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Community Care Worker
Management Policy Framework

DRAFT VERSION 6.0

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

STATUS OF THIS DOCUMENT

This is a working draft document. Although this document may be indicative of a policy direction, it does not yet constitute official Department of Health or Department of Social Development document.

This document was previously called

Community Care Giver Framework for Home Community-Based Care

VERSION 6.0

VERSION OVERVIEW
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editing group copy
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first editing group release
5.2
consolidation with further DSD comments
6.0
second edit group release

[please note language simplification and editing will be for the copy editor]

Community Care Worker Policy Management Framework

Further information regarding this policy framework as well as copies can be obtained from either of the following departments.

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This Community Care Worker Policy Framework replaces the Community Health Worker Policy Framework of 2004 with effect INSERT DATE.

The use of this policy framework is subject to the overriding application of several pieces of legislation listed within the document and should be read in conjunction with such legislation (see Annexure A).

CONTENTS

DEFINITIONS

Accredited provider	Is a training or education service provider who is accredited in accordance with the requirements of the South African Qualifications Authority Act.
Beneficiation/ social beneficiation	To create benefit from a process by focusing on extracting value from that process in areas that may not be self evident or the primary aim of the process.
Cadres not within a profession	Refers to any worker recognised by a government department who forms part of a health or social development programme who are not registered or enrolled with a statutory professional body.
Community Based Health Services	Is any activity that takes place within, or is targeted at a community and that aims to improve health outcomes.
Community Care Worker	Refers to any worker, albeit a volunteer worker, who delivers services under the auspices of Home Community-Based Care and Support programmes both in support of health and social development programmes. This term encompasses and replaces Community Health Workers and Community Care Givers.
Community Health Worker	Refers to any lay worker whose primary function at the adoption of this policy framework is to promote basic health or the delivery of basic health services within the home or primary health care facility.
Development Partner	Is a government or their agent who works with the South African government as part of an Overseas Development Assistance programme.
Formal community structures	Refers to any structure in a geographically defined community that has a formal governance function or role under applicable legislation.
Home and Community-Based Care/ and Support	Home and Community Based Care is the provision of a comprehensive and quality health and social service within the home and community in order to promote, restore and maintain a person's maximal level of comfort, social functioning and health. HCBC services may also be offered within health or social development run facilities by Community Care Workers in support of public services.
Informal community structures	Refers to a community structure not formally recognised under legislation that allows for community participation in geographically defined area.
Inter-reliance	Is a value based concept which moves beyond collaboration and interdependence to a level where prioritised resources are seen to be best used when they not only achieve their own specific goals but also elicit success in other important goals which are not as well resourced. Inter-reliance can be said to be present when the beneficiation within the lesser resourced goal supports in a reciprocating manner the prioritised goal. The understanding of inter-reliance is framed within collectivist thinking and mutual beneficiation.
Non-profit Organisations	Is defined in terms of Section 1 of the Non-profit Organisations Act, Act 71 of 1997. They are organisations that are a trust, a company or other association of persons: a) established for a public purpose; and b) the income and property of which are not distributable to its members or office bearers except as reasonable compensation for service rendered

Occupational programme or qualification	Refers to a narrow skills programme or qualification that only focuses on tasks linked to a highly specific workplace or employer. It does not have a broader education objective given that it does not contain generic subjects to a field. Typically the programme or qualification does not promote entry into other workplaces within the field given its narrow application. Compare with vocational qualification.
Occupational workforce	Is a human resource workforce that has an occupational programme or qualification as its skills base.
Partners	Is defined as any organisation a department may choose to enter into formal agreement with to promote service delivery and human resource development. This may include the private sector, international organisations, NPOs and development partners.
State-funded/ funding	Funding made available by departments of health and/or social development to support HCBC related activities in a NPO.
Vocational qualification	Refers to a broader education-orientated qualification offered in within the Further Education and Training Band that relates generic subjects to a field, for example tourism or health. Compare with occupational programmes or qualifications.
Volunteer	Is an individual who offers their time to perform services for their community without remuneration through a recognised community-based organisation.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV/T	Antiretroviral/ Therapy
CBS	Community Based Service
CBHS	Community-Based Health Service
CCWPF	Community Care Worker Policy Framework
CHC	Community Health Centre
CHW	Community Health Worker
CHWPF	Community Health Worker Policy Framework
DHP	District Health Plans
DHS	District Health System
DMT	District Management Team
DOT/S	Directly Observed Treatment/ Strategy
EPWP	Expanded Public Works Programme
HCBC	Home Community-Based Care
HIV	Human Immunodeficiency Virus
HPQAC	Health Promotion and Quality Assurance Centre also known as Regional Training Centres for health promotion and quality assurance.
HWSETA	Health and Welfare Sector Education and Training Authority
IDP	Integrated Development Plan
IMCI	Integrated Management of Childhood Illnesses
M&E	Monitoring and Evaluation
MLW	Mid-Level worker
NPO	Non-Profit Organisation
NQF	National Qualification Framework
PFMA	Public Finance Management Act
PHC	Primary Health Care
RPL	Recognition of Prior Learning
SAQA	South African Qualifications Authority
SLA	Service Level Agreement
STIs	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

MINISTERS' COMMENTS

PREFACE

Although South Africa has a history of people volunteering to help their communities with basic services dating back to the 1950's, the last ten years has seen a greater involvement of individuals and groups supporting government-led programmes. In part this has been driven by HIV and AIDS which has dramatically impacted on the health and social well being of communities.

Notwithstanding this, significant challenges remain in addressing the effects of poverty, unemployment and other basic needs of communities, a challenge which the State cannot address alone.

In response to these challenges the departments of health and social development, together with other government departments, have steadily increasing their support to Non-Profit Organisations (NPOs) as community partners to address the need for care and support services at a home and community level.

Much of this support has gone towards the training, management, stipending and integration of cadres known generically in health as Community Health Workers (CHWs) and as Community Care Givers (CCGs) in social development in line with the 1999 Cabinet mandate. Hence notwithstanding their use of a department-specific approach, the two departments have steadily increased their collaboration on a programme level- as seen in the joint development of several HCBC programme related documents. These joint documents were particularly aimed at supporting strategic HIV and AIDS goals.

A **HCBC Programme Policy Framework**, as revised, forms part of these collaborative efforts and is the companion document for this policy framework. The former examines the management of HCBC programmes, while this document focusing on managing matters related to the HCBC Community Care Workers themselves. In places these two policy frameworks will naturally overlap as programme issues cannot always be discussed in isolation of CCW cadre matters and visa versa.

In a parallel process to this departmental work government introduced in 2004 the Expanded Public Works programme, which in part targeted the growth of work opportunities in Home and Community Based Care. Both departments grew the work opportunities within their HCBC programmes.

While this progress was being made, by early 2007 it was becoming increasingly clear through various studies that the rapid growth in numbers, coupled with the existing management models, were increasingly having significant and undesirable consequences for the people volunteering under government supported programmes as well as the partner NPOs involved.

Symptoms of these growing challenges included problems with volunteer management and support, both of which started to increasingly degrade as the programmes rapidly grew. In a related matter the need to address the situation evolving around the application of the Basic Conditions of Employment Act to the "volunteers" within HCBC was coming to a head.

In addition relationships fostered with NPOs, which had increasingly become reliant on government funding to support community activities, became strained as financial controls and bureaucratic processes caused so-called "dry seasons" where funding transfers could not be made despite commitments by both partners to the recipient communities.

A further policy challenge was that growth in the HCBC numbers did not translate into a comprehensive service given that the programme specific approach to training and deploying of workers remained. Although being questioned for some time, this fragmented approach to service delivery remained despite it clearly being a cost multiplier and its constraint on system responsiveness to new disease and social challenges.

An example from health could see a household have as many as five different lay cadres targeting it and not necessarily in a co-ordinated manner. In this environment if you wanted to add a child health initiative for example, a new cadre with all its

training, management, funding and support structures would need to be developed and grown to a critical mass of influence.

While the need to revisit various practices was becoming clearer, there was also the critical examination of government by the Development Bank of Southern Africa for the ruling party in anticipation of the 2009 elections. For health this had the particular effect of emphasising the challenges around fully implementing the Primary Health Care approach within the District Health System. Some of the strategies for the revitalisation of Primary Health Care emphasised the role of CHWs as well as promoting team approaches which include professional as well as lay cadres.

Notwithstanding this emphasis for health, there was also a need to strengthen the Cabinet mandated collaboration between the departments around their HCBC activities dating back to 1999.

Reviewing our approaches to critical areas

Given the previous section this policy framework had to review our approaches in several critical areas including:

- The motivation for specialised cadres for programmes as opposed to generic cadres across programmes;
- The sustainability of two similar but separate cadres between two departments;
- The reliance on volunteer models which were not developed in the context of large scale and time intensive government-supported programmes;
- The understanding of responsibility towards CHWs and CCWs on multiple levels, for example their development, management, organisational support and legal entitlements; and
- How public policy is designed and to achieve the desired outcomes within complex organisational and social systems.

It was in particular the last critical area, dealing with the system's complexity, which demanded the in-depth conceptualisation of contemporary and emerging

management practices to develop specific forms of praxis for policy. This will be examined in more detail in the following section as well as Section B of the policy framework.

Understanding this policy framework

To understand how the systemic thinking unfolds in this policy framework, the reader must first understand the difference between a policy and a policy framework.

A policy framework brings together various different elements of legislation, policy and strategic planning to comprehensively address a specific need. In this policy framework there are various needs which must be addressed, including taking better holistic care of Community Care Workers, complying with the legislative requirements of the country and also starting to understand how the different programmes we support can work together.

To accommodate so many diverse elements together within the highly variable and complex situations in which it will be applied, this policy framework has been primarily designed around a systems thinking approach. It also further attempts to improve the communication between various actors to help increase a mutual understanding of the actions to be taken. To support this mutual understanding the policy framework uses a values-based approach to underpin processes.

Furthermore, as the effect of some of strategies of this policy framework are unknown or where new practices are being developed, the policy framework applies the use of a quality improvement cycle to evolve the policy framework into an ever improved yet responsive state. This policy framework is therefore not static in terms of its processes and content, although changes are always centred around an understanding of its long-term core values. An example of this continuous improvement commitment can be seen in the annual review of this policy framework's performance and incorporation of new practices as described in Section C.

These avant-garde approaches to public policy will require a strong implementation strategy as well as ongoing support of its implementers to create a deeper understanding of the systemic thinking that underpins the policy as well as the skills needed to be responsive to all its demands as a progressive policy framework. In particular the learning process to improve the practices contained within this document must be established if this document is to become responsive to the changing environment it will undoubtedly face.

Changes in existing terms

Although currently health uses the term Community Health Worker, within this policy framework the term Community Care Worker will be used to denote the cadre that shall progressively replace both existing terms in health and social development covered by this policy framework.

The target audience for this policy framework

This policy framework is primarily aimed at programme managers and administrators within the two departments who are using existing community-based cadres affected by this policy framework or who will use the CCW to achieve their strategic goals. Given the role of NPOs, NPO managers in the respective departments as well as managers within NPOs themselves are a further priority group for this policy framework.

A concise version of this policy framework will be prepared as a quick reference guide for CCWs and managers in locally applicable languages.

Staggered implementation

The extent of this policy framework, in particular around the horizontal integration between the two departments, makes its necessary to stagger its implementation. For example, there are several management and support actions that can be taken to improve the current situation which does not require costly or organisationally disruptive changes. As such these changes can be made with relative speed while

more costly and involved actions can be made as soon as the groundwork and budgeting for their implementation has been completed.

1. INTRODUCTION

1.1 Applying the framework

This policy framework is applying existing legislative and government policy directives within an operational framework to address the departments' explicit and implicit responsibilities to Community Care Workers (CCWs) funded through their Non-Profit Organisation (NPO) partnerships. As such it should not be construed with a labour determination for the sector.

With this in mind, this policy framework applies both to the national and provincial departments of health and social development to the extent that they directly support or endorse the use of volunteer and remunerated workers in HCBC as defined in this policy framework, and where such volunteers or workers are not registered with any of the relevant statutory professional bodies, viz. the policy does not apply to health or social work professionals.

The relevant departments will also advocate that international partners operating under formal agreements with the South African Government adhere to this policy framework.

The application of this policy framework should be considered with due diligence of the relevant Acts of the Republic of South Africa and their relevant regulations. Other government policies and strategies should also be used to contextualise this policy framework where appropriate. To this end key Acts and policies are described in Annexure A together with their pertinent sections.

1.2 Overview of the policy framework revision

The Community Health Worker Policy Framework (CHWPF) was launched in 2004 in a rapidly changing service delivery environment in South Africa with the hope that it would bring about significant changes to the use of Community Health Workers (CHWs) in the health system. However, it was widely accepted by early 2007 that an evaluation of the CHWPF was needed based on the evidence coming from several

local studies involving CHWs as well as given the ever increasing operational challenges with the policy framework.

To this end, the National Department of Health started an 18 month process of evaluating the CHWPF using several sources of data including published research reports; a commissioned study; the evaluation report of the Expanded Public Works Programme (Phase I) for the social cluster; and a rapid situational analysis which involved provincial implementers such as provincial and district level managers, CHWs and NPOs.

These saturated sources of data were collated and used as part of a critical analysis of CHWPF. The overarching understanding of this analysis highlighted the challenges of implementing the policy framework within a rapidly changing environment. These challenges also had to be viewed in the light of the Cabinet mandate that required the departments of health and social development to work closer together and the national rollout of the Expanded Public Works Programme (EPWP) which drove a significant increase in the number of community care workers.

Some five years on these rapid changes overtook the CHWPF in at least four areas which now act as key drivers for the revision of the 2004 framework, these include:

- The demands created by managing Home Community-Based Care within the social cluster as part of the EPWP;
- Functional and substantive gaps in implementing the CHWPF to manage a rapidly expanding cadre;
- The need to reframe the understanding of legislation related to the Basic Conditions of Employment Act; and
- The deterioration in people management practices related both to a lack of specific guidelines and accountability.

Using a specially developed Soft Systems Tool and a practice orientated action research method the aforementioned revision drivers were used to develop and test a set of strategies to change the situation. These strategies were extensively tested

in a validation workshop held in July 2008. In a subsequent process these strategies were expanded into this Community Care Worker Policy Framework (CCWPF) which will address the situation by:

- Acting as a unifying policy framework for both health and social development in managing different cadres in HCBC;
- Updating and improving the management approach to the cadres involved in HCBC to promote fairness and transparency as well as the valuing the dignity of the people working within HCBC;
- Laying out a structure for complying with all relevant legislation;
- Setting up clear requirements for the different departments and programmes to effectively support each other in service delivery and hold the relevant management accountable; and
- Orientating the monitoring and evaluation of this policy framework towards a results-based approach to promote the effective implementation of this policy framework given its goals using existing systems.

