DEPARTMENT OF HEALTH RESEARCH BRIEF

Connecting Policy and Practice

Verbal Autopsy with Participatory Action Research (VAPAR)
Expanding the knowledge base through partnerships for action on health equity

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CHWs Position and Role: Realising community health systems solidarity for comprehensive PHC

CHWs receiving certificates on completion of VAPAR Community Mobilization Training (May 2022)

This brief concerns CHWs positioning and role in the health system. With low-cost/low-tech learning partnership interventions, supported by stable research infrastructure in Mpumalanga and South Africa, significant potential to realise the objectives of PHC Re-Engineering identified through a focus on CHWs as an empowered workforce to support realisation of comprehensive PHC strategy.

1. Situation CHWs and PHC policy-implementation paradox

Policy-implementation gaps in PHC Re-engineering undermine the potential of WBPHCOTs, CHWs and PHC regarding the community mobilisation mandate – including and beyond CHWs

A major district health systems revival is underway across South Africa. National Health Insurance (NHI) was introduced in 2012 with provincial guidelines for PHC Re-engineering [1]. In 2017, a policy framework and strategy for Ward-based Primary Healthcare Outreach Teams (WBPHCOTs) underscored commitments to bringing services to people, devolving power to communities for a patient-focused and community-oriented system [2, 3].

Handle ka kuti boha, ku humelerisa ku kombisa leswaku leswaku kuna ndhawu yi ntsongo yova va rhangeri va hlanganyela na community ku twisisa swi laveko swa vona na ku hlamula swi laveko swa vona [4]. Ku nghenelela ka swivumbeko swo fana na swaleka mfumo leswi swi katsaka, komiti yale tliliniki na ti board tale swibedlhele, xi kombiso, aswi tirhi kahle [5]. Top-down governance persists, and organisational 'compliance cultures' are the norm, with centrally-defined targets and outputs and limited space for local planning management and 'everyday learning' [6, 7, 8, 4]. This overlooks significant ingenuity, innovation and resilience at lower levels [8, 9, 10].

Furthermore, implementation of WBPHCOTs has been slow and uneven and there is low coverage [11]. Kuna vutivi byi ntsongo loko swita eka ntirho wa ma CHWs eka ti community, leswi swi vangiwa hi leswaku ntirho wa ma CHWs wu nga seketeriwi na ku tekeriwa enhlokweni [12, 13]. Ku tumbuluxiwe training ya ma CHWs leyi yi nga ta teka lembe hi nkwaro, ti mali tahata humesiwa [11]. Aku na vurhangeri lebyi vonakaka loko swita eka national level [11]. Ma CHWs aya holeriwi kahle; budget allocations are insufficient, and policy governance remains unclear [11].

2. Intervention fulfilling CHW roles through 'everyday learning'

CHWs are uniquely placed to connect communities and the system but need credibility and authority to fulfil this role. Empowering CHWs is achievable with low-cost interventions that support 'everyday learning' and engagement with communities and at higher levels of the system.

The VAPAR (Verbal Autopsy with Participatory Action Research) programme 2015-2023 swi kongome ku lulamisa vumbhoni lebyi byi fambelanaka na vanhu lava vanga kotiki ku fikelela swilo swa rihanyo naku endla leswaku vumbhoni lebyi byi tekeriwa e hlokweni hi va swarihanyo. Maendlelo lawa ya katsa verbal autopsy (VA), leyi I ndlela leyi yi tirhisiwaka ku pimaka mafu lawa ya endlekaka etikweni na leka facility, and participatory action research (PAR), I ndlela leyi yi tirhisiwaka ku hlanganisa vanhu vo hambana-hambana leswaku vata dyondzisana no endla swilo leswi swi ngata lulamisa xilo lexi ku vaka ku vulavuriwaka hi xona. Tani hi leswi COVID-19 yi nga sungula hi 2020, ku longoloka na vanhu vale tikweni xikan'we

na vanhu valeka district ya health, VAPAR yi endleriwe ku seketela ma CHWs ku hlangana na ti communities na ku kurisa vumbhoni eka swilaveko na swi yimo na ku hoxa xandla eka swilo leswi fambelanaka na COVID-19 [26].

