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Faculty of Health Sciences
Department of Nursing Science

THE OUTREACH TEAM LEADERS VIEWS REGARDING WARD BASED PRIMARY HEALTH CARE SERVICES IN MAKHUDUTHAMAGA SUB DISTRICT, LIMPOPO PROVINCE

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FULL DISSERTATION

SUBMITTED IN THE FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

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Supervisor: Prof MD Peu
Co-supervisor: Prof SR Mogale

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DECLARATION

I Maleka Mafishe Johannes declare that **The Outreach team leaders views regarding ward-based primary health care services in Makhuduthamaga sub-district, Limpopo Province** is my own work and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution. I also declare that this full dissertation is submitted in partial fulfilment of the requirements for Magister Curations (Full dissertation) in the Department of Nursing Science, Faculty of Health Sciences, at the University of Pretoria.

…….. Date……..

SIGNATURE

FULL NAME

Mafishe Johannes Maleka

DEDICATIONS

This study is dedicated to my mother Hunadi, my wife Puseletso, my three daughters, Boipelo, Bohlale and Batlile for their support, encouragement, understanding and patience in believing me during this study.

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ABSTRACT

Background: The Ward Based Primary Health Care Outreach Team (WBPHCOT) in Makhuduthamaga Sub-district was introduced in 2012 to improve access and bring health services closer to where people live and work. Irrespective of the provision of Ward Based Primary Health Care services, Outreach Team Leaders (OTLs) continue to face serious challenges in the provision of Ward Based Primary Health Care services.

Objectives: The objective of this study was to explore and describe the Outreach team leaders views regarding Ward Based Primary Health Care services in Makhuduthamaga Sub-district, Limpopo Province.

Research design and methods: Qualitative, exploratory, and descriptive designs were used in this study. The non-probability purposive sampling technique was used to select a sample from the outreach team leaders. The researcher collected data using semi structured interviews. Tesch's method of data analysis was used to analyze data.

Population: The population in this study included all OTLs in Makhuduthamaga Sub-district, Limpopo Province.

Findings: The study findings indicate that WBPHCS is a good programme that bridges the gap in terms of access to health care services. The findings also illustrate that OTLs encounter challenges in the rendering of health care services. The findings revealed that WBPHCs is beneficial to the community members as well as the PHC facilities, although the participants cited challenges such as dual job, lack of stationary, lack of transport, and lack of support which prohibits them to render and respond to the services required at household level. This finding will increase knowledge that will enable all health care workers working in Primary Health Care (PHC) facilities to understand WBPHCOT and to give support to OTLs allocated dual jobs. Findings will also assist managers at the sub-district, district and provincial levels in planning, resource allocation and evaluation of services rendered by OTLs in Makhuduthamaga Sub-district, Limpopo Province.

Conclusion: The results of this study confirm that WBPHCS is a valuable programme as it bridges the gaps in PHC. The gaps include access to health care services that are free of charge, including promotion of treatment regarding the provision of chronic medication, promotion of treatment adherence regarding tracing defaulting patients and promoting antenatal care. The results also confirm that OTLs encounter challenges such as access to resources (lack of stationery), inadequate human resources (high workload of OTLs),

informal and dual OTLs' job description, inadequate support from colleagues, infrastructure challenges, inadequate working environment, and more.

Key words: Community health worker, Outreach team leader, Primary Health care, Ward based primary health care outreach team and Ward based primary health care service

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LIST OF ABBREVIATIONS / ACRONYMS

Abbreviation/ acronym	Meaning
ANC	ANTENATAL CARE
CHW	COMMUNITY HEALTH WORKER
DHS	DISTRICT HEALTH SYSTEM
LTFU	LOST TO FOLLOW UP
MDGs	MELLENIUM DEVELOPMENT GOALS
NDOH	NATIONAL DEPARTMENT OF HEALTH
NHC	NATIONAL HEALTH COUNCIL
OPD	OUTPATIENT DEPATMENT
OTL	OUTREACTH TEAM LEADER
PHC	PRIMARY HEALTH CARE
PHCR	PRIMARY HEALTH CARE RE- ENGINEERING
WBPHCOT	WARD BASED PRIMARY HEALTH CARE OUTREACT TEAM
WBPHCS	WARD BASED PRIMARY HEALTH CARE SERVICES

