

## Incorporating Traditional Health Practitioners into Community-based Healthcare in KwaZulu-Natal, South Africa

South Africa

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## Summary

The extensive networks of Traditional Health Practitioners (THPs) are potentially capable of expanding / simplifying the prevention, care, treatment and support access for tuberculosis and HIV. Using USAID TB Program funding, the Durban University of Technology conducted a project on the engagement of THPs in improving access to HIV/AIDS and tuberculosis (TB) services, building on previous collaboration between THPs and biomedical practitioners on sexually transmitted infections (STIs).

A pictorial HIV/TB Screening Tool and a Referral Form were developed for use by the THPs when referring their clients to health facilities. Operating in two municipalities of Amajuba District and four municipalities of Zululand, 800 THPs were trained in their wards and linked with their organizational bases (the nerve centres), clinics and community healthcare workers. Training included, referral, HIV and TB screening, infection control, and HIV testing.

From October 2013 to June 2015, 379 trained THPs consulted with 35,445 clients, screening them for HIV and TB. Of these, 2,047

were presumed infected with 1,194 who consented referred to local clinics for testing. Twenty percent (160) of the THPs voluntarily undertook HIV testing. More than 600,000 community members were reached using media, community dialogues and health talks. To promote TB infection control, 7,630 N95 (particle filtering) masks, were handed to THPs.

The KwaZulu-Natal Department of Health has incorporated the project's referral system, as launched by the KwaZulu-Natal Member of the Executive Council for Health, Sibongiseni Dhlomo, into its Referral Policy in Amajuba, while South Africa's Deputy Minister of Health, Mathume Joseph Phaahla, also noted the importance of this referral system.

We have demonstrated the potential role that can be played by THPs in enhancing community-based TB prevention, care and support programmes, which may now be scaled up. Collaboration between the Department of Health and THPs is essential to ensure access and continuity of care in TB and HIV/AIDS programmes.

## Background and Justification

KwaZulu-Natal has an estimated 15,000 traditional health practitioners located in every district, local municipality and, perhaps, every ward in a similar manner to faith-based organisations. THPs form an important sector of the KwaZulu-Natal Provincial Council on AIDS (PCA) and all District AIDS Councils (DACs), Local Municipal AIDS Councils (LACs) and most Ward AIDS Councils (WACs). More than 3,000 of these have received basic to advanced training on HIV/AIDS and tuberculosis. However, without co-ordination and

empowerment at community level, this sector may not play an effectively meaningful role in the fight against HIV and AIDS, sexually-transmitted infections and tuberculosis. It is important that collaborative relationships between THPs, government, policy makers and donors are developed, nurtured and enhanced. Strong referral networks and alliances between public health centres, THPs, non-governmental organizations, and other volunteers in the community must be developed and strengthened (Abdool Karim *et al.*, 1994).

To achieve this, strong government involvement is necessary. However, the roles of all involved need to be clarified in such partnerships. In essence this calls for the creation of social capital at the community level as demonstrated by the African National Congress election manifesto of 2009 with the slogan “working together we can do more” (ANC, 2009). Social capital is defined by some as those specific processes between people and organisations, working collaboratively and in an atmosphere of mutual trust, that lead to the goals of mutual social benefit.

This project created such a social capital at community grassroots levels in KwaZulu-Natal that will lead to reduction in new HIV/AIDS cases, STIs and TB infections, together with a reduction in preventable deaths due to HIV/AIDS, STIs and TB, whilst ensuring a high quality of life for the infected and affected people of KwaZulu-Natal, through, among others:

- Developing an ongoing dialogue with community members regarding health issues;
- Creating or strengthening community organisations aimed at improving health;
- Assisting in creating an environment in which individuals can empower themselves to address their own and their community’s health needs;
- Promoting community members’ participation in ways that recognise diversity and equity, particularly those most affected by the health issues in question;
- Working in partnership with community members in all phases of a project to create locally appropriate responses to health needs.

