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REPUBLIC OF SOUTH AFRICA

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JOHANNESBURG HEALTH DISTRICT
Department of Family Medicine, Wits

Report on Chiawelo Community Practice December 2016

The South African government plans to implement **National Health Insurance** (NHI). The 2011 Green Paper on NHI spoke of the priority of strengthening the District Health Services. Government has issued "Provincial Guidelines for the implementation of the three streams of **PHC Re-Engineering**" in which it describes three streams to 're-engineer' the current district health system: **District Clinical Specialist Teams** (DCSTs), **School Health Teams** (SHTs) and **PHC Outreach Teams** (PHCOTs). We are implementing the PHC Outreach Teams programme (using the National Department of Healths Toolkit, that guides this), and trying to improve on it.

History of COPC

Although government references this PHC Outreach programme to Cuban and Brazilian experiences it is actually a South African innovation. Cubans and Brazilians were inspired by the community-oriented primary care (COPC) approach, modeled by Sidney and Emily Kark in the 1940s in Pholela, Kwa-Zulu Natal. The Karks, young Wits doctors, went to Pholela in 1940. Pholela was one of a few pilots supported by the Ministry of Health in their attempt at setting up a National Health Service in tandem with the same in the United Kingdom. Key players were Eustace Cluver (Secretary of Health), Harry Gear (Deputy Chief Medical Officer), George Gale (Chief Medical Officer) and Henry Gluckman (first National Minister of Health 1946-1948).

The Kark's first innovation was to develop the Community Health Centre with team-based comprehensive task-shifted care serving ±30 000 people in the rural community of Pholela, where the norm in South Africa was private GP care. Their second innovation was to develop Community-oriented Primary Care (COPC) for a small defined area of ±1000 people, combining personal care with public health. They examined the impact annually, comparing a new area of a 1000 with the previous area/s. Edward Jali (a clinical associate) and Amelia Jali (a nurse) were also key to developments at Pholela. By 1948 there were more than 40 such CHCs in South Africa. Their work spread throughout the world, with a young intern Jack Geiger taking the concept back to the United States. Now 10% of the population, mostly poor and marginalized, in the United States are serviced by a CHC. However, the Karks were persecuted by the apartheid government, installed in 1948, and left to Jerusalem in 1958. COPC has taken root in many parts of the world: Israel, Spain, USA, Canada, Cuba, Brazil etc.

PHC Outreach Team Programme

The PHC Outreach Team Programme or Ward-Based Outreach Team (WBOT) is based on municipal wards. Each ward is expected to have one or more PHC Outreach Teams composed of one professional nurse (as team leader), one environmental health office and one health promotion practitioner as well as 6 community health workers (CHW). They are expected (with one other professional nurse and enrolled nurse at the clinic) to serve a population of **1500 families** (± 6000 people) in accountable delivery of services. Each PHC outreach team is expected to offer an integrated health service to households and individuals within its catchment population. The roles of the PHC outreach team are expected to be:

- **Promoting** health
- **Preventing** ill health
- Providing information and education to communities and households on a range of health and related matters
- **Environmental health**, especially those aspects impacting directly on households and communities
- **Psychosocial support** in collaboration with community care givers supported by the Department of Social Development
- **Early detection** and intervention of health problems and illnesses
- **Follow-up** and support to persons with health problems including **adherence** to treatment
- Treatment of **minor ailments**
- Basic **first aid** and emergency interventions

The roles of each CHW (allocated 250 households as part of a PHC outreach team) includes:

- Conducting community, household and individual **health assessments** and identify health needs and risks (actual and potential) and facilitate the family or an individual to seek the appropriate health service;
- **Promoting the health** of the households and the individuals within these households
- **Referring** persons for further assessment and testing after performing simple **basic screening**
- Providing limited, **simple health interventions** in a household (e.g. basic first aid, oral rehydration and any other basic intervention that she or he is trained to provide)
- Providing **psychosocial support** and managing interventions such as treatment defaulter tracing and adherence support.

However there appear to be **challenges** with implementation of the PHC Outreach Programme: poor human resource planning, the lack of skills and the lack of integration. Huge boxes of household registration forms are piling up in clinics with no review of the epidemiologic data collected. CHWs simply report on the number of visits undertaken with no link between this public health information and personal care at clinics. It is more of a once-off public health screening programme than Community-oriented Primary Care (COPC).

COPC as a model for NHI practice - a simple framework

The concept of Community-oriented Primary Care (COPC) is not completely understood nor being acknowledged, let alone celebrated by South Africa as a South African

