



A national skills audit of
Community Health
Workers and Outreach
Team Leaders employed
by the National
Department of Health

22 February 2024

AIM & OBJECTIVES

Overall Aim

- To undertake an audit of the current qualifications and skills profile of Community Health Workers (CHWs) and Outreach Team Leaders (OTLs) deployed in the public health system in South Africa

Objectives

1. To establish the number and distribution of CHWs and OTLs and their geographical coverage (ratio per uninsured population) at national, provincial, district, subdistrict and ward level
2. To establish the qualifications of CHWs and OTLs nationally, provincially, and at district level
3. To identify skills and competencies of CHWs and OTLs
4. To establish existing CHW training infrastructure and model/s
5. To identify skills and training gaps among CHWs and OTLs
6. To determine the views of key provincial managers on models and strategies for meeting CHW and OTL training needs.

METHODOLOGY



Survey among CHWs and OTLs (Structured questionnaire administered telephonically to sampled respondents who consent)

Mixed methods study

Data on OTLs and CHWs at provincial & district level



In-depth interviews with provincial managers via telephone



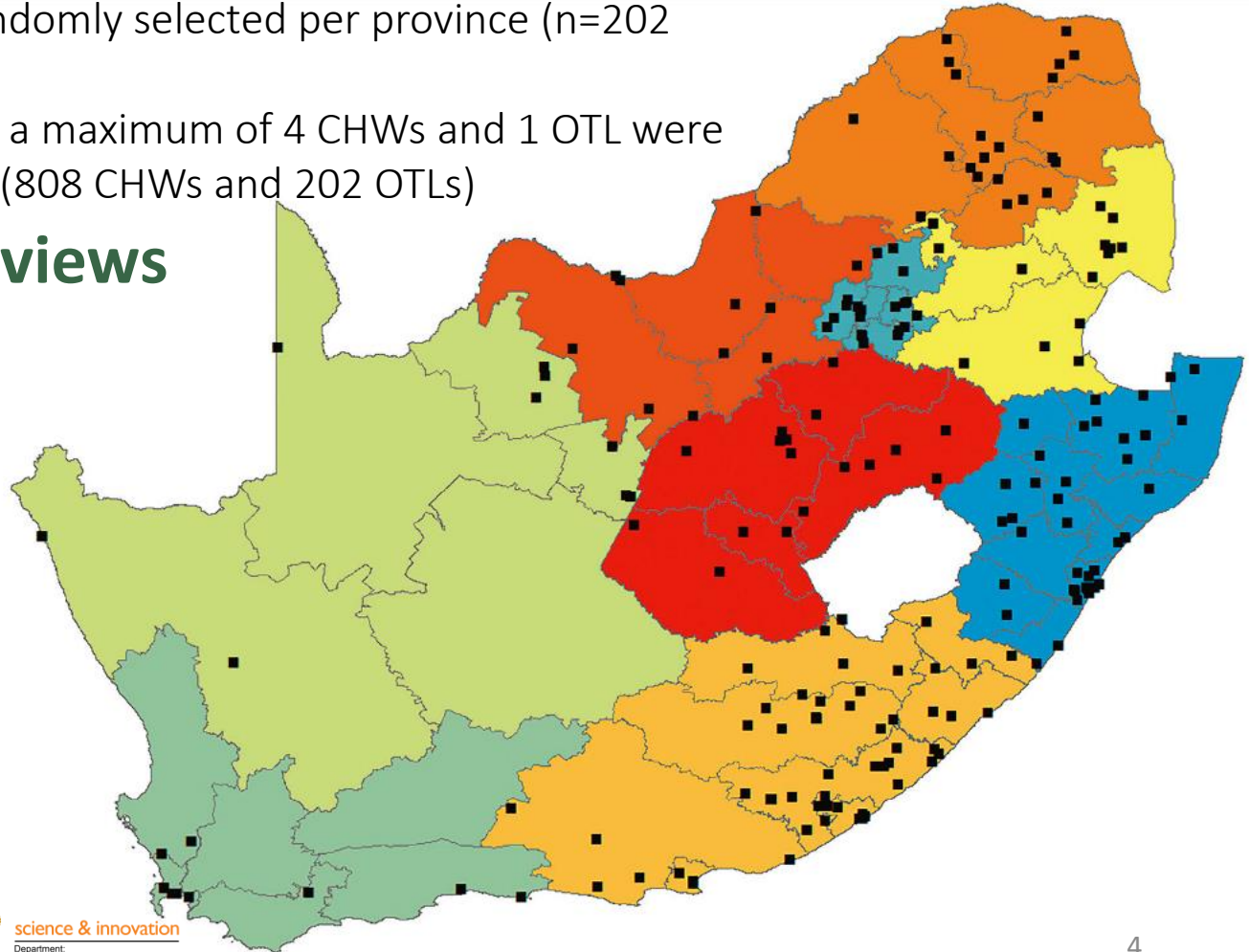
SAMPLING

Survey

- The Ideal Clinic Database used as sampling frame
- Stratified two-stage cluster sampling
 - 10% of facilities randomly selected per province (n=202 sampled)
 - At the facility level, a maximum of 4 CHWs and 1 OTL were randomly selected (808 CHWs and 202 OTLs)

Qualitative interviews

- 18 provincial managers were purposively selected for interviews through engagement with the NDoH, PDoH, and the CHWTTT





RESULTS

NUMBERS OF CHWs and OTLs BY PROVINCE

Province*	CHWs	OTLs
Northern Cape	1745	0
North-West	5307	207
Mpumalanga	5347	200
Limpopo	7029	332
KwaZulu-Natal	10283	352
Gauteng	5685	646
Free State	2320	161
Eastern Cape	4607	336
Western Cape*	-	-
TOTAL	42323	2234

*Data to estimate coverage was not available for the Western Cape province when requested

COVERAGE OF CHWs and OTLs BY PROVINCE

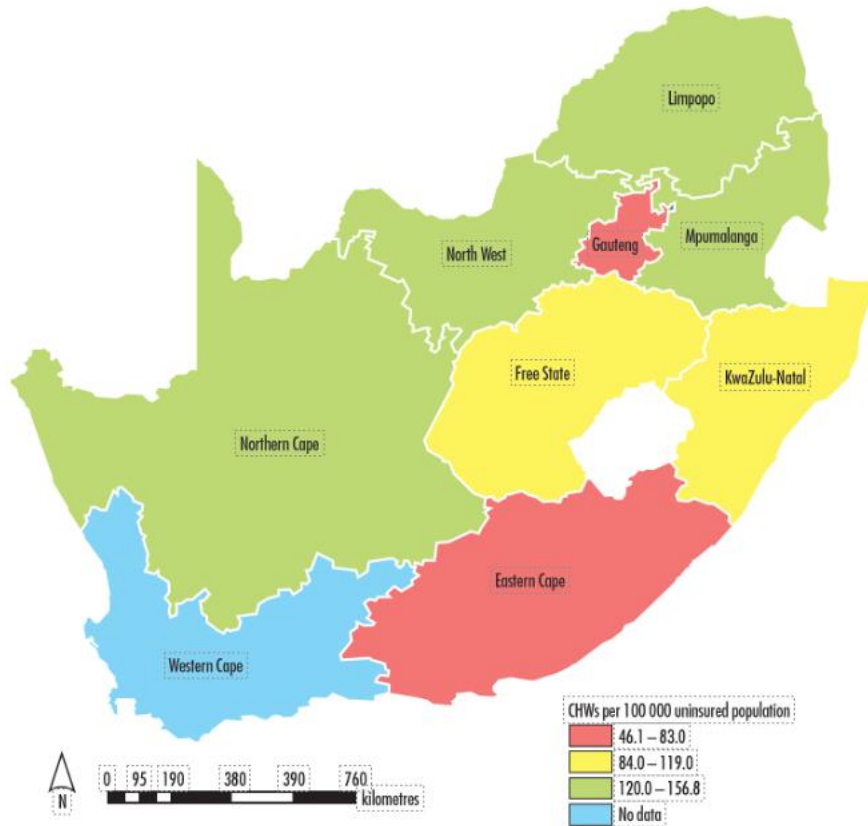
(Numbers per 100 000 uninsured population)

Province*	Number of CHWs per 100 000 uninsured population	Number of OTLs per 100 000 uninsured population
Northern Cape	156.8	0.0
North-West	142.4	5.6
Mpumalanga	126.9	4.7
Limpopo	123.7	5.8
KwaZulu-Natal	99.1	3.4
Free State	91.8	6.4
Eastern Cape	76.1	5.6
Gauteng	46.1	5.2
Western Cape*	-	-
NATIONAL	81.5	4.3