The project strengthened the Operation *Sukuma Sakhe* model of service delivery launched by the Premier of the KwaZulu-Natal Government, Zweli Mkhize, designed to address, among other things, issues of community participation, integrated services delivery, and behavioural change. In this model, the ‘war room’ (the project’s organisational base or nerve centre) represents the basis for coordination at ward level. In each war room is a dedicated team including, but not limited to, community members, community care givers, youth ambassadors, extension officers, sports volunteers, social crime prevention volunteers, community development workers together with all government departmental

officials, and civil society organisations (KwaZulu-Natal, 2012).

The main issues involved were:

- To increase the capacity of THPs to support the management of HIV/AIDS, STI and TB;
- To optimise the participation of THPs in the Multi-Sectoral Provincial Strategic Plan for HIV and AIDS, STIs and TB, 2012-2016, for KwaZulu-Natal;
- To strengthen the implementation of the Provincial *Masisukume Sakhe* ('Lets build together') Programme by empowering THPs to function within the Ward AIDS Committees and war rooms;
- To strengthen relationships between public health and the traditional health care workers of KwaZulu-Natal through the development of a uniform referral system for adoption and use by the KwaZulu-Natal Department of Health, Municipal Health Units and THPs across the province.

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## Description

The project was rolled out through six activities:

**Activity 1:** To mobilise THPs and their target communities to be proactive in addressing issues of TB and HIV/AIDS prevention and management whilst at the same time highlighting the role of THPs and traditional healthcare clinics within the primary health care setting.

**Activity 2:** To position THPs as strategic stakeholders and advocates in the promotion of primary health care within their respective communities.

**Activity 3:** To improve the target audience community's positive behavioural health-seeking practices (i.e. improved attitudes, knowledge and beliefs surrounding TB/HIV and STI).

**Activity 4:** A strengthened referral system including the capacity of clinic nursing staff and THPs to work collaboratively in the management of HIV/AIDS, TB and STIs.

**Activity 5:** To strengthen the implementation of the Provincial *Sukuma Sakhe* Programme through empowering THPs to function effectively within the Ward AIDS Committees and war rooms.

**Activity 6:** To strengthen coordination, monitoring and evaluation, and reporting of project activities.

To achieve these goals, we developed a training manual consisting of the following modules:

**Module 1:** HIV/AIDS

Transmission  
Treatment

**Module 2:** HIV/AIDS Prevention

HIV/AIDS Counselling and Testing  
Abstain - Be faithful - Condomise  
Cultural approaches of prevention  
Medical Male Circumcision  
Prevention of Mother-to-Child-Transmission

**Module 3:** Key populations

**Module 4:** TB (Based on National TB Guidelines)

Transmission  
Screening  
Infection control

**Module 5:** TB Treatment

Directly observed treatment, short-course  
Adherence

**Module 6:** STI/opportunistic infections (OI)

**Module 7:** Monitoring, evaluation and reporting

**Module 8:** Palliative care

Training was facilitated by a team of conventional healthcare professionals and THPs.

The approach used was based on adult-learning principles of active learner participation. In addition, we believe that THPs are experts in traditional healthcare practices and hold particular views on issues discussed under different training modules and that they had valuable knowledge and insights to share and learn during the course.

In this regard facilitators:

- respected and valued diverse opinion;
- delivered and shared training content in the home language of the participants (IsiZulu);

- made an effort to translate most of written training materials and/or handouts for distribution into isiZulu; and
- ensured training staff played mostly a facilitative role in the active learning exercises.

Among the tools developed were a referral form (Fig. 1), patient record form (Fig. 2) and a reporting flow chart (Fig. 3).

KWAZULU-NATAL  
TRADITIONAL  
HEALTH  
PRACTITIONERS



health  
Department  
of Health  
PROVINCE OF KWAZULU-NATAL

## INCWADI YOKWEDLULISELA YABELAPHI BENDABUKO TRADITIONAL HEALTH PRACTITIONERS REFERRAL LETTER

**ISIGABA 1: IMININGWANE YESIGULI  
SECTION 1: PATIENT DETAILS**

Igama Lesiguli  
Name of Patient: \_\_\_\_\_

Ikheli Lesiguli  
Address of Patient: \_\_\_\_\_

**ISIGABA 2: UDLULISELWA:  
SECTION 2: REFERRED TO:**



Isibhedlela  
Hospital



I-Kliniki/Isikhungo  
sezempilo  
Clinic/Health Facility



HCT  
BY  
COUNSELLING  
& TESTING



Ezenhlalakahle  
Social Services  
and welfare



Izinhlangano zomphakathi  
okungezona ezakHulumeni  
NGO/CBO

**ISIGABA 3: ISIZATHU SOKUDLULISA  
Isizathu somelaphi wendabuko  
SECTION 3: REASON FOR REFERRAL  
Traditional Health Practitioner's Reason**

