



HEALTH FOR ALL NOW!
People's Health Movement

Community Health Worker history in South Africa



Bridget Lloyd
PHM global



HEALTH FOR ALL NOW!

People's Health Movement

Overview

- The global context
- CHW programmes in SA
- Role of CHW's 70's - 90's
- Changing context and policies
- Conclusion



HEALTH FOR ALL NOW!

People's Health Movement



The global context

- **Chinese Barefoot doctors**
- **Alma-Ata Conference 1978: 'Health for All by the Year 2000'**
 - Defined health as an outcome of interaction among social and economic factors and as fundamental human right
 - Adopted comprehensive primary health care to achieve health for all
 - Called for multi-sectoral and multi-disciplinary actions
 - Disease prevention and health promotion
 - Food supply and nutrition, water and sanitation
 - MCH, immunization, treatment of common diseases and injuries, mental health and oral health





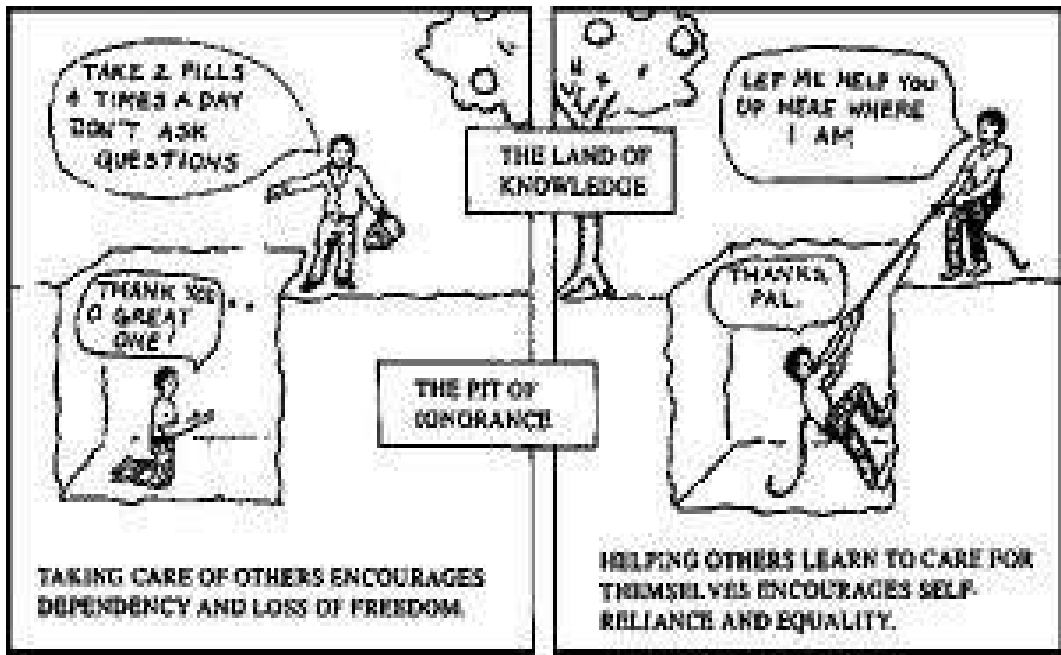
SA context

NGO's:

- Using health as an organising issue
- Transferring skills and knowledge
- Prevention of disease and promotion of health through empowering communities to become involved in health projects.



2 approaches to health care





CHW programmes in SA

- Apartheid health policies and limited access to health services for majority
- SA conferences inspired by Alma Ata e.g. Economics on health care (HCT), SACLA conference
- Mid1970's – 80's emergence of CHW programmes – EC, WC, KZN, etc
- Valley Trust, SACLA, Valley Trust



HEALTH FOR ALL NOW!

People's Health Movement

Critical Health 1986

Community Health Projects

MANZIMAHLE VILLAGE HEALTH WORKER PROJECT - CALA DISTRICT TRANSKEI

The Health Care Trust, a Cape Town based group of health workers, talks about its project in the Cala district of Transkei.

Introduction

Village Health Worker (VHW) projects became popular mainly through the success of the Chinese "barefoot doctor" schemes. We must, however, remind ourselves that in a country such as China, the training of barefoot doctors to work in their rural village, was part of a total restructuring of society and not merely the health care system.

