

Inter-functional Coordination of the Community Caregiver Programme

Date: 16 November 2016



Layout of the presentation

- Purpose
- Progress since 2011
- Current status of the CCG programme
- Operational Challenges
- Areas for Coordination
- Implementation Process



Purpose

- To present to the technical cluster the proposed Framework for Inter-functional coordination of the Community Caregiver Programme that is aimed at providing a basis to strengthen ongoing implementation of the community based health and social services
- To seek commitment and support from all the department in terms of releasing the required staff for this work and implementation of the recommendations

Inter-functional Coordination

Inter-functional coordination is defined as a strategic orientation of an organization as evaluated by the:

- extent to which departments and units with an organization share information and critical resources,
- extent to which departments and units are integrated and collaborates on different functional areas

The goal of the CCG framework therefore is to achieve:

- Strengthening the implementation of the community based health and social services thru a fully functional provincial community caregiver programme
- In the long run, a unified community based health and social services platform under one department

Progress since 2011 Mandate by Cabinet

The progress of the Community Caregiver Programme is as follows:

- Cabinet approval for Integration of community based cadres into the CCG programme,
 located in both the Department of Health and Social Development
- Implementation of the Ministerial Determination in the employment conditions of the CCGs
- Establishment of an integrated database of CCGs at District Level by Local Municipality showing spatial distribution per Ward
- Integrated training framework and materials approved by DOH and DSD and approximately 8 000 CCGs trained
- Career-pathing programme started in DSD and DOH.

Current Employment Benefits

- Current contract in line with Ministerial determination:
 - ✓ Fixed renewable contract Section 198B Labour Relations Amendment dated 23
 September 2015
 - ✓ Stipend for CCGs R1 800
 - ✓ Stipend for CCG Supervisors R 2 300
 - ✓ Normal working hours (40 hours a week) or visit average 3 household per day
 - ✓ Normal vacation leave 22 leave
 - ✓ Sick leave 12 days a year
 - √ 3 days paid responsibility leave
 - ✓ Training: 10 Day Integrated Community Caregiver Foundation course training and updates on new policies and guidelines.

Distribution of CCGs & CDWs

| District | Estimated number of households | Current no. of CCGs | Current no. of CCG Supervisors | CDWs |
|----------------|--------------------------------|---------------------|--------------------------------|------|
| Amajuba | 132612 | 560 | 39 | 17 |
| eThekwini | 887129 | 2019 | 141 | 33 |
| Harry Gwala | 123051 | 1090 | 72 | 41 |
| iLembe | 165603 | 1064 | 70 | 44 |
| King Cetshwayo | 242155 | 1338 | 98 | 49 |
| Ugu | 189784 | 1060 | 73 | 39 |
| uMgungundlovu | 276228 | 1054 | 85 | 39 |
| uMzinyathi | 163904 | 643 | 36 | 43 |
| uMkhanyakude | 131847 | 1104 | 78 | 52 |
| uThukela | 175599 | 887 | 56 | 39 |
| Zululand | 213723 | 1233 | 88 | 50 |
| Province | 2701634 | 12052 | 836 | 446 |



Distribution of CCGs & Shortfall

| District | Estimated CCG shortfall based on households | Estimated CCG Supervisor shortfall based on households |
|----------------|---|--|
| Amajuba | 1650 | 108 |
| eThekwini | 12766 | 845 |
| Harry Gwala | 961 | 65 |
| iLembe | 1696 | 114 |
| King Cetshwayo | 2698 | 171 |
| Ugu | 2103 | 138 |
| UMgungundlovu | 3550 | 222 |
| Umkhanyakude | 1628 | 104 |
| uMzinyathi | 1554 | 110 |
| uThukela | 2040 | 139 |
| Zululand | 2329 | 149 |
| Province | 32975 | 2166 |



Resources & Career- Pathing

| Compensation of Employees | Consumables | Estimated Gap – unfilled posts | Estimated Gap – consumables |
|---------------------------|-------------|--------------------------------|-----------------------------|
| R282 400 000 | R20 356 000 | R770 004 531 | R55 503 584 |

| Categories | No. of CCGs changing career |
|--------------------------------------|-----------------------------|
| Enrolled nurses | 1113 |
| Enrolled Nurse Auxiliaries | 400 |
| Nutrition Advisors | 210 |
| Child and Youth care workers (NQF 4) | 328 |



Operational Challenges

| Challenge | Description |
|--------------------------------|---|
| Planning | Unfinished policy Provincial on CCGs and framework for integration resulting in inconsistent policies and procedures between the departments |
| Communication Platforms | Lack of effective communication. |
| Work processes | Unclear roles and responsibilities on the delivery of integrated services Management level at provincial and district responsibilities at household level Reporting and delegation of tasks Career pathing opportunities between the departments not standardized Reporting structures are not standardized and integrated |

Operational Challenges Contd.

| Challenge | Description |
|---------------------------|---|
| Performance management | Poor coverage of CDWs as part of the supervision system Inadequate supervision system: wide-span of control in terms of numbers and distance and not coordinated between the departments |
| Conditions of Employment | Lack of access to EAP Differing contracts and benefits leading to CCGs being treated differently by each Department Unrealistic expectations on the CCGs by the community and government officials Commodities not standardized between the departments, and often not accessible. |
| Policy on cooperate image | No Branding and common Identifying gear (name tags, uniforms, and protective gear) |
| Monitoring | Lack of integrated M&E/ Knowledge Management system Inadequate support for the CCGs e.g. mentoring and technical supervision, care of caregiver incl. security |