<p> <input type="checkbox"/> Ukusoka Male Medical Circumcision</p> <p> <input type="checkbox"/> Ukukhwehlela Coughing</p> <p> <input type="checkbox"/> Ukuyimbela ukutholeleka Komuntwana ngegciwane Prevention of Mother to Child Transmission</p> <p> <input type="checkbox"/> Isifuba esibuhlungu Chest Pain</p> <p> <input type="checkbox"/> Ukujuluka obusuku Sweating at Night</p> <p> <input type="checkbox"/> Ukukhishwa isisu Diarrhoea</p> <p> <input type="checkbox"/> Inkinga yesikhumba Skin Problem</p> <p> <input type="checkbox"/> Ukungakuthandi ukudla Loss of Appetite</p> <p> <input type="checkbox"/> Ukunciphisa emzimbeni Loss of Weight</p>	<p><input type="checkbox"/> Usokwe MMC Done</p> <p><input type="checkbox"/> Ukukholelwa isandulela-nguculazi HIV Test Done</p> <p><input type="checkbox"/> Ukuyimbela ukutholeleka komuntwana ngegciwane Prevention of Mother to Child Transmission</p> <p><input type="checkbox"/> Ukukholelwa izifo zocansi STI Test Done</p> <p><input type="checkbox"/> Ukukholelwa i-TB TB Test Done</p> <p><input type="checkbox"/> Ukukholelwa okanye nje (chaza ngezansi) Other Tests Done (indicate below)</p> <p><input type="checkbox"/> Imithi enikaziwe Treatment Given</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
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**ISIGABA 4: ISITEMBU SOSUKU  
SECTION 4: DATE STAMPS**

THP Date Stamp

Clinic/Doctor Date Stamp

Figure 1: Referral form developed during the project.


**USAID** | TUBERCULOSIS PROGRAM SOUTH AFRICA  
FROM THE AMERICAN PEOPLE

### Ifomu Lokubika Ngeziguli Esetshenziswa Ngabelaphi Bendabuko

No.	Ubude	Ubude	Ubude	Izinhlobo Zokubiza (Izinhlobo Zokubiza)										Ubude	Ubude	
				Ubude	Ubude	Ubude	Ubude	Ubude	Ubude	Ubude	Ubude	Ubude	Ubude			
1																
2																
3																
4																
5																
6																
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17																
18																

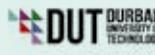




Figure 2: Patient record form developed during the project.

