



Widening access to home-based care services through Community-based Health Workers - ChoiCe Trust in Tzaneen Municipality



Volunteer Caregiver assessing improvement of one of her patients

Editor's notes

This newsletter profiles CHoiCe Trust and the role played by its Community-based Health Workers (CBHWs) in providing home-based care in Mopani District, Limpopo Province, South Africa. It gives an insight into the programme responsible for recruiting CBHWs, with details of their remuneration, training and incentives offered. Through drawing on the experience of the volunteers as well as patients, this newsletter also highlights the community's views on services they receive from the CBHWs. This newsletter is intended for organisations that use community-based approaches for service delivery, as well as those who have an interest in these approaches. This is the final newsletter of the DFID funded CBW project. Our thanks to Fiona McDonald, CHoiCe CEO, for providing the bulk of the information.

About CHoiCe Trust

CHoiCe (Comprehensive Health Care) Trust was established in 1996 to respond to the community's identified health needs in the rural areas of the Greater Tzaneen Municipality in Mopani district, Limpopo Province of South Africa. CHoiCe provides home-based care through Community-based Health Workers (CBHWs), as well as health-training. It is a registered NPO (Non Profit Organisation) and an authorized training provider with the Health and Welfare Sector Education & Training Authority (HWSETA).

About the CBHW programme

CHoiCe Trust has a community development focus that

Some facts about CHoiCe Trust's work

- Serves a population of over 500,000 people supported by 150 Community-based Health Workers (CBHWs) and 40 volunteers;
- 26 clinics and 4 health centres serve as the base for the village projects;
- Over 252 Community Health Workers from 102 villages and 50 farms have been trained;
- CBHWs serve over 5,500 families on a monthly basis through delivering key health messages and providing daily care to people in their homes;
- In 2006, 128 volunteers reached 153,000 households, worked with 31,000 sick people, made 16,000 referrals and reached 15,000 OVCs;
- Over 150,000 people were reached through awareness on HIV and TB;
- 1,000 children supported weekly, where 700 were trained in First Aid, while another 500 were trained in HIV awareness;
- 46 CBOs being supported by

targets vulnerable households. Projects include 'People Living with HIV/AIDS (PLWA) Support Groups, Wellness Training and ART Preparation Programme, and Food Security (based in health clinics and home (door sized) gardens). CHoiCe also offers a range of health courses including peer education, first aid, agri-health, Occupational safety on farms, as well as a number of basic HIV/AIDS courses including developing workplace policy and voluntary counseling and testing (VCT). Selected CBHWs are trained as ancillary health workers (AHW) in the accredited Health and Welfare Sector Education and Training Authority (SETA) courses.

CHoiCe's mentorship programme

- Have programmes for orphans and vulnerable children (OVC), including scouts, cluster care, group therapy and other circles of support for OVC.

What do CBHWs do?

Elsie Tiba's perspective - Food Security Programme Manager

"Since I joined CHoiCe in 2000 I've grown in so many ways. In 2002, I was trained in Positive Living. After this training I taught people living with HIV/AIDS the importance of eating nutritious food and living a healthy lifestyle. In 2004 I began teaching the Caregivers about home gardening. Now many in the community have their own door-size gardens where they grow fresh vegetables. Having their own garden is a great way for them to save money and provide their family with a balanced diet. The food gardens have been a successful way of providing fresh vegetables to those taking ARVs and TB medication, where healthy eating is crucial. Being part of the Food Security programme at CHoiCe has been an achievement for me and has helped my community to take responsibility for their own life. My working for CHoiCe is a blessing because I am learning new skills everyday."



Elsie Tiba - demonstrates to school children how to prepare a kitchen garden

The CBHWs carry out house-to-house visits to approximately 250 households in their village on a quarterly basis. Their priority task is to identify the needs of families and children and to give appropriate care or make referrals to appropriate institutions. The CBHWs provide services such as counseling, education, physical care, food preparation, cleaning assistance, and family support and guidance. They also provide assistance around access to support grants, making wills and funeral preparations. The number of hours each CBHW works depends on the individual's own time and commitment, as well as the size of the area they have to cover.

One of the main benefits of providing services to the whole community is that it reduces the stigma around HIV/AIDS because as far as possible, all members of the community are visited and care is provided to all who need it. Another benefit is that trained CBHWs often become leaders in their communities and form support groups to initiate community development and poverty alleviation projects. They also act as the link between their community and other service providers.

CBHWs' work is not without challenges; this often includes exploitation, 'burn-out', issues of stigma, as well as their own health and lack of national policy framework to support their work.

How are CBHWs selected?