1.3   Vision

To formally manage Community Care Workers as valued contributors to the broader delivery of comprehensive HCBC services as part the unique partnership between government and Non-Profit Organisations to ensure a better life for all.

1.4   Goals for the policy framework

To achieve the required changes the CCWPF will pursue three overarching goals, namely to:

(i)   Provide an effective and efficient occupational workforce to support a comprehensive multidisciplinary HCBC service.
(ii)   Strengthen partnerships between government, civil society and communities to consolidate, manage and focus the services offered by Community Care Workers.
(iii)   Delineate strategies that address systemic change within the complex systems both within the public sector and its partners.

2. LAYOUT OF THE POLICY FRAMEWORK

During the development of the policy framework and its various consultation processes it was decided that the policy framework would benefit from being divided into four sections. Each section deals with a specific area relevant to managing, supporting and funding Community Care Workers.

Section A addresses the service packages relevant to the work of CCWs. As this is an integrated service package several programmes are included from both departments. However, to aid managers in the two departments to identify specific areas they are involved in, this section has a traditionally health-related service description as well as a social development service description.

Section B concentrates on systemic changes and introduces a specific management philosophy for the policy framework. This section also takes into account the organisational relationships between the two principal departments both in promoting horizontal integration as well as to drive vertical enablement of the various spheres. The organisational relationship between the departments and their Non-Profit Organisations is also described.

Section C contains the minimum requirements for the working conditions of CCWs who are funded using State funds.

Section D addresses how the financial implications of this policy framework will be managed. To this end it will assist provincial managers and development partners in targeting their funding in a manner that is more complementary and partnership enabling than previous practices.

3. OUTLINE OF THE IMPLEMENTATION STRATEGY

3.1 Macro-implementation strategy

The national departments will be responsible for detailing the following four step macro-implementation strategy using province specific inputs.

	Action	Expected outcome
Step 1	Invite provincial representatives to a national mini-workshop to prepare for provincial implementation.	Provinces are taken through the policy framework to orientate them to the extent of the changes and who needs to become involved in the implementation.
Step 2	The provincial representatives set up provincial workshops which will be co-facilitated by the national departments.	A wide range of programme, district, facility and financial managers, key partners and community leaders are briefed on the policy framework. A diverse provincial implementation team* is named during the workshop.
Step 3	Provincial implementation teams work through the policy framework and develop implementation plans. National departments will support the provincial teams in developing these plans.	Each province has an implementation plan for the policy framework by **[date].** Key implementation challenges are identified in each province as are be addressed where appropriate by the national departments.
Step 4	**Provincial implementation targets** are monitored by the national department and support offered as required. Finalisation of the M&E system for the policy framework.	Provinces will be supported as required to interpret and implement the policy. An operational M&E system for the policy framework by **[date]**.

* One of this teams primary goals is to set up a clear management structure with defined responsibilities for the CCW programme.

3.2   Strengthening management practices

As noted earlier this policy framework aims to address the significant systemic challenges that may constrain its implementation. These actions are contained for the main in Section B.

It is taken that notwithstanding the extensive support to provinces and partner organisations by the national departments to accommodate the technical changes brought about by the policy framework, a further and more comprehensive processes is required to drive systemic change.

It is also further accepted that technical changes require less time than the requirements to drive systemic change. Hence the support around this policy framework to strengthen management practices, both within the departments and

partner organisations, will take on a longer-term view. With this in mind the changes will need to be continuously and extensively supported by the National Departments through leadership and management practice development activities in support of the approaches set out in Section B.

SECTION A

Service Package Guidelines for Home and Community-Based Care and Support and the Role of Community Care Workers

4. SECTION-A OVERVIEW

In this section the minimum service package for HCBC, as supported by the work of Community Care Workers, will be delineated. It is expected that provinces and publicly funded programmes will prioritise and incorporate these HCBC services into their service packages over the next five years.

Notwithstanding the fact that CCWs will contribute to a single comprehensive package of HCBC services, the two departments underlying services will be listed separately in the following sections to aim clarity and individual accountability during the implementation of this policy framework.

5. DEPARTMENT OF HEALTH PACKAGE

In Table 1 the health service package is delineated using both the operational environment as well as the health programme.

6. DEPARTMENT OF SOCIAL DEVELOPMENT PACKAGE

In Table 2, following on from Table 1, the social development service package is outlined. Note that the Department of Social Development has not identified any additional functions for CCWs at a shared facility level.

Table 1. Health services for Home and Community Based Care

Focus	MCWH	Mental Health	TB	HIV&AIDS/ STIs	Non-communicable diseases	Communicable diseases	Nutrition
Home	▪ Promotion of healthy behaviours based on key expanded family practices. ▪ Assist with Post Natal Care, birth & death registration ▪ Provide information regarding HIV and the key services mothers can access. ▪ Monitoring growth of children ▪ Promote on-time immunisation ▪ Encourage ante-natal visits before 20 weeks and further adherence to visits ▪ Preparation and use of oral re-hydration solutions	▪ Promote adherence to medication and coping with side effects ▪ Identify signs of possible prevalent mental illnesses and substance abuse ▪ Identify general signs of mental illness and substance abuse relapse ▪ Support family members or carers	▪ Promote adherence to medication (DOT) ▪ Identify TB medication defaulters ▪ Provide information to people living with persons with TB ▪ Identify signs which could indicate TB ▪ Assist with TB contract racing especially for children under 5 years	▪ Provide information on the prevention and treatment of HIV & STIs and the use of condoms ▪ Distribute male and female condoms ▪ Promote adherence to ART and identify typical side-effects ▪ Support activities of daily living ▪ Support family members and carers	▪ Promote the adherence to chronic medication ▪ Test blood pressure and blood glucose ▪ Identify indicators of hypertension and diabetes ▪ Support families or carers of older persons ▪ Support of activities of daily living for older persons and people with disabilities without carers ▪ Support the psycho-social aspects of palliative care	▪ Provide information on malaria prevention and support treatment adherence ▪ Provide information on water safety ▪ Encourage older persons to seek flu vaccinations	▪ Promote exclusive breastfeeding ▪ Provide information on mixed infant feeding ▪ Safe preparation of food, including formula feeding ▪ Promote good hygiene practices ▪ Provide basic information on healthier nutritional choices ▪ Provide information on establishing food gardens ▪ Monitor vitamin A supplementation using the road to health card

Note some of the services are crosscutting but are listed as identified within programmes.

Focus	MCWH	Mental Health	TB	HIV&AIDS	Non-communicable diseases	Communicable diseases	Nutrition
Facility	▪ Preparation and use of oral re-hydration solutions	▪ Promote adherence to medication ▪ Provide information to clinic users (IEC)	▪ Promote adherence to medication (DOT) ▪ Assist with follow-up and monitoring for persons with TB in line with the TB strategy	▪ Pre- and post-test counselling for HIV ▪ Promote the adherence to ART	▪ Promote the adherence to chronic medication		Same areas of support as for home services
Community	▪ Promote on-time immunisation ▪ Provide information preparation and use of oral re-hydration solutions	▪ Provide information on personal mental health and substance abuse in general and to target groups ▪ Promote the formation of self-help groups for mental illness and substance abuse in support of the professional services rendered	▪ Support awareness on TB and promote the reduced stigmatisation of TB ▪ Support the tracing of TB treatment defaulters ▪ Strengthen support groups	▪ Provide comprehensive information on HIV & AIDS and counteract stigmatisation ▪ Promote access to male and female condoms within the community	▪ Promote the formation of social groups for older persons ▪ Provide information on healthy choices to prevent hypertension and diabetes	▪ Support malaria reduction programmes	▪ Promote growth monitoring ▪ Promote use of Vitamin A ▪ Support community food gardens ▪ Promote exclusive breast feeding ▪ Provide information on mixed infant feeding ▪ Promote the safe preparation of food ▪ Provide basic information on healthier nutritional choices

Note: (i) When it is stated that the CCW will identify signs it is taken that it should be to identify signs and symptoms and that they should refer to nearest clinic.
(ii) Activities of daily living includes areas such as promoting personal hygiene, feeding, wound care, access to social security grants amongst other support activities.

Table 2. Social development services for Home and Community Based Care

Focus	Services
Home	▪ Assessment of individual and family needs ▪ Referrals, follow-up and follow through on behalf of beneficiaries. ▪ Facilitate access to social assistance including accompanying beneficiaries to relevant agencies ▪ Ensure attainment of vital documentation for beneficiaries for example, birth / death certificates and identity documents ▪ Early identification of Orphans and Children made Vulnerable (OVC) by HIV and AIDS and their families ▪ Psychosocial support to people on treatment for HIV and AIDS and other chronic conditions and affected families beyond medical care ▪ Psycho-social support services to Child and Youth headed households ▪ Provision of material assistance, for example food parcels and clothing ▪ Assist with issues pertaining inheritance and guardianship for children ▪ Assist with supervision of children and assistance with homework ▪ Assist when needed with household chores which could include washing, feeding children and preparing food. ▪ Assist with initiatives on sustainable livelihoods, for example food gardens

Community	▪ Raise awareness on succession planning issues to beneficiaries.
	▪ Facilitate the establishment of support structures that build on traditional roles of families and communities to care and support such as:
	  • Support groups- these groups are not only confined to people living with HIV and AIDS but may be established as needs arise, for example a support group for youth heading households, children, older persons
	  • Community Care Centres
	  • Child Care Forums
	▪ Assist with conducting awareness campaigns on issues affecting individuals, families and communities
	▪ Promote behaviour change through a life skills programme
	▪ Commemoration of national and international days for example World AIDS Day and Human Rights Day
	▪ Mapping services offered in the community
	▪ Advocacy

Note: The aforementioned will include older persons and persons living with disabilities

7. INTEGRATED SERVICE PACKAGE

As can be seen from Tables 1 and 2, there are a significant number of areas where services overlap or are of a similar nature. As the two departments work closer and existing cadres are skilled to offer a wider range of services the service package will become increasingly integrated.

8. THE ROLE OF COMMUNITY CARE WORKERS

Principle: Community Care Workers play an important role in supporting Home Community-Based Care which goes beyond service delivery to a level of community self empowerment.

It has been observed that even dedicated CCWs have out of practical necessity developed both a health and psycho-social care and support role that spans several programmes. In understanding the importance of this observation one should see this phenomenon as a key area of systems strengthening. This is given the fact that by acknowledging the realities CCWs face are not programme based but rather the realities of a household, facility or community, one can ultimately start eliminating the limited support or skills they receive for areas they actually function in out of necessity.

In the sections that follow the evolving role of CCWs is examined from the perspective of each department, however, it should be kept in mind that their future roles are envisaged to support an integrated and multidimensional service.

8.1 Community Care Workers as part of the district health system

Within the Department of Health's broader approach to health care the CCW will form part of the service delivery teams within the District Health System (DHS) promoting Primary Health Care (PHC) and Community-based Health Services (CBHS) objectives. This policy framework will therefore, from a health perspective, be implemented to strengthen the DHS by promoting CBHS using the PHC approach.

Flowing from this, CCWs will become a formal resource for basic PHC services within the community and as such will be managed according to the provincial PHC service configurations and their related NPO partnerships in support of CBHS.

In recognising the formal contribution CCWs make to the health system several key considerations arise which should be addressed, not only in this policy framework, but also in other policy documents and service delivery plans which relate to HCBC and CBHS. These considerations include the following.

- The manner in which the departments will link facilities to CBHS as part of a *formal referral system.* This would in part imply formalising CCW referrals from as well as to PHC facilities.

- There will also be a need to clearly *define which service activities* from part of the CBHS, and which of these are supported by CCWs within the departments' NPO partnerships. Given the formalisation of these service activities into the service delivery system a further need is created to monitor and evaluate the outcomes and impact of these services.

- A further consideration is *defining the role of the CCW* within the CBHS team as well as relating that role to health professionals active in a community, for example in PHC facilities. Defining the CCW role in terms of activities has been examined in some detail within this section, however, how that role relates to others in the health system requires some additional comments.

  The call for and virtues of multidisciplinary teams in health has been lauded for sometime now. There are however challenges when bringing together different disciplines which can weaken the inherent strengthen such an approach holds. To counteract this potential challenge clarity around each team members' role, the respectful treatment of team members with different capacities and strong leadership to maintain this clarity and respect is required.

In considering the role of CCWs in the DHS and CBHS in particular, it is self-evident that within the health setting the implementation of this policy framework needs to be lead by the provincial, district and sub-district management teams responsible for district health services.

8.2   Community Care Workers as part of social development

The involvement of CCWs as part of the social development system stems from the general mandate and scope of the Department of Social Development. This mandate and scope can be seen within the department's legislative and strategic policy framework which includes the:

- The HCBC Programme Policy Framework;
- Older Persons Act that calls for regulation of community based care and support services to older persons;
- Children's Act; and
- Non-Profit Organisations Act with the objective to allow NPOs to flourish while promoting good governance and transparency.

Notwithstanding this particular mandate and scope, the Department of Social Development is also identified as a key actor in addressing the impact of HIV and AIDS as part the national strategic response. To this end the Department of Social Development plays a key role in addressing the needs associated with HCBC programmes through their strategic NPO partners. To address this need, an extensive range of guidelines has been developed for HCBC.

8.3   The integrated health and social development role of Community Care Workers

From Sections 8.1 & 8.2 it can be noted that the integrated role of CCWs will need to be informed by the perspectives of two unique departments. While the integration of services is relatively straight forward given their overlapping and complementary natures, the two systems from which these services are driven differ and hence the two departments may view the role CCWs from different management perspectives.

Hence notwithstanding the coalface phenomenon of necessity-driven integration, the integration of two unique systems must still functionally evolve from the conceptual agreement that integration is a prudent and necessary requirement for improved service delivery. Put another way although there is agreement to integration the role of CCWs, such integration requires two the departmental systems to evolve towards each other to make integration a functional reality that allows both departments to achieve their strategic goals.

To guide this evolution the integrated role of CCWs, depending on their competencies, will be to:

(i)   Mobilise community members to determine health and social needs and take responsibility for their health and social well-being and access health and social development resources.

(ii)   Act as an advocate to improve health and social well-being.

(iii)   Facilitate the access of other health and social worker cadres into households when required.

(iv)   Provide specified community-based services to community members.

(v)   Disseminate health and social security information.

(vi)   Carry out health promotion and social well-being activities as well as provide psychosocial support.

(vii) Transfer health and wellness skills to community members.

(viii) Provide referrals to other sectors beyond their scope of work to maximise the efficacy of other community-based services. This could include referrals to services such as anti-child abuse centres, feeding schemes, grants and rehabilitation amongst others.

