ISSUES IMPEDING THE EFFICIENCY AND EFFECTIVENESS OF THE WARD BASED PRIMARY HEALTH CARE OUTREACH TEAMS: SUPPORT NEEDED FOR POLICY PLANNING

Compiled by Noxolo Madela using data from 2013/14 - 2015/16

BACKGROUND

- The government has committed to 'strengthening the effectiveness of the health system' by moving from a largely curative, high cost care model, to one that promotes cost-effective **Primary Health Care (PHC)** services delivered in communities.
- The **National Department of Health (NDoH)** Re-engineering of PHC strategy is designed to facilitate this move.
- This strategy focuses on 3 components namely;
  - School health services,
  - District health specialist teams
  - Municipal ward based primary health care outreach teams.
- For or the purpose of this PER only the Municipal **Ward Based Primary Health Care Outreach Team (WBPHCOT)** will be reviewed.

INSTITUTIONAL CONTEXT

THE **NATIONAL DEVELOPMENT PLAN 2030 (NDP)** AND **NATIONAL HEALTH INSURANCE WHITE PAPER** FIRMLY PRESENT THE IMPORTANCE OF ESTABLISHING **A SUSTAINABLE AND EFFECTIVE COMMUNITY HEALTH WORKERS (CHWS) PROGRAMME**

NDOH IS DEVELOPING WBPHCOT AND ENFORCING IMPLEMENTATION IN PROVINCES AND DISTRICTS ACROSS SOUTH AFRICA

PERFORMANCE

THE COMMON SOURCE OF FUNDING FOR PROVINCES IS

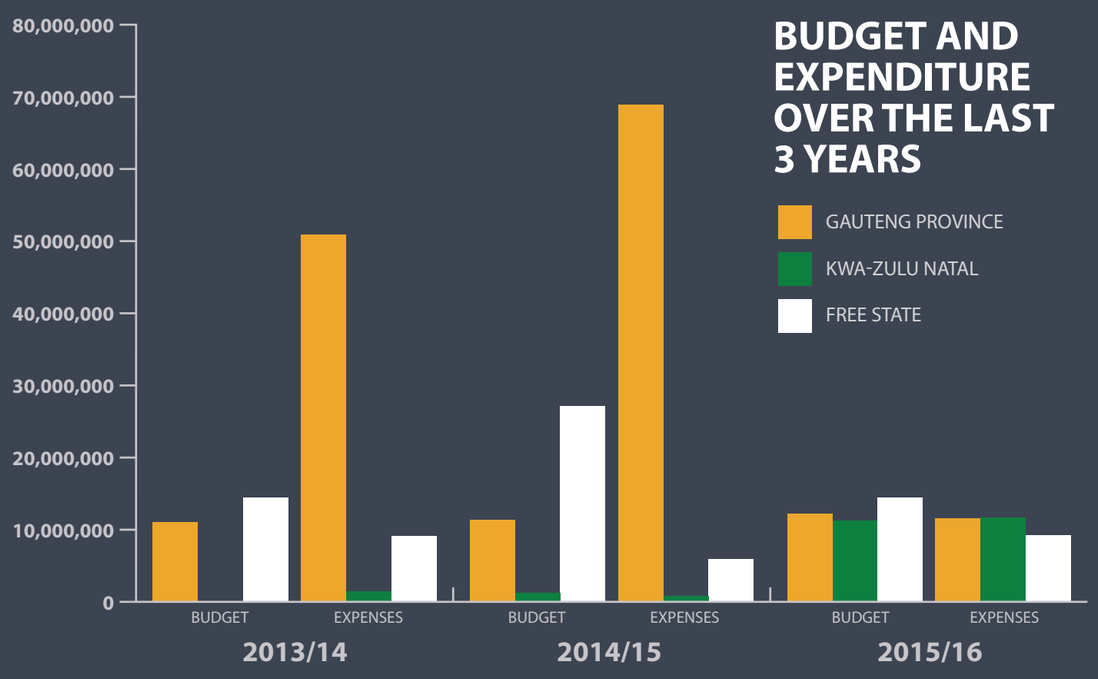
EXPANDED PUBLIC WORKS SOCIAL SECTOR GRANT

There are also grants from the **HIV/AIDS programme** and from non-governmental organisations. However, these grants are time-bound and this means that if a grant has come to an end there is a possibility for disruption of services. This makes the programme **unstable and unsustainable.**

3 PROVINCES

FREE STATE
KWA-ZULU NATAL
GAUTENG

WERE ANALYSED FOR 3 FINANCIAL YEARS BEING 2013/2014, 2014/2015 AND 2015/2016



There is no national policy covering this programme, this has led to poor development of strategies in implementing the programme, lack of uniformity among provinces and unavailability of

STABLE AND SUSTAINABLE BUDGET FROM THE GOVERNMENT

ONE THING THAT SHOULD BE NOTED WHEN EXPLORING THIS ANALYSIS IS THE FACT THAT THIS PROGRAMME IS AN **UNFUNDED MANDATE**

FROM THE PROVINCIAL PERSPECTIVE, EXPENDITURE IS THEREFORE LIMITED

It is also mentioned that some of the expenses incurred under this programme are sometimes paid from other programmes and it is not easy clear to trace such expenditure.

RECOMMENDATIONS

There is no clear evidence of what is currently being done by the **CHWs** how many they are, the demand and what their roles are.

CHWs roles can also overlap to the social services since these **TWO ARE INTERRELATED**

Redefining the **CHWs** roles could bring back an integration of the roles addressing **SOCIAL NEEDS** AND **HEALTH NEEDS** of the people

This could also address the **budget pressures** as allocation for funding this programme could be voted for, by the **both DEPARTMENTS** hence addressing the issue of funding

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