M&G Health *@bhekisisa_MG*

M&G Health Journalism Centre Director/Health editor
Mia Malan *miam@mg.co.za; or @miamalan*

Reporters
Ina Skosana *inas@mg.co.za; or @inaskosana*
Amy Green *amyg@mg.co.za; or @greenas_89*

Bhekisisa fellow
Phyllis Mbanje *fellow1@mg.co.za or @pmbanje*

policy shambles

Guide to 'ward-based' community health workers

by province, 2014

CHW: Community health worker
Mhealth: Mobile health (use of cellphones or tablets)
NPO: Nonprofit organisation

Total trained workers **9 942**

Province	Number of workers trained by April 2014	Who pays them?	Monthly stipend	Do they get cellphone or transport allowances?	What equipment do they get?	What work-related benefits do they get?	Will "single-purpose" CHWs continue to exist?	Are ward-based CHWs recruited from the existing pool of NPO CHWs?
Eastern Cape	4 284	Eastern Cape health department	CHWs get **R2 000** and supervisors get **R2 600**	No ✗	Kitbags provided by clinics or hospitals in catchment area	Informal sick, annual and maternity leave (no clear policy but individual arrangements are made with supervisor) ✓	Only lay counsellors and home-based care givers ✓	Not necessarily — clinic sisters recruit applicants with a command of English (training is in English) ✓ ✗
Free State	678	NPOs	**R1 900**	Depends on the NPO ✓ ✗	Depends on the NPO	Depends on the NPO ✓ ✗	Only home-based carers ✓	No. Candidates have to apply for ward-based positions (no guarantee that NPO CHWs will be appointed) ✗
Gauteng	1 062	Gauteng health department	**R2 263**	No ✗	Gloves, kit-bag with referral notes and data-collecting tools	Sick leave, annual leave, unpaid maternity leave ✓	No ✗	Not necessarily — candidates have to apply and are selected on the results of an entry test ✓ ✗
Kwazulu-Natal	846	KZN health department	CHWs get **R1 500** and supervisors get **R2 000**	No transport allowance. CHWs doing mhealth get cellphone allowances ✓ ✗	Kitbags with gloves and first aid equipment from clinics	Sick leave, annual leave, paid maternity leave ✓	No, all "single-purpose" workers have been trained comprehensively and absorbed into the system ✗	Yes ✓
Limpopo	546	NPOs	**R1 500** to **R1 800**	No allowances, but the department provides transport ✗	Kitbags with essential equipment	Do get leave but waiting for national policy ✓	Yes ✓	Yes ✓
Mpumalanga	168 according to national dept of health but 348 according to Mpumalanga dept of health	NPOs	**R1 000**	Not sure yet; waiting for national policy —	Gloves, disposable napkins. Additional supplies can be collected from clinics	Annual leave and unpaid maternity leave ✓	No, the "single-purpose" CHWs will be absorbed into the ward-based system by retraining them ✗	Yes ✓
Northern Cape	486	NPOs	**R1 900**	No, but supervisors get a R300 cellphone allowance ✓ ✗	Kitbag with first aid pack, gloves, linen savers, nappies, hand rub, umbrella and rain coat	*Spokesperson did not provide information* —	*Spokesperson did not provide information* —	*Spokesperson did not provide information* —
Northwest	1 872	Northwest health dept (through the Persal system)	**R1 500**	R100 cellphone allowance. No transport allowance ✓ ✗	Kitbag with gloves, sanitary pads, messages tool kits. Kit bags are replenished at clinics	None ✗	Yes (home-based carers, lay counsellors, directly observed treatment support and more) ✓	Yes ✓
Western Cape	*Separate provincial system*	*Separate provincial system*	*Separate provincial system*	*Separate provincial system*	*Separate provincial system*	*Separate provincial system*	*Separate provincial system*	*Separate provincial system*

Graphic: JOHN McCANN Data source: NDoH, PROV HEALTH DEPTS Research: MIA MALAN

and her colleagues, which evaluated the implementation of "ward-based" teams in pilot wards of North West Province in 2011, found that community healthworkers were utterly disappointed by "broken promises".

"They were promised that they will get R3 000 a month by national people. This was communicated in front of all the team leaders and everybody that was present," one team leader told the study's authors. "Suddenly a new contract says R1 500."

Schneider says the small stipends are the result of the community healthworker strategy being an "unfunded mandate" at this point in time.

The document also recommends that workers should be appointed and paid by local government, rather than by nonprofit organisations, to eliminate periods during which they don't get paid because of late payments to nonprofits. It would also result in similar work benefits, as opposed to workers all receiving different benefits from nonprofit organisations with different policies.