CHoiCe Trust has developed a community-based approach to selecting CBHWs. Potential CBHWs are identified through the support of the community and

once selected they receive the accredited training; are equipped to provide home-based care services such as direct observation therapy short course (DOTS) support for tuberculosis; door-to-door visits; family education; counseling; health advice and many other essential services. Each CBHW serves 250 households approximately. There is however an argument whether such diversity and range of responsibilities per volunteer impact negatively on their performance. One proposal is for more specialized focus on few areas rather than the generalist approach.

Before a programme is started, CHoiCe Trust will arrange to meet with key different groups in the community to share the details of the project and to discuss the criteria for selecting the volunteers to be trained as CBHWs. These groups include traditional healers, traditional leaders,

religious authorities, teachers as well as the wider community. Community health workers are selected after CHoiCe assesses the household and livelihood situation in the village to be served. The support and involvement of the community is extremely vital to the viability of a CBW programme. It is ultimately the community members who can enhance ownership of and commitment to the process and so greatly increase the chances of the programme success.

The criteria used to select CBHWs include: someone who lives in the village which they will serve; is mature; gender; willingness and interest to serve others; commitment and dedication; reliability; respect confidentiality; honesty; not in full time employment; preferably literate (ABET level 4 mainly with the introduction of Accredited training); good relationship with people; ability to communicate in local language. The majority of CBHWs are women (80%) usually over 30 years old. There is often a breadwinner in the home which releases them to work as volunteers. Volunteers are free to determine how much time they spend on the programme, however, once a volunteer receives a stipend they are then required to work a minimum of 20 hours per week.

Links with other organisations

CHoiCe works in partnership with the Department of Health to provide home-based care both locally and provincially. The CBHWs specialize in home-based care and they are linked in with government support programmes. For instance at the local level clinics, health professionals will refer clients who need on-going care and support to the CBHW, while the CBHW will refer patients back to the clinics for further care as the need arises. In this way, CBHWs also become an extension of the local clinics into the communities. Monthly debriefing sessions with volunteers are held at local government clinics to provide support to CBHWs who work in increasingly difficult environments.

ChoiCe Trust also works with other government departments namely Social Development, Education and Agriculture. CBHWs also participate and are represented at quarterly meetings with different sectors of society which includes the police, churches, business, other Non-Government Organisations and Community-based Organisations.

Remuneration and Incentives

At the onset of the programme, CBHWs do not receive any monetary payment; however, once they have received the required training they qualify for Government stipend. In an impoverished community like those served by CHoiCe's CBHWs, it is not easy to be a volunteer and CHoiCe strives to ensure that CBHWs do not incur any personal costs. This is ensured through holding training events close to the health workers' villages, or paying for transport costs. Nutritious meals are also provided during training days. Other incentives include record-keeping books and stationery, clothes and umbrellas although this depends on availability of funds. The CBHWs are also encouraged to practice and implement what they teach at the community, for example starting home gardens to improve their livelihoods. They are also given identity cards as a security measure and to assist with community recognition. A small stocked tool kit, or bag called a Home-Based Care kit is also given to assist with physical care. The overall system is financed by CHoiCe Trust's various donors.

At present 150 volunteers receive a monthly stipend of R500 and are offered continuous trainings and other forms of accreditation opportunities such as Rehabilitation, Orphan & Vulnerable Children, ART and Group Therapy.

Support and co-ordination

CBHWs are based at a local clinic close to them and supported by a volunteer co-ordinator (some of whom were originally CBHWs). Monthly support group meetings are held with each group at the local clinic (an official health institution), which ensures that professional staff and social workers are continually involved with the programme. In-service training sessions are provided when the CHoiCe staff or CBHW have identified a particular need that needs more detailed input. Topics such as Malaria, Typhoid, and new legislation could be covered in these sessions. Guest speakers are also invited to these meetings.

The coordinators are elected by the CBHWs and provide monthly support visits to the CBHWs on a prearranged day to discuss progress. Emerging issues and areas of support are identified and addressed and a plan of action on ways forward regarding ongoing support and guidance developed. Coordinators will also randomly select a patient to visit and can even assist a CBHW with a patient needing specific care. CBHWs are also supported and assisted by the project staff that visit regularly, collect their monthly reports and assist with the distribution of donated goods.

The Coordinators meet monthly to compile reports for submission to the organization to fulfill donor requirements, to address particular cases, debrief and to plan how to improve their services. CHoiCe empowers the volunteers to refer patients to clinics, social workers and Municipal community development workers. In a new development CHoiCe is working with government departments to guide its volunteers in the formation of their own CBOs. CHoiCe will provide initial training and support until these CBOs can manage on their own.