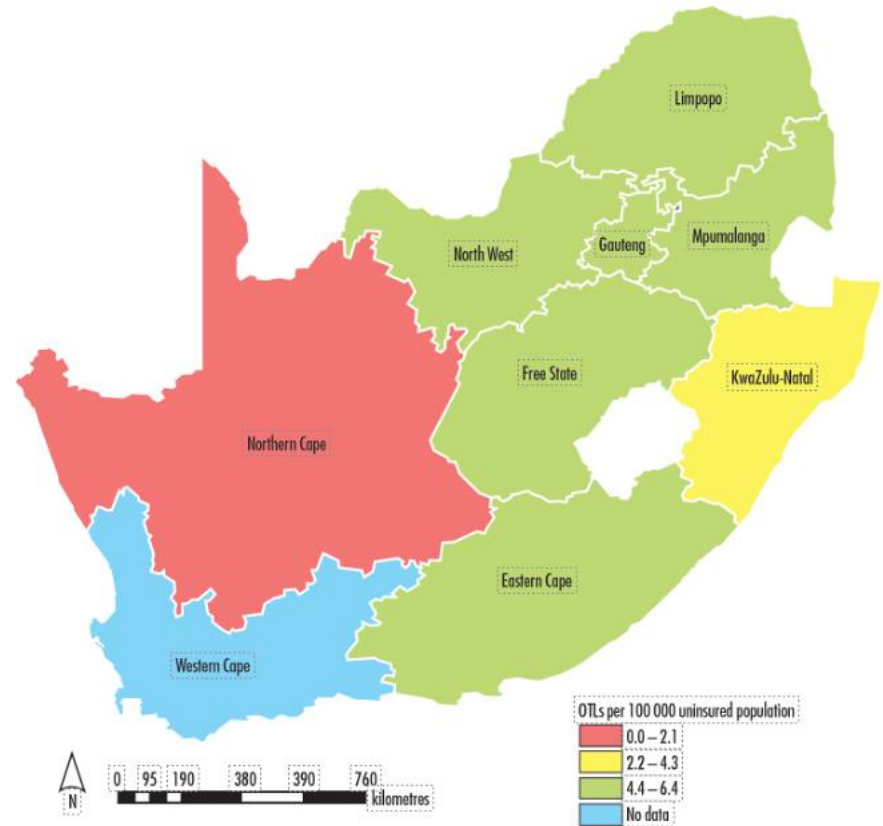
*Data to estimate coverage was not available for the Western Cape province when requested

COVERAGE OF CHWs and OTLs BY PROVINCE

(Numbers per 100 000 uninsured population)

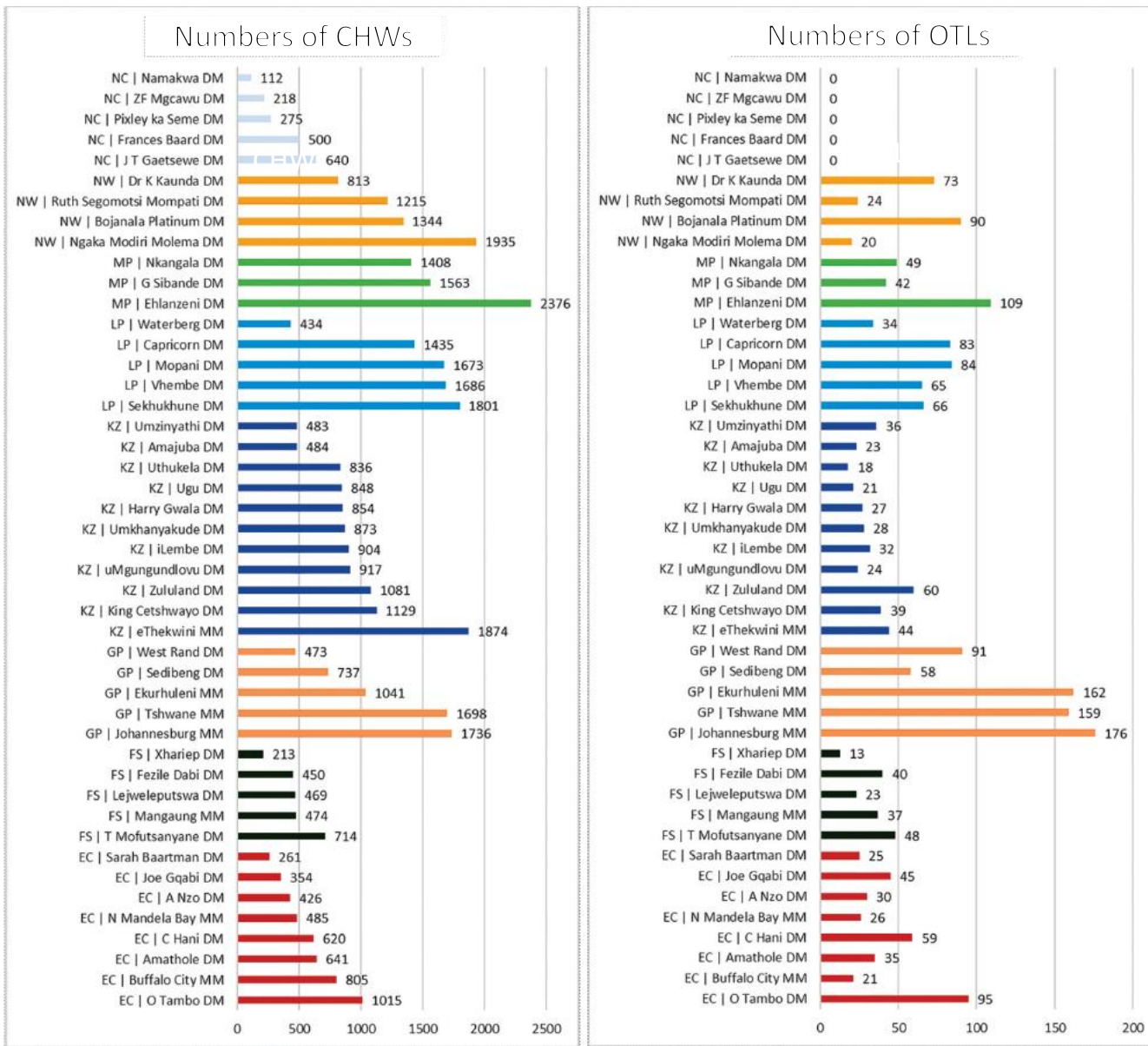


CHWs per 100 000 uninsured population by province



OTLs per 100 000 uninsured population by province

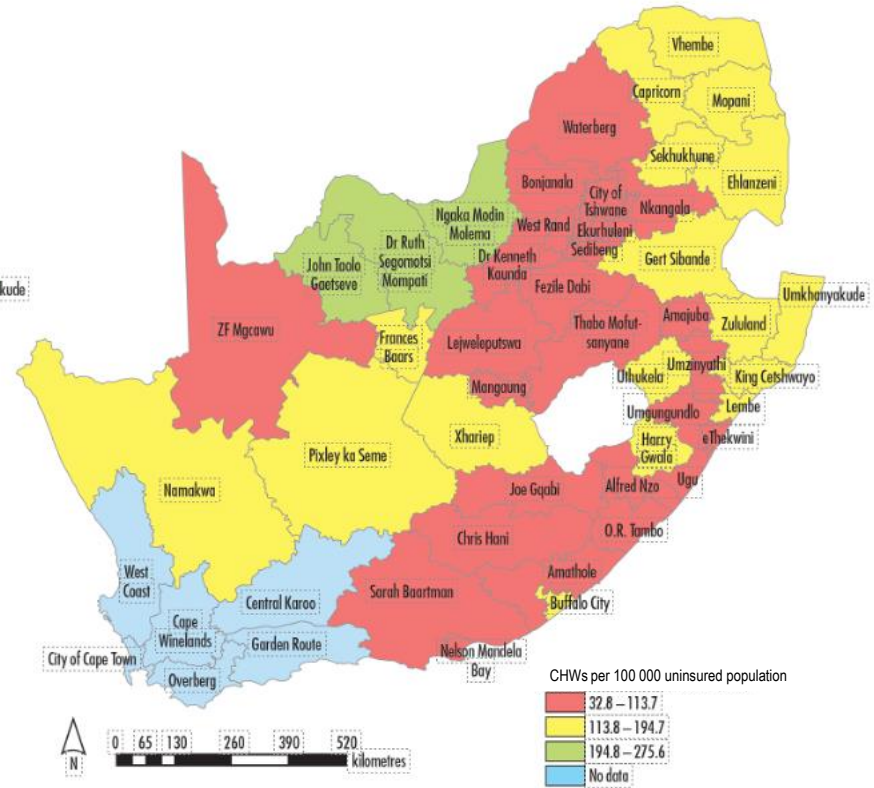
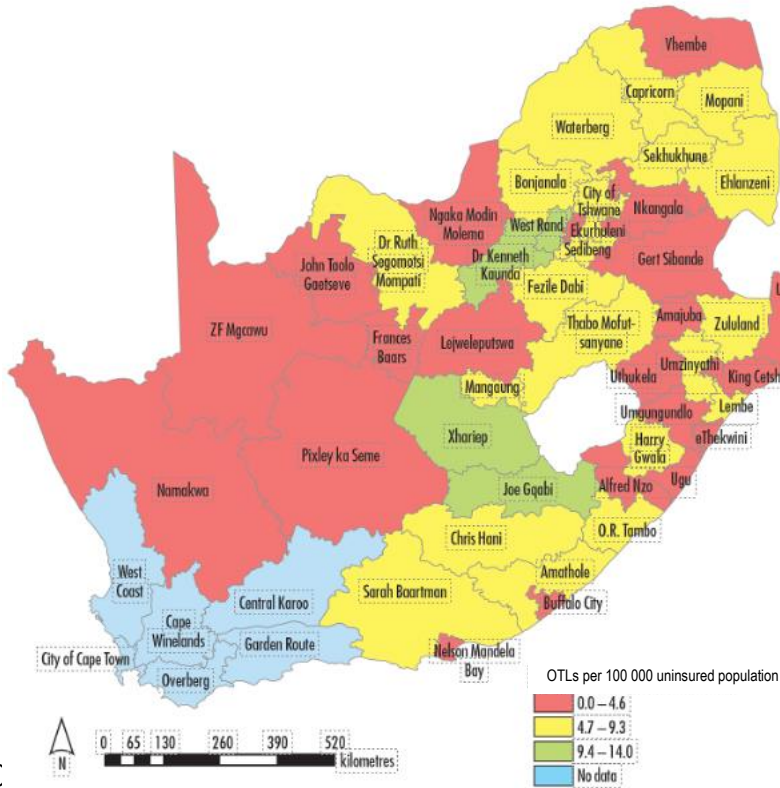
NUMBERS OF CHWs AND OTLs BY DISTRICT



Source: Department of Health, October 2023 (No data available for Western Cape at time of analysis)

COVERAGE OF CHWs AND OTLs BY DISTRICT

(Numbers per 100 000 uninsured population)

