



SOUTH AFRICAN NATIONAL AIDS COUNCIL SYMPOSIUM

MRS N MEKGWE

20 - 22 SEPTEMBER 2011



INTRODUCTION

- ❑ The Gauteng Department of Health Social Development has embarked on an initiative to strengthen Primary Health Care Services
- ❑ Health Services have a challenge of Primary Health Care patients by-passing Primary Health Care facilities to higher levels of care which are costly
- ❑ Some Primary Health Care patients do not even have to go to Primary Health Care facilities, they can be seen within their communities
- ❑ This then requires the department to strengthen Community Based Health Services

- ❑ Community Oriented Primary Care (COPC)
- ❑ School Health Services
- ❑ African Traditional Medicine
- ❑ Health Promotion
- ❑ Expanded Public Works Programme (EPWP)

❖ ESTABLISHMENT OF HEALTH POSTS

A Health Post is a service unit embedded in a sector of community and periphery of a clinic or Community Health Centre (CHC) in which comprehensive Primary Health Care is rendered to a defined number of households

- ❑ COPC is a Community Health worker driven programme
- ❑ This then requires the department to strengthen the capacity of Community Health Workers

OBJECTIVES

- ❑ To promote health, prevent illness
- ❑ Identify social needs and refer to the next level
- ❑ Integrate Kgatelopele Project with the COPC
- ❑ Reduce waiting times at Primary Health Care facilities
- ❑ Improve in Millennium Development Goal's
- ❑ Improve monitoring of Community Health Workers
- ❑ Integration of Community Health Worker activities
- ❑ To improve referral system
- ❑ To improve partnership with Non Governmental Organisations

ROLE OF COMMUNITY HEALTH WORKERS

- ❑ Do health profiling per household
- ❑ Take history from members of the households
- ❑ Do vital signs (B.P, temp, HGT)
- ❑ Refer clients where necessary
- ❑ Give review dates and reminders as per clinic and health post appointments
- ❑ Care and support
- ❑ Assist with defaulter tracing (TB, CCMT. EPI. etc)
- ❑ Identify social and other needs and refer
- ❑ Health education
- ❑ Dissemination of information
- ❑ Community Health Workers will be working closely with health promoters

COMMUNITY ORIENTED PRIMARY CARE

- ❑ Allocation of 150-250 households per Community Health Worker
- ❑ Profiling of households
- ❑ Health Education
- ❑ Delivery of chronic medication
- ❑ Home Based Care
- ❑ TB DOTS
- ❑ Referral to appropriate services
- ❑ Clinical team per 2000 house holds (Doctor, Nurse, Social Worker and Health Promoter)
- ❑ Teams to visit Health Posts

Plan of Action

- Commence with 20 prioritised townships which are:

1. Atteridgeville	11. Ratanda
2. Soshanguve	12. Sebokeng
3. Mamelodi	13. Sharpeville
4. Refilwe – Metsweding	14. Bophelong
5. Rethabiseng – Kungwini	15. Boipatong
6. Tembisa	16. Mohlakeng
7. Wattville	17. Kagiso
8. Katlehong	18. Munsieville
9. Kwa-Thema / Duduza / Tsakane	19. Soweto - Zola
10. Daveyton	20. Soweto - Orlando

Priority townships identified for 2011/12

1. Atteridgeville	9. Fochville
2. Refilwe	10. Bekkersdal
3. Andries Raditsela	11. Kya Sands
4. Phenduka	12. Orlando
5. Boipatong	13. Thabo Mbeki
6. Bophelong	14. Winnie Mandela
7. Mamello	15. Zola
8. Wedela	

Implementation Plan

	Johannesburg	Tshwane	Ekurhuleni	Sedibeng	West Rand
Q1	-	-	Phenduka	Boipatong	-
Q2	Kya Sands	-	-	Tshepong	Fochville
Q3	Orlando	Refilwe	Adries Raditsela	-	Bekkersdal
Q4	Thabo Mbeki Zola	Atteridgeville	Winnie Mandela	Mamello	Wedela

Progress made so far

- ❑ Mapping done in all areas
- ❑ Recruitment of additional 1 100 Community Health Worker's for the above areas
- ❑ Training of 2000 Community Health Workers
- ❑ Workshops held with NGO Managers
- ❑ Meetings held with Clinic Managers, Clinic Committees and Ward Councillors
- ❑ Meetings held with all sections dealing with CCW/CHW's

Progress made so far cont...

District	No of Health Posts	No of CHWs recruited	No of Nurses recruited	No of Doctors Recruited	Patients seen
Johannesburg	2	120	1	1	530
Tshwane / Metsweding	8	170	8	1	Starting 1 October 2011
Ekurhuleni	2	120	2	1	1018
Sedibeng	3	150	5	1	2124
West Rand	3	120	3	0	Starting 1 October 2011

Distribution of funded Carers per Programme per District – 2011/12

District	HBC	PLHIV	HOSPICE	HTA	HCT	TOTAL
J'oburg Metro	1243	73	54	75	454	1899
West Rand	365	22	0	74	270	731
Ekurhuleni	836	20	24	50	395	1325
Sedibeng	553	31	18	51	248	901
Tshwane	1005	51	60	74	390	1580
Metsweding	163	5	6	33	70	277
Total	4165	202	162	357	1827	6713

Multi Sectoral Aids Unit

Field workers	Peer Educators	Actors	Site Facilitator	Trainers	Total
137	268	48	28	34	515

Incentive grant

Districts	
J'oburg Metro	277
Ekurhuleni	215
Tshwane	189
Sedibeng	189
West Rand	167
Metsweding	63
Total	1100

CHALLENGES

- ❑ Lack of integration of CHWs and CCW's
- ❑ Different stipend for CHWs and CCW's
- ❑ Structure to be used as a Health Post
- ❑ Budget for:
 - Equipment and furniture
 - Additional staff for teams
- ❑ Training of newly recruited CHWs
- ❑ Lack of dedicated staff to monitor implementation of the programme
- ❑ Availability of retired nurses but no funds to pay them

THANK YOU