8.4   The role of NPOs in terms of Community Care Workers

The deployment of CCWs is seen to be part of a partnership between communities, civil society as represented by NPOs and government to expand and improve community-based services. Specifically the role of civil society in the form of community-based NPOs, is seen as being critical to expand community-based

services beyond the capacity of the public service through the recruitment and management of CCWs. In support of this role the two departments and development partners play a role by providing various resources within clearly defined and performance orientated partnerships.

Within the ambit of this policy framework, which should be read in conjunction with other related strategies and policies, the specific roles of NPOs in terms of CCWs are:

(i)   Supporting community-based services as self governed and independent organisations working in partnership with provincial departments of health and social development;

(ii)   Facilitate community interaction regarding community-based services;

(iii)   Help distribute various health and social development resources;

(iv)   Obtaining and disseminating information relevant to the well being of the community;

(v)   Help change social attitudes to promote community well being;

(vi)   Mobilising and organizing communities in support of health and social development;

(vii) Support government's commitment to the Batho Pele principles, through such activities as channelling community preferences of public resource allocation.

(viii) Promote good practices relating to CCWs by:

    (a) Meeting all legislative requirements including but not limited to the Basic Conditions of Employment Act and Occupational Health and Safety Act.

    (b) Ensuring the general well-being of CCWs through appropriate support programmes.

    (c) Identifying capacity constraints related to the delivery of services by CCWs and facilitating the necessary support to them in partnership with the relevant departments.

    (d) Continuously promoting the further development of CCWs in as well as outside their field.

    (e) Apply the relevant HCBC norms and standards as published by the two departments.

IMPLEMENTERS' NOTES		
DEFINED	**MANAGERS**	**COMMUNITY STRUCTURES**
The broader role of Community Care Workers in terms of the expectation of the services they will deliver.	**Planning health services:** The CCW has a defined role which forms the basis for task allocation and management. **Skills development:** Skills programmes must achieve competencies that meet the expected role of CCWs. Existing cadres will need training to be brought into these new roles. **Health or social development programmes:** The CCW's role is broad and not highly specialised. This will call for collaboration between programmes as well as departments and local structures.	**Co-ordination of CCWs:** Within the district and local plans for the delivery of health and social services the role of the CCWs should be maximised to use their full potential. **CCWs'** Your role speaks to creating a link between the household and various service agencies. This is done by both bring information and services to community members and referring members to other services. Furthermore, you facilitate the entry of other health and social services professionals to the household.

SECTION B
Systemic Processes and Management Philosophy

9. PROMOTING SYSTEMIC CHANGE

This policy framework faces significant implementation challenges given the current status of CCWs and the seemingly conflicting demands of service delivery, providing adequate working conditions, sufficient funding of activities and further development of the current volunteers. In addressing these challenges this policy framework will have far-reaching implications for the sector, which given the sector's complexity, will need to be actively and creatively managed on an on-going basis.

Hence this policy framework has been expanded to include guidelines for addressing some of the systemic processes required to bring about the meaningful changes required to these complex systems. As such these guidelines introduce well established management practices for dealing with systemic changes and promoting enabling management practices for problem solving and continuous improvement.

However, such systemic changes in a complex system will need to evolve over some considerable time as managers find the balance between their own practices and the guidelines aimed at enhancing their management practice. The role of the national departments will be to support this enhanced management practices through various skills development activities as well as the mentoring of provincial and district managers. The detailing of these activities will form part of the implementation planning process for each province.

In the sections that follow, guidance will be given to enhance management practices through a specific systemic management philosophy based on Liker's 4P model. The 4P model can be described as a **philosophy** that drives **processes** which respect, challenge and grow **people and partners** who support **problem solving**.

9.1 Management philosophy

A management philosophy is typically based on various core values which often are also expressed in practical terms as principles. In the public service an example of this would be the Batho Pele Principles, which are often cited and valued to align the actions of the public service to its core values.

Although Batho Pele is important within the public service, the influence of this policy framework will need to extend beyond the public service to various partner organisations. In such an environment it has been proposed that more universal values, which are well known or easily understood within the wider community, could be applied to guide our collective actions. Within South Africa it has been suggested that the social values of uBuntu can act as such a universal value system to express our intent for management practices. This understanding stems not only from the familiarity of uBuntu as an African value system but also its influence on the Constitution of the Republic of South Africa and underpinning of the principles of the Batho Pele programme[1].

9.1.1 Core values of the management philosophy

Core values are seen to play an important role within organisations to guide their broader focus as they strive achieve their ideals. However, values within an organisation do not simply stop at the top as idealised achievements, rather core values are intended to influence other more operational values linked to daily operational processes.

To this end core values would ideally manifest within individual actions as more functional principles to guide their work. Hence in this policy framework the more abstract core values are complemented with various practical principles which are stated at the start of each technical section. This is to help the implementers make sense of the intent on which that section was based as well as to create some reference point for real world practices which may not follow the section precisely.

Keeping the aforementioned in mind the policy framework applies five core policy values in its management philosophy. These five core values are not simply seen as idealised statements by also as key drivers for planning the implementation of the policy framework as well as judging practices related to its implementation[2].

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[1] Mbigi (1997); Mokgoro (1998); Giacomini, Hurley, Gold, Smith & Abelson (2001); Public Service Commission, 2006; Cornell (2008); Department of Public Service Administration South Africa (2008)
[2] Liker (2004)

Moreover, these core values are considered to apply equally to all management and functionary levels as well as partners and therefore forms a critical element in evaluating the policy and promoting accountability amongst management structures. These five core values are as follows.

Solidarity- refers to taking collective action to address difficult challenges. No single person, programme or department can address the complex challenges faced within communities. Hence this value emphasises the need to collective action based on our interdependence.

Compassion- is an act of actively trying to understand others challenges and making a concerted effort to help them. This value has two equally important parts, understanding others and making a real effort to help no matter how constrained it may be. Within this understanding the importance of participation is raised as well as problem solving.

Respect- is a value that embodies a commitment to human rights, local values and beliefs and local normative order. This value recognises that to demonstrate respect departments, programmes and partners must support human rights and acknowledge local cultures and normative orders. However, this would not negate the ultimate responsibilities of the State under the Constitution.

Dignity- represents a metaphysical right that quintessentially defines being human, which must be fundamentally respected and protected by all. Although dignity may be metaphysical it can be maintained, reduced or restored implying that the actions of departments, communities, partners and individuals can affect dignity and as such their actions must always support the promotion of dignity.

Endurance- is defined as taking actions to effectively increase a community, programme or individual's ability to thrive under difficult conditions using short-term interventions bound to a long-term vision. This core value underpins the essential task of government to dismantle the devastating social and economic effects of apartheid on communities. Equally it speaks to the need for departments and

programmes to support each other within the constraints of the resources available to government to achieve a better life for all.

As noted earlier these core values are seen to drive planning for and implementation of this policy framework both horizontally and vertically. Interpretation of the policy framework, which might include actions needed to deal with coalface realities, should therefore always be grounded in how such actions will embody these core values.

Similarly these values should be embedded in the performance monitoring mechanisms for management structures and partner contracts.

9.1.2 Inter-reliance

The cornerstone of this policy framework is integrating various programme goals into a comprehensive service package. Although this is a highly desirable attribute for service delivery, it has been shown to be difficult to achieve possibly given the need to extensively prioritise resources in the health and social development systems while also maintaining individual programme accountability.

Hence to specifically address this concern and further promote integrated activities in the management philosophy a specific value called inter-reliance was synthesised from the core values solidarity, compassion and endurance. Essentially inter-reliance implies that managers take a genuine interest in the programme challenges of other managers and truly try to assist in those challenges while still achieving their own goals.

To promote inter-reliance the following is proposed as managerial actions:

(i) Gaining an understanding of each others programmes, key challenges and areas where mutual beneficiation can occur.

(ii) Planning to meet individual targets in a manner that supports the beneficiation of one or more targets in another programmes. For example, home visits conducted to provide key health messages can also help support access to social grants and chronic care services.

(iii)   To hold programme managers at all levels accountable for their efforts in working with and strengthening other programmes within a reciprocal manner.

Inter-reliance is therefore not the same as collaboration, but includes efforts that may be seen as being collaborative. It can be further seen as establishing a principle of accountability which discourages the progress of one programme while other programmes around it fail. In essence its holds that one programmes success should support another programmes success which in turn should reciprocate and support the first programmes success.

9.1.3   Incorporating the Home and Community-Based Care programme principles

The core values being used to drive the systemic processes can be equated to ultimate values, viz. they are at a high level of abstraction, overarching and not changed often. However, on a more operational level there are instrumental values that assist in day-to-day programme activities. In this policy framework's sister document various principles are listed that help with the day-to-day running of the programme. Hence when considering the core values and principles of this policy framework the reader should also consider the HCBC Programme Policy Framework (as revised) principles**.**

9.2   Processes

As noted earlier this policy framework will have far-reaching effects. Some of these effects cannot be predicted or controlled at the outset. However temping it may be to only address the technical requirements for the policy framework, such efforts cannot realistically address the vast range of challenges this policy framework will face in the real world, many of which are systemically entrenched.

With this in mind, it is accepted that as a policy framework this document will at best aid managers and partners to bring about the changes required. Hence in large part the purpose of Section B is to set out the thinking and tools that will be applied to

influence current processes to be transformed to reflect the idealised states described in Sections C and D.

9.3   People and partners

This policy framework is particularly dependent on our expectations and vision for working with various people, both as beneficiaries of community-based services as well as those offering such services. Notwithstanding this the two departments and numerous NPOs are bound in critical partnerships to facilitate community-based services to achieve various and at times diverse strategic goals.

Hence within this policy framework it is assumed that all processes should respect people as well as challenge our partners. This can be seen in processes that reflect such key concepts as focusing on the life goals of CCWs as part of a revise understanding of their further development and exiting from HCBC services.

There are also organisational aspects to respecting and challenging people and partners. In respecting partners the dry season phenomenon offers two examples. On the side of NPOs it can be the failure of partners in submitting critical performance data to allow the release of funds. Within the departments' it can be bureaucratic processes that hamper contracts being signed which are critical to the release of funding.

Finally, this policy framework will be challenging the departments' partners as it sets out more specific and rigorous requirements for managing CCWs. By creating this new challenge for partners, the departments' are also indicating that in solidarity they are committed to strengthening their partners to bring about the envisaged changes.

9.3.1   Putting a human face to Home Community-Based Care and Support

One of the most striking observations during the review process was how the needs of CCWs had been unintentionally but ultimately increasingly lost in the pursuit of quantitative goals. The questionable treatment of these people in some areas coupled with their apparent inability to exit the programme due to a lack of

widespread opportunities was brought into sharp focus in several research papers. These conclusions were also reaffirmed during several consultative meetings with this group. It could therefore be said that there was a need to remind ourselves of the human face behind the CCW numbers.

Hence the policy framework is very specific and directive in some areas. To the uniformed observer it may seem that some parts of the policy framework are therefore overly prescriptive compared to other areas that are less prescriptive perhaps even vague. This is not a failure in the construction of the policy framework but rather a deliberate effort to emphasise specific areas which will promote improved working conditions, safety and the freedom to make meaningful career choices. For the latter the policy framework places a high value on taking into account the life goals of individual CCWs thereby introducing the element of some choice into their career decision. Likewise the care and support of CCWs to cope with the demands of the work is also being re-emphasised and made a critical element in running HCBC programmes.

9.3.2   The relationship between partner organisations and the departments

There is an important relationship which exists between NPOs and the departments in general, and in particular with partner NPOs. This relationship exists because NPOs are seen as the preferred mechanism for community involvement in decisions regarding their care and support, the offering of community-based services and the wider self-empowerment of communities.

Chapter 2, Section 3 of the NPO Act underpins this relationship understanding by stating:

> "Within the limits prescribed by law, every organ of state must determine and co-ordinate the implementation of its policies and measures in a manner designed to promote, support and enhance the capacity of non-profit organisations to perform their functions."

Notwithstanding this relationship NPOs are autonomous self-governed organisations who at times receive funding from the State to achieve specific goals that are either self identified or form part of a larger government programme. As part of that agreement to fund activities managed by an NPO, government exercises its right to place conditions on that funding to promote its mandate. This mandate may be to promote programme goals, maintain financial accountability or to address its explicit or implicit responsibilities.

Within this policy framework it should be clearly understood that the recruitment, management and support of CCWs falls within the domain of the NPO. While working within a community, an NPO may enter into an agreement with government to offer services in support of specifically defined goals. Such assistance should complement the wider service and development plans of government. Notwithstanding such agreements, the explicit and implicit responsibilities of government to implement its policies and programmes remain and are not diminished.

Given the extent of government funded support for CCWs within the sector there is an implicit responsibility for the departments to set out conditions which will not only ensure the best used of CCWs to achieve programme goals but also that the well-being of CCWs is being addressed. As such, this policy framework is not determining labour practice, which is the domain of the Department of Labour, but rather applying existing policies and legislation to promote good practices.

Therefore this policy framework places an obligation on partner NPOs to achieve its goals relating to the management and support of CCWs notwithstanding their status as autonomous organisations.

9.4   Problem solving and organisational learning

Although this policy framework will start to standardise many processes related to CCWs, it should be kept in mind that these standardised processes will quickly start to show flaws on only in the current practices but also the new practices being introduced. Multiple these challenges across the many contexts in which this policy

framework will be implemented and it soon become clear that no policy framework can offer generalised "solutions" for such an extensive and complex system. As such in this policy framework these systemic challenges with standardisation is seen to provide opportunities to learn about how one can improve on these practices within the effected organisations.

Overtime, the implementation of this policy framework is therefore seen to create multiple new and unique learning opportunities, which can be used to further develop processes for quality improvement. This systemic organisational learning process is shown in Figure 1.

Figure 1. Using standardisation as an organisational learning opportunity

Within an organisational learning approach, standardisation is not seen as a primary control mechanism, but rather as an opportunity to learn about process problems and effect improvements that will impact on the quality of the process output.

Given this, a continuous quality improvement cycle should be promoted by means of encouraging people at all levels to report process problems, help management structures to actively learning about these problems and seek solutions from the coalface.

It is also proposed that annually provinces and districts are given an opportunity to share what they have learnt from their implementation challenges and testing of evolving practices. These coalface findings can then be considered for annual revisions of this policy framework as further described in Section XX. Hence, it will be the responsibility of the two national departments to set up an appropriate mechanism within existing structures to engage with provincial and district actors to promote this continuous learning process.

9.5   Summary of the systemic approach

In Figure 2 below, the 4P model is illustrated as outlined in the preceding sections including some of policy framework elements that are to follow in Sections C and D.