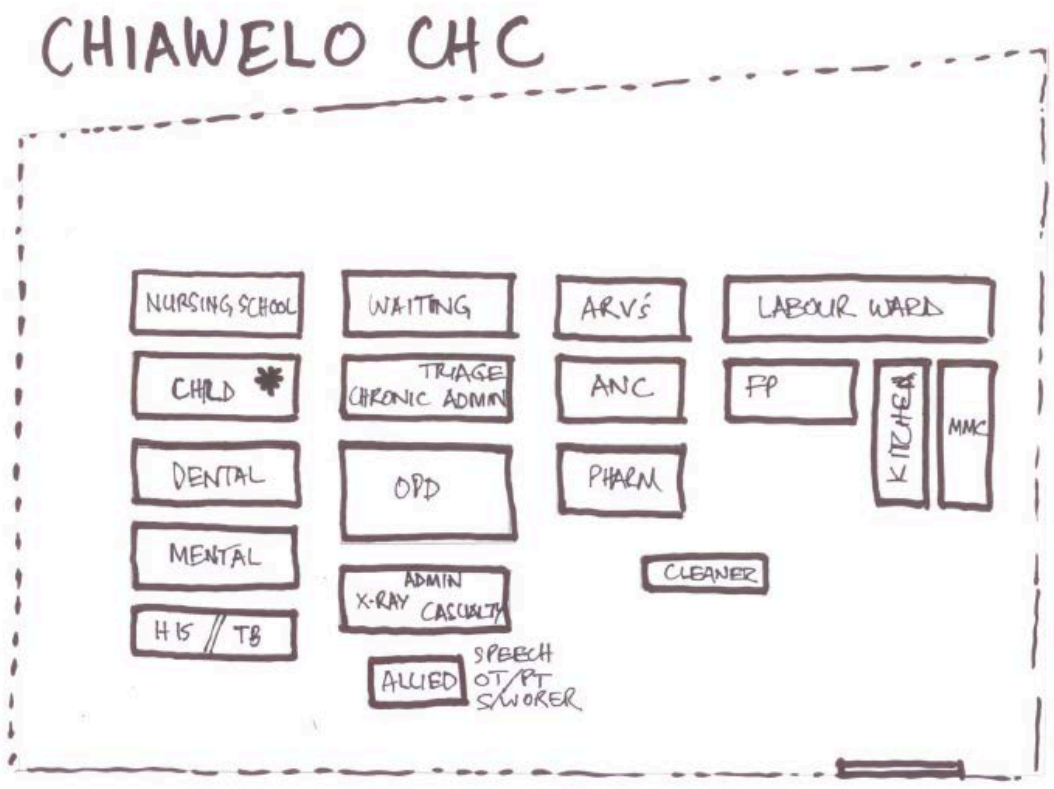
innovation. It is unfortunate that COPC seems to be poorly implemented worldwide, with high-minded theory and impractical approaches. African Community Practice, a project linked to the Wits Department of Family Medicine, has implemented COPC, as the Karks did. The Chiawelo Community Practice (as we term it) in Soweto, is a real-life model suitable for National Health Insurance (considering general practitioner-led teams).

Chiawelo

Chiawelo was established as an ethnic extension to Soweto in 1956 for Tsonga- and Venda-speaking residents. This was part of the state's strategy to sift black Africans into groupings that would later form the building blocks of the so-called "independent homelands". More details are available at http://en.wikipedia.org/wiki/Soweto