- Naku ndlandlamukisa ma CHWs na ti district health systems ku fambisa ndzavisiso eka swilo swa nkoka swarihanyo.
- Ku seketela vumbhoni lebyi byi tirhisiwaka eka PHC, eka mafu ya leka community, ntokoto na ku endla swilo leswi tisaka ku ncinca.
- Ku endla swilo leswi swi seketelaka community loko swita ku lulamiseni ka swiphiqo.

swi endliwe tani hi maendlelo yo hluvukisa tiko hikuva dyondzisa. Ma CHWs ma dyondzisiwile leswaku va fanele ku tisa ku hlangana exikarhi ka ti stakeholders hinkwato leti kalaka ti ngariki na ku hlangana to fana na (district, clinic and community health officials and staff, community stakeholders and researchers). Ma endlelo lawa ya endle leswaku kuva na vuxaka bya kahle, laha ku ngava nakuti hlanganisa na swilo leswi swi tekeriwa e nhlokweni hi DoH, na ku nghenelela eka ti planning ta PHC [21].

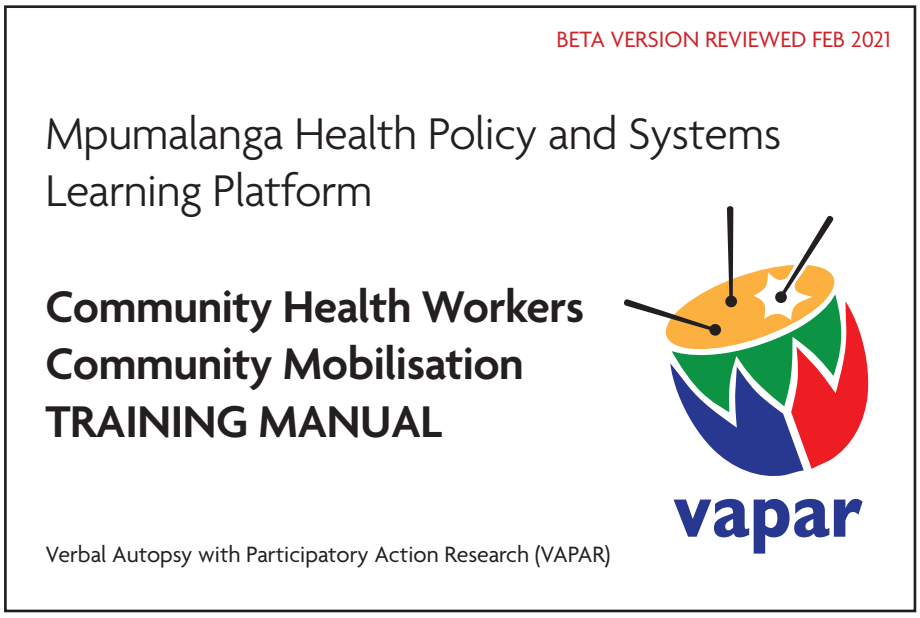

Figure 5: CHW Community Mobilisation Training Manual

3 Analysis costs/benefits - Complementing/strengthening standardised prescript

INPUTS	OUTPUTS AND OUTCOMES
Data/evidence: codesigned/generated with community and systems actors, supported by Wits/ Agincourt **Local learning workshops** (20-30 of 6-50 participants) coordinated by Wits/ Agincourt **Training of trainers:** VAPAR has trained CHWs across the BBR sub-district. Community stakeholders and Community mentors. The process is relative 'low tech'. We have trained trainers in a sustainability-oriented response • VAPAR-CHW Community Mobilization Training Module	• Evidence for local policy and planning vumbhoni lebyi byi nga tumbuluxiwa hina bwona Na hi district health system. Leswi swi nga hlokoteriwa hi ma CHWs, vanhu lava va nga yeki tliliniki kuya teka treatment ya HIV/ TB swi voniwe tani hi xiphiqo lexi kulu locally, na swona nkingha leyi ayi ngaha langutisisiwi ngopfu hikuva se a ku langutisiwe ngopfu mahaka ya COVID-19 emergency. Matimba ya vutivi lebyi byi kumiwaka local na ku kota ku komba/ku lulamisa swi phiqo leswi swinga kona swi tekeriwa nhlokweni na swona ti nkingha leti ti tlula liya ya pandemic hikuva kuna swiphiqo swi n'wana leswi swi nga kona leswi swi lavaka ku lulamisiwa. • Community engagement VAPAR yi seketela ku hlanganyela ka ti communities na ti health authorities kuva va kota ku pulana na ku endla swilo leswi swi nga ta lulamisa swiphiqo. Hikokwalaho ko pfumala ku tshembana, e participatory approach yi hluvukisisa na ku hlohlotela kuya emahlweni na ku hlanganyela exikarhi ka ti stakeholders. Community yi hlamusela leswaku varhangeri vas sungula ku tekela nhlokweni eka swivilelo swa vona ku sukela loko VAPAR yi sungurile hambiloko ku ncinca loku ku nga nhlangani na VAPAR mara ku vuriwa swona leswaku service provision has improved in the community. • District health systems engagement Government stakeholders va ripote leswaku maendlelo lawa ya kahle na swona ya kongomile ku pfuna eka ku susumeta tiko ekaku nghenelela eka health system and a complementary model for community participation in PHC. Va ti yimiserile naku dyondza xi kan'we naku hlanganyela nati departments