

CASE STUDY

“Just like the clinic”

September 2014



STRENGTHENING SOUTH AFRICA'S RESPONSE
TO HIV AND HEALTH (SARRAH)



Community Health Worker Moipone Mosala on her way to visit a household in Ladybrand's Manyatseng township, Free State.

Every morning a group of young women leaves the clinic of Ladybrand town in the Free State to follow the manicured grass sidewalks and busy roads that lead to Manyatseng township. They are community health workers, and proud members of an outreach team that brings health care to the some 21, 000 people living in this health ward.

Humming softly to herself, Engelina Mphesheya enters the garden of a freshly painted bungalow and knocks on the door. She is welcomed warmly by Belina Duka who is sitting on the sofa, waiting. Duka is a diabetic, one of many patients with chronic diseases here, who are visited regularly

by the community health workers. After her blood sugar is tested and blood pressure taken, Mphesheya chats with her patient, making sure that she is eating and sleeping well and getting enough exercise. Before she leaves Mphesheya hands over some tablets needed to keep Duka going until the next clinic visit.

Duka says that her blood pressure has improved since the community health workers have started to visit. "I like them," she says, "They check me just like they do at the clinic and they bring me medicine." They also save her the time and expense of a journey to the clinic.



During a routine under-5 visit Moipone Mosala advises Mookgo Peane on how to care for her toddler, Manyatseng township, Free State.

The ward-based outreach teams are part of the Department of Health's plan to re-engineer primary health care in South Africa. The community health workers are trained to care for people with chronic diseases and to offer screening for a range of conditions. They also support mothers with children under five years old and do basic antenatal care.

In the front room of another house in Manyatseng, a second community health worker, is counselling a schoolgirl who is certain she is pregnant. "You must go to the clinic for a pregnancy test first," says Moipone Mojabeng. She explains that it is important for pregnant women to go to the clinic before 20 weeks for tests and antenatal screening. With the grandmother looking on, Moipone urges the girl to be brave and continue going to school.

Mojabeng is happy to be doing this job she loves. "It's nice. You meet lots of different people," she says. "Sometimes they are rude, and then you go into the next house and they are lovely. We learn a lot from those people."

The community health worker programme identifies households and individuals at risk, helping the community and strengthening the effectiveness of the clinic. "They make our jobs a little bit better because they do our family

planning in the homes and we are not overwhelmed by those patients," says Sister Annette Foord, Operational Manager of the Ladybrand clinic. "I think in TB it has helped us a lot to get our patients to the clinic and helped with their treatment," she says, "They refer all sick, sick patients who don't even realise that they can be helped."

Since the 1970's there have been many kinds of community health worker programmes in South Africa – TB DOTS, HIV home-based care and many others. "Before you would have about three to four individuals visiting the same household for different purposes and really confusing the community," says Jeanette Hunter, Deputy Director-General for Primary Health Care in the National Department of Health. "So what makes this different is that it is a broad-based community health worker programme, with training formally accredited by the National Qualifications Authority," she says. "So basically the difference is that we now work in a more comprehensive and coordinated way than we did before."

In a poorer part of the township a third community health worker, Moipone Mosala, is visiting a mother with her ten-month old baby. In the sparsely furnished room she goes through her checklist of questions about baby Reneilwe's health and the frequency of his visits to the clinic. When she



Patient records are entered into a hand-held device and transmitted directly to a central database. Manyatseng township, Free State.

hears that Reneilwe has had diarrhoea she brings out a blue laminated poster that explains with clear diagrams how to make oral rehydration fluid. She carefully goes through all the steps and then refers Reneilwe to the clinic for further care.

Reneilwe's mother, Mookgo Peane, says that that these visits have been helpful to her in many ways. “The community health workers referred me to the clinic for a pap smear. I had never had one,” she says, smiling. “But I went and it was negative.”

During the consultation Mosala punches all the information she receives into a mobile phone that is loaded with a software programme specifically designed for an under-5 visit. The data is transmitted instantly to the District Health Information System. “It is there in the wink of an eye,” says team leader Fusi Nchabeng. “Before we used to complete forms and send them to the many different levels in the system.” This mHealth programme began as a pilot for monitoring HIV Counselling and Testing and has now been rolled out nationally and extended into primary health care programmes.

The community health workers of Ward 4 are happy in their work. The only time they are dissatisfied is when it rains and they are confined to the clinic. “I am not comfortable then,” says Mphesheya, “because I think my patients suffer.”

The SARRAH programme funded a consultant who supported the development of the ward-based outreach teams. It has also supported the mHealth pilot and rollout for HCT and primary health care.



ABOUT SARRAH

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Strengthening South Africa's Revitalised Response to AIDS and Health (SARRAH) is a five-year programme funded by UK aid from the Department for International Development (DFID) and managed by the international health consultancy Mott MacDonald/HLSP.

Its purpose is improved health sector governance through a programme of targeted, flexible and responsive technical support, largely to government-led reforms and strategic interventions in the health sector. Its partners are the key players in the national response to health and HIV: the Department and Ministry of Health (NDOH), the South African National AIDS Council (SANAC), the Treatment Action Campaign (TAC) and two parliamentary committees with oversight on HIV and health.



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