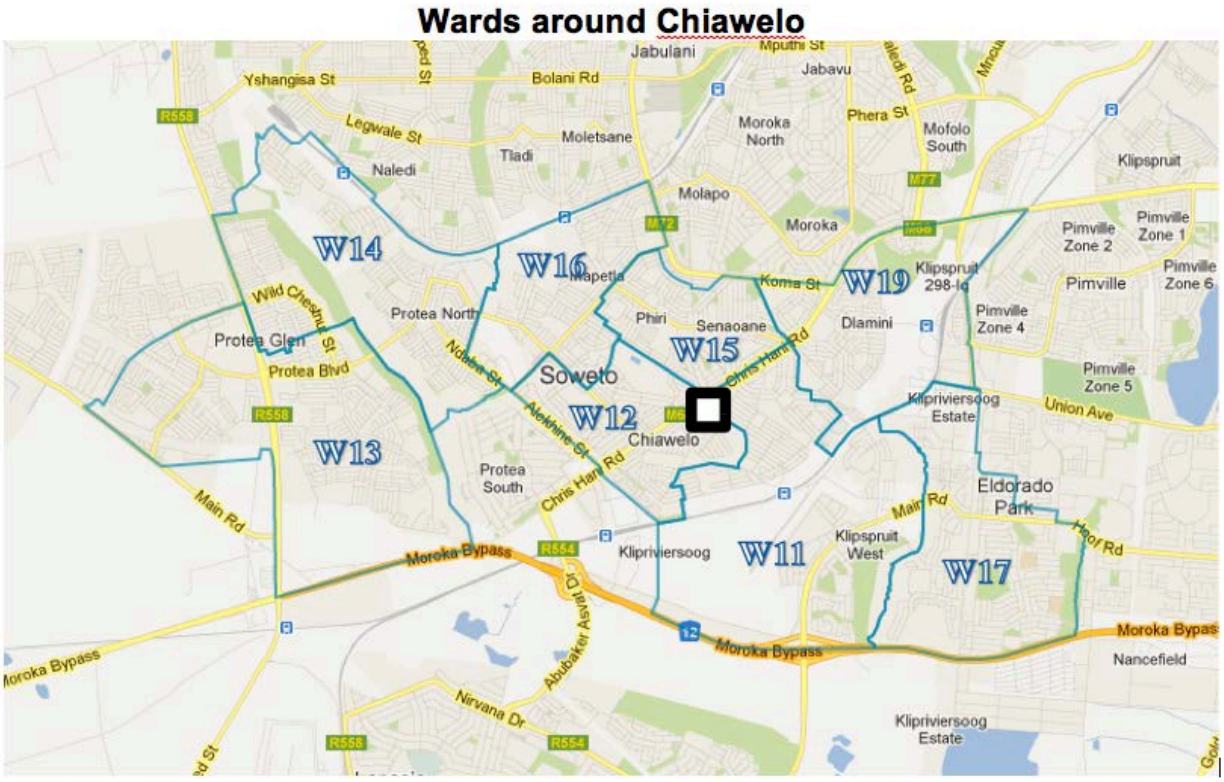
Chiawelo Community Health Centre

Chiawelo Community Health Centre (CHC) is one of the four major CHCS in Soweto and date back to the 1980s, when the apartheid tried reforms to appease the restless black population following the 1976 youth-led riots. It is a set of sprawling prefabricated buildings (more like a small hospital without beds) providing a range of services to a quarter of Soweto: an outpatient department sees patients for acute problems, whilst a chronic section deals with chronic diseases. There is a separate section dealing with HIV patients including counselling services and another section dealing with TB. There is a pharmacy, X-ray and 24hr emergency service available. There are mother and child services, with well-baby, antenatal; family planning and maternity sections. There are also allied health



services like dentist, community psychiatry, physiotherapy, speech and audiology and occupational therapy.

Whilst the CHC provides this wide range of services it is very fragmented with poor patient-, person- and people-centeredness. Chiawelo Community Practice, as Chiawelo's PHC Outreach Team or Ward-Based Outreach Team (WBOT), operates from the Child Health Section (* asterisked above) in Chiawelo CHC, and attempts to implement the WBOT programme more robustly. The catchment area of Chiawelo CHC consists of many wards: 10, 11, 12,13,14, 15, 16, 19 & 33 with the Chiawelo CHC (black square) located at the edge of Wards 11,12 and 15.



Ward 11		33473
• Chiawelo area (±Ward 11)	13104	
• Klipspruit area (±Ward 11)	10464	
Ward 12		27300
Ward 15		26784
Ward 19		28668

Populations (From StatsSA http://www.census2011.co.za/)

Our history in Chiawelo

Professor Shabir Moosa, as a senior family physician, has been working in Chiawelo CHC since September 2013 with considerable engagement with the community health

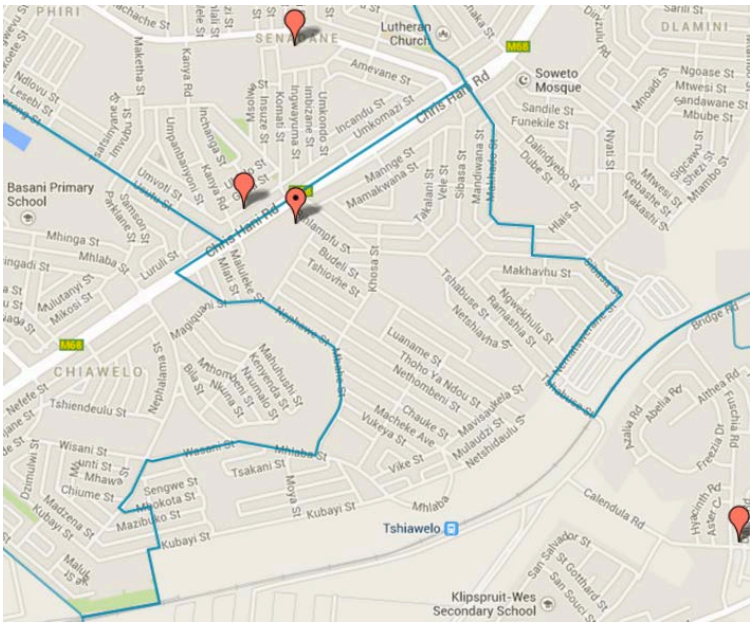
committee as well as community leaders like councillors, principals etc. to implement COPC in Chiawelo. There was unanimous support for this project from key stakeholders, including the CHC Committee.

Prof. Moosa began PHC Outreach Team work in Ward 11, employing nine CHWs via Wits since February 2014 and a further nine CHWs since July 2014. Spaces in Chiawelo were renovated and furnished to serve as offices, seminar room as well as consulting rooms, costing ±R350 000 in Wits funds. Whilst the renovated space, called Chiawelo Community Practice (CCP), is a part of Chiawelo CHC services it is also being used for service development, teaching, advocacy and research (under the guidance of the Wits Department of Family Medicine). This space functions under the direction of Prof. Moosa, and is accountable to the facility manager with monthly reports.

Chiawelo Community Practice

CHWs in the Community

Ward 11 consists of the upper half of the Soweto suburb of Chiawelo. CHWs work across the Soweto part of Ward 11. The Klipspruit part of Ward 11 is across the railway line and was not covered initially.