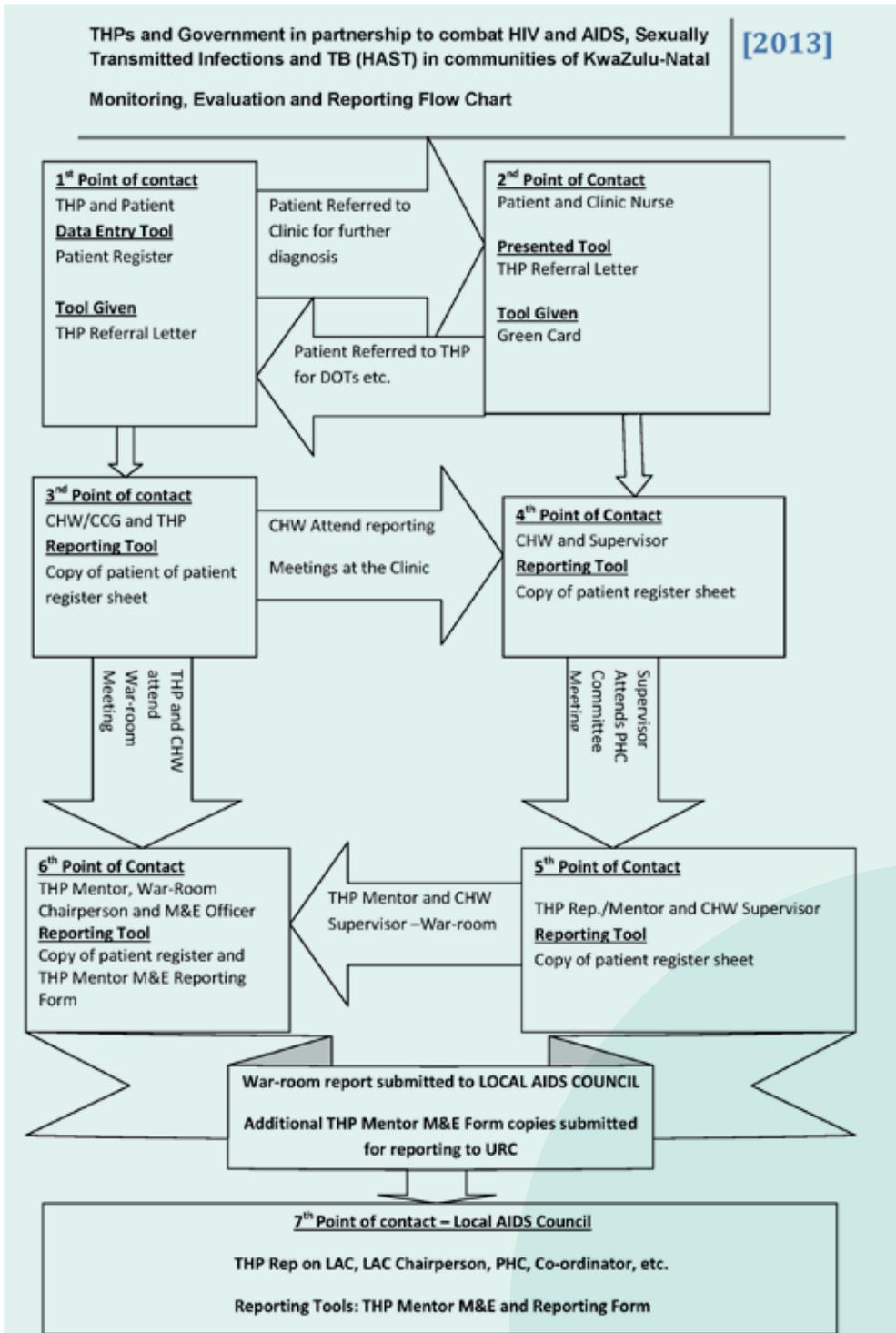
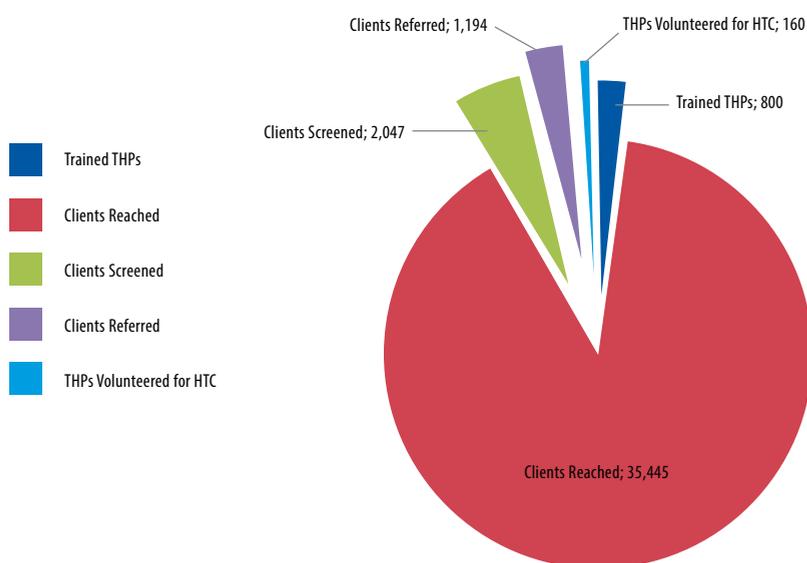


Figure 3: Reporting and information flow chart for monitoring and evaluation purposes.

