## National Department of Health

IMPLEMENTATIONOFCHWORIENTATIONANDBASICFOUNDATIONTRAININGPROGRAMME IN PROVINCES

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#### 1 Introduction

- 1.1 The re-engineered approach to providing PHC services proposes a population based approach for the delivery of PHC outreach service to the uninsured population of South Africa 41 992 831 (84% of the total population). The PHC outreach service will be provided by an estimated 5 482 PHC outreach teams will be required to service the uninsured population. The department of health will deploy PHC outreach teams in rural areas, in informal urban settlements as well as in townships. The Department of Health will appoint 6 Community Health Workers and a Professional nurses per PHC outreach team.
- 1.2 The Community Health Worker Orientation and Training Project is a National Department of Health initiative to orientate and train 5 000 community workers to function as PHC Outreach Team members by December 2011. The Foundation for Professional Development (FPD) is a collaborative partner that has offered to support the NDOH to implement the project across all 9 provinces.

## 2 Orientation and Training Programme Design

2.1 The Orientation and Basic Foundation training phase will aim to train 5000 workers Nationally between October 2011 and December 2011. This initial training will be evaluated and both the training programme and training material will be reviewed and revised based on feedback. The training will then be rolled out over a 2 year period targeting the rest of the approximately 33 000 Community Health Care Workers required for the PHC outreach teams to service the uninsured population.

## 3 Consultation and Support to Provinces

- 3.1 Whilst the aim is to orientate and train approximately 600 CHWs and 100 Professional Nurses in each province, it is recognised that not all provinces will be prepared to roll out the training by December 2011.
- 3.2 Telephonic consultations will be held with provinces culminating in a workshop on 14 September 2011 where provinces will be briefed on the implementation of the PHC Outreach Teams and provinces will be provided with the opportunity to share their plans and their level of readiness. The training will be rolled out based on the readiness of provinces and assistance will be provided to provinces that require additional assistance and support.

#### 4 Rationale of Orientation and Training for the Interim Period

- **4.1** The main assumption is that the majority of CHWs will come from the existing cadres of community based health workers (home based carers, adherence counsellors etc.).
- 4.2 Based on the findings of the audit of community based health workers it was evident that the education and training of most of the existing community based health workers comprised of accredited qualifications registered on the NQF (ancillary health care, and community health worker qualifications levels 1 to 4 or the non-accredited (59-day and 69-day training programmes designed for home based carers). A detailed assessment of the content of the programmes revealed that these courses did not fully equip the CHW to fulfil the roles envisaged for the CHW (Table 1). The gaps included but not limited to child and maternal health, violence and injury, and chronic diseases.

- 4.3 To ensure that the persons selected to work as CHWs on the PHC outreach team had the requisite knowledge, skills and competence the orientation and training programme will focus on:
  - 4.3.1 Updating the knowledge skills and competence of existing community based health workers;
  - 4.3.2 Facilitating potential CHWs to acquire new skills, knowledge and competence to render PHC outreach services

 Table 1: Core Competencies for Community Health Workers

Co	re Role of CHWs	Core Competences					
	Promote health and prevent illness	1.1 Conduct health promotion and education sessions for communities and its members					
2.	Conduct structured household assessment to identify their health needs	<ul><li>2.1 Carry out a comprehensive Household assessment</li><li>2.2 Conduct a home visit</li><li>2.3 Interview community members and use effective interpersonal communication skills</li></ul>					
3.	Provide psychosocial support to community members	<ul> <li>3.1 Use effective basic counselling and communication skills</li> <li>3.2 Provide psycho social support across the life cycle, including an integrated approach to adherence support for TB, HAART and other chronic disease treatment,</li> </ul>					
4.	Conduct community assessments and mobilise around community needs	<ul> <li>4.1 Conduct a community assessment</li> <li>4.2 Advocate for improved health and community services</li> <li>4.3 Demonstrate skills required for entry and access into communities</li> <li>4.4 Utilise effective advocacy and community mobilisation strategies</li> </ul>					
5.	Identify and manage minor health problems	<ul><li>5.1 Offer basic first aid and treatment of minor ailments</li><li>5.2 Understand the principles of PHC and the interventions and services supporting it</li></ul>					
6.	Support continuum of care through service co-ordination with other relevant service providers	<ul> <li>6.1 Demonstrate the ability to assist community members to access services (health and other required services).</li> <li>6.2 Ability to identify and access resources</li> <li>6.3 Ability to network and build coalitions with other service providers in the community</li> <li>6.4 Ability to provide follow-up</li> <li>6.5 Refer community members to health services and social and other community based services offered by other sectors</li> <li>6.3 An overall understanding of the health system, the services offered at various facilities and the referral system</li> </ul>					
7.	Support screening and health promotion programmes in schools and ECD centres	7.1 Use screening tools to conduct health assessments for identifying health problems					