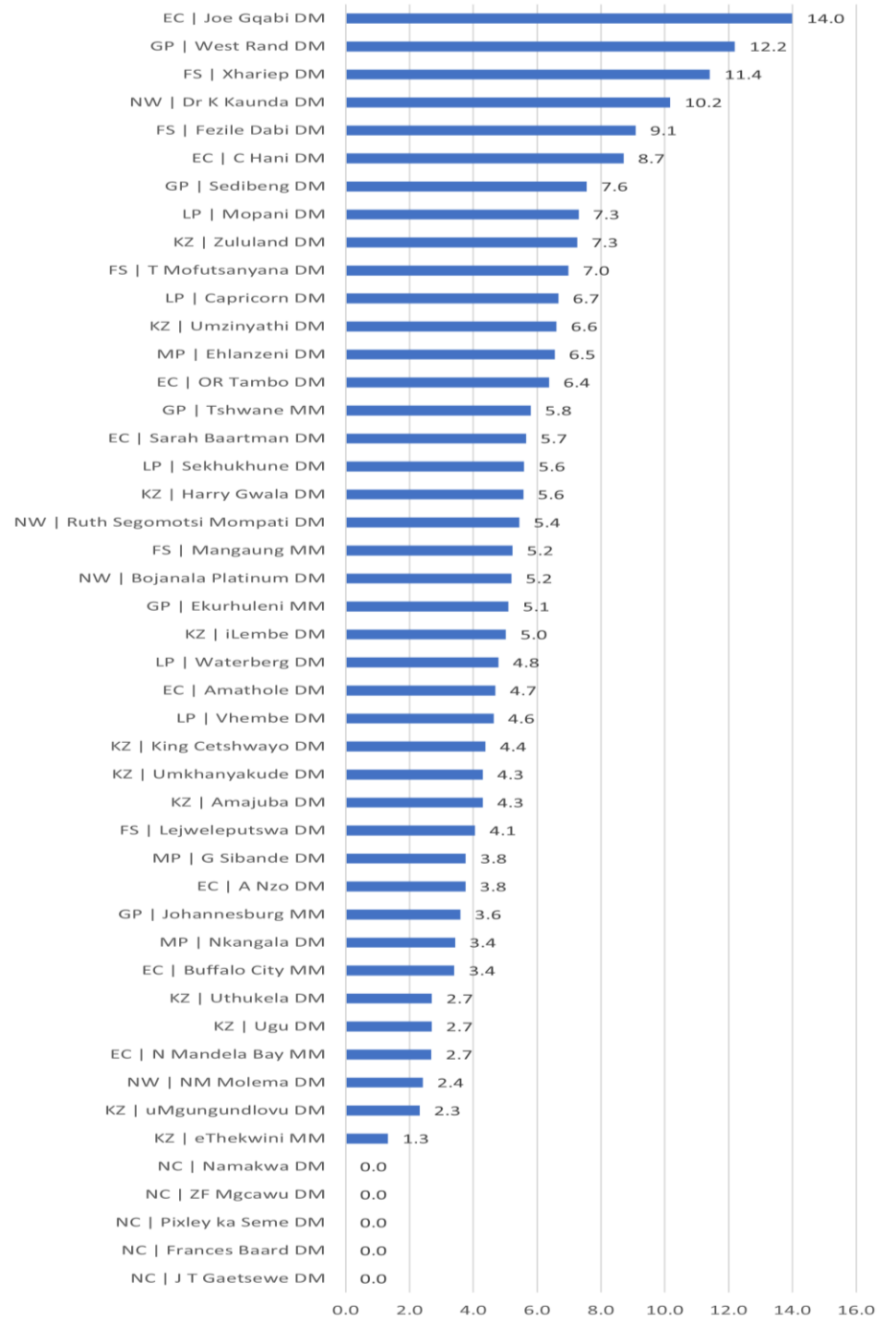


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OTL COVERAGE BY DISTRICT:

Numbers of OTLs per 100 000 Uninsured Population

(Ordered from highest to lowest)

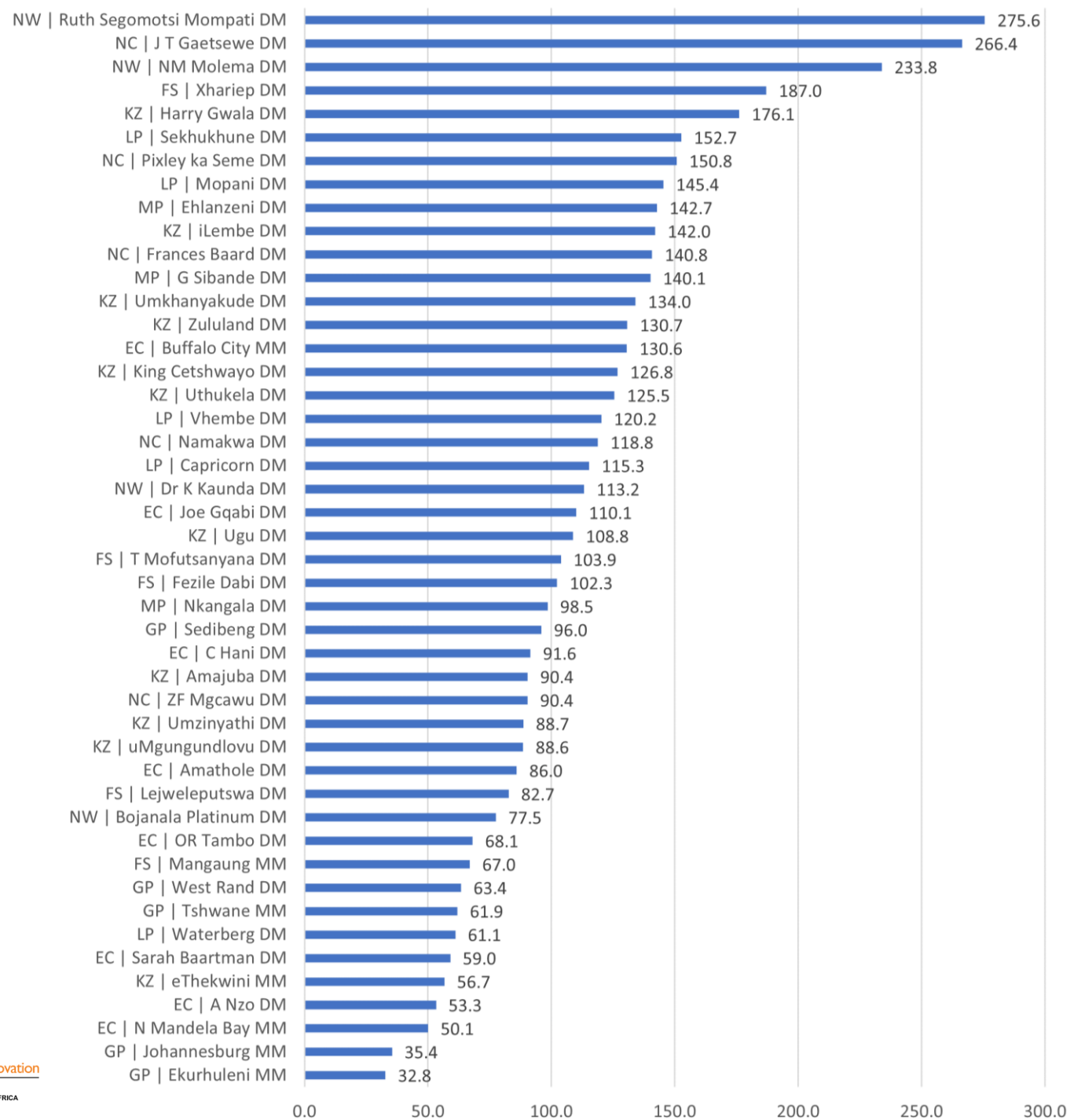


CHW COVERAGE BY DISTRICT:

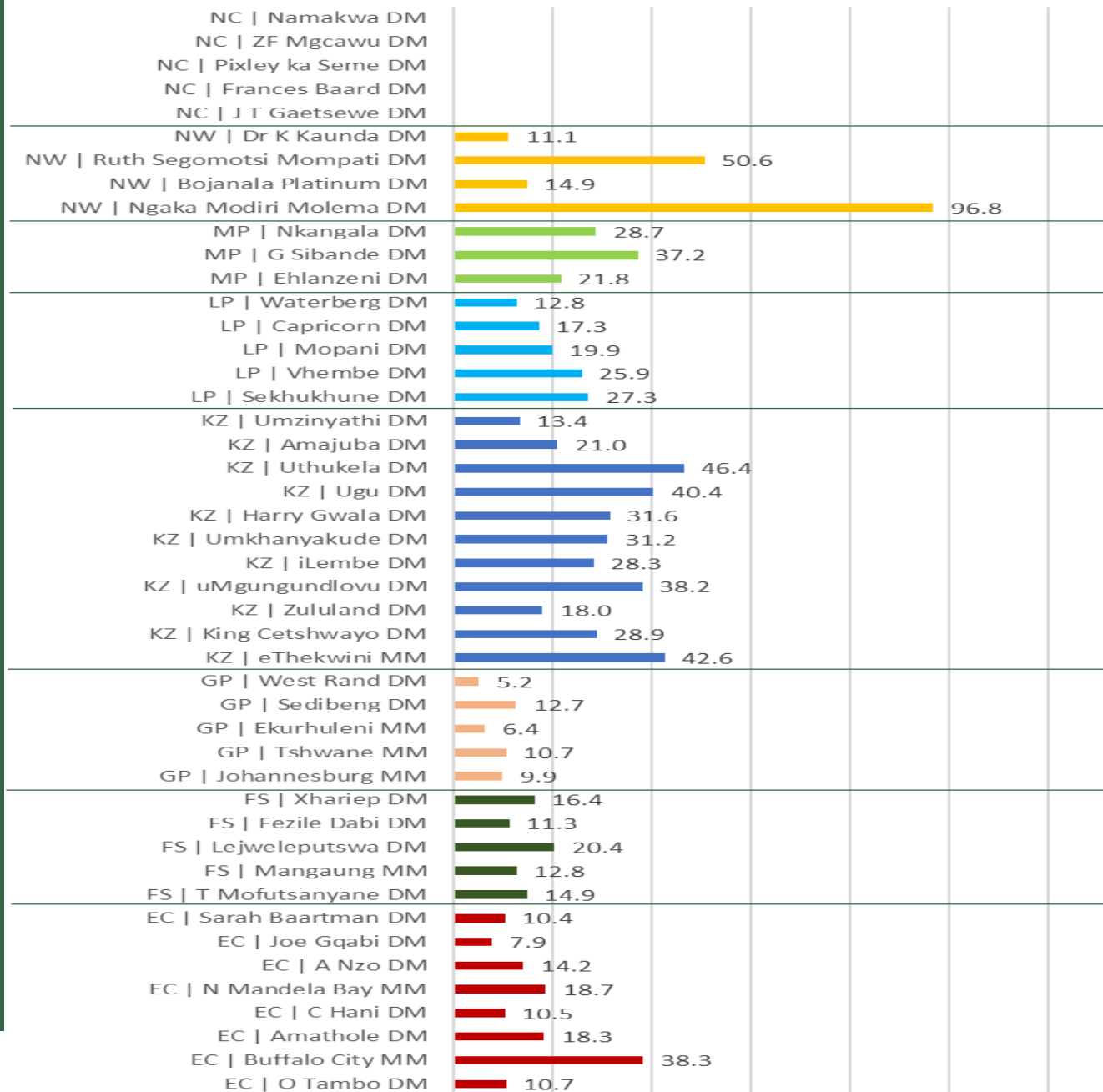
Numbers of CHWs per 100 000

Uninsured Population

(Ordered from highest to lowest)

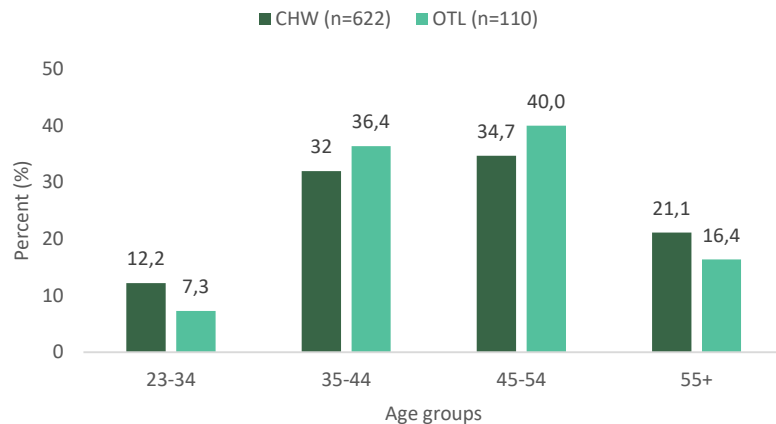


THE RATIO OF CHWs TO OTLs

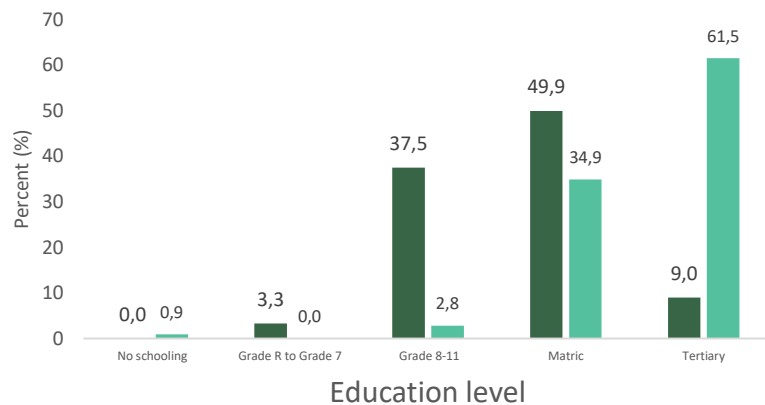


Number of CHWs to 1 OTL

SURVEY DEMOGRAPHICS

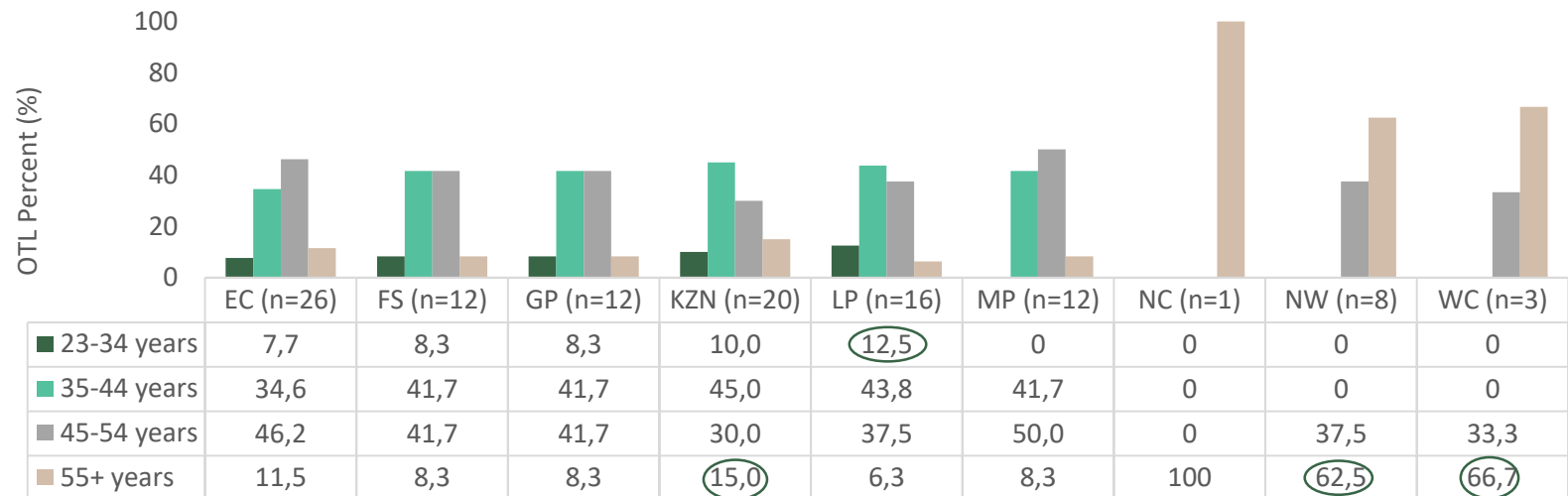
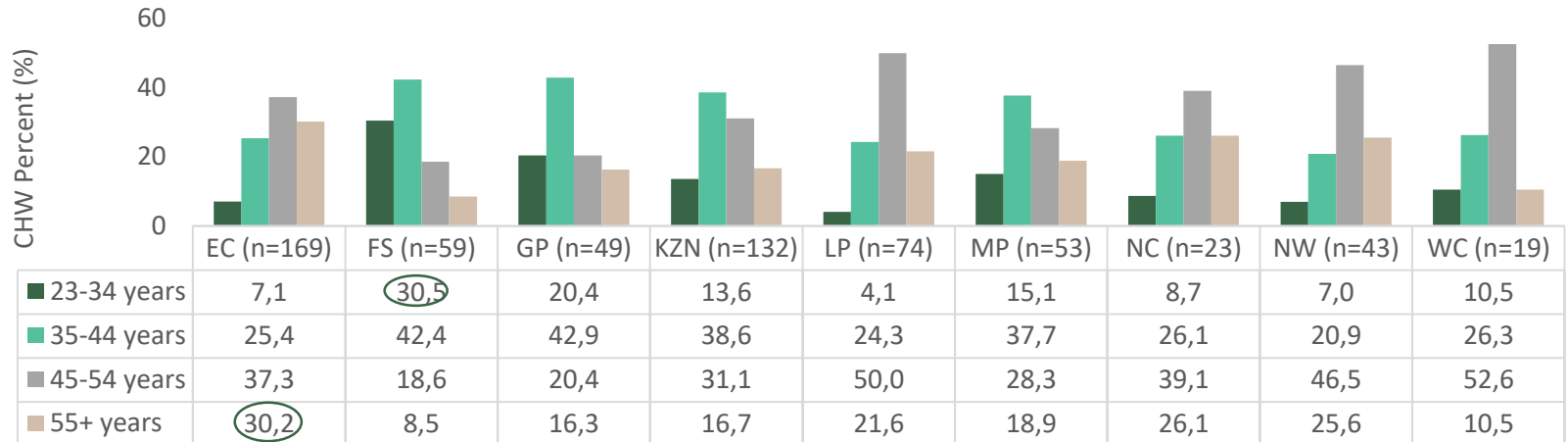


- The average age of the CHWs and OTLs were 46 years
- Most of the sample was female (89.8%)
- Black African (95.6%)

