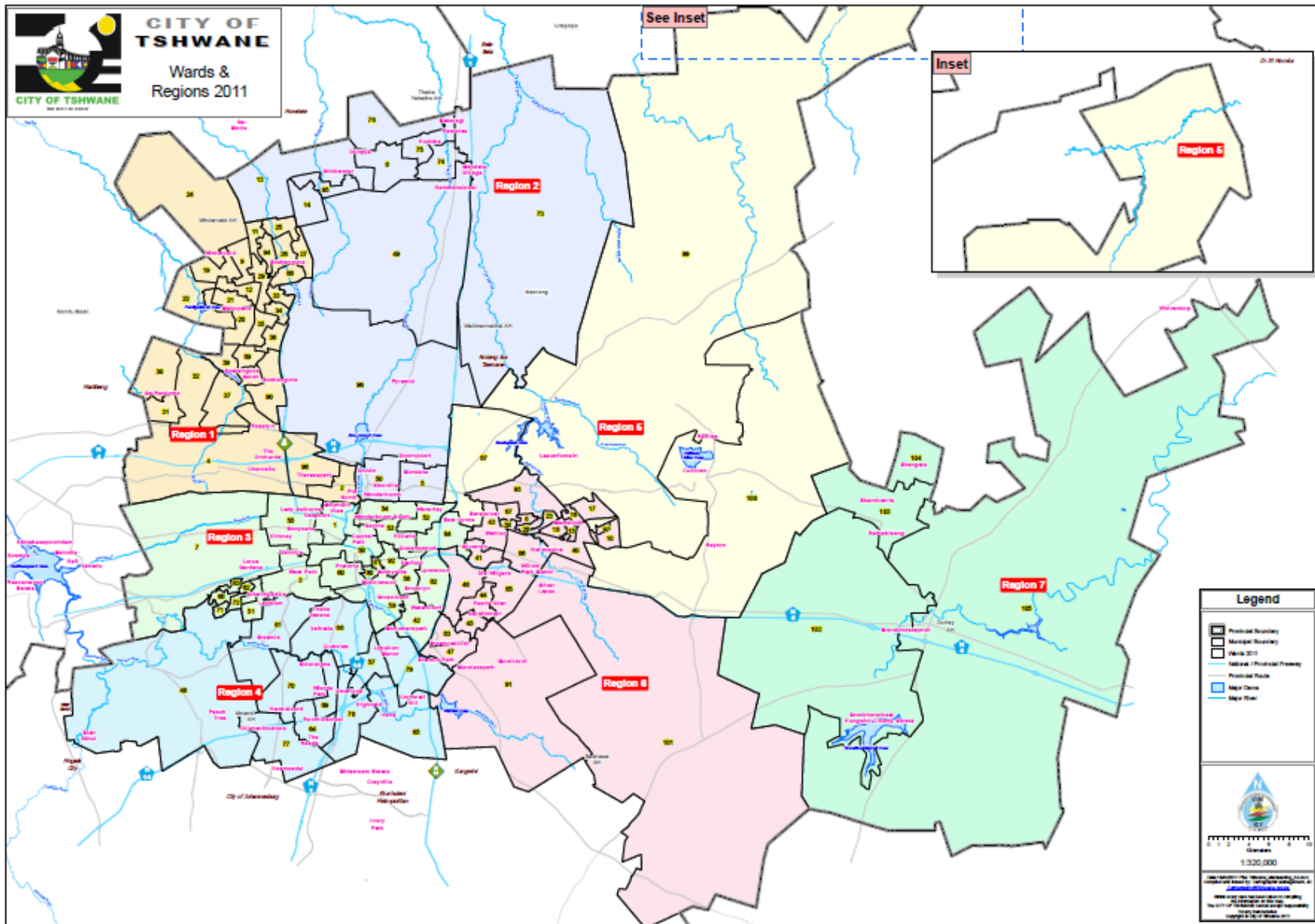


BACK TO BASICS TO MAKE HEALTH AND SOCIAL SERVICES WORK BETTER

COMMUNITY ORIENTED PRIMARY CARE – TSHWANE DR. MANEI LETEBELE-HARTELL 21ST SEPTEMBER 2011





South Africa: a complex mix of four colliding epidemics

Maternal, newborn & child health

- ~1% of global burden
 - *2-3 times > average for comparable countries*

HIV/AIDS and TB

- 17% of HIV burden
 - *23 times > global average*
- 5% of TB burden
 - *7 times > global average*