This is obviously not the case in South Africa. Therefore when setting up such schemes, we should bear the following in mind:

- VHWs should not be used to patch up a government's inadequate services
- VHWs should not be seen as a second best substitute for doctors. They should be part of a health team whose work is equally important and often more difficult and varied than the conventional doctor's, as is preventive work in the broadest sense.

In our country VHW projects operate where few, or no health care services are provided. In these areas, there is little, if any possibility of meeting the basic needs of people such as water supplies, sanitation, housing, food or adequate land to cultivate, education in the form of schooling and literacy or work opportunities.

In other words, VHS projects work mainly within the limitations of South Africa's "bantustan" system.

It is well known that the health of people is far more determined by politics and power groups, by distribution of land and wealth, than it is by the knowledge and treatment of disease. Health workers and health projects that hope to provide for healthy lives must be committed to bringing about a healthier distribution of wealth and power.

When the Health Care Trust (HCT) started this project, people involved never believed that it could change the health care situation in South Africa or contribute towards political change.

Community Health Projects

Its main aim was to try to work towards alternative approaches in the broad field of health. Through involvement in projects, HCT wanted to test whether and how these approaches would work in practice. With this in mind, we will look at the problems our project has encountered in the six years of its existence.



There is little, if any possibility of meeting people's basic needs

Why did the project start?

After a conference at the University of Cape Town on the "Economics of Health Care in South Africa", which focused on health conditions in the rural areas, health professionals felt that something more practical should be done about the situation.

Therefore the idea of training health auxiliaries in the form of VHWs was considered. HCT was set up by SAMST to employ a doctor to choose a village in a rural area where a pilot VHW project could be started.

The idea was to set up similar projects in other areas if this prior project was successful. At the time there were other health projects in existence e.g. the Valley Trust, Elin Care Groups and some VHW projects in Ciskei and KwaZulu.

Most of these projects, except for the Valley Trust, were extensions of government run health services. The policy of the HCT was to remain independent of the state health service's control and give "... a new direction in medical care". We will see whether this was accomplished.



Role of CHW's

Predominant profile of areas where CHW programmes worked :

- Rural and urban
- High poverty
- Often no government health services,
- No or limited sanitation
- Inadequate/unsafe water supply
- Poor housing
- etc



Critical Health 1986



VHW projects operate where few, or no health care services are provided



Criteria

- Resident in and accountable to the community;
- Respected in the community
- Should be able to read and write in basic English
- 3 month basic training and ongoing short courses and refresher



HEALTH FOR ALL NOW! People's Health Movement

Western Cape – CHW training centre

health

Novel scheme takes health to the people

Distrust has been put aside as state funders and community groups work together on a new health project, writes **Justin Pearce**:

A NEW project that is pioneering the training of community health workers in the Western Cape hopes to see 120 trainees pass through its doors each year. The scheme — a training centre for people chosen by their communities to serve as health workers — is the first systematic effort to develop the skills of community health workers. Once the project is running at full speed, the plan is to teach eight groups of 15 trainees each year.

“Another novel aspect of the project, which started this month, is its operation between community-based organisations and state funders.

The founders of the project were at first suspicious about embarking on a venture that involved state sponsorship — in this case the Western Cape Regional Services Council (RSC).

Said senior trainer Ma Kati Xorila: “When we drew up the contract with the RSC, we were careful that it did not allow them to make the rules.”

Now the founders believe they have been fortunate in dealing with individuals at the RSC who have acted in good faith.

But Dr Bob Mash, of the SA Christian Leadership Association's (Sacla) health project, warned that this goodwill had not yet been put to the test. The scheme has not reached the stage where communities have initiated their own health care projects and approached the RSC for funding. From the trainers' point of view this is the ideal situation, but it remains to be seen whether the RSC will comply.

The training centres is located at the Umtata Community Centre in Ouguetia — but only for now, since the project is still in the experimental stage.

“We didn't want to spend money on a fancy building and then find it was not what we needed. Close the project is under way we can look at fancy needs,” said Xorila.

She describes a primary health care worker as “a jack of all trades who is on duty 24 hours a day”.

Community health workers are the solid base which a health care system needs to survive. Working mostly with impoverished and



HEALTH STARTS HERE: Trainer Ma Kati Xorila teaches new health workers the skills they will disseminate at home.

‘A primary health worker is a jack of all trades who must be on duty 24 hours a day to attend to the community’s needs’

under-educated people, they ensure that people know how to see to their own health needs and reduce the pressure on medical services by preventing illness and injury.