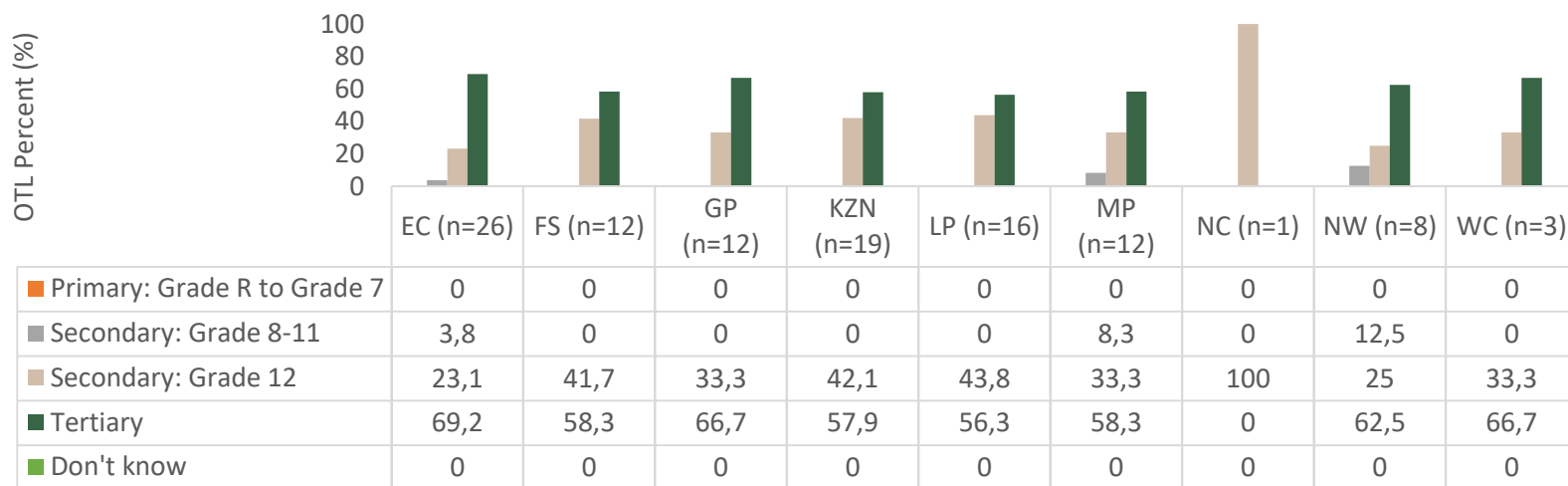
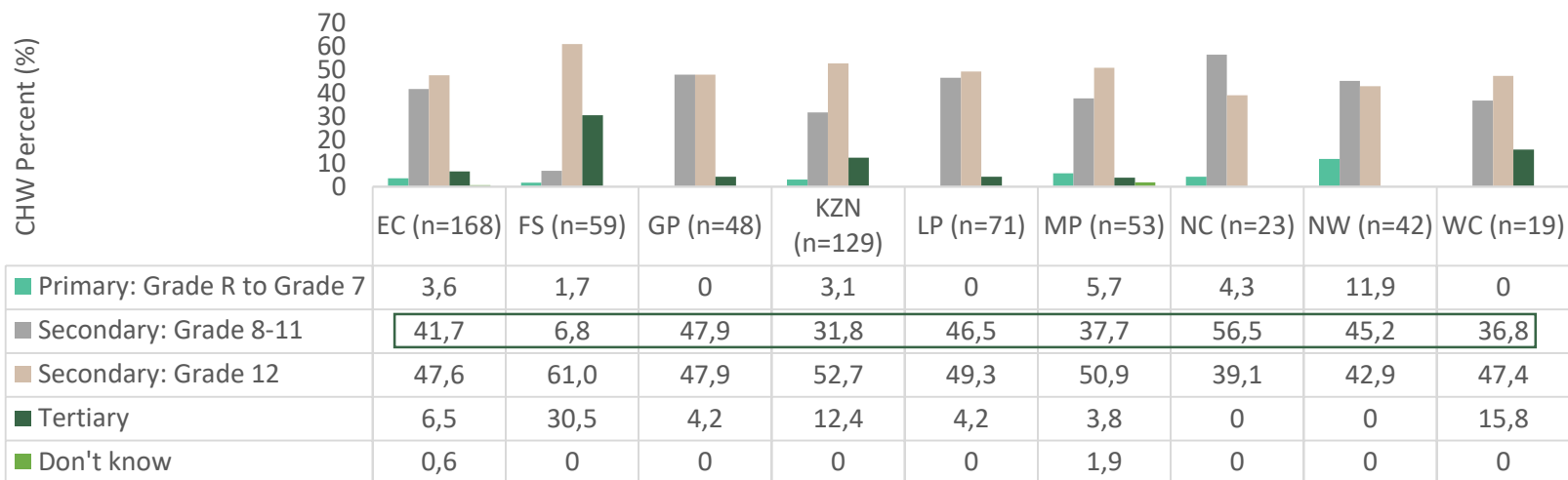


- Almost half (47.7%) of the sample had a Matric qualification
- OTLs had higher education levels than CHWs
- 61.5% of OTLs had a tertiary level qualification
- 37.5% of CHWs - highest education level was between Grades 8-11

AGE GROUP OF CHWs and OTLs BY PROVINCE



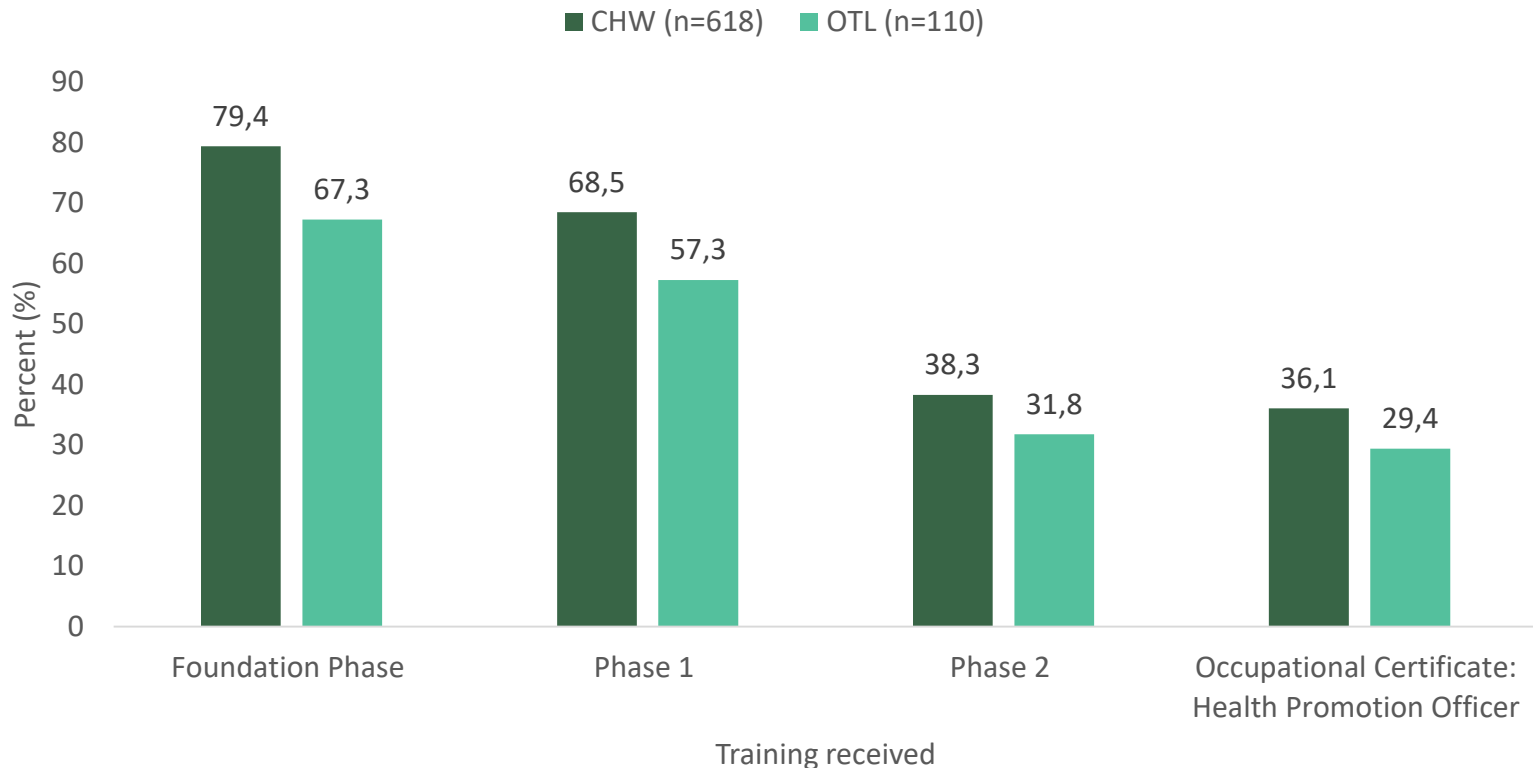
LEVEL OF EDUCATION OF CHWs and OTLs BY PROVINCE