A Google map of Ward 11, Chiawelo (just around the Chiawelo Community Health Centre) was printed out. The area was crisscrossed by CHWs developing a social assets map. An A0 municipal map was also obtained. CHWs did a dipstick of density of lots/addresses by visiting a few addresses per street to check the number of people per lot. The fifteen CHWs then allocated themselves to areas based on lots, in an equitable manner, usually covering 1000 people. This allocation of CHWs to different areas is laid out with koki pens on this laminated municipal map and is available on our walls.

Once they had their area clearly demarcated they were tasked to go to every address and develop a **street summary list** of ALL families with family names and the number of people per family listed. This was then captured onto a **family summary book** with unique family identifier e.g. W11 (Ward 11) A (for CHW from A to Z, depending on the number of CHWs) and a three-digit number.

Each CHW then visited each family to do a household registration by filling in the form the National Department of Health uses. This included household details (including housing issues); a list of family members; and household illness and health risk issues (HIV, TB, pregnancy etc.). This served to register the family into the Chiawelo Community Practice. There could be referrals by CHWs but each family was also given a letter stating that the

family may access ALL their public health care services freely at CCP, if they felt sick and needed health care. The letter had a telephone number (a simple R400 Neotel handset with R50 airtime per 6mths) and residents were encouraged to make appointments to reduce short waiting times.

The CHWs captured this household registration data onto the family summary book per family and progressively developed a community profile or diagnosis of residents of Ward 11. The census-like information of total families and population as well as key registration data e.g. no. of families and people registered are captured onto a laminated chart, and updated regularly by CHWs. This sits next to the map and is a summary of monthly progress.

The census of Ward 11 as at December 2016 shows a population of 22668 people / 5886 families. They have registered 18124 people / 4147 families i.e. 4.4 persons per family. CHWs have also built up the list of key stakeholders in the community and have mapped many social resources in the community e.g. schools, churches etc. that are put up in clinicians' consultation rooms. Clinicians and team leader facilitate the CHWs learning weekly for one morning (using the National Department of Health CHW Training Manual and key Gauteng Health documents) in a learner-centred approach. Each CHW also has a priority list of patients per condition. The clinicians are made aware of the dynamics of the community and regularly discuss issues with CHWs, besides themselves going out with CHWs for pre-arranged necessary home visits on an afternoon, weekly.

The community profile (or community diagnosis) for Wards 11 (vs. Soweto overall) using 2011 Gauteng City Region Observatory data (as at Oct 2013):

Table 1: Ward 11 Community Profile vs. Soweto

Community Profile	**Ward 11**	**Soweto**
Demographics		
• Household density	1214	2450
Socio-economics		
• Economically active adults	39,6%	38%
• Unemployment	**39,2%**	**44.5%**
• Adults receiving social grants	22,9%	21.4%
• Average household income	R4900	R4805
• Informal housing	0%	1,7%
• Without access to housing (RDP)	**16,3%**	20.1%
• Without access to drinking water (RDP)	1,1%	5.7%
• Without access to sanitation (RDP)	1,2%	7.7%
• Without access to lighting electricity (RDP)	1,7%	11,5%
• Without access to cooking electricity (RDP)	1,9%	12.9%
• Clinics and schools are within 5km/3km	Yes	Yes
• Female-headed households	37,4%	42%
• Child-headed households	0,7%	0.9%
• 7-14yr olds not attending school	**4,9%**	**4,9%**

Analysis of the registered 18124 people / 4147 families confirmed a largely elder population (35%) in the community. Many of the elder home owners are setting up and renting shacks, with up to five in the yard area of most brick houses. Many more children

are living in these shacks. Families may live in the shacks between two weeks and two years. They represent a growing migrant community living in Chiawelo.

Analysis of the 18124 people / 4147 families/households revealed

- 100% access to electricity, toilet, piped water and working fridge.
- 29% receiving grants & 1% eligible needing grants
- a low employment rate (although there were many gaps)

The CHWs data in registering 18124 people / 4147 families/households since February 2015 was analysed and showed 2596 problems, with 94% followed up and 73% resolved as at end 2016. Analysis of the 2596 problems shows the data below.

	Basic Health						Maternal							Chronic						
Ward 11 Profile	TB	HIV test	FP	HBC	Grant	OVC	**Preg**	**Delivery**	**<2,5kg**	Immun#	Vit A	Wt	PCR	Chronic	TB	HIV	HT	DM	Other	Total
Problem found	101	438	335	5	16	0	63	22	10	12	12	10	0	0	44	300	704	293	231	2596
Followed up	12	212	140	0	6	0	14	0	5	5	5	5	0	0	0	36	49	20	22	2435
Resolved	75	134	145	5	10	0	48	22	5	7	7	5	0	0	44	264	654	273	206	1904
% Problem	0,6%	2,4%	1,8%	0,0%	0,1%	0,0%	0,3%	0,1%	0,1%	0,1%	0,1%	0,1%	0,0%	0,0%	0,2%	1,7%	3,9%	1,6%	1,3%	14,3%

We have 704 patients with hypertension, 293 with diabetes and 300 patients with HIV. Many of these patients are adherent to treatment but CHWs are not doing as well in following up patients who have requested an HIV test or want access to family planning. The data around pregnancy is inconsistent considering that this is data collected over two years and should be updated regularly. There are big questions around the work burden of CHWs and their discipline under the public service, as they were moved from being paid by Wits to the Department of Health in June 2015.