## 5 Community Health Worker Orientation and Training Development Programme

#### 5.1 Phase 1 :Orientation and Basic Foundation Training Programme

- 5.1.1 The Orientation and Basic Foundation training programme is the first phase of a broader Community Health Worker Orientation and Training Developmental Programme outlined in **Table 2** below. The long term aim of this programme is to facilitate Community Health Workers acquiring the knowledge and skill and competence to function as effective PHC outreach team members and for those that do not have a formal qualification to attain one thereby ensuring job security and making a positive impact on job creation and skills development.
- 5.1.2 There will be 3 components to this Orientation and Basic Foundation training programme viz:
  - a) Theory and some practical training which will take place over 10 consecutive working days envisaged to take place at a provincial / district level site
  - b) This will be followed by a 2 day Practical skills acquisition training run at a health facility level and supervised by the Team Leader or a designated professional nurse and
  - c) 3 day Household Skill Acquisition practical and a field testing competency (Home visits) component lead and supervised by the Team Leader
  - d) (Professional Nurse)
- 5.1.3 At the point when the theoretical training is completed delegates will be given certificates of attendance and will be asked to read a pledge and to sign commitment to the programme and the Department of Health and the country. A copy of the signed pledge will be handed to the participant and the original will be kept as part of the employee record.
- 5.1.4 At the point when they are finally declared competent by their Team Leader they will be given Community Health Worker a certificate of competence, a symbolic handover of the bag with the toolkits, jacket and other resources to assist them in their work within the communities. They will also be given identity badges and marketing resource material to ensure visibility within the communities.
- 5.1.5 The resources are envisaged to be as follows:
  - a) "Medical" Back packs
  - b) CHW Protocols, assessment/screening tools and guidelines booklet
  - c) Waterproof coats/ raincoats/ umbrellas
  - d) Information pamphlet Toolkit of pamphlets on different topics like Nutrition, where to get help (resource list), etc which can be left as a resource for the families.
  - e) Team Leader Toolkit (Job description, etc)
  - f) A personal letter introducing the CHW to the householder signed by the head of health or a designated health official
  - g) All the above resources will be used as part of the marketing campaign for the project.

#### 5.2.1 Phase 2 : Continuation of Orientation and Foundation training Programme

a) Consolidation of skills learnt in Phase 1, Maternal and child health, HIV and TB a Chronic Disease adherence support and Health promotion.

- b) Introduction of Protocols, guidelines and assessment and screening for:
- Prevention, and management of chronic diseases
- Prevention and management of trauma and violence
- c) Introduction to Group based interventions
- d) Maternal Child health, HIV and TB interventions not covered in Phase 1

# 5.3 Phase 3 : Development of a Formal Qualification for Community Health workers

- 5.3.1 A formal process undertaken with the Department of Health as an implementing partner undertaken together with the HWSETA and QCTO (The Quality Council for Trades and Occupations was established in 2008 by the Skills Development Act using the Organising Framework for Occupations (OFO) to review and align the registered qualifications to meet the requirements for community health workers as an occupation. In this regard the QCTO identifies the *"purpose of an occupational qualification is to specify the requirements that a learner must meet to be certified as competent to practice an occupation, or a specialisation related to an occupation, reflected on the Organising Framework for Occupations (OFO)."*
- 5.3.2 The QCTO policy framework recognises that an occupational qualification requires theoretical conceptual knowledge / theory and information, practical / applied knowledge and skills and work experience and that a combination of all three components is important for attaining occupational competence. The OFO also makes provision for both occupational and educational progression which is ideally suited for progression of current cadre of CHWs.