YEARS OF EXPERIENCE IN CURRENT POSITION



NDOH TRAINING COMPLETED BY CHWs and OTLs

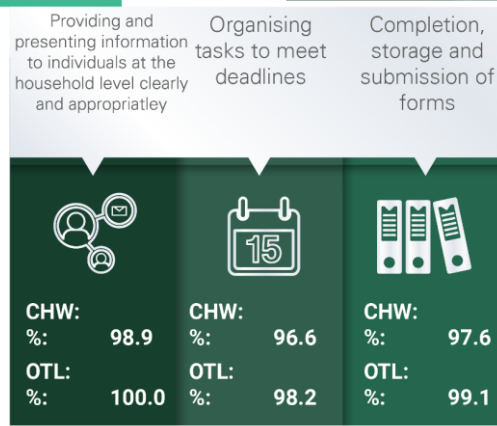
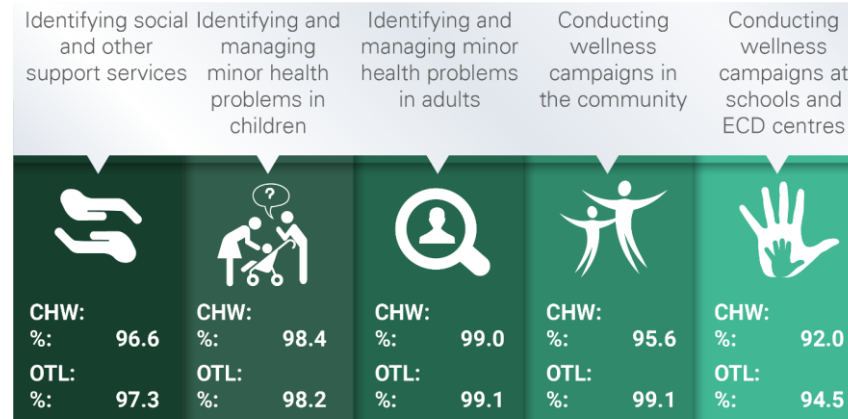
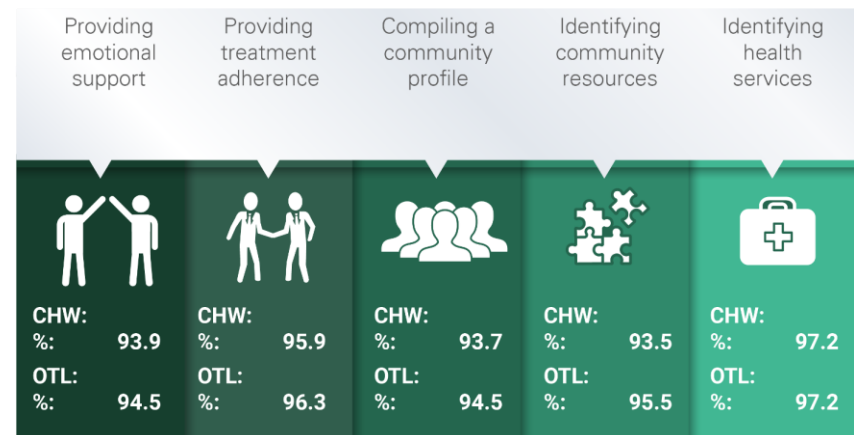
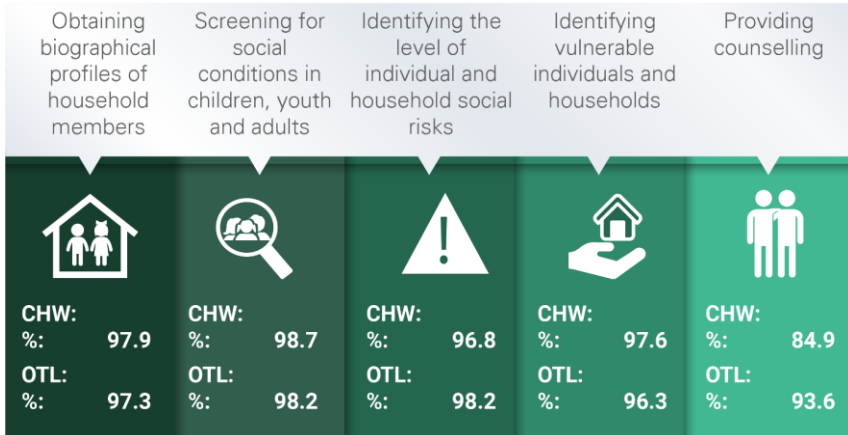


- Completion of different types of training was correlated with years in the position
 - CHWs who had been in service for longer had completed more of the different types of training
 - 42.3% of CHWs with 1 to 2 years' experience had received Foundation Phase training, while 87.2% of those with 11 to 15 years' experience had received this training.

REASONS FOR NOT COMPLETING TRAINING AMONG CHWs and OTLs

REASON FOR NOT COMPLETING TRAINING	Foundation Phase NDOH Training (%)		Phase 1 NDOH Training (%)		Phase 2 NDOH Training (%)		Occupational Certificate: Health Promotion Officer (%)	
	OTL	CHW	OTL	CHW	OTL	CHW	OTL	CHW
Training has not yet been offered to me	66.7	92.1	71.7	88.7	79.5	91.6	92.2	94.1
I have received other training and so do not need this particular training	16.7	0.0	17.4	0.5	8.2	0.5	5.2	1.3
I have no transport/ have logistics difficulties to get to the venue	0.0	1.6	0.0	1.5	1.4	1.8	0.0	0.8
I have no time to attend training	2.8	0.8	2.2	1.0	2.7	0.5	1.3	0.5
Other	13.9	5.6	8.7	8.2	8.2	5.5	1.3	3.3

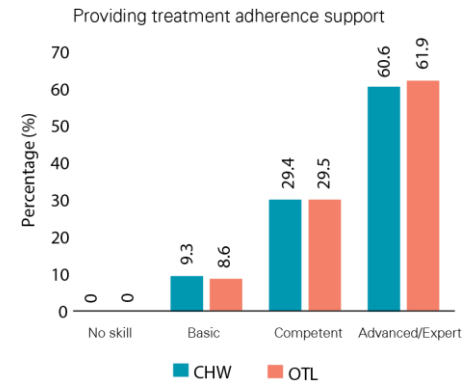
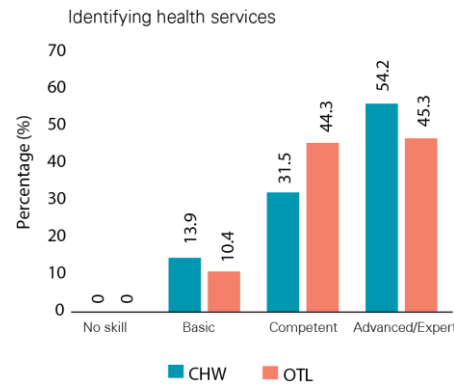
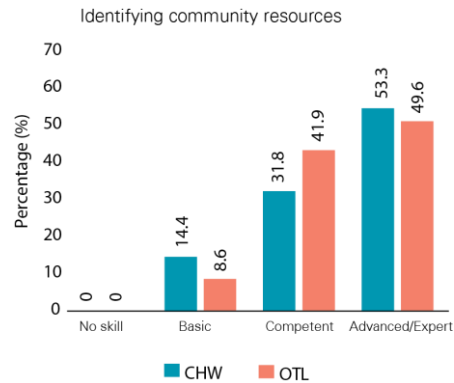
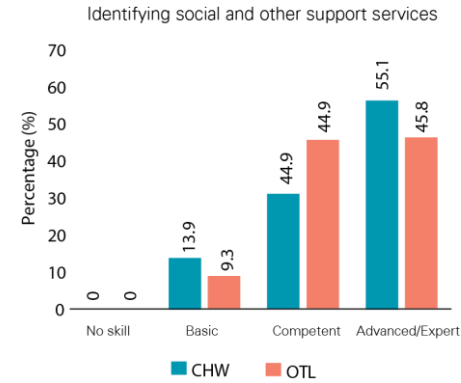
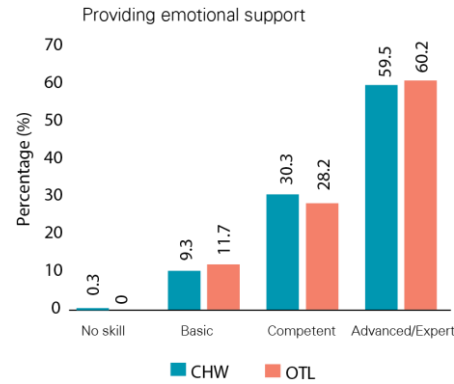
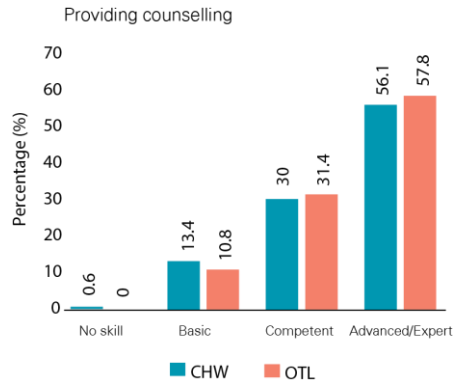
TASKS UNDERTAKEN BY CHWs and OTLs



SKILLS, COMPETENCIES AND PROFICIENCY

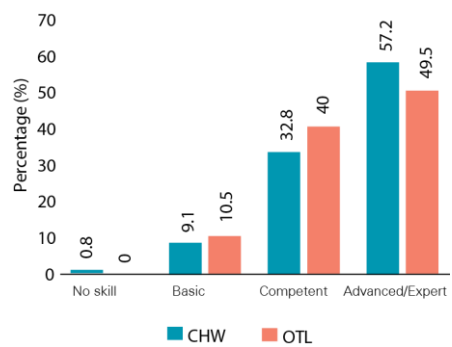
- Most CHWs were skilled in providing education supporting healthy behaviours and facilitating appropriate home care and distribution of health promotion material in areas of Maternal, Child and Women's Health, HIV, TB and other communicable diseases, chronic and non-communicable diseases
- Less than 80% reported being skilled in the areas of substance use and violence and injury
- Overall, over 85% of CHWs rated themselves as competent, advanced, or expert and over 50% reported having advanced or expert-level proficiency in tasks performed
- OTLs rated themselves as competent, advanced, and experts in most tasks, 4.6% reported having basic skills and proficiency in preparing weekly/ monthly reports

