RSA GROUP
GROUP COMPOSITION

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INTRODUCTION

• The group briefly discussed the ENTRY POINT at community level in order to understand the context.

• At facility level: TB is the entry point and NCD entry point (activities to be defined later).

• At Community level: Existing organisations.

• TB entry point to perform community targeted and opportunistic screening, do door-to-door campaigns with the help of existing CBOs.
CHALLENGES

• Lack of role clarification of CHWs
• Training
• Funding
• High attrition rate for CHWs
• CHWs are “VOLUNTEERS”: some of them are receiving a stipend, others are not. The group felt that CHWs should have been remunerated appropriately.
• Inadequate resources to carry out activities: e.g. Vehicles
• Lack of tools to support data collection
CHALLENGES (2)

• Lack of support (refers to supervision and Care of the Carers)

• **Lack of community awareness** which lead to rejection of CHWs and lack of appreciation

• Safety of CHWs

• Abuse of CHWs in some instances e.g. CHW asked to collect medication for someone who has a lot of family members at home
ADDRESSING CHALLENGES

• Start at community level by:

1. TALKING TO COMMUNITY LEADERS about the role of CHWs,
2. involve them in the recruitment/selection,
3. community awareness through campaigns and messages in the media such as community radio stations
4. Identification of CHWs
ADDRESSING CHALLENGES (2)

- **Safety, abuse:**
  1. CHWs to work in pairs
  2. No-Go areas to be identified
- **CHWs role clarification:**
  1. Defined training curriculum
  2. Role definition
  3. Provision of incentives such as certificates, trophies, team building, Awards, mentorship
  4. Provision of necessary tools: data collection tools, IEC materials, screening tools, mobile phones or tablets, transportation mode applicable to the area
ADDRESSING CHALLENGES (3)

• Support of CHWs:
  1. Debriefing of CHWs
  2. Regular Supervisory/mentoring support
  3. Adequate mapping
  4. Allocation to specific households and linkage to PHC clinics
ADDRESSING CHALLENGES (4)

• Referral network:
  1. Define referral network
  2. Standardized referral form from community to health facilities (WBOT)
  3. Referral pathways to be defined to be communicated to all staff members including Admin staff and Security personnel
ADDRESSING CHALLENGES (5)

• Referral network:
  4. Joint meetings at community level to strengthen referral network
  5. Districts/Provincial meetings
  6. Provision of feedback in relation with referrals
OPPORTUNITIES

• Training: Use WBOTs training materials which are in place and standardised by Government

• Align WBOTs conditions of employment with other CHWs including remuneration, NOT STIPEND

• Consider using patient’s navigation system that is being piloted in Kuruman

• Intergovernmental, intersectoral interventions (Sukumasakhe, Ntirhisano)
THREAT

• Backlogs at Hospital Oncology Units
ACTIVITIES

• Revision of tools
• Develop a tool that will include all conditions: the tool needs to indicate clearly when to manage at PHC level; when to refer to district hospital or when to refer to the tertiary hospital
• Home visits
• Awareness campaigns