

Foot Soldiers of Primary Health Care

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The Minister of Health's initiative to re-engineer Primary Health Care (PHC) in South Africa is grounded in improving health service delivery and health outcomes across the country. An integral part of the plan is the inclusion of Community Health Workers (CHWs) as a formal part of the health system. Civil society organisations and the Department of Health have long included different kinds of lay or community health workers in their models, particularly in the response to the HIV epidemic. These workers are able to support various aspects of PHC, especially in managing HIV/AIDS and TB, and to improve health outcomes. CHWs are perfectly positioned to act as agents of change within their communities, and while they may have little formal medical background, they have often been intensively trained on key health issues and can provide detailed health education, patient support and advocacy.

Community Media Trust (CMT) is a national NGO that has been promoting the mass understanding of health literacy since 1998. CMT's weekly television show *Siyayinqoba Beat It!* has been recognised with popularising

the credibility of antiretroviral treatment during the decade of AIDS denialism from which South Africa has now emerged. The method of *Siyayinqoba Beat It!* is to illustrate both the application of medical protocol, as well as the vectors of transmission and prevention of the disease through documentary inserts telling personal stories of people living with HIV and their support networks across the country.

CMT's Outreach Programme began in 2006, deploying trained CHWs to support public sector clinics by providing face-to-face communication on crucial HIV issues. Over time, CMT's strategic focus shifted from direct service provision to a training focus in 6 provinces, providing HWSETA-accredited training for CHWs - whether employed through the Department of Health or through other civil society organisations.

CMT believes in the fundamental role that CHWs can play in improving health outcomes, particularly in resource-challenged settings. To this end, CMT embarked on a study to evaluate the impact of CHWs on PMTCT programme coverage and health outcomes in the Mangaung (previously Motheo) District of the Free State. The study is jointly funded by USAID and PEPFAR through Johns Hopkins Health and Education in South Africa and the Monument Trust. CMT has worked together with the University of Cape Town, and we eagerly anticipate the results as the study draws to an end in May 2013.

The vision of CMT's Outreach programme is to provide a model of community health work in health service delivery which can be taken to scale as part of Primary Health Care re-engineering. It also aims to empower individuals and communities to increase their health seeking behaviour





through increased health knowledge and awareness, and thus impact positively on health outcomes. This “health literacy” approach aims to capacitate CHWs with accurate and updated information on all aspects of HIV/AIDS and other important health topics, such as maternal and child health, and chronic non-communicable diseases so that the CHWs can, in turn, share this information in an easy-to-understand way and in the local language. In this way, accurate health information spreads through populations, mobilising communities towards understanding the scientific approach adopted by the health system, and to take an active part in preventing disease and managing their own health. CHWs are also equipped with the skills to identify those requiring social support and link them to relevant services, such as the Department of Social Development to apply for grants.

CMT’s CHW programme supports pregnant mothers accessing public health services at 16 clinics in the Free State. The overall aim is to increase PMTCT programme coverage and to reduce the number of children born

with HIV. The CHWs have been extensively trained in all aspects of HIV/AIDS, the PMTCT protocol and maternal and child health. They provide health promotion sessions in clinic waiting rooms, encouraging all pregnant women to test for HIV and to book early for antenatal care.

CHWs also work to reduce the burden on over-worked healthcare professionals through task-sharing. This involves the CHWs assisting in everyday clinic duties, with an emphasis on antenatal services. Tasks include general patient administration, weighing of babies, assisting with administering immunisations, disclosure of PCR test results, and registering new ARV patients. The CHWs have also been trained in HIV

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counselling and testing to assist with achieving clinic targets. This provides the CHW with an ideal opportunity to test and counsel pregnant women, and it facilitates an early entry point into the PMTCT cascade.

Expectant mothers are offered the opportunity to voluntarily participate in the individual follow-up programme - starting with a test for HIV. Women testing HIV negative are counselled on protecting themselves and their unborn baby against HIV and are followed up to ensure re-testing at 32 weeks of pregnancy. Women testing HIV positive are intensively counselled on all aspects of the PMTCT protocol and contact information is recorded on individual follow-up schedule cards. The CHW highlights important dates, and stays in contact by SMS or phone to offer support and to provide reminders to return for PMTCT services on the specified dates. This reduces loss to follow up and increases programme coverage. At each visit to the clinic, expectant mothers are able to meet one-on-one with the CHW, who provides further information on managing HIV within pregnancy and reducing the risk of vertical transmission.

CHWs also host large awareness events at lively locations near the clinic, such as taxi ranks, shopping malls or community centres and feature entertainment and health promotion sessions. Information pamphlets and condoms are distributed, and prizes are awarded to active listeners. The events promote the CHW programme, as well as raising awareness of HCT and PMTCT services in general, thereby driving demand for access to and uptake of services. CMT partners with New Start and the clinic to provide HIV testing services at these events.

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tion, including printed flipcharts, a DVD series and detailed information pamphlets. These are available in English, Sesotho, isiZulu and isiXhosa. CMT's audiovisual materials ensure accuracy of the health messaging and have the advantage of overcoming language and literacy barriers.

Placing a strong emphasis on training and support is hypothesised to be an investment in the true value of the CHW to the facility. Common criticism of CHW models is that the workers often take on menial tasks within the clinic and lack a defined role. CMT ensures this does not happen by providing regular supervision of CHWs in clinics and ensuring that relationships with clinic managers are nurtured and maintained. Accuracy of information is routinely checked by a senior trainer who observes CHWs conducting sessions. CHWs are also tasked with assignments and presentations at their weekly meetings, which provide a forum to address challenges and to provide updates on protocol developments.

CMT welcomes the recent introduction of HAART for all HIV-positive pregnant and breastfeeding women, regardless of CD4 count, through the rollout of Fixed Dose Combination antiretrovirals, and notes that the increased frequency of HIV testing of women during pregnancy, breastfeeding and thereafter that has been set out in the new guidelines, means that the role of the CHW is even more important.

Significant inroads have been made in reducing mother to child transmission of HIV in South Africa, and PMTCT treatment is considered to be highly effective when administered correctly. However, in reality many pregnant women may not enrol in antenatal services early enough, may not test for HIV or if they have tested positive, they may not access all steps of the PMTCT protocol. This presents an important area of treatment access and adherence where CHWs can play a significant role in ensuring continuity of care. If a systematic expansion of the primary healthcare workforce includes CHWs to increase enrolment in treatment programmes and uptake of services, it could dramatically alter the face of the HIV epidemic.

The programme has been well-received by the Free State Department of Health, District Management Teams, as well as the clinic sisters themselves. Sister Maloale in Thaba Nchu, attests to the support she receives from Nono Mphaloane, a CHW working at Gaongalelwe Clinic "Working with Nono has been very interesting; she has taught us all a lot, including patients. The whole process of making follow ups with patients has ensured that we do not miss out on patients. She would also remind us, during patient care, of what to do where we may have forgotten and we would immediately rectify what could have been a big mistake. She has also built a good relationship with the patients to a point where they understand each other very well. Sometimes when I can't immediately remember information about a patient that is coming for follow up, I just ask Nono and she is able to fill me in so well that I am able to go on with the session. She has not helped with only what she is supposed to do; even in the admin area she has been helpful as part of task-sharing." [®]