Non-communicable diseases

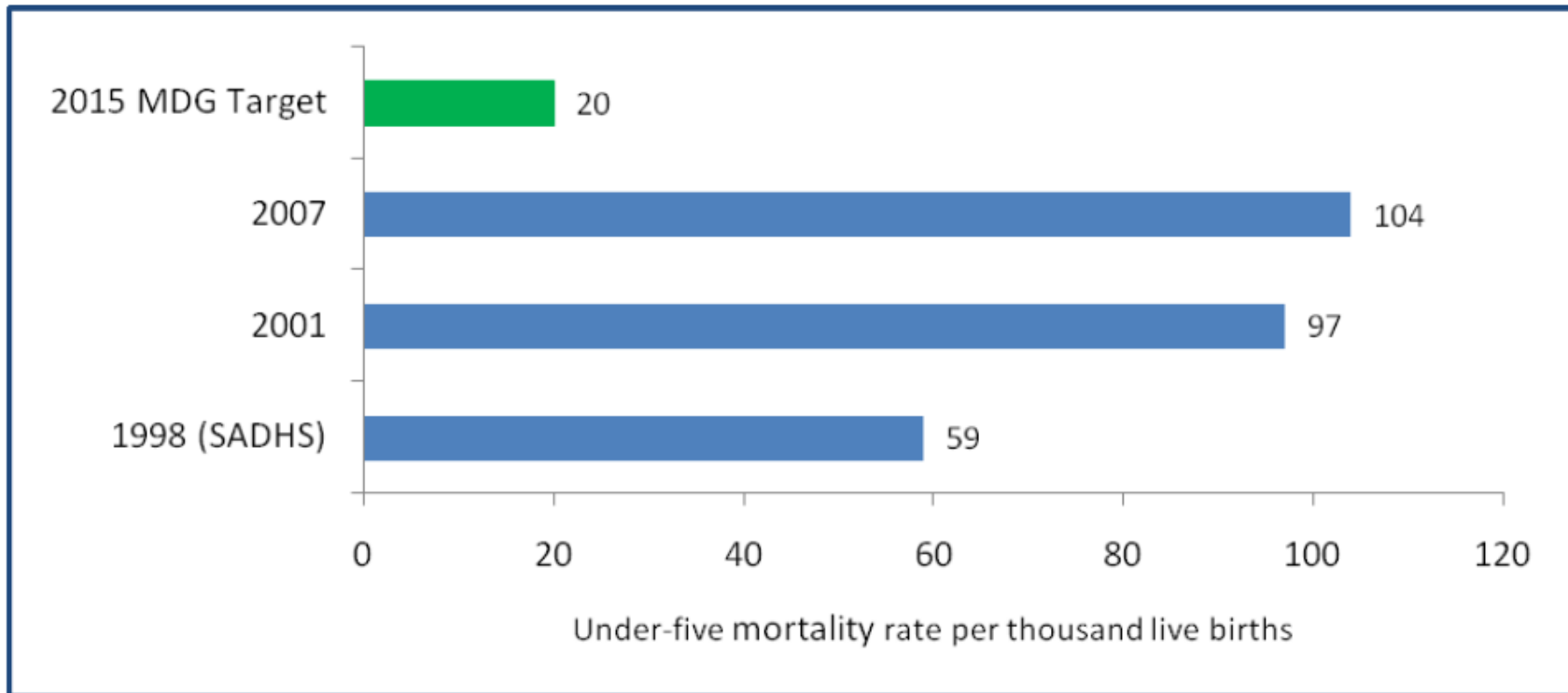
- <1% of global burden
 - *2-3 times > average developing countries*

Violence and injury

- 1.3% global burden of injuries
 - *2 times global average for injuries*
 - *5 times global average for homicide*

Under five mortality rate

Figure 4.1: Under-Five Mortality Rate in South Africa since 1998, and the 2015 MDG