Figure 2. The systemic approach and related elements in the policy framework
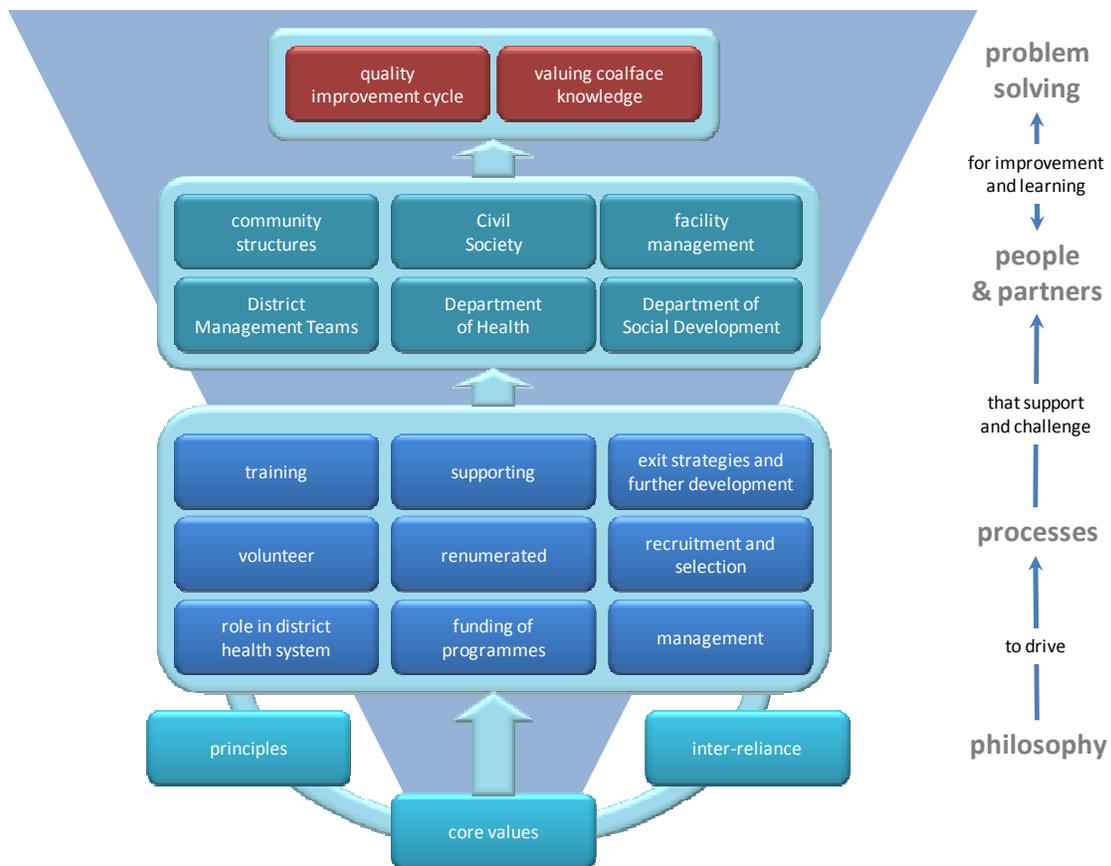
SECTION C

Minimum requirements for publicly funded Community Care Workers

10. DEFINING SPECIFIC CADRES

Principle: There should be a single approach to Community Care Workers which acknowledges the services they render without creating multiple cadres who essentially perform similar generic tasks.

All existing lay community-based workers under health[3] and social development programmes that fall under the scope of this framework will be brought functionally into a unified cadre called Community Care Workers. The primary understanding behind this unified approach is for government through its partnerships with NPOs to manage and focus this cadre as a community-based resource to respond comprehensively, and where applicable within community-based service teams, to community needs on community terms- be it in the home, facility or across a community as a whole.

Furthermore, in line with the supervising cadre already present amongst CCWs, a formal supervising function will be developed. The supervising CCW cadre will support the functioning and effectiveness of CCWs within the community. Such tasks will include key NPO functions for service delivery, creating a link with local programme managers/ supervisors as well as any other relevant community and departmental structure. This supervising CCW will receive specific training (see Section X) to perform these duties and will be remunerated at a higher level.

11. MINIMUM REQUIREMENTS FOR A COMMUNITY CARE WORKER

Principle: The ability to become a Community Care Worker should not be limited by ones educational history or any other situation which can be reasonably and legally accommodated.

The following basic requirements will apply to becoming a Community Care Worker:

(i)   The person must be at least 18 years of age; and

(ii)   They must meet any legislative determinants, for example to work with children or other vulnerable groups.

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[3] Health groups include but are not limited to community health workers, home-based carers, peer educators, lay counsellors as well as adherence counsellors.

Level of schooling or previous education may not be used as an entry requirement other than to determine if Adult Basic Education and Training is required in order for that to be provided to the applicant as part of their skills development programme.

DEFINES	MANAGERS' NOTE	COMMUNITY STRUCTURES
Who may become a CCW.	**Health or social development programmes:** A basic requirement for CCWs may not be their level of schooling or previous education. Also note that people working with children are required by the Child Act to meet specific requirements. Similarly, people working with older persons must meet the requirements of the Older Person's Act. **Skills development:** Adult Basic Education and Training should be seen as part of the training programme, which is offered as needed.	**Local governance structures:** Most people can become CCWs, however, there are some limitations where people cannot safely perform the service. People with disabilities and those who may be illiterate should be included in those recruited.

12. RECRUITMENT AND SELECTION OF COMMUNITY CARE WORKERS

Principles: The recruitment of Community Care Workers should be fair and transparent at all times. On recruiting people who are unemployed and under the pressures of poverty a responsibility arises for reciprocal beneficiation, viz. that as we benefit from their services we are building them to achieve their life goals.

12.1 The process of recruitment

The following principles will apply to the process of recruiting CCWs who are funded using State funding:

(i)   Recruitment must occur as part of a purposeful plan for service delivery in line with Social Development Service Delivery Plans and the District Health Plan (DHP) as aligned with the Integrated Development Plan (IDP) of the municipality.

(ii)   Prior to recruiting new CCWs, the community should be mapped in terms of existing services and available CCWs which could be involved.

(iii)   All processes must be considered to be fair and transparent if tested by labour law standards.

(iv) Communities will be involved in the processes of recruitment and selection.

(v) Only members of the community being served will be recruited. A representative community structure may, based on a well motivated and recorded reason, set aside this requirement on a case by case basis.

(vi) Given the nature of the work performed community members should indicate their interest to join the programme rather than being nominated.

(vii) The nature of the work, expectations for the delivery of services, inherent risks of the work, special benefits, special criteria and their reasons or any other matter of material importance should be disclosed during recruitment.

(viii) On recruitment it should be made clear to applicants that they are being recruited by the relevant NPO partner and not the respective department that is financially supporting the NPO. Hence it should also be made clear that there should be no expectation to be employed or absorbed by the respective department. However, should a CCW meet the requirements for an advertised position in a respective department their service history may be considered.

(ix) Special recruitment criteria must be approved by provincial heads of department and be reported to their respective national department. Included in special criteria are any requirements of qualifications such as a school-leaving certificate. Suggest deletion. This is provided for in (x)

(x) All NPO partners of the departments must comply with these guidelines as part of their contractual obligations. Failure to do so will be considered a material breach of contract.

Non-Profit Organisations must reflect these principles in their human resources policies required in terms of the NPO Act.

12.2 Special considerations for recruitment

The following considerations should be made for the recruitment process to ensure it is mutually beneficial:

(i) All recruitment processes should take into account who is being recruited and what their personal development and life goals may be.

(ii) It should be kept in mind that there is an explicit intention by the two departments to work in partnership with NPOs towards an integrated approach to reduce unemployment, using both the work opportunities that can be created in delivering services and the further support that can be given to assist CCWs to pursue other work opportunities.

(iii) The recruits must be willing to undergo training as required by the NPO.

DEFINES	MANAGERS' NOTE	COMMUNITY STRUCTURES
The process of recruitment as well as the developmental responsibilities it bring about.	**Planning health services:** For a recruitment and selection process to be fair and transparent takes time, given the need for proper communication, dealing with large responses and making difficult choices. Consider if you need more CCWs, or should the existing workforce not be further skilled. This should be weighed against increasing work and job opportunities. **District health management:** A fair and transparent process requires a well functioning governance structure and good communication. Be aware that well meaning programmes can entrap CCWs, especially stipended volunteers. Ensure that desirable exit opportunities are available and communicated to CCWs. **Skills development:** Programmes should be put in place to promote the further development of CCWs, at times outside of their current functions to achieve their life goals.	**Local governance structures:** Most people can become CCWs, however, there are some limitations where people cannot safely perform the service. People with disabilities and those who may be illiterate should be included in those recruited.

13. EMPLOYMENT CONDITIONS FOR CCW'S EMPLOYED WITHIN STATE-FUNDED HCBC ORGANIZATIONS

Principle: The rights of Community Care Workers will be respected within the ambit of the respective legislative frameworks to ensure their fair treatment.

13.1 Transitional arrangements

The following transitional arrangements will be effected to accommodate the move from a volunteer and stipend-based approach to a remunerated employment base that is compliant with the Basic Conditions of Employment Act.

13.1.1 Timeframe

The timeframe for implementing this section of the policy framework will depend on two key determinants namely:

(i)   The completion of technical capacity development activities both within the two departments and their partner NPOs .

(ii)   Securing the funding required for the policy framework activities (also see Section D).

13.1.2 Who qualifies

Initially all stipend recipients, who are solely funded by the State, and who are linked to a recognised NPO will be translated onto the minimum remunerative and service benefits package.

Should a State-funded stipend of a current CHW/ CCWs exceed the minimum package described in this policy framework at the time of its implementation, the relevant department will continue to fund such individuals at their higher level. However, the higher State-funded amount will be fixed until parity is reached between it and the lower State-funded package[4].

13.1.3 Which minimum requirements should be followed

The minimum requirements of this policy framework are based on the Basic Conditions of Employment Act. Several minimum requirements in the policy framework will exceed the requirements of the Act.

Notwithstanding the aforementioned, this section should also be read in conjunction with the Basic Conditions of Employment Act, Act 75 of 1997 as amended, the Labour Relations Act, Act of 66 of 1995 as amended and the Occupational Health and Safety Act, Act of 181 of 1993 as amended as well as other relevant labour legislation.

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[4] Subject to the contractual conditions between the department and its partner NPO.

13.2 Authority to deviate from the minimum requirements

This policy framework contains minimum requirements for State-funded CCWs. As such any provincial department or partner **may exceed the minimum requirements** based on their resources.

However, **no NPO partner or provincial department may reduce or limit in any way the minimum requirements** of the policy framework without the approval of the National Health Council (NHC) and Heads of Social Development (HSD).

13.3 Who is the employer

(i) Provincial departments will not employ CCWs, but will rather provide financial support to qualifying NPOs to employ CCWs to offer basic community-based services in support of national strategic goals.

(ii) NPOs are deemed in this policy framework to be the employer.

13.4 Remunerative structure

(i) On a commencement date to be set collectively by the departments of health and social development the following remunerative structure for **qualifying** CCWs will be implemented.

(ii) All provinces will collectively adjust their payments under their NPO contracts to allow for the remuneration of CCWs as shown in the Table 2 on that date- see (i) above.

(iii) The **full time rate** is paid for CCWs working a minimum of 40 hours per week and is paid monthly.

Table 2. Full Time Rate: Employed minimum 40 hours per week

Category	Year One	Year Two*
Learner CCW	R 750 p/m	R 1 000 p/m
CCW	R 1 100 p/m	R 1 500 p/m
Supervisor CCW	R 1 500 p/m	R 2 000 p/m

*Proposed wages which are subject to confirmation of funding

(iii)   The **part time rate** is paid for CCWs working a minimum of 24 hours per month up to a maximum of 80 hours per month and is paid monthly.

Standard hourly rate formula:

    (a) The standard hourly formula is the monthly rate divided by 160.

    (b) If the income can be defined as sole source the rate may be multiplied by 1.2

    (c) This implies that part-time CCWs can work for other projects or employers, but will not be entitled to the sole source adjustment.

(iv)   Beyond year two annual adjustments for minimum remuneration within provincial contracts will be based on inflation using the Consumer Price Index.

(v)   No remunerative overtime payments may be made. Where work can be defined as overtime and has been approved within the contractual arrangements between the NPO partner and the province the following will apply:

    (a) A record of purpose and duration of overtime will be kept;

    (b) The CCW will be entitled to 1.5 hours of regular paid timed off for every one hour overtime worked.

    (c) Overtime hours must be taken within one month of the overtime being worked.

    (d) Learner CCWs may not work overtime.

(vi)   Night work as defined in the BCEA, may only be rendered in exceptional circumstances. Night work should be agreed to within contractual agreement between an NPO partner and a province in terms of their funding.

(vii)   For night work which is conducted the following will apply.

    (e) Night work for CCWs may not exceed 12 hours per 24 hour period with a minimum of 12 hours rest between.

    (f) NPOs will under Section 17-2(a) of the Basic Conditions of Employment Act provide reduced working hours as an allowance. Such an allowance will be 1.5 hours of normal paid work off for every hour night work performed.

(g) Transport must be provided for night work, unless an alternative arrangement has been agreed to between the CCW and NPO.

13.5 Leave benefits

(i)   The following paid leave benefits will be extended to CCWs supported through provincial contracts subject to the provisions of the BCEA. All leave benefits cannot be carried over or accumulated from one year to another, unless otherwise stated.

- *Annual leave* will be accrued on a 1 to 17 ratio, viz. 1 days leave for every 17 worked or 1 hour for every 17 hours worked. Annual leave from a previous calendar year must be taken within the first 3 months of current calendar year.
- *Sick leave* will be accrued as described in the BCEA.
- *Family responsibility leave* of 5 days per year will be granted to full-time CCWs who have worked at least 4 months. Part-time CCWs may on approval by the NPO make changes to their work plans to accommodate family responsibilities provided it does not exceed 5 days. Arrangements can be made to work in the time lost within one month.
- *Maternity leave* of which the first 8 weeks will be paid leave and the remaining period unpaid up to a maximum period of four months.
- *Paternal leave* of 5 days per year for full-time CCWs who have worked at least 4 months. Part-time CCWs may on approval by the NPO make changes to their work plans to accommodate paternal support after child birth provided it does not exceed 5 days. Arrangements can be made to work in the time lost within one month.
- *Unpaid Leave on request of the CCW* to a maximum of 6 months for full-time CCWs who have already worked at least 18 months in their current post. The partner NPO must report to the province if such a request exceeds two weeks or unpaid leave of totalling two weeks or more has been granted to the CCW requesting the leave in the preceding 12 months.