It is important to note that CHWs spoke to one family member, who answered all the questions about the entire household. It highlights some of the limitations of the household-based registration form as a particular individual might not know all the sensitive and personal health related information about each member of the family who lives in the house.

PHC services re-engineered

Patients come straight to the Chiawelo Community Practice in Chiawelo CHC, as per letter handed out by CHWs, inviting them to use it for ALL services needed, from immunization to chronic care (including insulins and ARVs). The office is coordinated by a CHW. Two CHWs, acting as receptionists, collect information and make up a maroon family folder (with blue files for individual patients and an orange CHW folder for the family, containing the filled household registration form). The clinician fetches patients with the family folder from the waiting room. Clinicians briefly review the orange CHW file to understand the patient within the family-community context. Clinicians write notes in the orange folder with instructions for CHWs to follow up after consultations with patients. They put the orange CHW folder into the CHWs trays for follow up. Whilst a CHW can bring anything to the clinicians' attention at any time via the Team Leader there is also weekly discussion as a team on problem patients or generally.

Chiawelo Community Practice is now a comprehensive service, including the full range of services (and medication) available at the CHC, including immunisation, ARV treatment, TB treatment, chronic care management etc. and more being planned e.g. office procedures. In addition, on any given day, when patients from Ward 11 are completed, other patients are brought from the general side of the CHC to CCP to be seen by staff (and students). All CHC processes and systems are respected. There is a paper trail for all work done in this space. Medication is ordered and accounted for with the Chiawelo CHC Pharmacy. Medication is stored in accordance to pharmacy regulations, including cool conditions, steel shelves and locked cupboards for Schedule 5 & 6 medicines. All statistics are collected daily and supplied to clerks, section data capturers and DHIS data capturers. Reports, according to the Toolkit for PHC Outreach Teams are provided monthly to the facility manager and district managers. Prof. Moosa also supports the overall functioning of Chiawelo CHC with the development of triage, monthly CPD/QA meetings, procedures and referral support.

The clinical associate, Ms. Shivani Pillay, is seeing all patients from Ward 11 currently with Prof. Moosa, a first-year Family Medicine registrar (rotating every three months as an exposure in COPC) and one intern (rotating through weekly as an exposure in COPC). Average patient numbers per day have grown to ±60 per day in 2016. Utilization of the Chiawelo Community Practise is hovering under 1 visit per person per year, much less than the average in the public service as function of easy access and CHW support.

Stakeholder engagement

There have been regular one-to-one discussions with a variety of stakeholders. They are on three levels:

a. Health sector (facility manager, doctors, nurses, programmes, allied health care workers, etc.)
b. Other government sectors (social workers, schools etc.)
c. Community (Councillor, Ward Committee, CHC Committee, traditional healers, churches etc.)

The facility manager has been instrumental in supporting the development of the Chiawelo Community Practice and mediating issues with other staff in the Chiawelo Community Health Centre (CHC). We have engaged with nurses and doctors in the routine outpatient and chronic sections as well as various programmes – mental health, child health, family planning and HIV clinic. We also engaged extensively with allied health care workers in Chiawelo CHC – occupational therapist, physiotherapist and audiologist.

The social worker, Mr Nduvuho, visits CCP every two weeks to deal with social problems picked up. This is now supported by social worker students from Unisa working in each ward to support CHWs. We have reached out to schools with various health promotion programmes in addition to providing schools with access to clinic support for sick children, supporting the school nurse programme and contributing to Life Orientation lessons.

Considerable engagement has occurred with the councillor of Ward 11, Ms. Meisie Maluleke (011 984 0932) and PIC (011 984 0932). There has been strong engagement with members of the ward committee and their portfolios. There has also been strong respectful engagement with church leaders, school principals and traditional healers.

Chiawelo has an active community of traditional healers. A group of more than 20 healers, belonging to the Traditional Healers Organisation (THO), meet weekly in the community to discuss problem and support each other. The THO, an international organisation representing the rights of healers across Southern Africa, advocate for a strict code of conduct in order to "assure the values, quality of treatment, efficacy, safety and ethical standards of member practitioners". Chiawelo Community Practice (CCP) has met a number of times with this group of healers to introduce them to the practice and to develop a working relationship. The healers explained that in the past, they have had a difficult relationship with the exiting public service as many of their clients have been discouraged by clinic staff from using their services. As a starting point, CCP has stressed an open-door policy where healers are encouraged to send problem patients to the practice. Future plans are afoot for a collaborative research project with this group of healers to model an effective means of linking the two healing systems.

A quarterly meeting occurs with key stakeholders, including facility manager and councillor, to work on priority programmes. We have an annual CCP Stakeholder Workshop to engage the variety of community and other stakeholders more broadly and regularly as a formal platform for the development of community priorities and empowerment. Community stakeholders raised the following issues as priorities in the Annual Workshop in November 2015: poverty and unemployment, substance (nyaope) abuse and teenage pregnancy.