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

From time immemorial, health services in South Africa (SA) were unequal, inaccessible, unaffordable and unavailable to disadvantaged people. A study conducted by Brauns and Stanton (2016:23) on the governance of the public health sector during apartheid, states that patient's of African origin were deprived of human rights and access to community-based programmes that would have enabled them to recover from illness. People were paying to gain access to health care services (Shung-king, Mcintyre & Jacobs 2005:26). Omotoso and Koch (2018:2) indicate that post-1994, the South African government introduced free medical treatment for the Primary Health Care (PHC) users to reverse inequalities that resulted from apartheid. Furthermore, the study indicated that the health system in SA was divided along the racial lines, health systems for disadvantaged people were under-resourced (Omotoso & Koch 2018:1). Therefore, health care as a human right was ignored for Africans.

Patients were travelling a long distance to the health facilities (Brauns & Stanton 2016:27). The transport was expensive for the patients to afford. The communities were not involved in the planning and implementation of the services. There were various inequalities among the communities. There were no solutions until South Africa and several international countries held Primary Health Care (PHC) in 1978 in response to these inequalities of access to health care (Dennil & Rendall-Mkosi 2012:3). Various health issues were discussed and actions were taken on strategies for the implementation of Primary health care. The audience agreed on the definition of health, primary health care as well as solutions thereof (Dennil & Rendall-Mkosi 2012:7). All this action at some stage failed to cater for the communities. The government of SA took another look at how health services should be delivered to community members by focusing on access to health services. This has led to a model called Primary Health Care Re-engineering

(PHCR) to make sure that people receive effective health services that meet their needs (CHW Training manual phase one 2012:17).

The PHCR is one of the pillars of National Health Insurance (NHI) (Khuzwayo & Moshabela 2017:1). According to the National Department of Health (NDOH) Strategic Plan (2018/19:18), the aim of NHI is to improve access to quality health services through the development and implementation of policies to achieve universal coverage. The focus of the PHCR model is on three components which are Ward Based Primary Health Care Outreach Team (WBPHCOT), School Health Service (SHS) and District Based Clinical Specialist Teams (DBCST) to support PHC (WBPHCOT Team Leader Orientation Programme Learner Guide 2014:10).

Twenty-four years ago, after the elections of 1994, the government of SA introduced strategies and programmes to eradicate health inequalities and challenges such as the quadruple burden of diseases that was faced by the country (Mayosi & Benatar 2014:1344). Furthermore, in 1996, South Africa introduced the District Health System (DHS) which is a way of delivering health services to local communities (CHW Training manual phase one 2012:17). Despite the introduction of DHS, communities continued to face challenges regarding access to health services such as increased waiting time, patients not seeking immediate care leading to complications, high rate of communicable and non-communicable diseases, maternal and infant mortalities, poor utilization of PHC facilities contributing to overcrowding in hospitals' Outpatients Departments (OPD).

Despite existing programmes in place such as the health promotion activities; Millennium Development Goals (MDGs), Integrated School Health Policy (ISHP) and currently Sustainable Developmental Goals (SDGs) and Re-engineering of Primary Health Care (PHCR), nurses continue to face challenges such as shortage of staff, overcrowding in the PHC facilities, expanded programmes for nurses in PHC facilities, and the lack of continuity of care. Xaba, Peu and Phiri (2012:7) conducted a study on perceptions of registered nurses regarding factors influencing service delivery in expanding programmes in the PHC setting in the Gauteng province. The study indicated that patients leave their nearest facilities and overcrowd other facilities due to the negative attitude of the staff. Furthermore, the study indicated that it is difficult to follow up with clients as they move from one PHC to another (Xaba *et al*. 2012:9). Therefore, patients are regarded as Lost To Follow

Up (LTFU) in other facilities leading to poor continuation of care (CHW In-service Skills development Facilitator Manual 2019:108).