The training scheme originated when the Progressive Primary Health Care Network (PPHC) was approached by the RSC, which had funds to train 20 community health workers to work in Sise C Khayelitsha.

The PPHC felt that in the Western Cape, Sacla was best suited to run the training scheme as it had trained workers for its own health projects in the Cape Flats.

The first 10 workers for the RSC initiative was trained last year. The RSC then came forward with a proposal and funding for a further 60 trainees, who would work in the Mossaar and Hovana districts of Khayelitsha.

Ma Xorila said: “Sacla did not have the capacity to train so many people — and anyway it is not our job. We need to develop a culture where health workers are responsi-

ble to their communities and not to the government.”

The PPHC then suggested a training centre for trainees chosen by their communities to serve as health workers. Sacla was asked to help start the scheme.

Several of the project trainees are nominated by Sacla, but the focus of the project is not to train new workers for this organisation. “Sacla is big enough and we need to consolidate our operations rather than open up in new areas,” said Mash.

Instead, other organisations and communities are asked to nominate trainees.

“To be accepted on the training course candidates must be nominated by their communities with the backing of a health organisation operating in the area.

Communities must find sponsorship to pay for the courses. The health worker's wages need to work out a support network and referral system for the community health project.

Sacla requires health care workers to live in the communities in which

they work and to be based in their own homes. There they can expect to attend to people at any time of the day or night, occasionally making home visits if necessary.

The health workers are responsible for educating their community about how to stay healthy, advising on nutrition and preventative medicine.

They need to be able to carry out basic surgical tasks such as dressing wounds and administering medicines, but refer patients to a doctor for more specialised care.

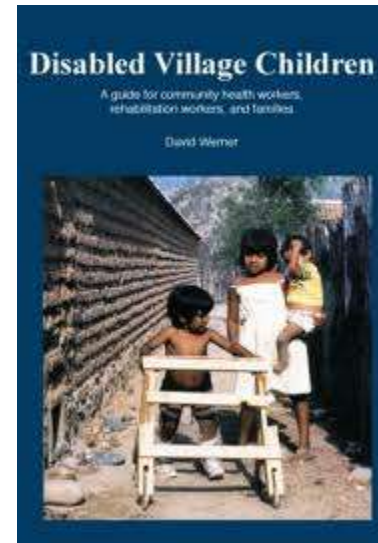
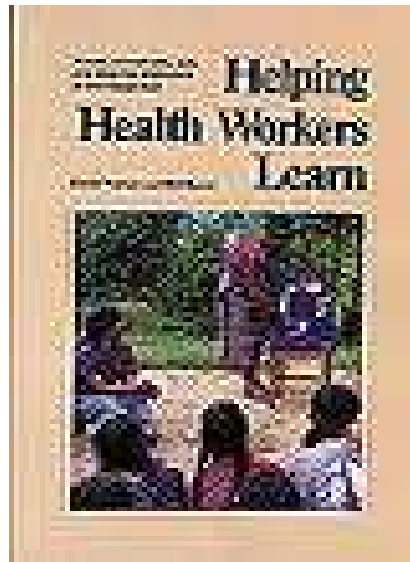
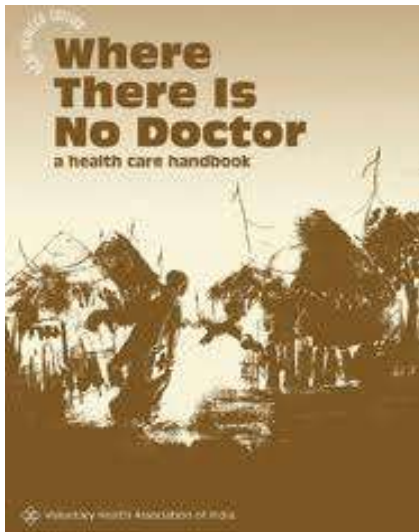
Eighty percent of people in the areas served by Sacla have used the services of a community health worker at some time, according to a survey conducted by Sacla last year.

Health workers may find themselves acting as facilitators for community development projects. If a community decides that it needs a creche or some other amenity, the health worker is usually the first person to be approached and may have to take the request to the relevant authorities.

Trainers are keeping an open mind about the project's future direction.

“We are serving the Western Cape and don't want to go national while we are still at the experimental stage,” said Xorila.

“We don't want to raise people's hopes too much but we do want to make the project work. Primary health care is a matter of life and death.”