Health promotion

We have discussed a way forward for primordial-primary prevention and health promotion: each CHW has a weekly support / health literacy group meeting in their area. CHWs are also using Whatsapp for group messages to residents with chronic diseases. We are also visiting schools in collaboration between the school nurse We also have four daily walking clubs for the ward. This focuses on elders, develop fitness as well as act as a social support system. Our key advocacy tool is stakeholder engagement as we proceed. This includes relating to various government departments through Ntirhisano, a project for inter-sectoral collaboration by the Gauteng Premiers Office.

We have begun secondary prevention based on the data collected (including following up on screening outcomes e.g. high numbers of people wanting HIV tests and TB suspects). CHWs are also developing a clear priority list in their files of people for follow up as colour-coded risk indicator pins appear impractical, with large populations and high densities on our municipal maps.

Tertiary (managing complications) and quarternary (managing us harming patients prevention is a part of service quality improvement. We have a chronic care form that allows monitoring of chronic diseases using a flow chart and planning care for the future. We also arrange for delivery of medicines every quarter by CHWs linked with strong health education and follow up.

Health promotion appears the most complex task but is evolving slowly based on regular interaction with data from the CHWs, practice and community consultation. It may require more individual-based data and stronger evidence for interventions to change behaviour rather than 'campaigning' with T-shirts and food.

Expansion

In May 2015, just when funding from Wits had dried up and managers refused to take on the CHWs in Ward 11, the MEC for Health in Gauteng, Ms. Qedani Mahlangu visited the CHC and was shown CCP by members of the community. She was very impressed and instructed managers to continue the project. She wanted it expanded to the whole of Gauteng and set up a provincial team to coordinate the WBOT programme and learn lessons from CCP. Prof. Moosa committed to expanding CCP from 1 Ward to 9 Wards in two stages: first with Wards 11, 12, 15, 16, and 19 with services at the CHC re-oriented to serve them and then a second stage with other wards (and related clinics): Wards 11 (Klipspruit West Clinic), Ward 10 (Protea South Clinic), Ward 13/14 (Protea Glen Clinic), Ward 19 (Kliptown Clinic) and Ward 33 (Moroka Clinic).

The CHWs and Team Leader were absorbed in June 2015 and 60 more CHWs were added to current CHWs in Wards 11,12, 15,16, & 19 to make a total of 140 CHWs by August 2015. There was a training, orientation, mapping and registration process started for these CHWs with just 3 Team Leaders altogether. There was also an attempt to re-orient the CHC into community practices by these wards from October 2015. A survey of all patients coming into the CHC showed the following profile: 49% of patients came from Wards 11 (23%), 12 (15%) & 19 (11%), 26% from Wards 15 & 16 and the rest of 25% coming from Wards 10, 13, 14, 33 and beyond. This failed despite several attempts, with nurses rebelling against changing their old ways and managers seeming powerless.

With the quiet disappearance of the provincial team the CCP team decided to focus from January 2016 on the other elements of CCP. A community service doctor was added to the CCP in caring for Ward 11 patients. CHWs were deployed to work in their wards, registering residents, stakeholders were engaged and one CHW was pulled from each ward to become Health Promotion Coordinator and work as a team. The efforts to engage stakeholders were confounded by the local government elections occupying most of 2016. The CHWs discipline deteriorated with their payment by Province being shifted to a labour broker and their strikes/dismissals. The WBOT team in Johannesburg appointed more team leaders but also put in place supervising managers who managed this very vertically. There was conflict between processes in CCP and these managers prerogatives. Most CHWs used the opportunity to refuse to work with CCP, with only Ward 11 CHWs continuing cooperating and even then, begrudgingly.

There was an agreement in September 2016 to rotate ±35 Chris Hani Baragwanath Hospital interns weekly through CCP as a way to satisfy Health Professions Council expections for interns family medicine experiences during their 4 month block in Johannesburg Health District. Dr Kabir, a family physician, was added in September 2016 to help expand services from Ward 11 to Wards 12 & 19, with these interns. Progress has been slow with only Ward 12 started in November 2016. As of December 2016 (more than year after starting) Ward 12 CHWs, covering only half the ward, had only registered 17% of the estimated ward population of 18637 residents. Ward 19 CHWs covering most of the ward, had only registered 25% of the estimated ward population of 19110 residents ss of December 2016 (more than year after starting). The City of Johannesburg managers visited CCP and have expressed interest in supporting CCP expansion in other wards

related to the clinics, with Senaone Clinic and Wards 15 &16 a priority. This is to be embarked on shortly.

A key success in 2016 has been the efforts on health promotion. The Health Promotion Team, made up of bright CHW leaders from each Ward have been working with Prof. Moosa since January 2016. Each CHW Health Promotion Coordinator has been doing work in his/her ward and taking on a task in the team.