Table	2	:	Community	Health	Worker	Orientation	and	Training	Development
Progra	mn	ne							

Phase 1 :	Phase 1 Output							
<ol> <li>The Orientation and Basic Foundation training Programme Time frame: 2 Years (FY 2011-2012 2012-2013)</li> </ol>	<ol> <li>Orientate and Train the 33 000 community health workers appointed to work in PHC Outreach Teams</li> <li>1.1 Year 1 : 10 000 CHWs will be trained (at least 5000 will be trained by 31 December 2011 and 5000 by 31 March 2012)</li> <li>Year 2 : 23 000 CHWs will be trained by 31 March 2013</li> <li>Competence assessment of CHWS trained and certificate of competence awarded to those found competent</li> <li>4 Skill development support programme will be put in place for those that do not meet the competence requirement</li> </ol>							

2. Supervision, performance management, mentoring and coaching programme for outreach team leaders Time frame: 2 Years	<ol> <li>Local level supervision and mentoring skills through:</li> <li>Orientation and Training of 6426 professional nurses to supervise, coach, mentor and manage</li> </ol>
(FY 2011-2012 2012-2013)	performance of CHWS to acquire skills and competencies (Year 1 and 2)
Phase 2	Phase 2 Output
6 Consolidation of skills learnt in Phase 1	<ol> <li>Train 6426 PHC Outreach Team Leaders (Professional Nurses)</li> </ol>
<b>7</b> Introduction of Protocols, guidelines and assessment and screening for:	<ol> <li>Train 33 000 CHWs in phase 2 training programme</li> </ol>
7.2 Prevention, and management of chronic diseases	a. Competence assessment of CHWS trained and
<b>7.3</b> Prevention and management of trauma and violence	certificate of competence awarded to those found
8 Introduction to Group based interventions Timeframe:1 Year (FY 2013-14)	competent b. Skill development support programme for those that do not meet the competence requirement
Phase 3	Phase 3 Output
<ol> <li>Focus will be on Training that is aligned to registered occupation qualification that will facilitate CHWs to attain the full range of competencies required for fulfilling the job of CHW Time Frame: 4 Years (FY 2014-15 to 2018-19)</li> </ol>	<ol> <li>Competence assessments of CHWs against occupational qualification</li> <li>Vocational training programme for CHW to acquire the registered occupational qualification implemented</li> <li>30% of CHWs to acquire vocational qualification in year 5 of the programme.</li> <li>50% of CHWs to acquire vocational qualification by year 7 of the programme</li> <li>70% of CHWs to acquire vocational qualification by year 8 of the programme</li> </ol>

## 6 Provincial Implementation Plan Phase 1 Orientation and Basic Foundation Training Programme

- 6.1 A template (**Table 3**) for implementing phase 1 of the orientation and basic foundation training programme in the provinces was developed to facilitate training of 5400 CHWs and 100 professional nurses distributed fairly across the 9 provinces.
- 6.2 The FPD will make available 4 trainers per province with each trainer committed to provide 2 training workshops per month for the months of October and November and 1 in December.
- 6.3 It will be possible to conduct 20 orientation and training workshops per province.
- 6.4 The training workshop will be conducted over 10 days followed by 5 days of practical skills training at health facilities and community and household level.