Role of CHW's

- Comprehensive PHC and adapted according to community needs:
 - Health promotion
 - Disease prevention
 - Limited curative
 - Rehabilitative
 - Health and SDH
 - Comprehensive role, not vertical programmes



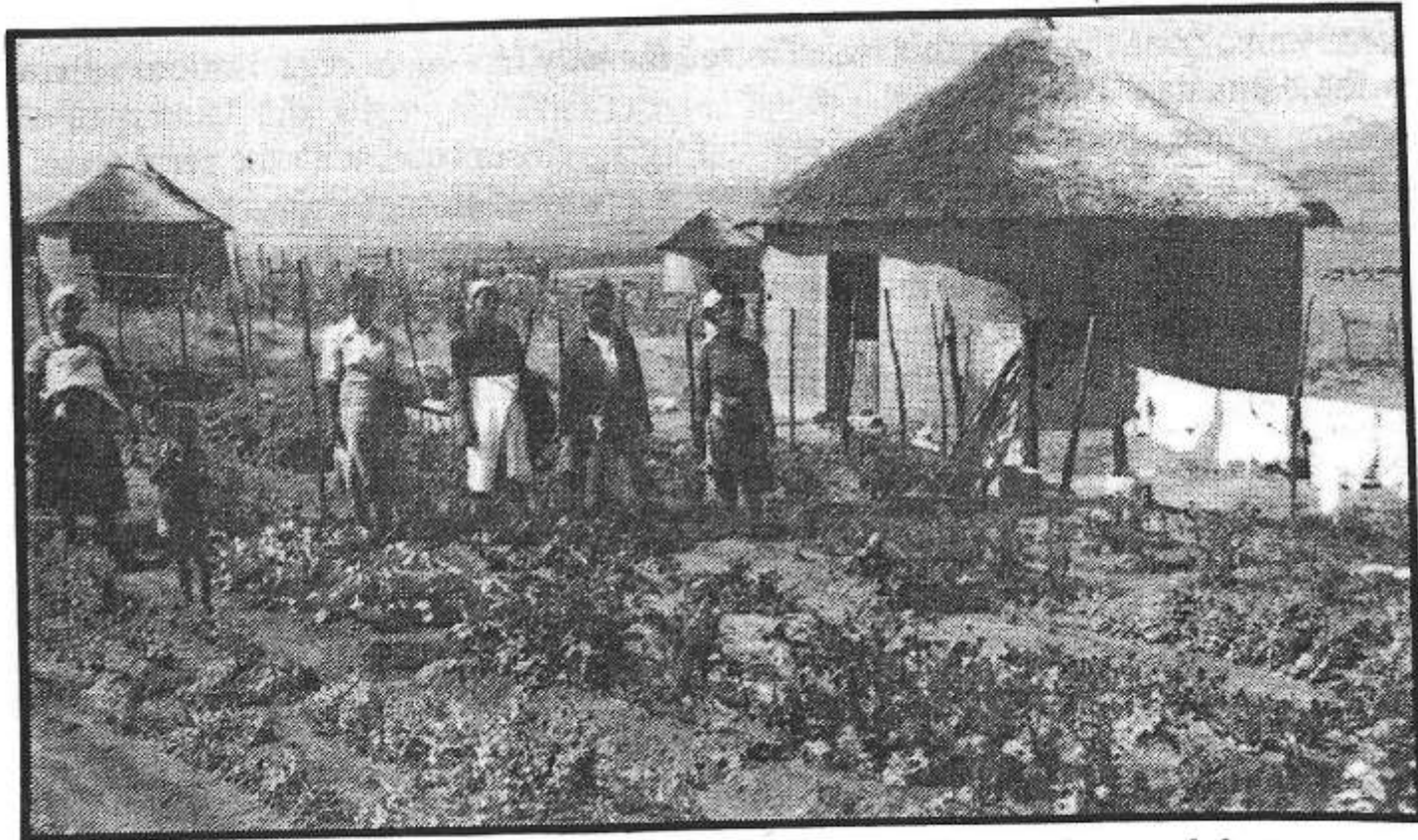
CHW role

- Each served 250 houses
- Home visits – proactive
- Workshops and health education
- TB Dots
- Counselling and support of victims of abuse
- Emergency first aid
- Limited curative services



HEALTH FOR ALL NOW!