There is a list of achievements chalked up for 2016:

- Students (Gundo Tshimange): There a host of students visiting Chiawelo and participating in home visits and health promotion activities.
- Walking Club/Support Group (Lebohang Nematudi): Ther are now 8 Walking Clubs with more than 300 people participating in daily exercise
- Nutrition (Janet Munyadziwa): There have been regular workshops of CHWs by the dietician and plans for food gardens and cooking classes in walking clubs.
- Primary School (Bonnie Msibi): There has been engagement with all primary schools on the back of a joint venture with an NGO, Dreamfields, to set up a soccer/netball league involving ±4000 pupils in twice weekly games. CHWs are also engaging in life orientation lessons.
- High School (Bongelani Nene): There has been engagement with all high schools, with a drug abuse campagin initiated with women in the area and then students. A high school organisation is being developed to support positive peer groups.
- Social Welfare (Daniel Mabetoa): Daniel is busy with Unisa studies as Social Worker and has acted as bridge with the few social workers. He has attracted attention of other Unisa students and more than five now do internships in CCP, working on social issues per ward.
- Oral Health (Sithembiso Kheswa): There has been engagement with Oral Health practitioners in Wits as well as in the district. There have been workshops with CHWs in education and a plan to take this further in the community in 2017.
- Womens Health (Busi Kopase): Busi has collaborated with Pink Drive to develop awareness of womens health issues, especially cancers.
- Alcohol (Brenda Buys): Brenda is collaborating with SANCA to develop awareness of alcohol abuse.

Details of their work for the year are available on the website www.afrocp.org.za > Chiawelo Community Practice> Team, as minutes of these monthly meetings and an annual report from each of them.

The CCP Family

Clinicians

1. Prof. Shabir Moosa, Family Physician
2. Dr. Humayun Kabir, Family Physician
3. Ms. Shivani Pillay, Clinical Associate
4. Family Medicine Registrar
5. Family Medicine Intern
6. Family Medicine Intern
7. Sr. Yvonne Katane, Enrolled Nurse (W11)
8. Sr. Nellie Sibuyi, Enrolled Nurse (W12)
9. Sr. Happiness Mthuli, Enrolled Nurse (W19)

Practice Staff

1. Ms. Thuli Makausu, CHW-Office Coordinator
2. Ms. Jabu Sibeko, CHW-Receptionist (W11)
3. Ms. Faith Masinga, CHW-Receptionist (W11)
4. Ms. Tinyiko Maluleke (W12)
5. Ms. Jabulile Xaba (W19)
6. Ms. Hellen Mthimkulu, CHW-Aux Nurse
7. Ms. Rebecca Metswamere, CHW-Aux Nurse

Health Promotion Team

1. Ms. Bonnie Msibi, CHW-Health Promoter (W10)
2. Mr. Gundo Tshimange, CHW-Health Promoter (W11-Soweto)
3. Ms. Brenda Buys, CHW-Health Promoter (W11 Klipsruit West)
4. Ms. Janet Munyadziwa, CHW-Health Promoter (W12)
5. Ms. Busisiwe Kopase, CHW-Health Promoter (W13)
6. Mr. Lebohang Nematudi, CHW-Health Promoter (W14)
7. Mr. Bongelani Nene, CHW-Health Promoter (W15)
8. Mr. Daniel Mabetoa, CHW-Health Promoter (W16)
9. Mr. Sithembiso Kheswa, CHW-Health Promoter (W19)
10. Mr. Linda Nkuna, CHW-Health Promoter (W33)

Community Health Workers (Ward 11 Soweto side)

1. Ms. Nomsa Xulu
2. Ms. Gabisile Ngcobo
3. Ms. Refiloe Ndou
4. Ms. Agrineth Ngwenya
5. Ms. Elizabeth Khazamula
6. Ms. Phindile Tyeda
7. Ms. Sibongile M Motloung
8. Ms. Thuli Mahanyani
9. Ms. Magauta Ramabela
10. Ms. Rose Njikho
11. Mr. Louis Mahlomola
12. Mr. Tinyiko Baloyi
13. Ms. Sibongile J Mongwe
14. Ms. Anna Lithako
15. Ms. Thandi Kunene

Community Health Workers (Ward 12)

1. Ms. Prosperity Baloyi
2. Ms. Zodwa Khoza
3. Ms. Queen Singo
4. Ms. Thokozile Magudulela
5. Ms. Grace Phiri
6. Ms. Lindiwe Sibanyoni
7. Ms. Morraine Matlaila

Community Health Workers (Ward 19 – Dhlamini side)

1. Ms. Norah Radebe
2. Ms. Ntombi Ngema
3. Ms. Phumzile Dube
4. Ms. Monica Nkosi
5. Ms. Nomonde Khanyile
6. Ms. Alice Motha

Details of CCP for Patients

The Chiawelo Community Practice is in the Child Care section of Chiawelo Community Health Centre, at the corner of Chris Hani and Rihlampfu Rd in Soweto, Johannesburg.
Telephone: (011) 984 0129 Fax: (011) 984 0156

Access

We are trying to enable a more accessible and stronger relationship with patients and so are working with different models of communication e.g. Whatsapp. This will hope to address other obstacles to access: cost and ease. The practice times are 8.00am – 3.30pm daily but call to check the appointment times for your clinician.