Source: 1998 South Africa Demographic and Health Survey, 2001 Census & 2007 Community Survey, South Africa

Maternal Mortality Ratio

GOAL 5: IMPROVE MATERNAL HEALTH

Goal and Indicators	1994 Baseline (or closest year)	Current Status 2010 (or nearest year)	2015 Target	Target Achieva- bility	Indicator Type
Maternal mortality ratio	369 (2001)	625 (2007)	38	Unlikely	MDG
Proportion of births attended by skilled health personnel	76.6 (2001)	94.3 (2009)	≈100	Possible	MDG
Contraceptive prevalence rate (Couple year protection rate)	25.2 (2001)	33.4 (2009)	≈ 100	Unlikely	MDG

Community Oriented Primary Care

- ❑ NDoH – Benchmark in Brazil PHC approach: - Family Health Programme
- ❑ Over the past 15 years, progress in Brazilian public health
 - Infant mortality has dropped from 48 per 1000 to 17 per 1000.
 - In just the past five years, hospital admissions due to diabetes or stroke have decreased by 25%,
 - The proportion of children under 5 years old who are underweight has fallen by 67%,
 - Diphtheria, tetanus, and pertussis (DTP) vaccine coverage in children less than 1 year old is greater than 95% in most municipalities

- ❑ Role players from the following institutions:
 - SAMA
 - Gauteng Provincial Department of Health
 - Sedibeng District Health
 - Tshwane-Metsweding District Health
 - UP Family Medicine Department
 - UP Public Health Department
 - UL – Medunsa Family Medicine Department
 - City of Tshwane - Health

- ❑ Guiding Principles:
- ❑ Community Situational analysis
 - Who is there?
 - What is there?
 - What needs to be done?
- ❑ Focused health services
 - Primary level
 - Comprehensive
 - Preventative
 - Promotive
 - Educational
 - Continuity of care



Tshwane approach

- ❑ Steering committee formed
 - District health
 - Local authority health
 - Family medicine
 - Public health
 - Social development

Tshwane approach

- ❑ Dept health
 - Comprehensive approach to disease prevention
 - Improve referral system
 - Move from curative and hospi-centric approach
- ❑ Academic institutions
 - Base for training of Medical students
 - Community involvement by academia
 - Students get better understanding of patient circumstances

Tshwane approach

- ❑ Presentation to Regional Management Team
- ❑ Presentation to District Health Technical Committee
- ❑ Implementation challenges
 - No budget allocated
 - No policy document
 - Change in leadership
 - Unequal commitment from universities
 - Seen as vertical program

Tshwane approach

- ❑ UP appointed dedicated Facilitator
- ❑ Technical committee formed
- ❑ FPD approached
- ❑ Draw up MOA
- ❑ Identify one site per sub-district
- ❑ Approach communities through Ward Leaders
- ❑ Inadequate communication
- ❑ Metsweding had started own Health posts
- ❑ Limpopo University had challenges with dedicated facilitator

Tshwane approach

- ❑ NGO's brief – uncertainty
- ❑ All PHC Area Managers
- ❑ Identified NGO's in different sub-districts
- ❑ Draw operational plan
- ❑ Technical team meetings frequently
- ❑ Steering committee meetings quarterly
- ❑ Change in political leadership – delay in consultations
- ❑ Meetings with Health Promoters and NGO's
- ❑ Incorporated functional Health posts in Metsweding

Tshwane approach

- ❑ Implementation plan with FPD
- ❑ HR plan
 - Project Manager
 - Health Post Managers (7)
 - Community Health Workers (56)
 - Data Capturers (7)
- ❑ Equipment plan
 - Computers (8)
 - Desks and chairs
 - Medical equipment

Tshwane approach

- ❑ Deputy Director seconded from PHC
- ❑ NGO Coordinator joined technical committee
- ❑ Visited Facility Managers in identified areas
- ❑ Meetings with Clinic Committee members, Health Promoters, Facility Managers and NGO Managers in the 5 districts under UP
- ❑ Pressure from FPD to use budget