COUNSELLING AND IDENTIFYING SUPPORT SERVICES

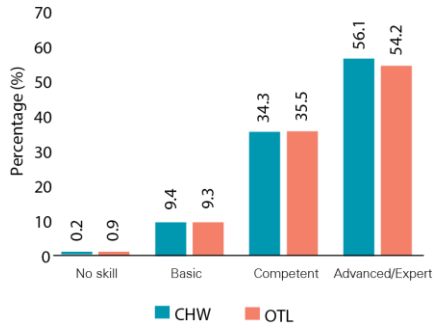


HOUSEHOLD AND INDIVIDUAL LEVEL PROFILING

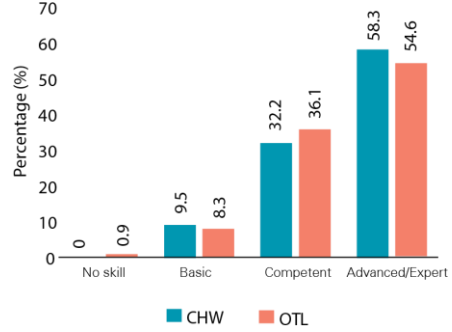
Biographical profiling



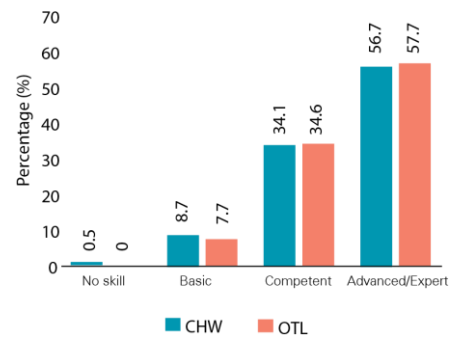
Identifying and managing minor health problems in children



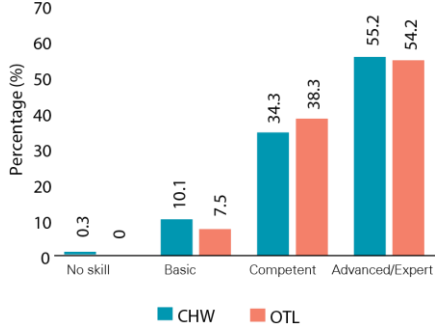
Identifying and managing minor health problems in adults



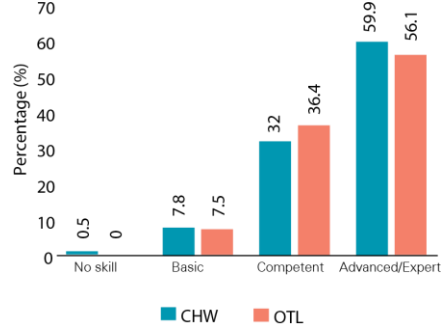
Identifying vulnerable individuals and households



Identifying the level of individuals and household social risks

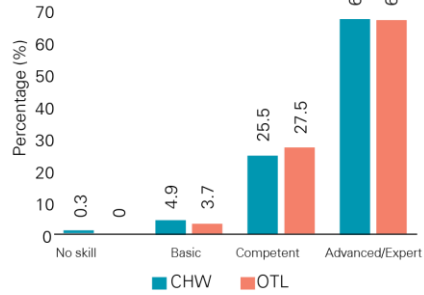


Screening for social conditions in children, youth and adults

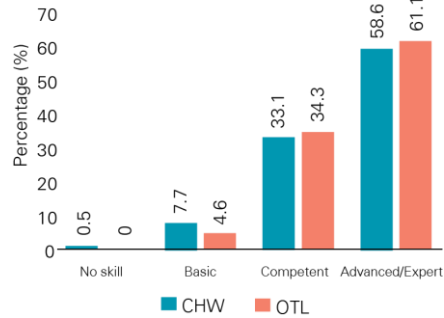


COMMUNICATION, TEAMWORK & ADMINISTRATION

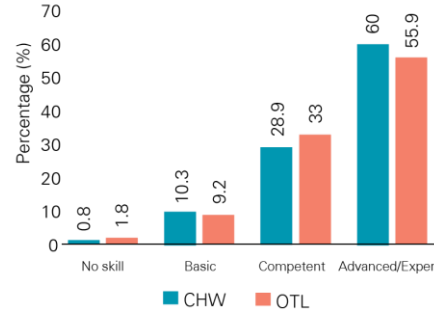
Establishing and maintaining good working relations with team members, supervision



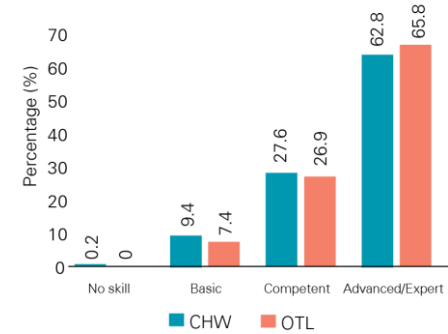
Organising tasks to meet deadlines



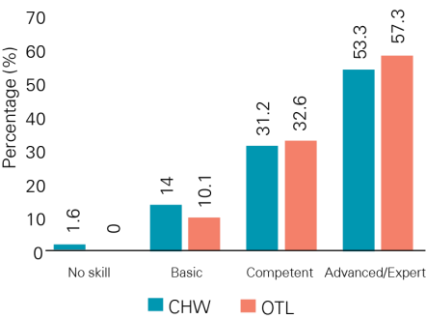
Completion, storage and submission of forms



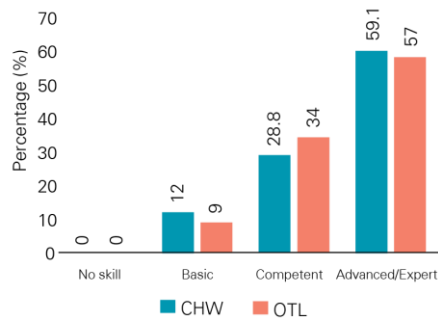
Facilitating referral to care/services



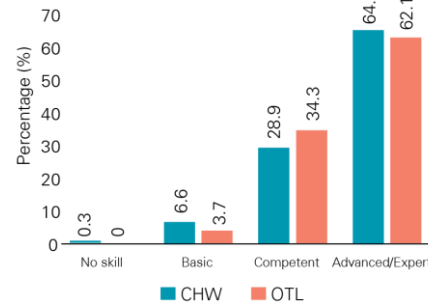
Facilitating vital registrations – registration of births and deaths



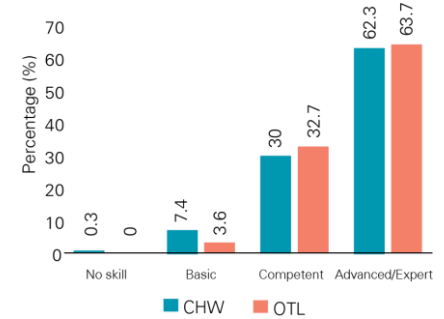
Facilitating access to social grants



Providing and presenting information to individuals at the household level clearly and appropriately

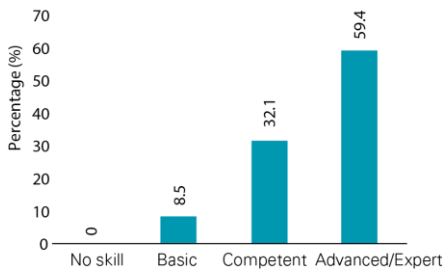


Providing and presenting information to community members clearly and appropriately

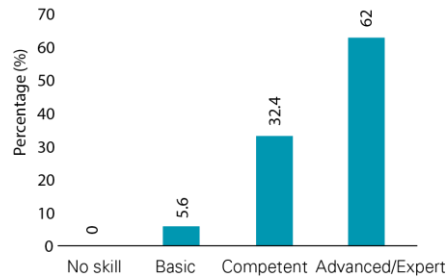


OTLs: MANAGEMENT, LEADERSHIP, AND ADMINISTRATION

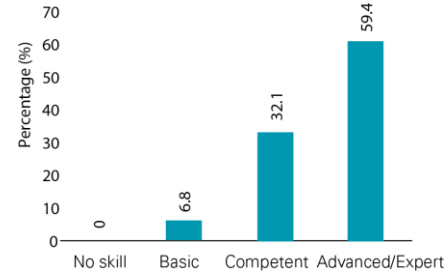
Coordination of CHWS-work allocation, leave managements



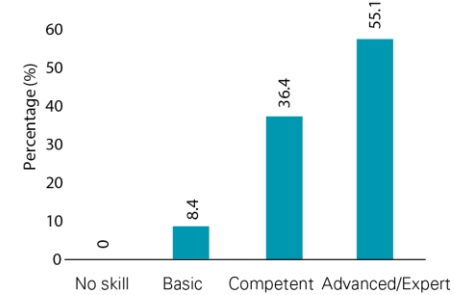
Supervision of CHWs



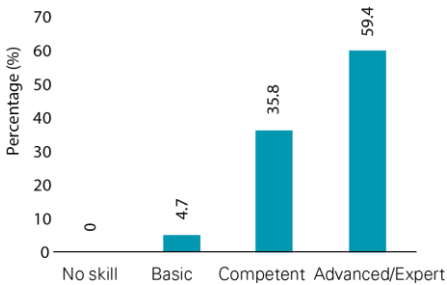
Training and mentoring of CHWs



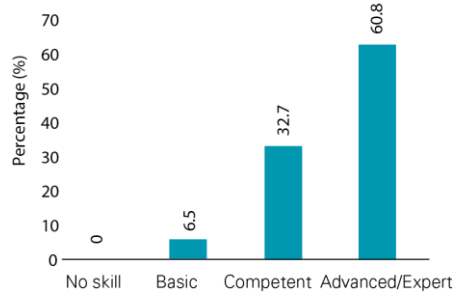
Staff leadership and development



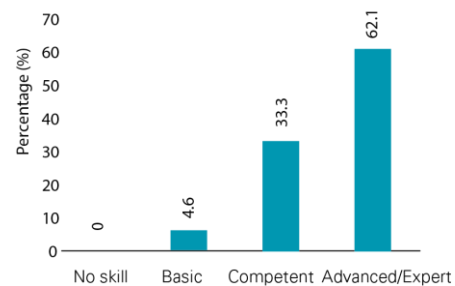
Monitoring, evaluation and reporting



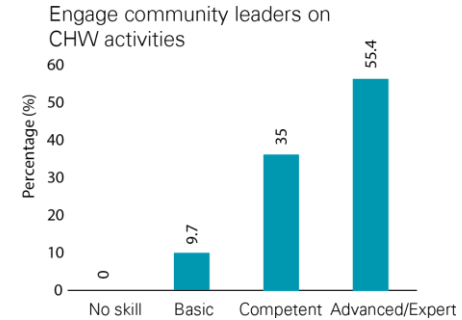
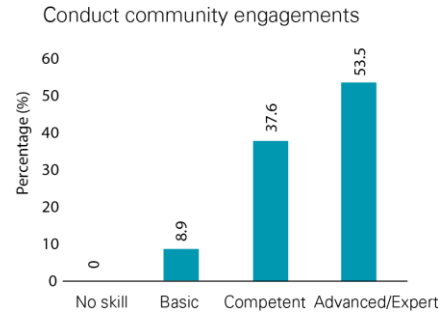
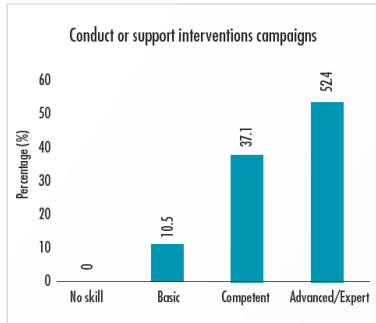
Record keeping