## Results

From October 2013 to June 2015, 800 THPs were trained. Of these, 379 (47%) consulted with 35,445 clients, screening them for TB and HIV/AIDS. Of these, 2,047 were presumptive of TB or HIV/AIDS while 1,194 who consented were referred to the local clinics for testing. Twenty percent (160) of the THPs also voluntarily undertook HIV testing (Fig. 4). As part of promoting infection control, 7,630 N95 (particle filtering) masks, were handed to THPs. The main reason behind 53% of THPs not reporting was due to their illiteracy (inability to read or write in isiZulu). This was not made a precondition for participating in this project. The project also presented its work at the 4<sup>th</sup> South African TB Conference (2014), and the 7<sup>th</sup> AIDS Conference (2015).



**Figure 4:** Results of traditional health practitioners (THPs) work with their clients.

The KwaZulu-Natal Department of Health has incorporated the project's referral system into its Referral Policy in Amajuba as launched by the KwaZulu-Natal Member of the Executive Council for Health, Sibongiseni Dhlomo (Fig. 5). South Africa's Deputy Minister of Health, Mathume Joseph Phaahla, opening a National Workshop of the Department of Health on THPs, also noted the importance of this referral system.

By means of newspapers, radio, community dialogues and health talks we were able to reach 622,088 people (Fig. 6).



Figure 5: KwaZulu-Natal Health Member of the Executive Council, Dr. Sibongiseni Dhlomo (seated second from right) with other dignitaries at the THP graduation and launch of the referral policy in Newcastle, South Africa, 8 July 2014.

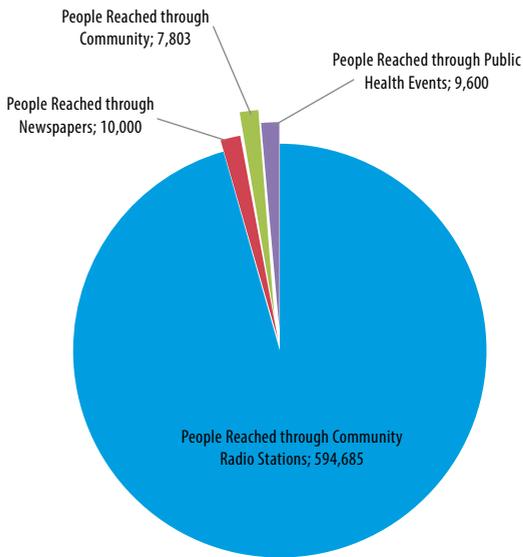


Figure 6: Indication of the reach of the advocacy communication and social mobilisation aspect of the project.

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## Partnerships

We have formed partnerships with the Hospice Palliative Care Association of South Africa (HPCA) and the CaSIPO (Care and Support to Improve Patient Outcomes) project to support and strengthen the integration of care and support services within the broader health system, and to strengthen community systems and organisations to ensure the provision of a continuum of comprehensive care and support services (palliative care). Public/community/stakeholders and private sector involvements and weaknesses between partners were strengthened by conducting regular (every six months) project review meetings.

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## Impact

Tables 1 and 2 give an indication of the state of affairs in specific areas related to this project in Amajuba Health District. Though it could not be said to be a direct proof of the impact of the project.

The data indicate that during the period the project was implemented there was improvement in testing, disease detection and condom provision rates.

Indicator	Jan-Mar 2014	Oct-Dec 2014	% Change
No of individuals tested for HIV	33,598	35,761	+6
No of individuals with TB detected	395	499	+26
Male condom distribution			
• Health facilities	668,147 (51%)	593 102 (28%)	-11
• Non health	663,000 (49%)	1 545 000 (72%)	+43

**Table 1:** Report from Amajuba Health District during the period covered by the project.

Indicator	Apr-June 2014	Apr-Jun 2015	% Change
HIV testing	49 896	43 080	-11
TB detection	453	363	-12
Male condom distribution (unspecified)	2,025,808	4,394,928	46

**Table 2:** Report from Zululand Health District during the period covered by the project.

Our poster was nominated for 'best poster' in the 'best practice' category of the South African AIDS Conference in June 2015.