Tshwane approach

Sub-district	Township	Clinic
Central Western	Atteridgeville	Bophelong clinic
Eastern	Mamelodi	Stanza Bopape
Southern	Olievenhoutbosch	Olievenhoutbosch Ext 13
North East	Temba	Temba CHC
North West	Soshanguve	Soshanguve CHC
Nokeng Tsa Taemane	Refilwe	Refilwe
Kungwini	Sokhulumi	Sokhulumi

Tshwane approach

- ❑ Metsweding already had two health posts established
- ❑ Limpopo not yet appointed facilitator
- ❑ Concentrate on facilities attached to UP
- ❑ 7 health posts:
 - Mamelodi – 2
 - Atteridgeville – 2
 - Olievenhoutbosch – 1
 - Kekana Gardens – 1
 - Refilwe - 1

Tshwane approach

- ❑ NGO identified in each area
- ❑ Not sufficient accommodation
- ❑ Vodacom containers promised
- ❑ Problem of funding for alterations – on hold
- ❑ Role of NGO to find accommodation for Health post
- ❑ Within area where they are already working

Tshwane approach

- ❑ Data collecting tool developed
- ❑ Training needs determined
- ❑ FPD assist with training e.g M & E
- ❑ City of Tshwane – GPS hand held device for data collection
- ❑ Due to delay in implementation – FPD funded initial devices
- ❑ Training done through UP

Tshwane approach

- ❑ Phased in approach guided by:-
 - Willingness of NGO
 - Support by Facility Managers
 - Trained CHW's
 - Involvement of Health Promoters
 - CHW's appointed by FPD – preference to current ones in NGO
 - CHW duties not disturbed
 - Clarify roles
 - Community Leaders being on board – directive from Municipal Speaker

Tshwane approach

□ Health post

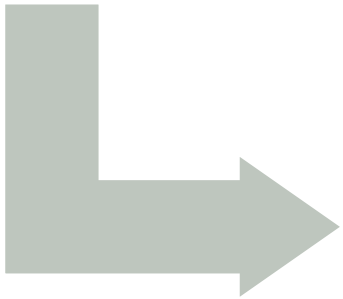
- Unit in periphery of clinic
- Existing NGO with CHW's
- Funding from Department of Health – compliant
- Trained CHW's – 69 days training
- Professional Nurse – technical support
- NGO Manager – administration
- Mapping – about 150 households per CHW
- Use hand-held device for Community Health Diagnosis
- Real time data collection – GPS coordinates
- Red flag to Health Post Manager – visit household

Tshwane approach

- ❑ HPM – responsible for about 3000 households
- ❑ More than one HPM per NGO
- ❑ Health Promoter – social mobilization in units
- ❑ PHC teams to roving – Doctor, Social Work, Psychologist, Nutritionist, Oral Hygienist
- ❑ Current HBC: patient oriented to household oriented
- ❑ All 7 sites have HPM and CHW trained in device practicing data collection at household
- ❑ Training on data collation ongoing
- ❑ M & E component - support by FPD
- ❑ Model ready to accommodate student participation

CHW

- NGO
Manager



HPM

- Facility
Manager



DD-
COPC

Tshwane approach

- ❑ FPD – M & E support will inform departmental M & E
- ❑ Universities
 - Student training
 - Move from facility based – know about living conditions
 - Research
 - Informed consent

Challenges

- ❑ Accommodation
- ❑ Other stakeholders concerns
- ❑ Non-payment of CHW's
- ❑ Delayed buy-in from local leaders (Ward Leaders)
- ❑ Proper buy-in from Facility managers
- ❑ Hand held device

Tshwane approach

- ❑ Limpopo University allocated facilitator
- ❑ Community mobilization in Northern Sun-districts
- ❑ NGO's briefed – very keen
- ❑ Some have identified sites
- ❑ Community positive – Minister announced strengthening of PHC

References

- ❑ Harris, M. Haines, A. Brazil's Family Health Programme. *BMJ* 2010; 341:c4945
- ❑ UNDP – MDG Country Report 2010
- ❑ COPC Concept document - 2010

**THANK YOU
KEA LEBOGA
HA KENSA
BAIE DANKIE
E NKOSI**