Operational Challenges Contd.

| Challenge | Description | |
|---------------------------------|--|--|
| Conditions of Employment | Permanent employment in government | |
| | Acceptable level of employment – | |
| | o Enjoy the benefits of full employment such as medical aid, maternity | |
| | leave, | |
| | Supplied with resources to execute their functions | |
| | Career-progression | |

Areas for Coordination and the Implementation Phases



Areas of Coordination

| Area of coordination | Recommended Action | |
|--------------------------------|---|--|
| Standardization of planning | o Provincial Policy on CCGs | |
| processes | o Joint annual performance plan | |
| | Shared vision, values and norms | |
| | o Communication of the shared vision, values and norms | |
| | Joint change management strategy | |
| | Standardized Contract to be translated into isiZulu | |
| Establish communication | o Formalize provincial and district steering committees | |
| Platforms | Joint monthly progress reports to the HODs | |
| | Quarterly progress reports to Cabinet and PCA | |
| Standardization of work | Scope of practice based on job evaluations | |
| processes | Recruitment Policies including selection criteria | |
| | o Develop joint policy on norms and standards e.g. number of | |
| | households per CCG, number of fieldworkers/CCGs per Supervisor, | |
| | number of household visits for urban and rural settings. | |
| | Access to Employee Assistance Programme (EAP) | |



Areas of Coordination Contd.

| Area of coordination | Recommended Action | |
|--------------------------------|--|--|
| Standardization of performance | o Framework for supervision of the CCGs | |
| management | o Standardised staffing levels of supervisors and CCGs to ensure | |
| | proper supervision and quality of care | |
| | Debriefing programme for the CCGs | |
| | o Develop Joint Performance Management system and joint | |
| | appraisals | |
| Conditions of Employment | o According to the Ministerial determination | |
| Standardization of skills | Develop joint curriculum and training plans Establish a joint curriculum review process Training and mentoring of supervisor on leadership skills, managing a team, conflict resolution, communication etc | |
| Policy on cooperate image | Guidelines on branding of Integrated CCG Programme – clothing apparel and communication tools | |
| Monitoring | Standard M&E system and one data collection tool Standard household profiling tool Guidelines on Communication and Feedback Processes (cover under change management) | |



National Competencies

- Permanent employment in government together with the levels of employment and benefits thereof
- Would have to await national processes from SANAC, Departments of Health and Social Development.

Proposed CCG Integration Steering Committee at Provincial Level

| Department | Initial & Surname | Position |
|--|-------------------------------------|-------------------------------|
| Office of the Premier | Dr N Ndlovu – Committee Convener | Chief Director & OSS Convener |
| Office of the Premier | Mrs S F Mkhize | Director (OSS) |
| Office of the Premier | Mr M S Ndlovu | Director (Labour Relations) |
| Health | Mr L Langa | Director |
| Health | Mr V E Khoza | Chief Director |
| Health | Dr V Mubaiwa | Acting Chief Director |
| Social Development | Ms P F Luthuli | Director |
| Social Development | Ms E T Mhlongo | Chief Director |
| Cooperative Governance & Traditional Affairs | Ms A Mbatha | Director |

- Presentation of the Framework to the Cabinet for adoption
- Monthly steering committee meeting
- Monthly progress report to the HODs'
- Quarterly report back to the Social Cluster



Working Team

| Initial & Surname | Role in proposed CCG Project |
|---------------------|-------------------------------|
| Ms N Mpama - DOH | Primary Health Care |
| Mr P Cheynne - DOH | Human Resources |
| Mr T Mazibuko - DSD | Human Resources |
| Ms H Khanyile - DSD | HIV & AIDS |
| Ms B Pududu - OTP | Research |
| Mr B Osindo - OTP | Monitoring & Evaluation (M&E) |

Implementation Phases

- Establish a CCG Integration Committee with clear roles, deliverables and timeframe
- Source funding internal and external and appoint a partner to assist with technical support
- Phase 1: documentation of the current status
 - Conduct an assessment of previous and current situational analysis of the programme in each Department; recording challenges and integration gaps: interviews, focus groups and questionnaires
 - Completion date: November 2016
- Phase 2: Model Development based on the standardised functional areas
 - Completion date: February 2017 (most of the work could already start and add to the APP).
 - This will require the approach of Operation Phakisa



Phase 2: Operation Phakisa

- This initiative was designed to fast track the implementation of solutions on critical development issues. This is a unique initiative to address issues highlighted in the National Development Plan (NDP) 2030 such as poverty, unemployment and inequality.
- The framework will contribute towards:
 - ✓ addressing the current challenges of the CCG programme in KZN
 - knowledge on the coordinated management caregiver programmes, and policy formulation at national levels.
- The participants for this workshop will be drawn from
 - ✓ policy makers/ programme managers,
 - √ implementers,
 - the community caregivers,
 - ✓ academia and
 - ✓ civil society.

Outputs

- ✓ Draft policy on the CCGs with roles and responsibilities and change management strategy
- ✓ Standardized work processes: JDs, recruitment Policies including selection criteria.
- ✓ Standardized of performance management system
- Standardized Monitoring and evaluation programme o Standardized Contract of Employment



Implementation Phases Contd.

Phase 3: Implementation

- Implementation: Organisational restructuring, recruitment, training, monitoring of performance indicators.
- Starting immediately 2016 ongoing

Phase 4: Monitoring

Monitoring of the Integrated Programme starting January 2017.





Stand up and Build