- ***Study leave*** of 20 work days may be given to CCWs who have enrolled for an accredited learning programme which is not defined as an in-service training or further development programme. To qualify a CCW must have worked at least one year.

13.6 Other benefits – Ask Matilda about COIDA

(i) Unemployment Insurance Fund (UIF) contributions will be made for all renumerated workers as per the requirements of the UIF Act. NPO partners will ensure all CCWs in their employ are briefed on the fund's conditions and benefits.

(ii) No co-payments for benefit funds other than for the UIF, which includes medical aid contributions and retirement benefits, will be made under provincial department contracts. Voluntary deductions in line with the BCEA on behalf of CCWs can however be made.

(iii) The two departments will include in their financial support funding for employer UIF contributions.

13.7 Occupational health and safety

All contracts entered into by provinces will require full compliance with the Occupational Health and Safety Act (OSHA). Moreover, such compliance will be monitored by provinces as part of the contractual obligations of NPO partners and appropriate actions taken to protect CCWs. Failure to comply is considered a material breach of contract.

13.8 Record keeping

(i) All provinces will keep a secure electronic record of CCWs linked to provincial contracts.

(ii) The record will include:
(a) The name of the CCW as stated in their green bar-coded identity document or other official permit or identity document issued by the Department of Home Affairs;
(b) Their identify number;
(c) Their physical and postal address;

(d) Date of birth, gender and race;

(e) Their training both recognised and informal;

(f) Status of a CCW against the specified Acts. Background checks which may be required under the Child as well as Older Person Acts Criminal Procedures Act and Sexual Offences Act as considered appropriate to protect vulnerable clients. Check Children's Act regulations

(g) The title of the CCW, for example supervisor

(h) Disability status

(iii) NPOs will submit the required data in a secure format to the identified district manager who will be responsible for the safe keeping and distribution of the data to authorised individuals. Bullet as in above (ii)

(iv) All CCWs will be given a written job description aligned to the service package they support. Where feasible such a job description should be in a CCW's home language. The NPO partner will go through the job description with their CCWs to ensure a common understanding of its contents and expectations. Job descriptions should be reviewed annually.

(v) All CCWs should sign, or mark by appropriate means, a copy of a code of conduct in a language better understood by the CCW. A copy of the signed/ marked code of conduct should be kept by the NPO partner.

13.9 Promoting fair practices

(i) Each province should together with the contracted NPO partner set up mechanisms for the promotion of fair practices related to the allocation of work, responsibilities and monitoring and evaluation of work.

(ii) A formal provincial grievance procedure for communities, provincial staff, NPOs should be established. Such procedures should be well communicated to all stakeholders.

(iii) All NPO partners should have a clear and functional policy to manage grievances of their employees, including CCWs.

14. GENERAL PROGRAMME MANAGEMENT

Principles: General management practices should promote a culture of inter-reliance and continuous quality improvement. Such practices will require a commitment to hold managers' accountable not only for technical compliance but also systems strengthening. Part of that systems strengthening is ensuring that planning and management of Community Care Workers ensures their contribution to the effective and efficient delivery of Home Community-Based Care services.

The competent management of CCWs is central to meeting service delivery objectives and as such relies on an enabling and supportive working environment. Elements that are seen as being enabling include functional referral centres, proper training, correct deployment within teams, access to equipment as well as supplies needed to perform their duties safely and effectively. Supportive elements would include balanced work loads, supervision, community awareness of CCW activities and roles as well as assisting CCWs to deal with the emotionally taxing environments they may perform their duties in.

Monitoring and evaluation of CCW linked programmes should take into account key indicators of good management practices as part of a continuous process of improvement and adaptation of interventions for service delivery.

14.1 Structures to manage CCWs within programmes

Three functional levels will be required to oversee and monitor the implementation of this Policy framework. These functional levels will require the involvement of a national, provincial and district structures that have the basic responsibilities outline in the following sections. The functionality will be incorporated into existing HCBC programme management structures.

14.1.1 National co-ordination structure

The national structure will include the programme managers from both departments who oversee the HCBC services rendered in the core service package. Additional members will include managers overseeing district health services and primary

health care as well as the national NGO/ NPO units, health promotion and human resource development.

The responsibilities of this structure in terms of the policy framework will include:

- Act as an enabler for provinces, districts, sub-districts as well as NPO partners in implementing and managing this policy framework.
- Facilitate funding in support of this policy framework as part of programme and special project bids, for example the EPWP.
- Co-ordinate activities and campaigns which utilise or target CCWs.
- Promote the use of as well as make future recommendations around the core service package elements offered CCWs.
- Promote quality improvement by introducing norms and standards which support both the HCBC programme and the management of CCWs.
- Arrange an annual national meeting to examine the effectiveness of this policy framework and consider changes based on the inputs received from provinces and NPO partners.
- Promote NPO strengthening through supporting registration of organisations and development support.
- Oversee the monitoring and evaluation of both the wider HCBC programme as well as key indicators for this policy framework.

This structure accounts to Senior Management structures of both departments..

14.1.2 Provincial co-ordinating structure

The provincial structure will include all programme managers from both departments who account for the services rendered in the core service package. Additional members should include managers supporting district health services, those managing NPOs/NGOs, health promotion, EPWP and human resource development.
The responsibilities of this structure will include:

- Act as an enabler for districts and sub-districts as well as NPO partners in implementing and managing this policy framework.

- Review available funding from various resources and make recommendations to the Head of Department on funding CCW rendered services.
- Review quarterly reports received from districts as well as monitoring and evaluation data to identify areas that require intervention.
- Work with the national structure to co-ordinate activities and campaigns which utilise CCWs.

This structure accounts to the Heads of both Departments.

14.1.3 District co-ordinating structure

This structure should include district managers, programme co-ordinators and partner NPO representatives associated with both departments. District and Sub-District Management Teams may serve as an existing structure.

The responsibilities of this structure will include:

- Manage overall co-ordination of NPOs and their CCWs
- Blend local priorities and national strategic goals
- Ensure the collection and collation of relevant service and NPO performance data
- Oversee identification of challenges and addressing of concerns (coalface learning processes)
- Act as a sounding board for communities to raise concerns and provide inputs into the use of CCWs

This structure accounts to the provincial co-ordinating structure.

14.2 Supervision of CCWs

Community Care Workers should always perform their work under the supervision of an appropriately qualified manager. It is envisaged that there will be at least three forms of supervision for CCWs.

14.2.1 CCW Supervisor

(i) In this form of supervision, under the NPO partner, a CCW supervisor is a CCW who through experience as well as the necessary training can supervise other CCWs.

(ii) The CCW supervisor is intended to work in situations where large numbers of CCWs are active in a community or where supervision by a professional supervisor is not regularly possible for example in remote areas.

(iii) Creating CCW supervisors is not however a requirement and is dependent on operational requirements, provincial preferences and partner practices.

(iv) The CCW supervisor is attached to NPOs and is entitled to a higher level of remuneration.

(v) Where CCW supervisors are deployed, there should not be more than 20 CCWs reporting to them.

(vi) A CCW supervisor reports to the Professional CCW Supervisor.

14.2.2 Professional CCW Supervisor

(i) This level of supervision is offered by a professional health or social worker who is experienced in HCBC.

(ii) It is recommended that a Professional CCW Supervisor should be able to consult a professional health or social worker depending on their own field of practice.

(iii) An NPO partner must utilise at least one Professional CCW Supervisor who could be part-time employed depending on the service workload.

(iv) It is recommended that a Professional CCW Supervisor has no more than 10 CCW Supervisors or 50 CCWs report directly to them.

(v) The Professional CCW supervisor reports to the management structure of their NPO.

14.2.3 Programme CCW supervisors

(i) This is the third form of supervision and involves a professional health or social worker employed by either of the departments to co-ordinate or manage the various programmes associated with the core service package.

(ii) The role of this supervisor is to work with the other two supervisors listed above to promote the quality of services and achievement of the funding goals.

14.3 Planning for Community Care Workers

As a result of the medium as well as longer-term strategic planning of the national and provincial departments the nature of and resources for community-based services is known. From this strategic understanding of which services will be rendered to achieve the various targets set by the departments, the workforce planning for CCWs can start.

14.3.1 Planning focus

When considering planning for CCWs there are two functions that need to be understood. The first is the function of an NPO responding locally as an organisation to a self defined need and the second is the function of provincial and local government planning around service delivery which includes IDPs. This section focuses on the latter function as its aims to integrate and co-ordinate not only workforce activities but also government funding to achieve specific goals.

14.3.2 Who is responsible for CCW workforce planning

The heads of the relevant department's will delegate the responsibility for CCW workforce planning to a senior manager (if a single department) or a team of two senior managers if the departments are separate. The senior manager/s will consult with other departments and managers as well as NPOs to compile a general CCW workforce planning framework which spans the relevant departments Medium Term Expenditure Framework.

This three year planning framework will include a:
(a) Situational overview of the province in terms of factors such the nature of the existing workforce (who are they, where are they and what skills do they have) and the needs being created through the strategic targets set for the province.

(b) Delineation of actions that will be taken to strengthen the workforce either through further recruitment and/or the development of CCWs already supported.

(c) Description of resources and/or strategies which can support the training and further development of CCWs.

(d) Description of real-world exist opportunities being supported.

(e) Indicative costing of the actions described in the planning framework, sources of funding and mapping of contributions.

(f) How the HCBC monitoring and evaluation system will be utilised to oversee the implementation of the planning framework.

(g) Date for the annual review of the planning framework.

Although the CCW planning framework should address the strategic goals of the departments, it should also take into account the actions of NPOs not affiliated to the departments as they may also contribute to community-based services and the achievement of specific goals.

It will be expected from the senior manager responsible for the plan to communicate the planning framework to all relevant stakeholders both funded and not funded by the department.

14.3.3 The approach to CCW workforce planning

The demand[5] for CCWs is highly context specific given the diverse nature of communities and variations in the challenges they face. Moreover, at times it is also largely dependent on external funding[6]. This makes it difficult to generalise around an ideal planning approach.

Notwithstanding these limitations there must be a point of departure for planning for CCWs. In this section the approach taken to planning is one of an evolving understanding around the demand for CCWs. It can be seen as a flexible prototype

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[5] Demand refers to the estimated need which has been adjusted to reflect the actual opportunities that can be created within the system.
[6] Even volunteer programmes require funding to train and support the CCW.

approach to planning, which is driven by the improvement cycle described in Section 13.1 paragraph viii.

In proposing the prototype approach to planning for CCWs the following should be kept in mind. The setting of norms for planning would be meaningless if they were only viewed as a formula; we need so many CCWs based on the norm. At best this would give us a need indication and not a true demand[1] indication. Moreover there is also the highly questionable assumption that by adding an idealised number of CCWs into a community that this would be an efficient use of resources or that they would be effective and have the desired impact.

The alternative approach taken here is to view the setting of norms as the start of a process of refinement to improve the efficiency, effectiveness and ultimately the impact of services. Put another way this is a process that evolves our understanding of the demand and is not an attempt at simplistically predicting a need.

The approach aside, the methodologies of workforce planning can become a very complex process that allows for many different variables to be considered. Although applying such complex methodologies is not being discouraged, a more basic method to start the process will be outlined below.

14.3.4 Determining the context

Planning processes benefit greatly when they start with an understanding of the context in which the plan is to be implemented. Important context elements that should be considered include:

- The range of departmental plans and well-researched strategies as well as transversal plans such as the IDPs.
- Considerations which are specific to a geographic area that may have an impact on the planning, this may include things such as physical infrastructure and specific health and social challenges.
- Existing services and the people and organisations offering them.

- The extent of funding available from all sources.
- The capacity to meet the obligations to manage and support CCWs, both from a legal and programme perspective.

The list above is not exhaustive, but illustrates the range of issues which will help those planning to understand the context. In addition, the understanding of the context will also be better understood by those planning if the "go see for themselves" what and for whom they are planning.

14.3.5 Initiating norms for planning

The existing workload norms for planning HCBC will be used as a start to the quantitative planning process. Three workload categories have been identified which denote the intensity and duration of the CCWs contact with a beneficiary. These three categories have also been subdivided into the areas of work.

To promote clarity around home-based care activities, given the expanded and integrated role of CCWs, the policy framework relates these activities to the concept of Activities of Daily Living (ADLs) which form part of the Roper-Logan-Tierney model.

Activities of Daily Living encompasses the things normally done in daily living including any daily activity performed for self-care such as feeding oneself, bathing, dressing, grooming and homemaking. Further areas include supporting communication, sleeping, dying and death. Activities of Daily Living should comprehensively account for the biological, psychological, socio-cultural, environmental and politico-economic needs of people.

Each category has been given a Full Time Equivalent (FTE) weight. For this policy framework the FTE for a CCW has been set at 180 days per year. The service delivery period has been taken at 5 hours per day, which excludes administration activities and travel.

The three workload categories are as follows.

**CATEGORY 1: MAXIMUM 30 MINUTES PER CONTACT NOT EXCEEDING 3
        VISITS PER WEEK**

A CCW's activities require short and generally infrequent visits in support of activities of daily living or community-based activities. This includes activities such as:

Category 1a: Minimum activities of daily living support (home-based care)
- Chronic care support for DOT, ARTs, diabetes and hypertension.
- Short care interventions such as basic wound care (not requiring more than two weeks support).
- Curtesy calls to homes to maintain contact and identify possible needs.

FTE Weight= 0.15 days per beneficiary/ household per day

Category 1b- Short contact community-based activities
Door-to-door campaigns to raise awareness or provide information materials.

FTE Weight= 0.1 days per household/ visit

**CATEGORY 2: MAXIMUM OF ONE HOUR PER CONTACT NOT EXCEEDING 5
        VISITS PER WEEK**

Category 2a- Regular activities of daily living support
A CCW's activities are required to support people who are home bound and need regular assistance with their activities of daily living.

FTE Weight= 0.2 days per beneficiary/ household per day

Category 2b- Counselling individuals, adherence and support groups
A CCW is providing individual counselling in support of the Voluntary Counselling and Testing programme or adherence programmes where the contact is counted as per individual, viz not more than 5 contact sessions per week per individual

counselled. Alternatively the CCW is working within adherence or support groups without follow-up (tracing).

FTE Weight= 0.2 days per counselling session or group

CATEGORY 3: CARE EXCEEDING ONE HOUR PER CONTACT AND FIVE VISITS PER WEEK

Category 3a- Full care and support

A CCW's activities are required to provide full support for activities of daily living. This category generally includes bed ridden and terminally ill people.