- 6.5 The practical skills training will be facilitated by the PHC outreach team leader (Professional Nurse) who is expected to be part of the 10 day workshop conducted for members of his or her team.
- 6.6 For the training workshops to be conducted according to the schedule provinces will be required to select and identify 30 CHWs and 5 PN for each workshop, arrange a venue and catering. In addition depending on the proximity of training venue to where the CHWs reside the province will have consider accommodation and transport costs for the participants.
- 6.7 It is important for provinces to identify the resources they have available access to implement the programme and to inform CHWs what expenses will be covered.
- 6. There are some resources available to cover the cost of trainers, training material, basic equipment and supplies however the provinces will be liable for the cost of venues, catering, travel and accommodation for the participants. These costs will have to be paid by provinces through their training and skills development budget, recruitment budgets for orientation of the newly appointed CHWs.

Table 3 : Provincial Implementation plan for Orientation and Training Programme Community Health Workers																				
	October 2011				October 2011			November 2011			November 2011				December 2011					
Workshop Dates	3-14 Oct				17-28 Oct			1 - 12 Nov			14 -25 Nov				28 Nov- 9 Dec					
Training Workshop Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
No. of Days	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Trainers per workshop	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
No. of trainers available to each province	4				4				4				4				4			
Due date for identifying participants (CHWs and PN)	25-	Sep	2011	l	10-	Oct 2	2011		25-	Oct 2	2011		10-	Nov	201	l	25-	Nov	2011	
No. of Community Health Workers per workshop	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
No. of CHWs for training period (2 weeks) per province	120				120				120				120		•		120			
No. of Prof Nurses per training workshop	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
No. of PN for training period (2 weeks) per province	20				20				20				20				20			
Venue	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Catering	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37

## 7 Provincial Action Plan for Implementing Phase 1 Orientation and Basic Foundation Orientation

- 7.1 A provincial action plan will be required from each province. To assist provinces an action plan with timeframes and outputs was developed to guide provinces especially to meet the timeframes and the training outputs (Table 4).
- 7.2 Provinces will be required to present their action plans on 14 September and report on the progress made with implementation to date.
- 7.3 In instances where provinces are unable to meet the targets within the specified time frames provinces in a position to increase the number of CHWs trained will be afforded the opportunity to do so ensure that the set target is achieved by 31December 2011

Table 4 : Provincial Action Plan for Implementing Phase 1 Orientation and Basic Foundation Orientation												
1 October – 31 December 2011												
Provincial Actions Required	TIME FRAME & OUTPUTS											
	October	October	November	November	December							
Identify a project manager for	selecting and appo	ointing PHC outrea	ch teams by 5 September 2011									
1.Select and appoint CHWs	120 CHWs	120 CHWs	120 CHWs	120 CHWs	120 CHWs							
for training												
2.Allocate CHWs to a	30 CHWs x 5	30 CHWs x 5	30 CHWs x 5	30 CHWs x 5	30 x 5 CHWs							
training workshop	workshops	workshops	workshops	workshops	workshops							
3.Select and appoint PN as	20 PN	20 PN	20 PN	20 PN	20 PN							
PHC outreach team												
members												
4.Allocate PNs to a training	5 PN x 5	5 PN x 5	5 PN x 5	5 PN x 5	5 PN x 5							
workshop	workshops	workshops	workshops	workshops	workshops							
5.Identify and book 5 Local	5 local training	5 local training	5 local training	5 local training	5 local training							
venues suitable for training	venues	venues	venues	venues	venues							
35 participants for 10 days												
6.Finalise catering	5 catering	5 catering	5 catering	5 catering	5 catering							
arrangements	orders x 10	orders x 10	orders x 10	orders x 10	orders x 10							
	days x 37	days x 37	days x 37	days x 37	days x 37							
	persons	persons	persons	persons	persons							
Due dates	26-Sept 2011	10-Oct 2011	25-Oct 2011	10-Nov 2011	25-Nov 2011							
7.Communicate details re:	By 28 Sept	By 12 Oct 2011	By 27 Oct 2011	By 12 Nov 2011	By 27 Nov 2011							
venue and confirmation of	2011											
number of participants and												
arrangements made to co-												
ordinator at the NDOH for												
each training period												