ti n'wana ku seketela policy na ku pulana swilo leswi swi ngata teka nkarhi wo leha swa hari kona, na ku tlhella vatwa leswaku community yiri yini. • Health literacy, changes in health behaviours, social solidarity for health Community stakeholders va tshamela ku vula leswaku ku vulavula swiphiqo swa vona na ku vulavurisana exi karhi ka vona na varhangeri hi swilo leswi swi nga endliwaka ku hlula swi phiqo leswi swi endla leswaku vava na ku ti tshembha na ku kota ku vula vula evanhwini, and shared awareness of local priorities and strategic alliance building. • Organization and delivery of health care services VAPAR ya byeriwa hi swilo leswi swi endlekaka e hansi. Hambi swiri tano ku antswisa ka ti service delivery swi vangiwile hi VAPAR, ku antswisiwa ka ti service delivery swi nga voniwa loko mfumo wo tirhisana na swi phemu swi n'wana swa mfumo ku langutisisa swi laveko swa community hiku tirhisana na swi phemu leswi swi nga kona eka community. Va nghenelerí va VAPAR va tsakela leswaku maendlelo lawa yava pfune ku lemuka ntirho wa vona leswaku va fanele ku wu endla njani, na ku tlhela va pfuna ekaku komba/ku lemukisa community na ti stakeholders ti n'wana taleka health leswaku ntirho wa ma CHWs hi wihi. • Policy and planning ku hlanganyela ka community, ku vutisa na ku hlanganyela swi endla leswaku kuva na improvement eka policy naleka planning hiku angarhela, laha swi laveko swa community swi rhangisiwaka emahlweni, ku ngari swona leswiya swaku policy yi voyamelo eka tlhelo rin'we laha ukuma leswaku ku rhangisiwa swi laveko swa va n'wani emahlweni ku tlula swa van'wana. Ti communities ti vhamile ku twisisa swilo leswi swi endlekaka eka policy loko kuri hiku na vona va vile na xandla ekaku endla policy yeleyo. • Health outcomes hambiloko ku ngari na swilo swo karhi swo khomeka loko swita eka swa rihanyu,ku lemukisa community, dyondzo na ku hlanganyela swi voniwa tani hi swilo leswi swi nga ta lulamisa rihanyo hiku famba ka nkarhi, hi ku endla mahanyelo lama nene loko swita eka rihanyo naku nyika ti services leti ti faneleke. • Practical, acceptable process ma endlelo ya VAPAR ya voniwe tani hi lawa ya amukelekaka, ku hlanganyela na ku katsa rito ra community, non-prescriptive and owned by stakeholders. Ku vuriwa leswaku vuxokoxoko bya VAPAR byita tirhisiwa na leka ti planning taleka health system, leswaku varhangeri valeka department of health vata nghenelela eka xiyenge xi n'wana na xin'wana xaleka VAPAR na leswaku maendlelo ya VAPAR ya kota ku yisa emahlweni na ku endla leswaku kuva naku hlanganyela ka community. • Multisectoral and multilevel design ku hlamusela ka mintirho ya vanhu hiku hambana hambana ka yona swi endle leswaku kuva na kuncinca ko karhi ka kahle, swi endle leswaku ti stakeholders ti twisisa laha ti services are complementary na ku tlhela va twisisa leswaku ti referral eka tindhawu leti ti faneleke ti nga pfuna njani eka. Integration of the programme with routine health system processes and through a skills exchange by inclusion of frontline health workers in the programme processes.

