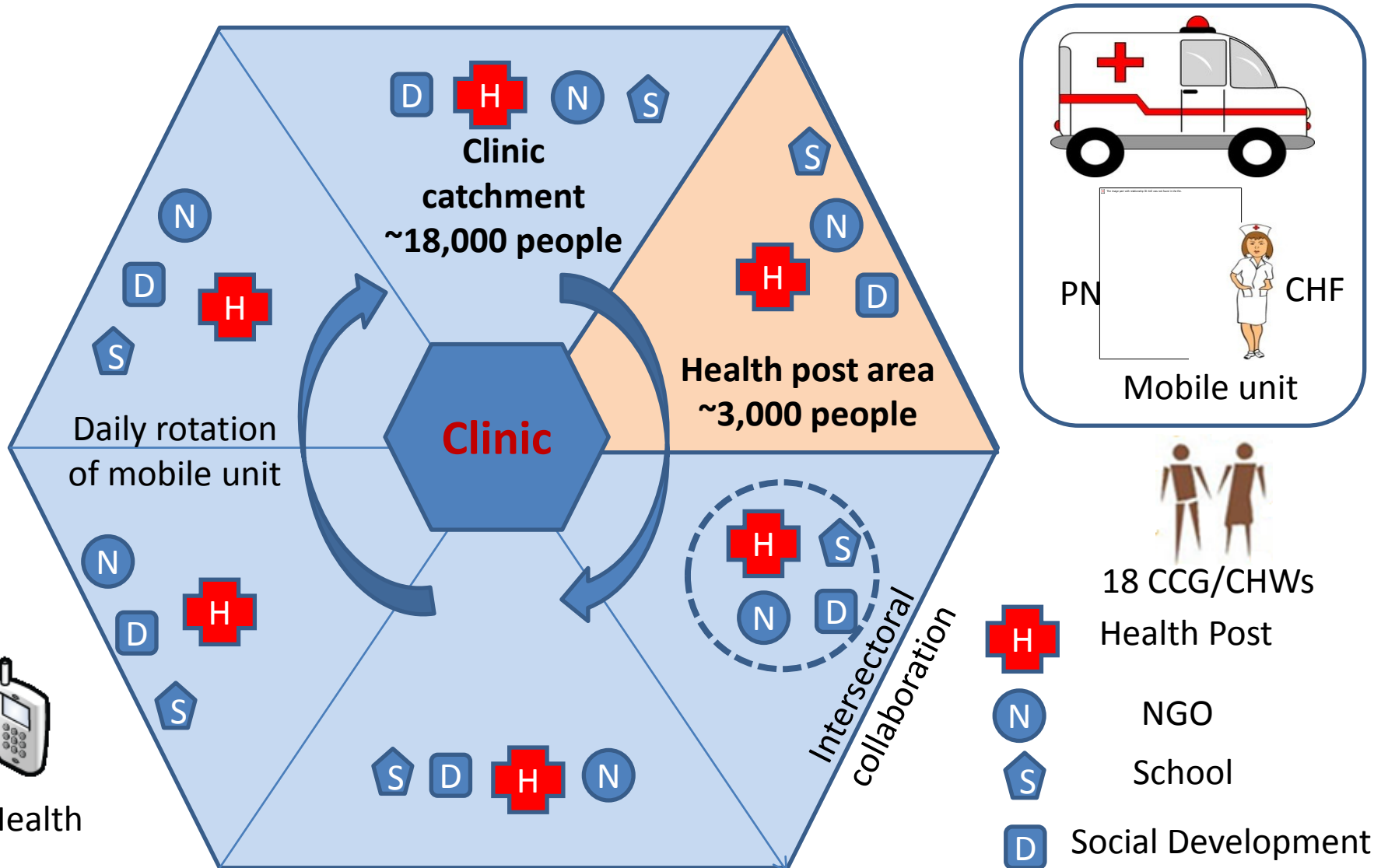
Clinic catchment/wards with visiting points or health posts