People's Health Movement



VHW's played an important part in encouraging and organising vegetable gardens

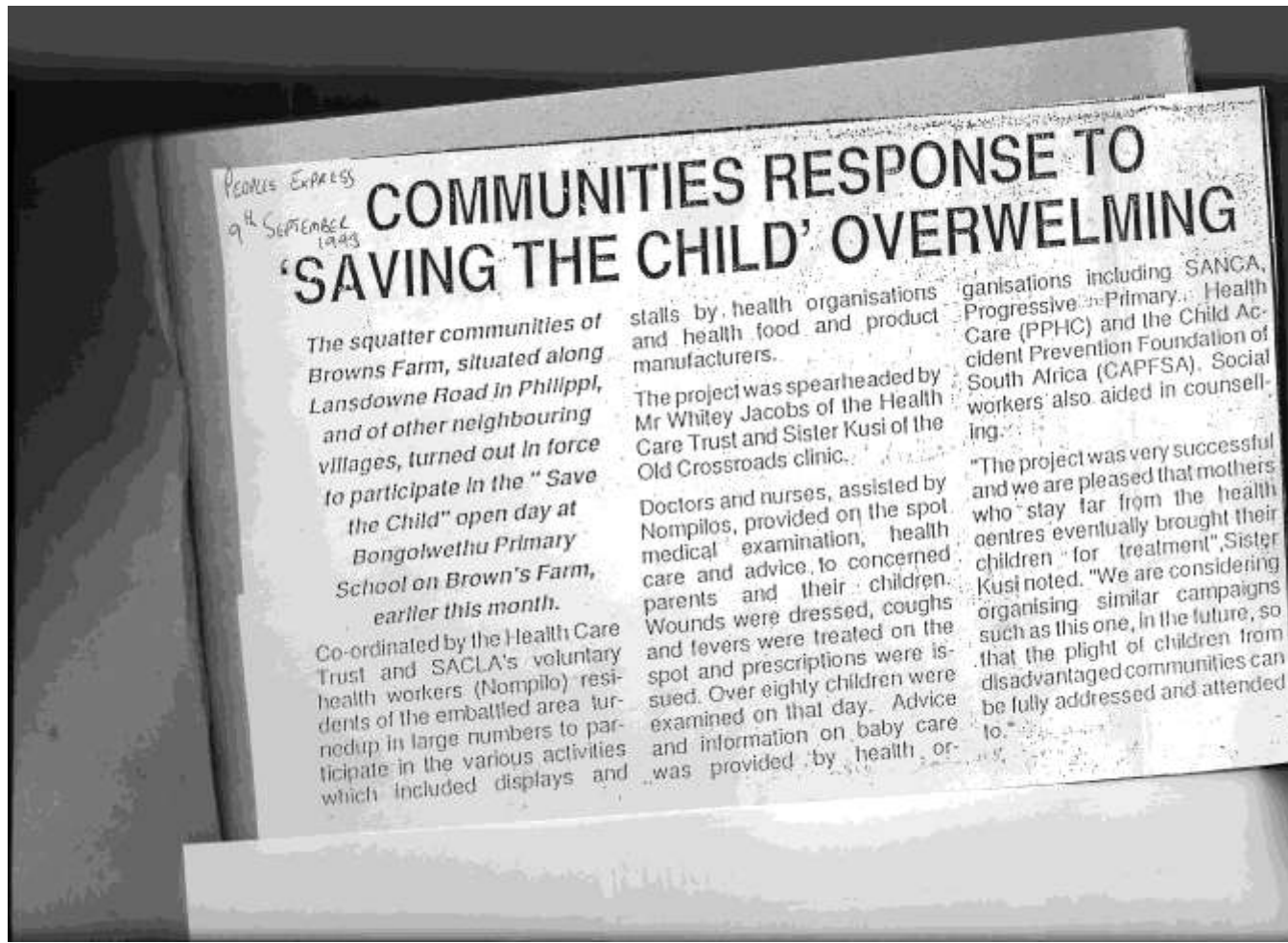


HEALTH FOR ALL NOW!

People's Health Movement



Partnering with communities - Sept '93





- “ CHW’s are members of the community where they work, should be selected by the communities; should be answerable to the communities for their activities; **should be supported by the health system** but not necessarily as a part of its organisation; and have a shorter training than professional workers”. **[WHO, 1987]**



Principles and way of working

- Election and accountability
- Community involvement
- Health committees
- Inter sectoral collaboration
- Participatory processes
- Some worked closely with traditional health practitioners



HEALTH FOR ALL NOW!