4. Recommendation

Fill service delivery gap with CHW training, with low-cost learning partnership

ku tekiwe magoza yaku naka xitsongwa tsongwana xa Covid-19 hi nkarhi wa lockdown, laha aku seketeriwa community hikuva kambela xitsongwa tsongwana xa Covid-19. Leswi swi endle leswaku ti nomboro ta vanhu lava va khomiwaka hi xitsongwa tsongwana tiya ehansi, ku endliwa ka lockdown swi landzeleriwe hi ti wave taku hambana hambana, laha vanhu vo tala se ava khomiwa hi xitsongwa tsongwana xitlhela xitlulelana ngopfu. Kuve na switandzhaku loko swita eka swa timali na swa kudya, ngopfu ngopfu eka tindhawu tale makaya, kuve naku vilela loko swita eka vanhu lava va vabyaka hi mavabyi yo fana na HIV/AIDS nad TB na ti chronic ti n'wana.

PANEL 1: OUTCOMES SUMMARY

Stakeholder engagement

- Platform ya kahle for Department of Health leswaku yita kota ku vulavurisana na ti community members, platform leyi yi pfumelelaka ku komba swiphiqo leswi swi fambelanaka na rihanyu ku tlhela ku pulaniwa swilo leswi swi ngata adress swi phiqo leswi.
- Ku hlanganyela ka ti stakeholders taku hambana-hambana, including government and parastatals, nongovernmental organizations, and community members
- Supports role clarification /ku hlamusela swiphemu among different government departments, parastatals, and NGOs, thereby identifying areas for collaboration towards specific goals, and opportunities to hold each other accountable for respective responsibilities
- Ku seketela ti community stakeholders ku ti hlanganisa na ti official structures

Health literacy, health behaviours, solidarity for health

- Empowered community stakeholders va vula leswaku kuna ku ncinca loku ku nga kona ka kahle loko swita eka swiphiqo leswi avari na swona, kuna ku navela na ku tsakela loko swita eka ku tirhisana na health system.
- Improved understanding of health services and structures, along with health promotion messages aimed at improved health literacy and would potentially improve health behaviour (reducing disease risk) and health seeking behaviour
- Ku pulana na ti communities swita endla leswaku ku ngavi naku toyi toya loko swita eka service delivery

Organization and delivery of services (including/beyond health)

- Ku antswisa ka ku fikisa mati eka matiko lawa ya ngaleka study site (water priority area identified in prior cycle) recognized and acknowledged as a perceived outcome by community interviewees
- Ku antswisa eka law enforcement leyi yi fambelanaka na ti awara tati tavern, ku katsa na huwa, leswi swi nga ripotiwa swi tlhela swi nga endla leswaku maphorisa ma lemukiseka hi swivilelo leswi community yi ngana swona