FTE weight= 0.5 days per individual per day

Category 3b- Adherence counselling with follow-up (tracers)

The CCW is providing intensive adherence counselling to individuals or groups combined with follow-up (tracing) of defaulters within the community.

FTE weight= 0.3 days per group/ individual

Additional considerations

Notwithstanding the three workload categories described above the following should also be considered:

Travel- which can be up to 1 hour per person visited per day. This can be limited to some extent by recruiting CCWs within communities.

Administration, reporting and supervisor engagement- up to 1 hour per week.

Supervisor ratio- Minimally, a CCW supervisor (see definition) should be planned for every 15 CCWs.

Keeping in mind the prototype approach these norms can be adjusted using information and experience from:

- Local planning models.
- The tacit knowledge of managers and supervisors close to the coalface in facilities and communities.
- Proxy norms from analogue facilities, communities, sub-districts or districts.

14.3.6 Refining the prototype

The prototype model should be continuously refined based on performance indicators for the models efficiency and effectiveness in service delivery. This forms part of the improvement cycle described earlier in Section 13.1 paragraph viii.

The indicators used to measure performance should form part of the result-based monitoring and evaluation system for HCBC.

14.4 Access to equipment and physical requirements

14.4.1 Supplying care kits

Care kits will be provided by provincial departments of health to funded NPOs in both departments and replenished by the provincial departments through local facilities.

The appropriate use of the care kits will be monitored as part of the NPO supervision activities.

14.4.2 Appropriate facilities

Provincial departments and partner NPOs will ensure within available resources that appropriate facilities are made available for CCWs to offer their services.

These facilities include not only those required for service delivery but also for the well-being of CCWs.

14.5 Working with partners who are not assisted by State-funding

A number of NPOs are not supported by State-funding due to a variety of reasons and would technically not be part of this policy framework. However, given the extent of State-funding of CCWs and the nature of this policy framework some NPOs who are not State-funded may be affected.

Hence notwithstanding a NPO's funding status provinces will ensure, within available resources, that NPOs who request technical support as a result of this policy framework have access to the capacity development work being planned for State-funded NPOs.

The aim of such support will be to assist all NPOs to appropriately manage CCWs and where necessary develop the capacity to meet the requirements to apply for State funding.

A further area for collaboration with non-State funded NPOs is in the planning of community-based services for the HCBC service packages and the monitoring of its implementation.

14.6 Arrangements to support NPO partners

The following arrangements will be made by provinces to support NPO partners.
- Assisting NPOs in understanding the requirements of the policy framework.
- Supporting an organisational audit in partner NPOs to determine areas of non-compliance and remedial actions required.
- Training of administrators and supervisors to ensure they understand the requirements of the Basic Conditions of Employment Act and other legislation relevant to this policy framework.
- Verifying lists of stipended individuals who will be translating.
- Supporting learning programmes which will up-skill CCWs to the minimum skills requirement.

14.7 Regulating practice

(i) The National Department of Health in consultation with national and provincial departments as well as other relevant stakeholders will by **[date]** draft regulations to formally recognise CCWs as part of the National Health System with CCWs being an **occupational workforce** (please refer to definitions).

(ii) In regulating CCWs the designated national department will enforce compulsory registration to practice this occupation based on specific workplace relevant skills.

(iii) Using the National Health Act, the National Department of Health will draft regulations for NPOs who offer health related services and are designated as health agencies under the Act.

14.8 Consulting Community Care Workers on matters which affect them

(i) The national departments will facilitate the formation of an association of CCWs to help CCWs contribute to the discussions affecting their practice.

(ii) This association will contribute to a reference group for the national departments on appropriate regulations, learning programmes and other matters of importance to the occupation of CCWs. This reference group will include relevant professional statutory bodies.

15. SKILLS DEVELOPMENT FRAMEWORK

Principle: Skills development of Community Care Workers seeks to make them effective contributors to Home and Community Based Care Services. To this end the investment in skills development is to make Community Care Workers competent to enter service in a Home Community-Based Care setting, while qualifications will be the domain of further development and exit strategies for those who wish to further their careers.

A new framework for skills development will be established, in part, to establish a common and quality skills base for both health and social development services as well as to deal with some of the challenges currently inherent in the system.

As such the goals for the new skills development framework are to:

- Establish the minimum skills for employment and delivery of quality services.
- Be affordable, especially given the high turnover rate.
- Create a single yet flexible platform for training of CCWs which can allow mobility within HCBC.
- Allow direct access to skills programmes which are specific to the job and workplace.
- Align to the requirements of SAQA for accredited learning but not be bound by its hierarchical qualifications structure.
- Allow opportunities to gain a qualification to be educationally rather than occupationally directed, viz. promote education-orientated qualifications to promote further development opportunities.

Given these goals, the skills development framework is not based on qualifications but rather applied skills programmes. Therefore it is occupational rather than educational in nature- see definitions.

It is understood that the skills programmes can be defined as job specific and workplace specific. This can be seen as an overlapping of the minimum skills required, and specific workplace skills required for service delivery- subject to local needs and provincial service delivery models. Figure 2 illustrates this understanding.

Figure 3. Overlapping minimum skill requirements and applied skills programmes
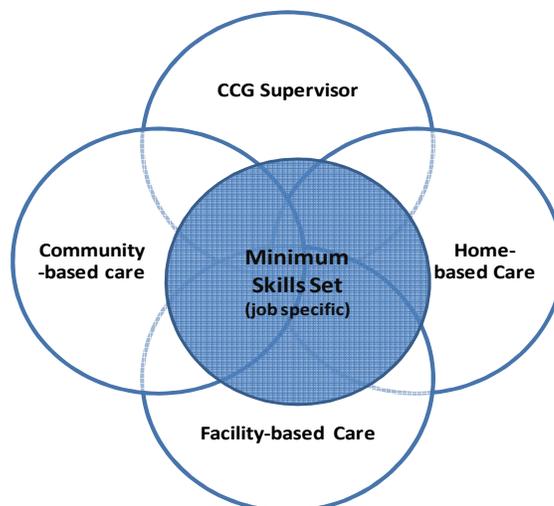
Figure 3 illustrates the understanding that there are job-specific skills needed by all CCWs and then workplace specific skills which may share some of each others workplace skills, but is by in large specific to its own operational environment.

A further important aspect of this framework is that the pursuit of qualifications is not viewed as the primary purpose of this training framework. This approach is motivated in part by the actual need for workplace competencies and questioning the perception that qualifications are better. This is particularly the case with CHWs were the existing qualifications are not effectively opening up other job opportunities. **As a result the pursuit of a qualification will be housed within this policy framework's further development and exit strategies** where the support of qualifications is viewed as supporting a CCW's broader life goals (see Section XX).

15.1 Linking competencies to Home Community-Based Care

All competencies within the minimum skills requirement and the applied skills programmes should be based on HCBC services on offer from both a health and social development.

15.2 Competencies for the minimum skills requirement

The purpose of the minimum skills requirement (MSR) is to establish a common basis for the two cadres; CCWs and Supervisor CCWs.

The MSR for CCWs is as follows:

- A minimum level of literacy and numercy equivalent to Adult Basic Education and Training level three (pre-NQF level 1).
- Communication skills in active listening, verbal and non-verbal communication and techniques to provide basic health and social development information.
- A sound understanding of human and health rights and ethical practice.
- A general understanding of the health and social development systems and their primary functions within government.

- Orientation to primary health care and social development services and structures as part of the HCBC approach. Including the roles of different cadres in contributing to HCBC.

- Perform an individual and group needs assessment within the ambit of the services offered through HCBC.

- Identify, map and utilise community referral networks.

- Access to social security grants.

- Apply basic techniques to manage own stress.

- Personal protection and safety including the use of universal infection control precautions.

- Basic life support (first aid)

- Have an understanding of prevention, screening, management and treatment of HIV and AIDS and TB.

- Have an understanding of prevention, screening, management and treatment of chronic illnesses such as hypertension, diabetes and mental illness and substances abuse disorders as well as non communicable diseases and conditions within the context of the service packages and community needs.

- Have an understanding of promotion of sexual and reproductive health in youth and women.

- The identification and emergency management of childhood illnesses as part of an Integrated Management of Childhood Illnesses.

- Basic nutrition and food security.

15.3 Applied skills programme: Home-based Care

This skills programme supports services being delivered within the home. As such competencies required for the skills programme in home based care are to:

- Perform an ongoing household assessment to establish service delivery needs and subsequently facilitate referrals and access to services.

- Provide information on household and personal hygiene.

- Provide basic care.

- Support end of life care.

- Support older persons with daily living activities and access to services.

- Support people with disabilities with daily living activities and access to services.
- Support chronic care programmes and identifying dangers signs of key chronic conditions.
- Identify, support and care for orphans and vulnerable children.

15.4 Applied skills programme: Community care

This skills programme is orientated towards CCWs who function across a community addressing general priority programmes. Competencies required for the skills programme in facility based care are to:

- Compile and report on a basic community profile using various data sources.
- Interpret basic health information to identify trends in communities.
- Perform health promoting and psycho-social support activities at a community level.
- Support community level advocacy and promotion events in line within national and provincial events.
- Support programmes in the community targeting vulnerable groups including youth, women, persons with disabilities and older persons.
- Identify and report threats to the health and social wellbeing of their community

15.5 Applied skills programme: Facility Based Care

This applied skills programme is focused on primary health care facilities such as community health centres and clinics. Competencies required for the skills programme in facility based care are to:

- Provide health information to aid a person to identify risk behaviour or understand a health problem they may have, make health promoting choices and understand their responsibilities to promoting their health. This would be a comprehensive adherence and voluntary counselling and testing services.
- Use advanced communication and interpersonal skills.

- Apply effective methods to promote adherence to healthy lifestyles and treatment regimes across a range of health problems, including HIV and AIDS, TB, chronic illnesses and mental illnesses and substance abuse disorders as well as non communicable diseases and conditions.
- Collect and record basic data including bio-measurements such as height, weight, pulse, breathing rate, automated blood pressure and blood glucose.

15.6 Applied skills programme: Supervisor

The minimum requirements for this skills programme is the home-based care and community care skills programmes. The supervisor is based within in an NPO and as such support the NPO in managing and maintaining a CCW programme. Competencies required for the skills programme for supervisors are to:

- Oversee implementation and perform a basic evaluation of services offered by CCWs.
- Prepare reports for community structures, team leaders and departmental co-ordinators.
- Basic administration and financial skills related to overseeing a CCW programme.
- Basic people management skills, including performance reviews, correcting behaviour and providing disciplinary reports on CCWs.
- Prevent and manage conflict.
- Mentoring as well as basic adult education skills.
- Support ethical fundraising and marketing for an NPO.
- Effectively manage complaints from individuals and the community and report the outcome.
- Work with other HCBC team members to co-ordinate services and referrals.

15.7 Relating the skills programmes to a vocational qualification

As noted previously, the training framework for CCWs is not pursing a qualification as the basis for competency for HCBC. This said there is evidence that within the Department of Education's vocational qualification programme, which already covers

14 generic fields, a vocational qualification in health may be feasible and needs to be considered. Figure 4 illustrates this understanding.

Figure 4. Articulation into a qualification

vocational
qualification
(generic field)

applied skills
programme
(work place specific)

minimum skills
requirement
(job specific)
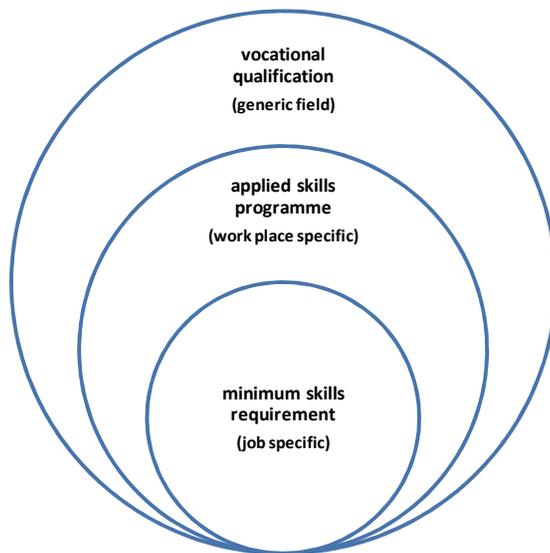
15.8 Delivery of training

(i)   Training should be community-based, experiential with workplace experience.

(ii)   Training should be aligned to national and provincial primary health care and social development models and policies.

(iii)   NPOs should be utilised to facilitate learning, mentor learners and supervise their community exposure as far as is possible.

(iv)   Notwithstanding (iii) above, there must be a validation process of provincially funded training providers and their experiential settings which involves both provincial departments and HWSETA.

(vi)   Two thirds of learning should occur within the community, viz. experiential learning and not classroom work.

(vii)   All presenters within a learning programme should be:

  (a) A qualified educator or trainer or facilitator and assessor;

  (b) Able to demonstrate subject matter expertise as well as a subject matter practitioner; and

(c) Experienced in working with the community.

(viii) All assessors must be at least one NQF level higher than the person being assessed.

(ix) The learning programme must utilize a diverse and experienced group of presenters including experienced CCWs, nurses, social workers and other appropriately qualified professionals.

(x) A record of all training programmes in the format of the HWSETA's Annual Training Report will be forwarded to the nominated provincial HCBC data collector in terms of the HCBC monitoring and evaluation strategy.

(xi) A NPO that provides training in a province but is not State-funded must give notice to the provincial CCW co-ordinating structure that they intend to train in the specific province, which includes where they intend to train, which facilities and community might be affected and proof of need.

15.9 Accreditation management

(i) Provincial departments will only utilise accredited training providers from April 2011.

(ii) Where a new provider is being established and are provisionally accredited they will only be given three months to gain full accreditation. Hence any new provider must be at an advanced state of readiness before seeking accreditation.

(iii) Provinces should assist training providers with technical support within available resources to meet and maintain accreditation criteria.

(iv) Provincial departments should put in place mechanisms to support and monitor quality management systems of department funded learning programmes as well as those training providers that are not funded by the Department of Health. This should be the function of the Regional Training Centres for Health Promotion and Quality Assurance.

(v) Where NPOs are incapable or only partially able to offer training, provincial departments should establish internal capacity to offer the CCW learning programmes in partnership with local NPOs or other community structures.

It is proposed that this should be the function of the Regional Training Centres for Health Promotion and Quality Assurance.

(vi) Provincially funded training providers should be encouraged to create a mentorship programme amongst their peers in order for an experienced service provider to mentor to a new training provider.

(vii) The national departments of health, social development and HWSETA will enter into an agreement to form a joint advisory panel on the accreditation of public sector sponsored learning programmes to ensure that all learning programmes support policies within the national health and social development systems.

(viii) Final payments to training providers should only be made after the HWSETA learning verification process has been completed.