People's Health Movement



Lead up to 1994

- Progressive health sector involvement in health policy formulation
- 1st draft of ANC health policies – highlighted large role for CHW's
- Town Hall meetings pre –election....
CHW's



HEALTH FOR ALL NOW!
People's Health Movement



RDP





HEALTH FOR ALL NOW!
People's Health Movement

October 1994

Plea to save community-based health projects from collapse

PETER MALAN
Staff Reporter

NATIONAL Health Minister Mmusesa Mokoabe and her Western Cape counterpart, Ebrahim Rasool, have been asked to help save community-based health worker projects from collapse.

In a memorandum handed to the two ministers after a march through the centre of Cape Town yesterday, the National Progressive Primary Health Care Network (NPPHC) asked the ministers that their projects be integrated into existing health services.

They also asked the government to put pressure on the European Union to pay their money, they say the EU promised funds.

NPPHC chairman Mkhaya Jacobs said community-based groups had been delivering health care to communities like Crestwood, Klayviltaka, and Boud's Farm at a time when no state services had been available.

"If these projects should collapse the financial problems of the painstaking work that has been done over the past decade will be

wiped out," he said. "The trust that has been developed over the years within the communities will be destroyed, making it very difficult for any organisation, governmental or otherwise, to restart any community-based health programmes."

In a statement, the NPPHC said the organisation had lobbied all political parties before the election.

August 21/10/94



IN THERE: Regional minister Ebrahim Rasool waves at community health workers after they handed him a memorandum outlining their plight.

Health workers send out SOS for funds

By Sheena Hill

A **DISPERATE** lack of funds has driven the National Progressive Primary Health Care Network (NPPHC) to make an urgent appeal for support to the Minister of Health, Dr Mmusesa Mokoabe.





HEALTH FOR ALL NOW!

People's Health Movement



1996

Township health care in crisis as funders leave

By JESSICA BEZUIDENHOUT

NON-GOVERNMENTAL community health programmes in Cape Town's most deprived townships are facing collapse because of large-scale withdrawal of foreign funding.

The cash-strapped Western Cape Health Department says it does not have the money to support these organisations, which play an essential role in delivering basic health care, and unless alternative funding can be found this vital service will collapse by the end of this year.

Foreign funders have shifted their support from NGOs and are now channelling all funds through the government, which has no clear support policy for community health workers, according to Health Care Trust director Bridget Lloyd.

She said community health care workers were filling a role not provided by the provincial government.

"In Browns Farm near Philippi, for example, we provide the only 24-hour health service available in the area, and we cannot begin to imag-

ine the consequences if this facility was no longer available."

Community health workers played a proactive role by conducting home visits to evaluate social problems, including people defaulting on their TB treatment, she said.

"Very little has changed in the government approach to primary health care," said Dr Gavin Derbyshire, a senior doctor with Sacla, another NGO active in underprivileged communities.

While many new clinics had been built during the past few years, there was insufficient staff to provide this kind of on-the-ground community service, he said.

There was a desperate need for the provincial government to recognise the role of community health workers and to make provision for them to continue, at least until planned district health projects began functioning, he said.

Western Cape Director General of Health, Dr Tom Sutcliffe, said his department hoped to either convince foreign funders to continue supporting NGOs, or to develop mechanisms to bring such organisations within its budget.

JUNE 2 1996



Provincial differences

Examples:

- KZN – supportive of CHW's
- Western Cape – donors withdrawing, provincial government not supporting
 - Threat of closure +++



EU funding 1998

CAPE TIMES
THURSDAY, JANUARY 15, 1998 ★

NEWS

5

EU SPENDS ON BASICS

R48m tonic for primary health care in W Cape

PREVENTING DISEASE and providing treatment before it becomes chronic is the most efficient way of spending money on the country's wellbeing. Health writer **JUDITH SOAL** reports.

IN three years, R48 million could fund 160 heart transplants, 40 beds at Groote Schuur Hospital or primary health care to one million people.

Given these figures, it's not hard to understand why a primary health care programme was chosen as the recipient of a 1998 European Union (EU) grant announced yesterday.

Ms Elze Lötterdal, the chairperson of the coalition, Community Based Primary Health Care Programme, says primary health workers treat people in the places where they live and work, focusing on preventing diseases or treating them in the early stages — has been shown to be a lot cheaper than hospital-based care.