Establishing an evidence base for policy and planning

- Potential to influence policy and planning with buy-in from the community when their health priorities are acknowledged and attended to
- Community engagement for more responsive and informed policy and planning

Improving health outcomes

- Community awareness, education and engagement swi voniwe tani hi swilo leswi swi nga lulamisaka mahanyelo ya swarihanyu na ku lulamisa mbuyelo wa rihanyu hi ku famba ka nkarhi.
- Akuna mbuyelo wa rihanyo lowu wu nga kombakalisiwa ku fikela na muntlha

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PANEL 2 - VIGNETTE OF PROBLEM TREE AND IMPROVED MEDICATION DISTRIBIUTION

Hiku landzelerisa training ya VAPAR leyi yi edliweke yo hluvukisa tiko, u n'wana wa ma CHW loyi a kumekaka e tlilinic ya local, hi ku seketeriwa hi clinic operational manager loyi anga seketela training leyi, u endle swi n'wana swa participatory tools ku ngga (problem tree) ku lulamisa nkingha ya HIV/TB loss to follow-up. Operational manager xikan'we na CHW va facilitate session xi kan'we na clinic team ku kombisa leswaku hikokwalaho ka yini facility yiri na nhlayo ya le henhla ya vanhu lava va nga HIV loss to follow-up. Hiku tirhisa tool leyi yi nga endleriwa ku komba swi vangelo na switandzhaku swa vuxaka lebyi byi nga kona eka ti level taku hambana hi xiphiqo lexi ku vulavuriwaka hi xona (e.g., HIV loss to follow-up), team yi lemuke leswaku xiphiqo lexi kulu lexi xi nga kona hi leswaku kuna xihoxo eka tinomboro leti ti tsariwa hi siku leswi vulaka leswaku data hinkwayo ayi ngari na ntiyiso.

Xi hoxo lexi xi endleke loko vanhu lava va tekaka treatment ya HIV vanga tsariwi tani hi vanhu lava va ngaya vaya teka treatment ya vona, leswi swi nga endla leswaku va tsariwa tani hi vanhu lava va nga tshika treatment kutani swi lava leswaku ma CHWs mava landzelerisa. Hi ku lulamisa mbuyelo wa data, nhlayo ya vanhu lava ava tsariwile leswaku avaha teki treatment yi yehlisiwile. Ku tatisa, ku lulamisiwe ndlela yintshwa yo trace/ yo kota ku landzelerisa, ku katsa swilo swi mbirhi – ma CHW ma sungula hiku fonela vanhu lava vanga tshika ku teka treatment xa vumbirhi lexi va xi endlaka iku landza vanhu lava eka ti ndhawu letii va tshamaka eka tona loko va nga kumeki e fonini.

Ku vuyeriwa loku ku nga kona hi maendlelo lawa swi katsa:

- ku hluvukisiwa ka hungunyana (data) leri ri nga hetiseka
- ku komba swi vangelo / ku lulamisa swihoxo
- Ku yehla ka nhlayo ya vanhu lava va tshikaka ma phili si
- ku ti nyiketela swi antswisiwile, ku ka ku nga tekiwi nkarhi lowu nyingi wu nyiketeriwa vanhu lava va kalaka va ngaha tekiki treatment
- Ku antswisa vuxaka exikarhi ka ti stakeholders e clinic

This brief presents material adapted from:

- D'Ambruoso et al 2022 https://doi.org/10.1101/2022.07.03.22277088
- D'Ambruoso et al 2021 https://chwcentral.org/twg_article/supporting-chws-to-connect-with-communities-in-rural-south-africa-during-covid-19/
- van der Merwe et al 2021 https://doi.org/10.1186/s12961-021-00716-y

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