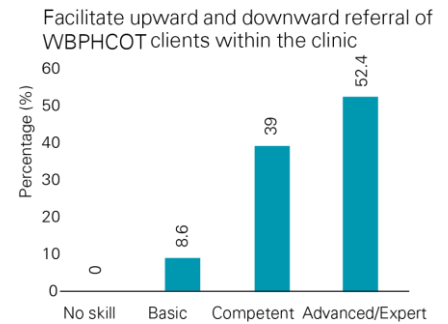
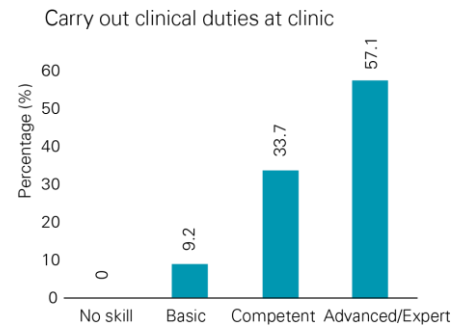
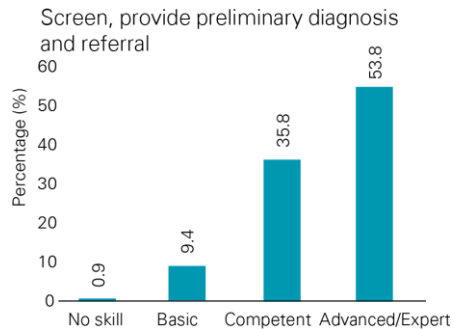
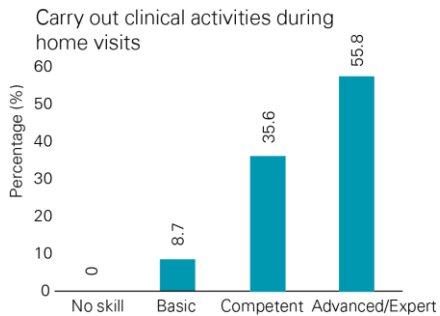
Prepare weekly/monthly reports



OTLs: COMMUNITY ENGAGEMENT



OTLs: CLINICAL SKILLS



15 in-depth interviews completed in 8 provinces.
Western Cape was not available at time of fieldwork.



Current provision of training programmes

- Training, coaching or mentorship programmes for CHWs and OTLs
- Success of CHW and OTL training



Training challenges and shortcomings

- Lack of appropriate tools and resources
- Difficulties in training CHWs and OTLs
- Funding constraints for efficient training



Strategies to improve training

- Enhanced training for CHWs and OTLs
- Provision of resources to improve training for CHWs and OTLs

QUALITATIVE THEME 1: CURRENT PROVISION OF THE TRAINING PROGRAM



NDOH is the primary provider of training

Collaboration with other institutions and government departments



Training follows a cascade model where CHWs are trained by OTLs, who are trained by master trainers, and the master trainers are trained by RTC managers



Foundation Phase training regarded as “true training”, after which the training is passed onto OTLs to conduct work-based skills training



In-house programs focus on specific topics



Some may receive training for your NCD. They will be able to screen the diabetes, hypertension, mental health and refer accordingly. So, all of them are standardized, but within that very same group we then have a different set of skills that enables them to cut across different programs and offer support your maternal health, your child health, your post-natal health.



Overall, CHW and OTL training were seen as beneficial and appropriate for the implementation of ART programmes, improvement in health education, and reporting to the Health Promotion units.

QUALITATIVE THEME 2: CHALLENGES AND SHORTCOMINGS

Lack of training material and equipment required for practical training



“...stationery is not enough for us and them ...also the equipment, each one should be able to have some basic equipment with them...they must have your thermometer, your own BP machine, and your scale that can be put in a bag, they must also be having their sanitizers...So, they need to have the basic equipment and the supplies that they need



Insufficient number of trainers across provinces



“I think the other barrier to training is insufficient training facilitators, your master trainers...Currently, the province only has around 5 master trainers, and if you look at a group of xxxx community health workers that's too little to be able to make the progress you want...



Literacy levels and educational qualifications of CHWs



“...sometimes where the program will be CHWs with the OTL, it's important to remember that there is a vast difference in academic capability, so the CHW may have got matric and the OTL might be a professional nurse with a four-year qualification so to get a curriculum that matches both of those groups.



Funding constraints



“...we don't even have specific funding that is set aside for those training and developments of the CHW. We don't even have special funding that is set aside for the OTL, they're all squashed within what is affordable and doable at a particular point in time, and if there is any funding that we can source from the partners in the health (sector)”



QUALITATIVE THEME 3: STRATEGIES TO IMPROVE TRAINING

Practical parts of training to receive greater attention

“ ...they don't give that much time into the practical part...Tomorrow when you get back to your facility, this is what you will do. It's just sort of theory, but I think it needs another time where we can do more practice to make sure that they can apply knowledge learned when it comes to practice ”

Adequate attention to training needs of OTLs

“ ...the OTLs are mostly professional nurses or enrolled nurses...communication skills are very important for us to bridge that gap...and then enable decision-making instead of us making decisions on behalf of the patient..... ”

Adequate and appropriate resources including budget for training

“ ... somewould not follow, you know they would be very slow to learn. They will not understand complex issues or definitions. You would have to explain.... most of the training material should be now transcribed (translated) in isiZulu, for the illiterate ones to be able to learn ”

Enhanced mentoring and training

“ ...that supervisory level, management skills, leadership skills, district management all those issues they need more management skills. Also, this mentorship, they need to be mentored. When there is no one mentoring them when they are out in the community, they will end up doing... procedures that are not in the guidelines. So, all those, they need a lot of mentoring and a lot of training ”

CONCLUDING REMARKS

- Distribution of CHWs varies across South Africa
 - Highest coverage in Ruth Segomotsi Mompati DM (North-West), lowest in Ekurhuleni MM (Gauteng)
 - Relatively low coverage in the Eastern Cape, a largely rural province, and especially in Alfred Nzo and Sarah Baartman districts
- Level of education
 - In the survey sample 50% of CHWs had a matric level of education
 - Two-thirds of OTLs had a diploma
- Older cohort of CHWs and OTLs
 - 12.2 % CHWs and 7.3% OTLs <35 years old
- High self-ratings of competencies
 - Most CHWs had many years of experience
 - Higher self-ratings in those who had received training
- Skills gaps
 - Violence/injury competency
 - Administrative and leadership skills among OTLs
 - English language is barrier->50% requested to complete the survey in their local language
- Training
 - Allow adequate time for practical training
 - Increase focus on training of OTLs /Providing training in leadership for OTLs
 - Separating CHWs and OTLs during training
 - Dedicated training budgets
 - Provide adequate and updated training materials including translated materials

LIMITATIONS

- Self-reported skills audits are subject to social-desirability bias
- Challenges with telephonically administered interviews included
 - network instability and connectivity
 - in some facilities a single telephone was used to conduct multiple interviews which may have compromised privacy
- Initially all instruments were in English, but had to be translated to the vernacular
- Ethics approval at District level were not received in some districts in the Western Cape and in Gauteng
- Qualitative data was not able to be collected in the Western Cape
- CHW/OTL coverage was not able to be provided in the Western Cape
- The data on the number of CHWs and OTLs per district were not readily available from provinces for calculation of coverage

RECOMMENDATIONS

Recruitment

- Prioritize recruitment in areas of greatest need. There is a need to focus on specific districts, especially in EC, KZN, and NW provinces for CHWs, and better understand the dynamics and need in GP
- OTLs to be recruited in districts where there is a low coverage and high CHW to OTL ratios
- Recruit younger CHWs, especially in NW, EC and LP and ensure skills transfer from those with experience
- Ensure new recruits meet Matric entry-level and capacitate those in the system to Matric qualification

Organization of training

- Newly recruited CHWs must be offered the Foundation phase training before commencing duties. Prioritize training for new recruits.
- Offer Foundation phase training to OTLs
- Place adequate emphasis on practical training
- Provide more coaching/ mentorship programmes and leadership training for OTLs

Increase resources

- Adequate budget
- Increase the number of trainers
- Provide printed training manuals and job aids
- English language competence is a challenge: training manuals and job aids should also be in local languages

Supervision and mentoring

- Strengthen supportive supervision and regular coaching
- Implement formalized continuous assessments

Future studies

- Job satisfaction amongst CHWs and OTLs
- Determine the views of more CHW trainers on models and strategies for meeting CHW training needs.
- Assess the impact of CHW and OTL coverage on health outcomes.

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