Appointment System

They will be served by 15-minute consultations by appointment. Visit the practice secretary between 8-4pm daily or call 011 0573220 / 0716898086 to make an appointment. You will be given an appointment with your clinician where possible. Patients are encouraged to see the same clinician for any episode of care. When booking an appointment please advise the receptionist of the clinician you usually see. Telephone consultations are available for simple queries. You may book a telephone appointment for 8-9am. Please note that you are not limited and are able to access general services at the CHC at any time in an emergency however you will have to use the normal queue to access doctors and nurses available and will not be able to request your clinician to see you. You should obtain your records from the emergency area and provide it us when you have been seen.

Home visits

If you are housebound or too ill to get to the practice your CHW may request a home visit. Your clinician will decide whether or not the visit is necessary. It may be that the clinician advises you over the phone.

Emergency Services

These are available at the Chiawelo CHC from 4pm to 12am. Please inform the doctors / nurses there that you are part of the Chiawelo Community Practice.

If You Move

Please let us know your new address or telephone number so that we can keep our records up to date. If you move outside our practice area please check with the practice secretary whether we can still continue to care for you in the same manner.

Linked Government Facilities

1. Senoane Local Government Clinic
2. Lillian Ngoyi CHC
3. Zola CHC
4. Jabulani Hospital
5. Chris Hani Baragwanath Hospital

Local Health NGOs / Facilities

1. Old Age Home
2. Childrens Home
3. Home-based care
4. SANCA
5. Church
6. Community Centre
7. Childrens Shelter Mofolo
8. Hospice

GPs in the area

Ward 11 Drs

Useful Contacts

1. Chiawelo CHC: 011 9862159 / 011 9841599
2. Hillbrow District Office: 011 6943710
3. Chris Hani Bara Hosp: 011 9338000
4. South Rand Hosp: 011 6512000
5. Services
    a. EMRS/Fire/Ambulance: 10177 / 112 (Cell)
    b. Police/SAPS: 10111
    c. Sanitation / Water: 011 9866072
    d. Electricity: 011 3755555
    e. Home Affairs: 011 9384257 / 3296 / 0729199586
    f. Grants: 011 3101248
    g. Social Services: 011 9825810
    h. Telkom Repairs: 011 3379088
6. Schools

a. Hitekani Primary 011 9848968 / hetekani.primary@webmail.co.za
b. Tshilidzi Primary
c. Gazankulu Higher Primary
d. Ngungunyane High

Access to Information

All members of the practice team have access to patient information to varying degrees. All staff have received training in confidentiality and have signed a confidentiality agreement. All patients are entitled to have access to their medical records. Copies of medical records may be made available although there will be a charge. Please ask the practice receptionists for further information. Anonymised patient data may be used for audit and research. If you do not want your records used for this please indicate so in the consent form at registration.

Suggestions and Complaints

Suggestions and complaints are always welcome and can be directed to any member of staff or sent to the practice secretary via the suggestion boxes.

The Practice Charter is Batho Pele

Batho Pele is a Sesotho phrase meaning 'People First', committing the public service to serve all the people of South Africa. The Batho Pele values and principles underpin the country's coat of arms. On 1 October 1997, the public service embarked on a Batho Pele campaign aimed at improving service delivery, to the public. For this new approach to succeed some changes need to take place. Public service systems, procedures, attitudes and behaviour need to better serve its customers – the public.

Batho Pele is a commitment to values and principles:

- Ensuring **higher levels of courtesy** by specifying and adhering to set standards for the treatment of customers
- Setting service standards specifying the **quality of services** that customers can expect
- Providing more and **better information** about services so that customers have full, accurate, relevant and up-to-date information about the services they are entitled to receive
- **Regular consultation** with customers about the quality of services provided
- **Increasing access** to services especially to those disadvantaged by racial, gender, geographical, social, cultural, physical, communication, and attitude related barriers
- **Increasing openness and transparency** about how services are delivered, the resources they use and who is in charge
- **Remedying failures** and mistakes so that when problems occur, there is a positive response and resolution to the problem
- Giving the best possible **value for money** so that customers feel their contribution to the state through taxation, is used effectively and efficiently and savings are ploughed back to further improve service delivery.

Wits Teaching & Research

Chiawelo Community Practice, in Chiawelo CHC, is trying to create comprehensive team-based care that can model the future National Health Insurance (NHI). It is also being used to train registrars (specialists in training), community service doctors and interns in Family Medicine as well as various undergraduate students of the University of Witwatersrand. Sometimes doctors sit in with students or vice versa. Occasionally you may be asked for consent to have your consultations videoed or photographs taken for the purpose of training. In all cases, you have the right to request privacy with your doctor.

CCP is providing a unique platform for research in PHC Re-engineering and National Health Insurance (NHI). Whilst members of the Department of Family Medicine plan to do research in this environment, ALL research projects planned will first have to get ethical approval from Wits and then formal permission from the provincial / district authorities before proceeding. Chiawelo Community Practice (including the PHC Outreach Programme) is being modeled on COPC innovated in South Africa as well as on practices in the UK National Health Service. Funding has been previously provided by the EU-FP7 and Discovery Foundation, under the Wits Department of Family Medicine.

AfroCP

We are busy building an Africa-wide network of such community practices as a community of practice, with training and research in COPC. Check the website out at www.afrocp.org.za and our social media presence with AfroCP in Facebook, Linked-In, Twitter and Google+.