"We did an economic evaluation of our project last year and found that the cost of a community health worker's visit to a home is between R11 and R35. But a patient's visit to the outpatient unit of a hospital costs R35.

"Also, because we can detect and prevent diseases earlier, treatment is much cheaper.

"For example, it costs between R36 and R171 for a community health worker to teach a family about oral rehydration (treating diarrhoea), but to treat a dehydrated child in hospital

costs about R450 — so you can see there is a big saving."

The announcement of the grant to the coalition — the largest single donation to primary health care in the Western Cape — was made by the EU ambassador Mr Erwan Fouéré at a press conference called by outgoing Western Cape Health MEC Mr Ebenzer Bassot.

The coalition consists of the South African Christian Leadership Assembly (sacla), the Health Care Trust, the National Progressive Primary Health Care Network (NPPHC) — Western Cape, Zibonele Community Health Workers Project and the NPPHC Training Centre. Together, these five organisations reach a million people in the Western Cape.

The grant will be used to fund the work of community health workers like Mr Pumelele Notshe of the Zibonele project in Khayelitsha. Notshe explains how Zibonele operates:

"There are 15 community health workers, and we reach about 900 houses under our care.

"We keep a record of all the people in the house and visit each house regularly. The 'at risk' houses — where someone is sick — we visit about twice a week."

Notshe says that health workers

are trained to treat minor illnesses such as skin problems, colds and flu, diarrhoea and headaches, and to provide information and advice on health-related problems.

"If something is more serious then we refer people to the day hospitals."

Zibonele also runs a women's health project with community health workers who hold clinics and visit homes, giving advice on contraception and sexually transmitted diseases and providing both ante-natal and post-natal care.

Mrs Lizwe Mpe, a community health co-ordinator at the Health Care Trust, says primary health care has an important role to play in preventing tuberculosis — one of the most serious health problems in the Western Cape.

"If people don't take their tablets, then TB becomes resistant to the medication, so we tell them how important it is, and check that they take them."

Community health workers also keep records of children's immunisation details and are able to ensure that they receive the vaccinations they need to prevent future diseases.

Mpe says that a community health worker is never off duty: "They come to our homes all the time, during the night, at the weekend, when the day hospitals are closed.

"They come with stethoscopes and we draw them.

"They say they would rather come to us than to the hospital."



HOUSE CALLS: During a visit to Brown's Farm, trained community health worker Lizwe Mpe of the Health Care Trust examines Margaret Jan's leg to prevent a costly visit to hospital, while Grace Laduma looks on. The Health Care Trust is one of five non-governmental organisations to benefit from a R48 million grant announced by the European Union yesterday.

PICTURE: THOMPSON PHOTOFEST



HEALTH FOR ALL NOW!
People's Health Movement



2002

Monitor
 A barometer of governance and development

Min & Guardian October 4 to 10 2002 27

Giving it the old heave-ho
 South Africa gathers four medals at the tug of war world championships
 Page 43

Health-care funds run dry

The EU has ended its R90-million association with community health workers in the Western Cape

Tracey Farran

Home-based health care is about to replace the system whereby community health workers are the primary care givers to communities in the Western Cape that do not have immediate access to hospitals and clinics.

The move follows a decision by the European Union to end its five-year R90-million association with the community health workers.

From next month the EU will direct its funds to the national government to build district health systems that are closer to communities in need. And home-based care is at the core of these systems.

Community health workers have been operating in the informal settlements around Cape Town and the rural communities of Ardenburg, Mookim and Zolani. A similar project has been running in Winterveldt in the North West province.

One of Zamboni's collections appears



Provincial discretion

- Vertical CBHW programmes:
 - TB
 - HIV Treatment supporters
 - Malaria workers
 - HIV councillors
 - HBC
 - Eye care workers
 - IMCI
 - etc



- Generalist CHW's downscaled
- Volunteers or stipend
- Often lack of acceptance by government health services
- Many work parallel to government services
- Little community development, advocacy or inter sectoral collaboration
- Loss of skills as people moved on



HEALTH FOR ALL NOW!

People's Health Movement

Conclusion

- Come full cycle
- Renewed talk of generalist CHW
- Recognition of comprehensive PHC
- Inter sectoral
- Opportunity for change

“Health for all now”

South Africa





HEALTH FOR ALL NOW!
People's Health Movement

Thank you

www.phmovement.org