But only four provinces are following the recommendation to pay their workers directly and, even in cases where it is happening, work benefits have not been standardised.

Says Pillay: "Without funding, provinces get to do what they want with this strategy. Unless you allocate money, provinces will say, 'we don't have money and national hasn't given us extra money to implement this strategy. We can only do what we can afford.'"

Although the strategy document recommends that "ward-based" workers should be recruited from the "existing pool" of "single-purpose" workers, only four provinces are doing that, leaving the remaining community healthworkers feeling "abused, demoralised and insecure", according to Mark Heywood of Section27.

In the Free State 2 200 healthworkers lost their jobs in June. When they protested about their dismissals in front of the Free State health department's headquarters in July, they were arrested on charges of taking part in an "illegal gathering".

The health department's deputy director for primary healthcare, Jeanette Hunter, told Bhekisisa in July that a draft policy would be distributed at a meeting with civil society in the first week of August. But the meeting never happened, and the draft policy has not been released.

"It's extremely problematic that we're not talking about finalising a policy by the end of 2014. We started lobbying for this policy in 2008," Heywood says. "Why is Aaron Motsoaledi not sorting this out? It's his responsibility."

This story was produced by the M&G Centre for Health Journalism. Bhekisisa mg.co.za/health

Mentor Mothers: Caring for the smallest children

For the past eight years, Nonqaba Melani (51) has been knocking on thousands of doors in Khayelitsha, Cape Town. "I never say no to any request for help. I am well known now and respected in the community. They know me and see what I do," she says.

During her visits she is armed with a backpack containing a scale, a measuring tape and growth charts on which she plots the weight and height of every child under six.

Melani is called a Mentor Mother — a name for a community healthworker whose main focus is the health of mothers and children. She works for a nonprofit organisation, Philani, funded by the Western Cape health department to provide "home- and community-based services".

There are 120 Mentor Mothers in the province, serving 5 975 families.

Globally, research has shown that the work of community healthworkers can lead to significant drops in maternal and under-five mortality rates.

Melani does about seven to eight home visits a day. If a child is malnourished, she will visit the mother at least once a week. As the child improves, she will talk to the mom every two to four weeks.

The help she offers could be anything from advice on how and what to feed the child, guidance on hygiene and referrals to government clinics to assistance with applying for a child support grant.

Melani has also been trained to deal with other conditions when necessary, such as taking care of bedridden patients who might live in the same house as young children.

"Here in Khayelitsha we have many problems in the same house. There could be a malnourished child, tuberculosis, HIV and cancer in the same house," says Nokwanele Mbewu, Philani's senior programme manager.

"That means we have to train our workers comprehensively, otherwise we will end up with a different worker visiting the family for each issue."

A 2013 study published in the medical journal *Aids* has shown that, in communities where Mentor Mothers work, HIV-infected mothers have babies with far healthier "height-for-age measurements" than those moms who don't have access to Mentor Mothers.

Such moms are also more likely to use treatment that can prevent their babies from contracting HIV during birth or breastfeeding. Both HIV-positive and -negative moms served by Mentor Mothers have been shown to be more likely to breastfeed exclusively for six months (research has shown that this practice has significant health benefits for babies) and they use condoms more consistently during sex.

Melani lives in the community that she serves and is responsible for about 500 households where she has to identify underweight children and make sure those requiring help get it.

The number of households she serves is double the suggested ratio of the national health department for its new "ward-based" community health worker programme, which would make each worker be responsible for 250 households.

Although health activists argue that 250 households a worker is far too many, Philani's medical director Ingrid Le Roux says that it's "unrealistic" in South Africa to expect anything less "as it will hugely impact on available budgets".

Melani received six weeks of training before she was appointed as a Mentor Mother. She earns about R1 500 a month and receives a monthly cellphone allowance of R30.

She receives "hands-on" supervision. According to Le Roux, "every 36 Mentor Mothers are supervised by a co-ordinator in the form of a professional nurse". The professional nurse oversees three assistant co-ordinators, who in turn supervise 10 to 12 Mentor Mothers.

"No one supervises from the office. Our nursing sisters are out in the community every day and would work with one assistant co-ordinator and four community health workers a week," Le Roux says.

But, even though Mentor Mothers are supervised by professional nurses, which studies have shown is crucial to their success, a ratio of one nurse to 36 community health workers is six times that of the 1:6 as suggested by a 2011 "implementation toolkit" of the national health department.

"That is a lot of support, I cannot see that we can have that system in this country," Le Roux says. "We simply don't have enough nurses for this. We need to find our own system." — ***Mia Malan***