Training opportunities for CBHWs

CHoiCe Trust offers courses in peer education, basic HIV/AIDS, workplace policy, first aid, safety representative training and voluntary counseling and testing (VCT). In addition, the 'Ancillary Health Worker (AHW)' Course is a 69-day course that traditionally runs over two years. This course has been accredited through the Health and Welfare Sector Education & Training Authority (HWSETA). The courses do not run all at the same time, in order to give the CBHWs an opportunity to practice and internalise the new skills they have acquired before the next course. The training covers a wide range of sicknesses and conditions, and not just those associated with HIV/AIDS. All CBHWs are trained as ancillary health workers at various levels.



Helping volunteers on their career path is considered an important element of empowering CBHWs. It is important that this is considered at the beginning of the project, and this process is integral to the strategic planning of the organisation. CBHWs are less likely to feel they are being used to implement services without any regard for their well being. Career pathing will also ensure that there is an element of continuity and sustainability for the project as CBHWs move on to other opportunities and are replaced by new recruits. CHoiCe CBHWs who see the AHW training as a career path should have a certain level of literacy. A number of CBHWs have left the programme for further employment as a result of the training they received. Potentially these talented and caring people could have access into the formal nursing profession.

Future plans for CHoiCe

At present, CHoiCe has been funded by the Department of Health to provide Mentorship support to the formation of emerging CBOs that have mushroomed over the past few years. In the Mopani District, CHoiCe will therefore mentor Home-Based Care focused Organisations with attention being given to Governance, Policy Development, Monitoring and Evaluation of the Home-Based Care services and Accredited training of CBHW.

CHoiCe's experience highlights a number of factors around service delivery using CBHWs and the changed attitudes towards how CBHWs are viewed. It shows that home-based care is not second rate care and is far more than an HIV/AIDS response. It has also promoted and contributed substantially to rural development and has impacted significantly on people's livelihoods.

In order to realize the full potential of CBHWs a number of policy issues need to be considered. Firstly the career paths of CBHWs need to be formalized and training standardized. Second, employment as opposed to stipends would be advantageous particularly in terms of security for CBHWs.

Perspectives on training CBHWs - Jamela Tiva, Trainer

"In school I was trained as an auxiliary nurse, but at CHoiCe I work as a trainer. This shift was not easy because I had never been exposed to training. However, after facilitating a number of training courses, I realised that I have a passion to train others and am excited to do it as a job. As CHoiCe became more known throughout the Greater Tzaneen, we began receiving invitations to do training for people who were more educated than me. Training them was a challenge, which helped build my confidence, capacity, and professionalism. CHoiCe, now accredited by the HWSETA, helps Caregivers earn credits to become Ancillary Health Workers.

I am now also trained as an assessor to assist learners in their learning process. Additionally, I help to manage the training department as well as develop manuals and plan training programmes. During my time at CHoiCe, I have learned that in order for one to grow or bring a change into your life, you need passion and be ready to face new challenges"

"On mentoring CBOs - Fred Motloutsi - Networking & Mentorship Project Manager"

"I joined CHoiCe in 2000 and from 2004 I have

Also ensuring the availability and maintenance of starter kit equipments and replenishing of these could assist tremendously. Finally a dream that could potentially be realised is for CBHWs to be institutionalized and recognised, through national policies as a new nursing tier, with access to palliative care medicines, delivering strong and consistent health messages to communities where these services are desperately needed. Policy recognition would provide initiatives with a legal mandate that would give these service providers more confidence and recognition of their work.

been responsible for mentoring newly established organisations to become healthy functioning CBOs. What an exciting programme to be a part of! There were 10 organisations, which were selected to participate. These organisations work in the Mopani and Bohlabela districts providing Home-Based Care, OVC Support, and Health Education. In 2006 the mentored organisations served over 40,000 sick people and 900 orphans. When we began the mentorship process most of the organisations only received funding from CHoiCe, but now all have begun receiving funding from other donors."

For further details

CHoiCe Trust

Fiona Macdonald, CEO

Email: fiona.choice@mweb.co.za

Postal Address: PO Box 2181, Tzaneen, 0850

Street Address: 2A King Edward Drive, Tzaneen

Tel: 015 307 6329 Fax: 015 307 6329

Upcoming Events

Regional Workshop on Action Learning, JHB, 14-15 February 2008

Contact Rahel Otieno - rahel@khanya-aicdd.org

References:

- Fiona Mcdonald, CEO, CHoiCe Trust
- South Africa in-country Review Report - November 2004
- Upscaling Community-Based Worker Systems Policy Forum Workshop Report, Nov 2007
- http://www.khanya-aicdd.org/photo_root/publications/CBW_SA_review_041116.pdf