(ix) All training providers contracted by provincial departments will be expected to maintain minimum standards and ethical behaviour while delivering services based on the predetermined milestones. Any training provider found by the HWSETA to have been involved in corrupt or unethical behaviour in seeking accreditation or offering learning will have their services terminated immediately under their provincial contracts.

(x) Provinces will support the HWSETA to help make communities aware of accredited, de-accredited and non-accredited service providers.

(xi) Provinces and the national departments must have a database of NPOs offering training to aid co-ordination of training resources.

15.10 Recognition of previous programmes

(i) Provincial departments will setup a process to verify learning of CCW type cadres under the short courses previously offered. This may include a challenge assessment where source documents of learning cannot be traced.

(ii) Where learning could be verified, the previous cadres will have five years to complete the additional learning required to meet the minimum skills required. **This verification-dependent concession will allow the current cadres to receive full benefits under the programme**.

(iii)   The provincial and national departments will support recognition of prior learning where it is a cost effective alternative to offering an accredited learning programme.

15.11 Development of learning materials

(i)   The national departments in collaboration with provinces and the relevant stakeholders will develop a public domain starter kit of learning material, which may be populated by the relevant training providers.

(ii)   The national departments will establish a clearing house of educational materials which can act as a reference centre for the HWSETA, NPOs and other training providers. Materials placed within the national clearing house will need to meet set quality assurance criteria.

(iii)   The national departments will establish a certification system to verify learning content is in line with legislation as well as national policies and guidelines. Learning materials which pass through this verification process may be branded with a specific certification logo. A list of certified materials will be published on the departments' websites. Certification is only valid for 12 months, at which time a provider must re-apply for certification.

16. FURTHER DEVELOPMENT AND EXIT STRATEGIES

Principles: Community Care Workers should be supported to further develop their skills within Home Community-Based Care as well as beyond the programme into other areas in line with their life goals. To promote this approach Community Care Workers should be assisted in considering their options and resources they can access in line with the recruitment principle note earlier.

Provincial departments will set up in collaboration with NPO partners, development partners, further education and training colleges as well as higher education institutions a range of further development programmes for CCWs, which will be characterised by the following.

(i)   This strategy will offer quality exit opportunities as a routine part of the programme with provincially set targets.

(ii)   Education, training and development programmes based on this strategy will be administrated by the respective provincial departments under their human resource development directorates.

(iii)   Provincial human resource development directorates will pursue and co-ordinate skills development resources to promote this strategy by co-ordinating programme managers, development partners, NPOs and skills development entities such as the HWSETA, Department of Labour, Department of Higher Education and Training and National Skills Authority.

(iv)   Development partners will be strongly encouraged to follow the aims of this strategy, in line with their agreements with the South African government.

(v)   The national and provincial departments will co-ordinate their strategies through their relevant skills development forums to access additional funding sources such as the National Skills Fund and HWSETA discretionary grants.

(vi)   Outputs of the strategy will be reported by the partner NPO to both the provincial departments as well as the HWSETA using the latter's Annual Training Report format.

(vii)   Programmes should promote access to a spectrum of education and training opportunities, not only those related to the departments. To this end the full range of vocational qualifications on offer through Further Education and Training Colleges should be supported.

(viii) Where further development opportunities are linked to universities, foundational programmes such as vocational qualifications or learner support programmes, should be in place to promote qualifying CCWs access.

(ix)   Foundational and further development programmes aside, CCWs should not have their applications for provincial or national bursaries or new venture creation funding considered until they have completed at least one year of documented service at a registered NPO.

17. INTERRELATEDNESS OF LEARNING AND CAREER PATHS

The aforementioned learning as well as further development and exit strategies should be viewed as being interrelated and supporting each other. Although these strategies are promoting the CCWs own life goals, there is also a need to actively promote the opportunities within the sector.

The interrelatedness of the learning, further development and exit strategies to the various career paths associated with them are shown in Figure 5.

Figure 5. Further development, exit strategies and their associated career paths
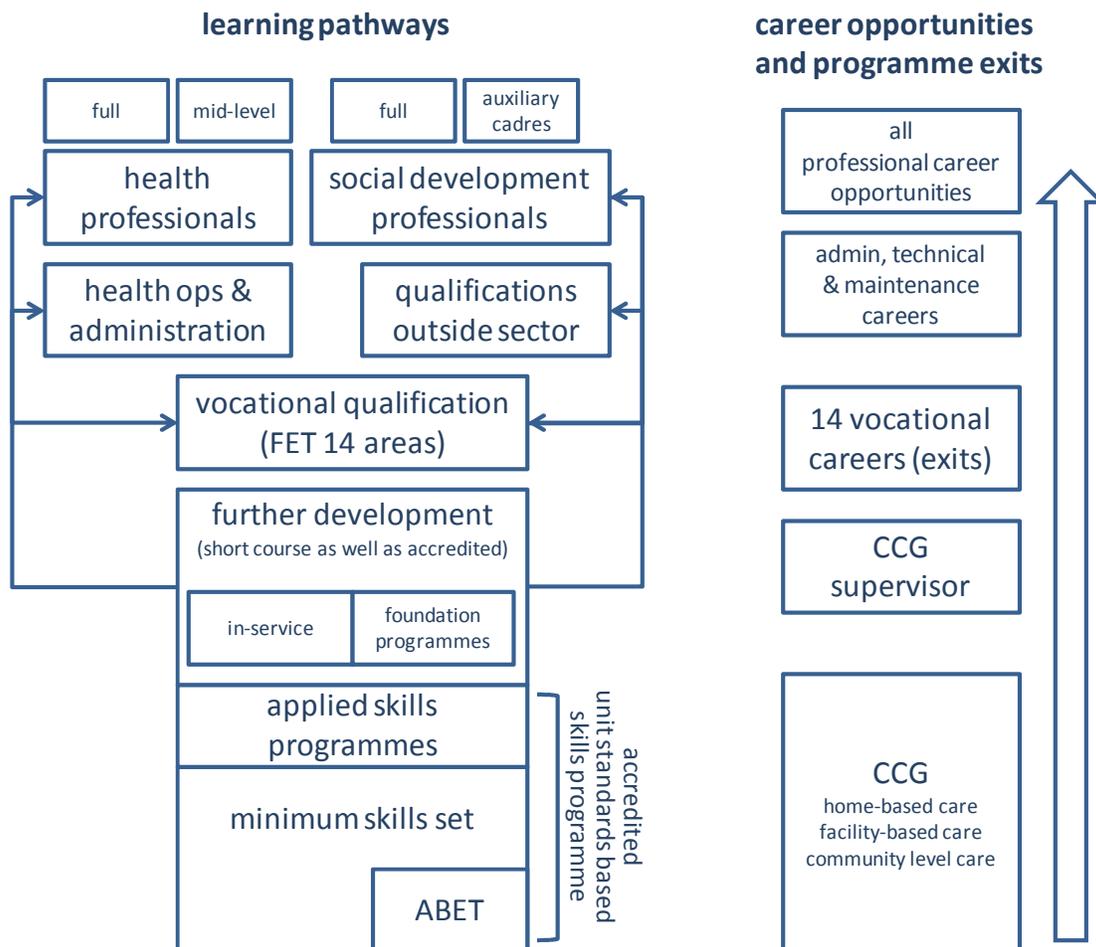
18. CARING FOR AND SUPPORTING COMMUNITY CARE WORKERS

Principles: Community Care Workers often provide their services under difficult conditions that could lead to burnout and disillusionment with their work. This may threaten the wellbeing of care givers' and the sustainability of their services. Hence Community Care Workers need to be supported through a purposeful programme that is orientated to their total wellness. Failure to provide support services is considered a serious failure in managing the CCW programme.

For additional information around the management of a care and support programme please refer to the relevant HCBC documents, including the Framework for Implementation of Care and Support Programmes for HCBC Care Givers published by the two departments. Norms and standards for HCBC.

State-funded CCWs will have access to quality support programmes, which will have the following characteristics namely that they:

- Nurture the well-being of CCWs;
- Promote the empowerment of CCWs;
- Create a supportive and safe environment that is sensitive to the needs of CCWs; and
- Sustain the ability of CCWs to continue to provide a caring service.

All CCWs from State-funded NPOs must have access to a quality support programme which is fully implemented by the NPO partner. The costs of implementing such support programmes should therefore form part of planning for a CCW supported service.

To ensure funded support programmes are meeting the norms and standards set such programmes they should be monitored and evaluated in line with the HCBC monitoring and evaluation system. Such monitoring and evaluation activities should include direct verification visits by programme supervisors to ensure programme costs are translating into value for the CCWs being supported.

Development partners are strongly encouraged to fund care and support programmes when they fund CCWs as part of a community-based service programme.

Additional community-based resources for counselling and support services should be drawn into the support programmes, which may include for example ministers and pastors and other experienced counsellors.

Where required, partner NPOs will be supported by the provincial and district co-ordinating structures to build capacity to manage these support programmes.

Given the size of some NPO partners, provinces should consider if it may be feasible for some smaller partners to pool resources and share access to a collective support programme.

19. RESULT-BASED MONITORING AND EVALUATION

Principle: To align organisational processes to achieve the meaningful goals that will impact on health and social indicators, a result-based monitoring and evaluation system is required.

Monitoring and evaluation (M&E) is a critical management tool to improve the way in which the State its partners achieve their goals. To this end it can be stated that the intention of the HCBC M&E system is to:

- Provide crucial information about the policy framework performance;
- Provide timely, frequent information to targeted managers;
- Measure achievements against the goals and objectives of the policy framework;
- Provide greater accountability; and
- Permit managers to identify gaps that require changes to the policy framework.

Within the range of M&E approaches a Results-Based Approach has been selected to evaluate the implementation of the policy framework as it ultimately will give an indication of the impact of the policy framework. While keeping this in mind, a key aspect of a results-based approach is the results-chain that connects inputs and impact. Hence the whole results-chain will need to be considered.

19.1 Systems that will be utilised

The impact of this policy framework will be monitored and evaluated utilising the existing monitoring and evaluation mechanisms developed for HCBC, the District Health Information System or any other formal data set that may provide relevant data.

In collecting the required data following management approach will be applied:

(i) The relevant departments, NPO partners as well as other key actors will host the policy framework indicators within their M&E system designs.
(ii) The hosts will implement a performance based sub-system. The indicator data sets will be retrieved from the hosts sub-systems on a quarterly basis.
(iii) This sub-system will follow a results-based M&E approach to ensure the policy framework led by its impact performance as it relates to the desired policy goals.

19.2 Implementing principles

The implementing principles that will guide the development of the M&E approach will include:

(i) The structure and components of the policy framework will be integrated into existing M&E systems.
(ii) Specific stakeholders/ audience will be assigned for specific responsibilities of data collection.
(iii) Evidence-based inputs will be identified for the implementation of the policy framework.
(iv) The CCWPF sub-system will reflect a commitment to accountability and transparent management.

(v) Feedback and communication strategies will be in place to include those groups affected directly and indirectly by the policy framework.

19.3 Strategic priorities for the monitoring and evaluation sub-system

The following strategic priority areas for the CCW sub-system have been identified:

Strategic Priority Area 1: Introduction of the comprehensive HCBC service package

Strategic Priority Area 2: Use of systemic management processes

Strategic Priority Area 3: Establishing minimum working conditions

Strategic Priority Area 4: Establishing the skills development and exit strategy

Strategic Priority Area 5: Financial management in support the policy framework

19.4 Institutional arrangements for the monitoring and evaluation sub-system

Provincial departments will identify a senior manager who will be responsible for collecting and reporting on the policy framework performance data, both to the national departments as well as back to a district level. These senior managers should be mandated to hold managers responsible for providing this data accountable for failing to do so.

Similarly, once the performance of a district or sub-district is determined to be poorer than expected the provincial management structure is obligated to use this data to support the district by helping to identify and understand problems and support the implementation of solutions. If required the national departments can work in a similar manner to address provincial performance challenges.

These performance challenges should be addressed within the learning cycle described in Section B. Moreover data collected from this opportunity should be shared to assist other districts or provinces in their quality improvement processes.

In terms of evaluating the policy framework, a general performance evaluation should take place after two years of implementation to examine the progress made

in implementation the policy framework, key challenges and the knowledge generated to solve these challenges.

19.5 Identified audience for the monitoring and evaluation sub-system

The following audiences have been identified for the CCWPF:

Audience	Role
Department of Health	Lead department in the implementation of the policy framework Sub-System DHIS
Department of Social Development	Lead department in the implementation of the policy framework Sub-system HCBC M&E
Expanded public work Programme	Provide data against specific Indicators
Data source agencies	Provide data against specific indicators

19.6 Impact Indicators for the policy framework

The M&E of the this policy framework will operate upon the relationship between outcomes and impact indicators with the input and output indicators derived from the sub-systems. In short, the focus will be on what has been achieved by this policy framework and its impact.

Level Indicator	Description	Sources
Inputs	Number of provinces that have incorporated the CCWPF into provincial plans Number of provinces complainant with record keeping requirements Number of functional provincial co-ordinating structures Number of functional district co-ordinating structures Percentage of CCG care and support programmes meeting the set norms and standards	**[pending]**

Outputs	Number of provinces that have implemented the CCW supported HCBC package	
	Number of provinces with a CCW workforce planning framework	
Outcomes	Number of qualifying stipend CCWs translated to the remunerative package	
	Number of provinces meeting the minimum supervision norm	
Impact	The portion/ percentage of CCWs managed as valued contributors of service delivery of HCBC.	
	Build capacities of CCWs to provide an effective and efficient workforce to support the HCBC services.	
	Percentage of remunerated CCWs enrolled into the minimum skills programme.	
	Ratio of CCWs actively seeking exit opportunities from HCBC and the number of opportunities created in a given year by provincial departments	
	Strengthen management capacity on the policy framework	
	Percentage of provincial management teams strengthened in managing systemic changes	
	Percentage of CCWs compliant with the minimum requirements for the working conditions	

SECTION D

Funding the policy framework

20. FUNDING GUIDELINES

Principle: Funding of Home and Community Based Care activities, and in particular Community Care Workers, is enhanced by the involvement of various funders who address specific programme funding needs in a harmonised manner to promote the sustained development of NPO partners as well as the expansion and consistency of services.

20.1 Funders and their envisaged contributions

The key funders of HCBC and CCWs in particular are seen as:

    (i)   The State through national, provincial and local grants to NPOs as well as direct programme funding;

    (ii)   Public entities that create learning and job creation opportunities;

    (iii)   International development partner organisations offering direct and indirect funding of activities;

    (iv)   International and national NPOs who award partner grants; and

    (v)   NPOs through their income generating activities and donations.

It is envisaged that funding will be harmonised between the key funders using the following guide.