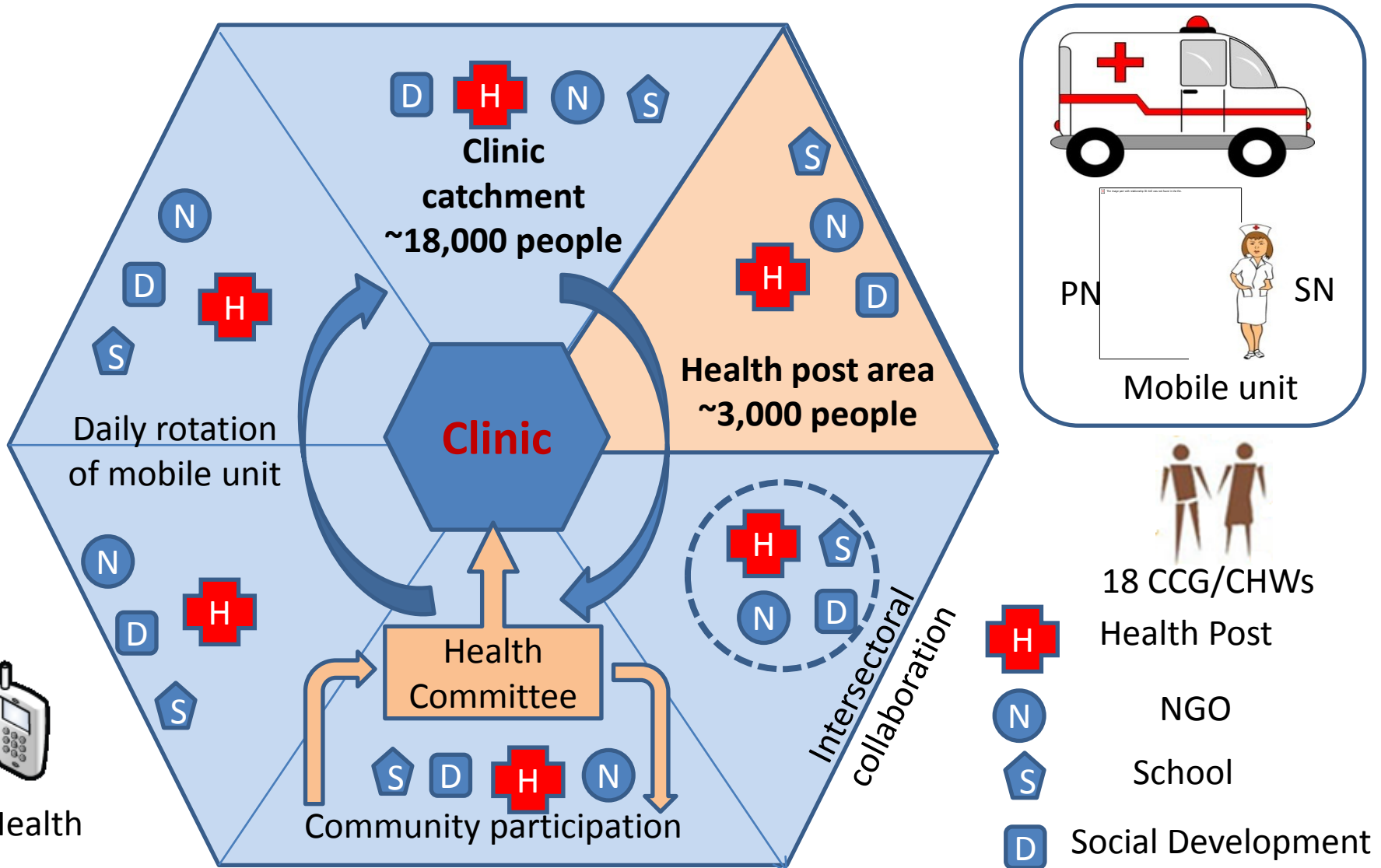
Rotating through community areas

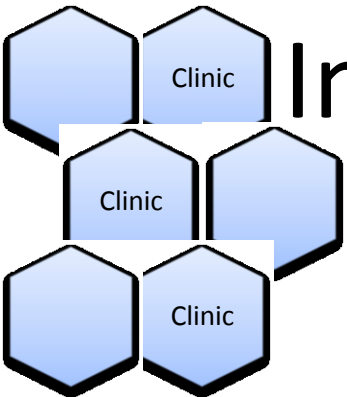


Building intersectoral collaboration

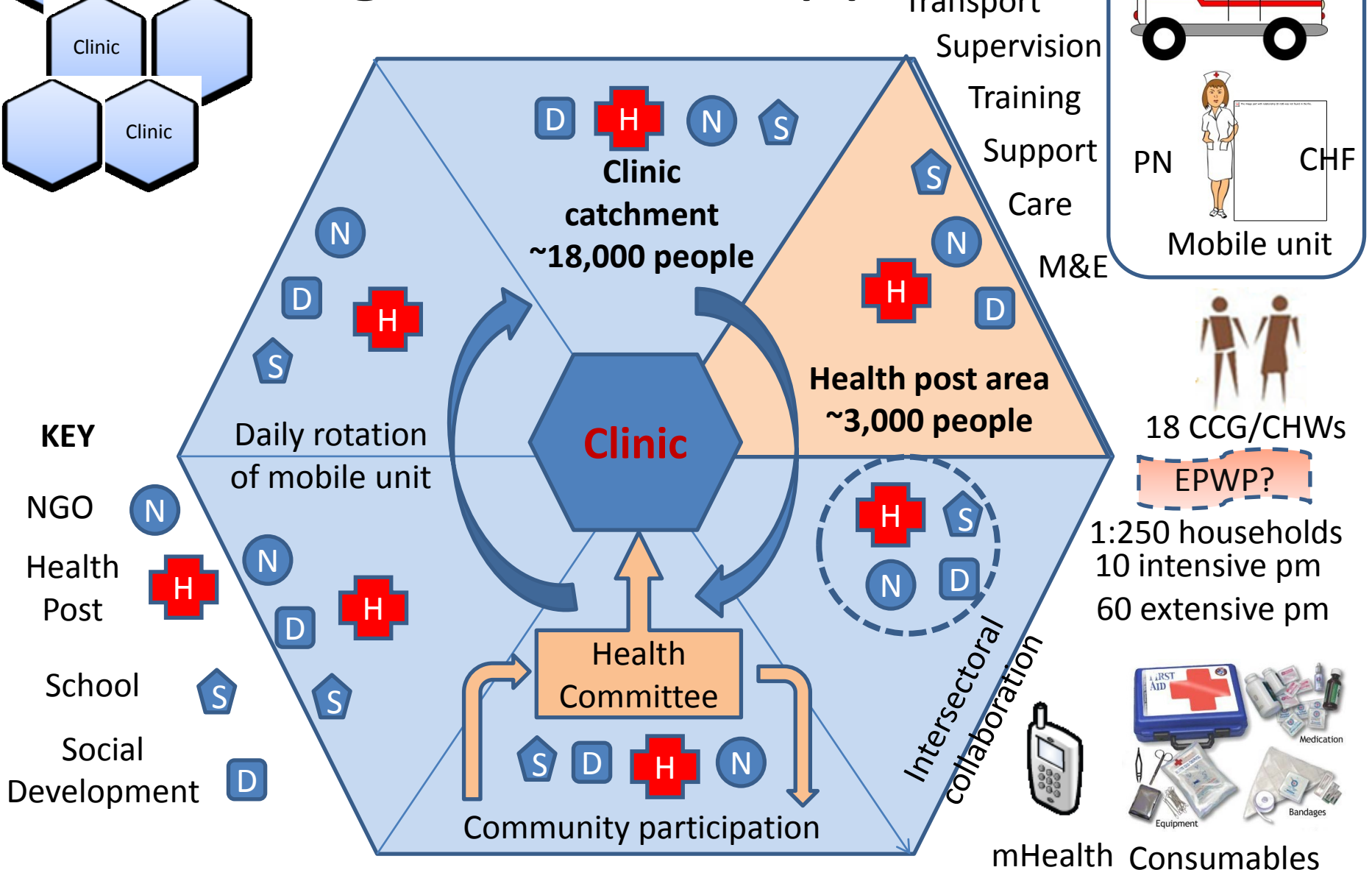


Strengthening participation





Integrated PHC approach



- KEY**
- NGO
 - Health Post
 - School
 - Social Development

Daily rotation of mobile unit

D H N S
Clinic catchment
~18,000 people

Health post area
~3,000 people

Health Committee

Community participation

- Transport
- Supervision
- Training
- Support
- Care
- M&E

PN CHF
Mobile unit

18 CCG/CHWs

EPWP?

1:250 households
10 intensive pm
60 extensive pm

mHealth Consumables

Intersectoral collaboration

Acknowledgements and thanks

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