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## Sustainability

During our end-of-project review meeting it was agreed that all stakeholders (Department of Health, THPs and Durban University of Technology) will work together in putting together a project sustainability resource mobilization plan.

The fact that THPs are willing to support communities in improving their health even if it means making referrals to the public health system and that the KwaZulu-Natal Department of Health has dedicated staff to co-ordinate activities involving collaboration with THPs made it easier to implement this project. THPs are now integral members of Ward, Municipal, District and Provincial AIDS Council members. They are also members of clinic committees and hospital boards.

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## Replicability

South Africa has adopted a Policy of Primary Health Care Re-engineering which is strengthened by the implementation of this project. The policy has two basic principles:

- It should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive healthcare for all, and giving priority to those most in need;
- It relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional health practitioners as needed, suitably socially- and technically-trained to work as a health team and to respond to the expressed health needs of the community.

Three other provinces (Eastern Cape, Limpopo and Mpumalanga) in South Africa have adopted and adapted the referral system we have developed and put it into use. This is about strengthening the primary healthcare system and improving access.

This work is of relevance to those countries and regions where THPs have no formal links with the public health system. In Malawi, an earlier version of this work was put into use with positive results.

## Lessons Learned

Since they began referring patients to these facilities under this project, there has been a notable challenge with regard to THP-referred patients' outcomes, i.e. getting to know exactly what happened to patients referred by THPs to either hospital or clinic, there having been very little feedback. As a result, we have agreed with the Department of Health's District Coordinators to have a common mechanism to collect this data from the clinics and a tool has been designed to obtain this particular data requirement (Fig. 7)

During the end-of-project review meeting it was agreed that THP leaders and District Health Coordinators should work together in ensuring that the referral system works and report areas of malfunction in order to work out strategies for timely troubleshooting.

The tool for ongoing referral record-keeping in clinics has been revised and which Department of Health Coordinators now need to circulate it to all participating clinics for the collection of monthly statistics.

<b>1</b>	<b>How many patients were referred by THPs to your facility for symptoms related to :</b>	<b>No.</b>
1.1	TB	
1.2	HIV / AIDS	
1.3	STI	
1.4	MMC (Medical male circumcisions)	
1.5	PMTCT (Prevention of mother-to-child transmission)	
1.6	Other (specify)	
<b>2</b>	<b>How many clients received positive results on:</b>	<b>No.</b>
2.1	TB	
2.2	HIV	
<b>3</b>	<b>How many clients were referred back to THPs for :</b>	<b>No.</b>
3.1	DOT support	
3.2	Treatment support / adherence	
<b>4</b>	<b>How many condoms were distributed to THPs for :</b>	<b>No.</b>
4.1	Males	
4.2	Females	

Figure 7: THP patient referral outcomes form – developed to improve tracing of patient outcomes.

The success of the project was also assured by using the power of media (community radio stations) to mobilize communities to access HIV/AIDS, STI and TB (HAST) services. Social mobilisation for HAST was aimed at providing the community with adequate information and support about all aspects of these services and, in particular, the role of THPs with, above all, the creation of a space for ongoing dialogue with community members regarding health issues.

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## Future Plans

This project was conceived to address issues relating to improving HAST services through the involvement of THPs. It is possible to include other medical conditions. There are also plans for collaboration and sharing of the results with other organizations/countries.

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## Additional contributors

Ahmed C Bawa, Phindile Xulu, Mandla Mhlongo, Margaret Bonisiwe Buthelezi and BN Radebe, Gloria Nene, Gugu Majola, Lihle Khumalo, Nathi Buthelezi, Vukile Ngobese, Michael Mazibuko, Musa Shabangu, Sifiso Dlamini (deceased), Bongani Ntshangase (deceased), Bootjie Vilakazi, Dumisani Mkhwanazi, Welcome Mbokazi, Sagie Govender, Charmaine Naidoo and Zanele Shandu.

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