Funding Area	National Depts.	Provincial Depts.	Local Auth.	Public Entities	Int. Dev. partners	NPO partner grants	NPO self generated income
CCW remuneration	EPWP& conditional grants	equitable share	✓	learner stipend	✓	✓	✓
Initial training	DoH conditional grant	RTC funding	-	✓	✓	✓	✓
Further Development	DoE vocational qualification	✓	-	✓	✓	-	-
Exit programme funding	Bursaries	Bursaries	Bursaries	learnership bursaries work grants	✓	-	-
General admin	✓	✓	✓	-	✓	✓	✓
Care kit	-	✓	-	-	✓	✓	✓
CCW travel and subsistence	-	✓	✓	-	✓	✓	✓
Professional supervision	-	✓	✓	-	✓	✓	✓
Non-HR programme costs	-	✓	✓	-	✓	✓	✓
Care and support for CCWs	EPWP & conditional grant	equitable share	✓	✓	✓	✓	✓
NPO capacity development	-	✓	✓	✓	✓	-	✓
Employee insurance	-	-	-	-	-	-	✓

KEY
Depts: Departments; **Auth:** Authorities; **Int:** International; **Dev:** Development **CCWPF:** Community Care Worker Policy Framework; **EPWP:** Expanded Public Works Programme; **DoE:** Department of Education; **DoH:** Department of Health **RTC:** Regional Training Centres (DoH) ✓ funding area supported

DESCRIPTIONS
CCW remuneration: CCW pay roll costs including UIF contributions.

Initial training: ABET, minimum skills set and applied skills programmes.

Further development : In-service programmes or other programmes to improve a CCWs exit potential.

Exit programme: Qualification that allows CCWs to further their careers in health or social development.

General admin: Cost related to running an NPO excluding CCW payroll.

Care kit: Any item related to the activity being performed including HBC kits and protective gear.

CCW Travel and subsistence: Actual costs related to travelling to offer care and support.

Supervision: Remuneration and related costs to professional supervision.

Non-HR programme costs: Such as educational materials, equipment needed to run programmes and other consumables not related to care kit.

Employee insurance: Insurance that an NPO may take out for their CCWs based on their operational policies.

20.2 Sustainable funding practices

Given the significant involvement of the State and other large funders in providing financial assistance, NPOs are highly reliant on this assistance for maintaining service levels and core functions. This poses a significant financial risk for NPOs in terms of their income and financial commitments, especially around their payrolls. However, there are also other commitments which are made to CCGs and communities alike that underpin key trust relationships which can effect the organisations' sustainability. Both the financial and trust commitments become difficult to maintain where funding is allocated on an annual basis or where the flow of funding is uneven resulting in the so-called dry seasons.

To ensure the sustainable delivery of HCBC services to communities as well as the fair treatment of CCGs employed by NPOs it is critical that NPOs implement good financial practices and are accountable for public funds, and that funders provide funding in such a manner that NPOs are able to plan for the use of those funds to ensure the sustainability of their programmes.

The following practices are recommended to promote sustainable funding practices:
- (i) Provincial departments and NPOs should, through district-level coordinating structures (outlined in 14.1.3 of this policy) align expected partner NPO outputs to departmental Medium Term Planning Frameworks;
- (ii) Provincial departments should base their funding for partner NPOs on the indicative allocations for the three year period contained in the department's Medium Term Expenditure Framework;
- (iii) NPO partnerships should include performance-based funding for a period of three years, reviewed annually;
- (iv) Provincial departments must develop clear action pathways for setting up contracts with NPOs, monitoring performance against these contracts, verifying claims for payments, making such payments and financial year ends. With each element the known time to perform the task should be built into the processes;
- (v) Provincial departments must ensure that they meet all payment commitments to NPOs on the dates agreed in terms of contracts signed;

(vi)   NPO's must submit annual financial reports to all funders in line with good financial management practices.

(vii)   NPOs must sign contracts with provincial departments setting out the services they undertake to provide, report on data required by provinces to monitor performance and keep such data as may be required to audit performance;

(viii)   NPOs must sign contracts with the CCGs they employ and manage their employment and payment of wages and UIF contributions; and

(ix)   All partners must co-operate in the gathering of critical data to promote financial planning models (see next section).

The national departments will work with international development partners to promote sustainable funding within the ambit of their specific agreements.

20.3 The use and further development of a financial planning model

The funding of partner NPOs and related programme costs requires a considered financial planning process. To aid this process a financial planning model is being developed which will start to give some initial indications of the amounts required to fund NPO partners as well as fund departmental direct costs.

The first generation model can be seen in Annexure C. During the annual policy review meeting described in Section XX the assumptions of the model will be reviewed and if needed updated.

Given that the financial planning model requires specific data, the national departments in collaboration with their provincial co-ordinators will ensure the required data is collected.

ANNEXURE A: RELEVANT ACTS, POLICIES AND STRATEGIES

LEGISLATION	DESCRIPTION
Academic Health Centres Act, 1993(Act No. 86 of 1993).	Provides for the establishment, management and operation of academic health centres. The National Health A ct will repeal this Act. The NPO's will be collaborating with Academic Health Centres regarding the training of CCW's and must therefore understand this Act and how the Academic Health Centres function.
Allied Health Professions Act, 1982 (Act No. 63 of 1982).	Provides for the control of the practice of the professions of chiropractor and homeopath and allied health professions and for that purposes to establish a chiropractors.
Aged Persons Amendment Act, No. 100 of 1998.	The Aged Persons Act of 1967 was amended so as to insert certain definitions; to provide for conditions regarding subsidies to managers of the rights of older person in the community or institutions. The rights of older persons must also be protected by NPOs and CCWs caring for then in institutions and home-community based settings.
Basic Conditions of Employment Amendment Act, No. 11 of 2002.	Regulates remunerations for employees, provide for termination employees contracts and provides for the appointment of alternate members from organised labour and business. The employment conditions for CCW's also need to comply to the Act as indicate in this policy framework.
Cabinet Mandate for joint implementation of HCBC, 1999	Home and community based care was identified as priority by Cabinet, which mandated the Departments of Health and Social Development to take a lead in implementing these programmes.
Children's Amendment Act No 41of 2007	The Act gives effect to certain rights of children as contained in the constitution, to set out principles relating to the care and protection of children, to define parental responsibility and rights. Compliance by NPO's essential to ensure safety and protection of children being cared for by CCW's
Employment Equity Act No. 55 of 1998	Provides for employment equity and matters incidental thereto by promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination. Also applicable in the HCBC environment.

Health Professions Act, 1974, (Act No. 56 of 1974).	Provides for the regulation of health professions, in partial medical practitioners, dentists, psychologists, and other related health professions, including community services rendered by these health professions. NPO's could use this Act as a guide to regulate CCW practices.
International Health Regulations Act, 1974 (Act No. 28 of 1974).	The purpose and scope of these Regulations is to prevent, protect against, control and provide a public health response to the international spread of diseases and health risks. Communities in which the CCW functions may also be affected by international diseases. I t therefore essential NPO are familiar with some of the regualation revelant to their work encironment. The Health and Social Depatment must give guidance to these organisations.
International Labour Organisation (Social Security) Convention 102 of 1952	The International Labour Organisations defines social security as the protection which society provides for its members through a series of public measures, to offset the absence or substantial reduction of income from work resulting from various contingencies to provide people with health care; and to provide benefits for families with children. NPO's to comply with these International requirements with the assistance and support of the department of health and social development.
Medicines and Related Substances Act No. 59 of 2002	The amendment of the Medicines and Related Substances Act, of 1965 provides registrations, definitions and clarification for role players. NPO to educate the CCW of their role which merely assisting clients to take medications and adhere to treatment and not prescribe and they will in infringement of the Act..
Mental Health Care Act, No. 17 of 2002	Provides for the care and treatment of persons who are mentally ill; to set out different procedures to be followed in the admission of such persons. The CCW to taught about basic mental health and signs and symptoms of mental ill procedures to be followed when dealing with such clients without necessarily taking the professional role.
National Health Act, 2003 (Act No. 61 of 2003).	Provides a framework for a structured uniform health system within the Republic. The HCBC to align their work to the requirements of the Act as they are part of the health system.

National HIV and AIDS & STIs Strategic Plan for South Africa 2007-2011	Provides strategic direction, guidance and strategies with the primary aim to prevent spread of HIV and AIDS and mitigate the impact thereof. The work done in a HCBC environment must be aligned to these plans.
National Qualifications Framework (NQF)	A set of principles and guidelines by which records of learner achievement are registered to enable national recognition of acquired skills and knowledge, thereby ensuring an integrated system that encourages life-long learning.
Nursing Act, 1978 (Act No.50 of 1978)	Consolidates and amends the laws relating to the professions of registered or enrolled nurses, nursing auxiliaries and midwives; and to provide for matters incidental thereto. To familiarise themselves with the Act as they work and interact with nurses.
Occupational Health and Safety Act, no.181, 1993	Provides for the health and safety of persons at work and establish an advisory council for occupational health and safety; and to provide for matters connected therewith. Safety and protection of care givers is important to be aligned to the requirements of the Act.
Older Persons Act, No.13 0f 2006.	Established to deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, well-being, safety and security; and to provide for matters connected therewith. Compliance to this Act is important to safety and security of Older Persons.
Patient's Rights Charter	The Department of Health commits to uphold, promote and protect the right to access health care services and therefore proclaim this charter as a common standard for achieving the realisation of this right. All households in the community must be offered equal rights to access of health care services and also in facilities.
Skills Development Act 1998 (Act No. 97 of 1998)	Provides an institutional framework and strategies to develop and improve skills of the South African work force. Skills Development for CCW's should also be well structured with appropriate strategies.

| South African Qualifications Authority (SAQA) | Oversee the development of the National Qualification Forum, by formulating and publishing policies and criteria for the registration of bodies responsible for establishing education and training standards or qualifications.

Quality of training for CCW's essential to comply with SAQA standards. |
|---|---|
| Special Public Works Programme (SPWP) | A short-term, non-permanent, labour intensive programme initiated by government and funded, either fully or partially, from public resources to create community skills. |
| The Child Justice Bill of 2007 | The Bill protects the rights of children as contemplated in the constitution, promote the spirit of ubuntu in the child justice system, prevent children from being exposed to adverse effects of the formal criminal justice system and promote cooperation between all governments department and organisations and agencies involved in implementing an effective criminal justice system for children.

Once the Bill is enacted into Law, NPO's have to comply to ensure justice for children. |
| The Constitution of the Republic of South Africa, 1996 | Government derives its core mandate from the Constitution, which asserts in its founding provisions that the Republic of South Africa as a democratic state is founded on values of human dignity, achievement of equality and advancement of human rights and freedom, non-racism and non-sexism. |
| The Expanded Public Works Programme (EPWP) | A national programme covering all spheres of government and state owned enterprises programme, HCBC and ECD were selected as the lead pilot programme for social sector. |
| The Non-Profit Organisations Act No. 71 of 1997 | This Act provides an environment in which non-profit organisations can flourish; to establish an administrative and regulatory framework within which non-profit organisations can conduct their affairs

NPO's employing CCW's should be guided by this Act |
| The Social Assistance Act No. 59 of 1992 | The Act provides for the right of access to appropriate social assistance to those who are unable to support themselves and their dependants.

NPO's should educate CCW's about this Act so that they can assist those who require assistance. |

ANNEXURE B: CODE OF CONDUCT

The Code should act as a guideline to CCWs as to what is expected of them from an ethical point of view, both in their individual conduct and in their relationship with others. Compliance with the Code can be expected to enhance professionalism and help to ensure confidence in the NPO.

The need exists to provide direction to employees with regard to their relationship with other employees and the public and to indicate the spirit in which employees should perform their duties, what should be done to avoid conflicts of interests and what is expected of them in terms of their personal conduct in public and private life.

Relationship with the public

A Community Care Worker:

(i)   Promotes the unity and well-being of the communities in performing her or his official duties;

(ii)   Will serve the public in an unbiased and impartial manner.

(iii)   Is polite, helpful and reasonably accessible in her or his dealing with the public, at all times treating members of the public as customers who are entitled to receive a high standard of service;

(iv)   Has regard for the circumstances and concerns of the public in performing her or his official duties and in the making of decisions affecting them;

(v)   Is committed through timely service to the development and upliftment of the community;

(vi)   Does not unfairly discriminate against any member of the public on account of race, gender, ethnic or social origin, color, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language;

(vii)   Does not abuse her or his position in the public service to promote or prejudice the interest of any political party or interest group;

(viii) Respects and protects every person's dignity and her or his rights as contained in the Constitution; and

(ix)   Recognizes the public's right of access to information, excluding information that is specifically protected by law.

Relationship among Community Care Workers

A Community Care Worker shall:

(i)   Co-operate fully with other employees to advance the public interest;

(ii)   Execute all reasonable instructions by persons officially assigned to give them, provided these are not contrary to provisions of the Constitution and/or any other law;

(iii)   Refrain from favouring relatives and friends in work-related activities and never abuses her or his authority or influences other employee, nor is influenced to abuse her or his authority;

(iv)   Use the appropriate channels to air her or his grievances or to direct representations;

(v)   Deals fairly, professionally and equitably with other members of the health and social development teams, irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language; and

(vi)   Refrains from party political activities in the workplace.

Performance of duties

A Community Care Worker:

(i)   Is creative in thought and in the execution of her or his duties, seeks innovative ways to solve problems and enhances effectiveness and efficiency within the context of the law;

(ii)   Is punctual in the execution of her or his duties;

(iii)   Accepts the responsibility to avail herself or himself of ongoing training and self-development throughout her or his career;

(iv)   In the course of her or his official duties, shall report to the appropriate authorities, fraud, corruption, nepotism, maladministration and any other act which constitutes an offence, or which is prejudicial to the public interest;

(v)   Gives honest and impartial advice, based on all available relevant information, to higher authority when asked for assistance of this kind; and

(vi)   Honours the confidentiality of matters, documents and discussions, classified or implied as being confidential or secret.

Personal conduct and private interests

A Community Care Worker:

(i)   During their duties, dresses and behaves in a manner that enhances the reputation of CCWs.

(ii)   Acts responsibly as far as the use of alcoholic beverages or any other substance with an intoxicating effect is concerned.

(iii)   Does not use or disclose any official information for personal gain or the gain of others.

Basic rights to be observed by CCWs

HCBC beneficiaries have the following rights:

- Access to services
- To be treated with respect and dignity
- Access to information
- Protection from discrimination (directly or indirectly) on the basis of gender, ethnicity, marital status, sexual orientation, disability, religion, sexuality or age
- Right to self determination
- Their information to be treated with discretion and confidence.