The WBPHCOT was launched and implemented across the provinces in SA. According to CHW Training Manual Phase one (2012:19), WBPHCOT consists of one professional nurse (Outreach Team Leader), and six Community Health Workers. Each of the CHWs is allocated 250 to 270 households. The professional nurse's roles and responsibilities are to supervise, manage, mentor, train, support, accompany CHWs on household visits, report on activities and indicators to the facility as well as facilitation of CHWs' classroom workshops (OTL In-service skills Development Facilitator Manual 2019:6). (Schneider, Sanders, Besada, Daviaud and Rohde (2018:61) describe the goals and objectives of WBPHCOT policy framework and strategy and the scope of work of WBPHCOTs. These goals include improve working conditions of WBPHCOTs, improve human resource recruitment, selection, standardized WBPHCOTs scope of work and improve and maintain monitoring and evaluation system for working programme (Schneider *et al*. 2018:61).
The population in the community or ward determines the number of teams required. For example, 1620 households need one professional nurse (CHW Participant Guide Phase 1 2012:19).

This programme (WBPHCOT) plays a great role in the lives of people by bringing health services closer to them. Bongongo, Ndimande, Ogunbanjo, Masango-Makgobela, Nyalunga and Govender (2018:2) conducted a study on the awareness of WBPHCOT and services offered by the programme in Tshwane Health District, South Africa. The study indicates that WBPHCOT paves the way to the amelioration of the health conditions of the communities concerned and an improvement in the PHC health system in South Africa (Bongongo *et al*. 2018:2). Kuzwayo and Moshabela (2018:7) conducted a study on the benefits of health reform for households in rural areas of Eastern Cape Province after the implementation of WBPHCOT. It was found that WBPHCOT services were perceived to close the gaps in PHC by addressing and responding to the needs of individuals at the household level thereby overcoming barriers to access to care (Kuzwayo & Moshabela 2018:7). Furthermore, the community in this study reported that WBPHCOT services help them to enjoy the benefits of individually tailored personalized care (Kuzwayo & Moshabela 2018:8). Naidoo, Roilton, Jobson, Matlakatle, Marinecowitz, Mcintyre *et al*. (2018:1) state that WBPHCOT plays a role

by bridging the gaps between PHC facilities and the community by ensuring that disadvantaged people access health services, regardless of the distance they have to travel.

Despite the valuable role WBPHCOT play in these communities, there are some challenges faced by WBPHCOTs. The researcher observed that OTLs in Makhuduthamaga Sub-district, Limpopo Province, fail to render services to the community due to dual job allocation, transport problems and shortage of staff in PHC facilities. Based on the challenges observed, disadvantaged communities fail to access the WBPHCS. The main aim of WBPHCOTs is to improve access to PHC as it provides a range of services such as health promotion, prevention of diseases. Currently, there is no study conducted on outreach team leaders' views regarding WBPHCS.

The intention behind the introduction of WBPHCOTs is to meet the needs of the people in the community, how these services are viewed by OTLs matters as they may not meet the needs and the expectations of the community members. Knowing the OTLs' views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province, is important as it will allow subdistrict and district managers to understand, plan and evaluate the services rendered by OTLs. The researcher believes that rendering WBPHCS varies according to the uniqueness of each individual and how the service is offered to the community members. This study, therefore, focuses on the OTLs' views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. This study seeks to answer what the OTLs' views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province are.

1.2. RATIONALE

The researcher observed that the WBPHCOT service in Makhuduthamaga Sub-district, Limpopo is known by only OTLs and CHWs rendering the service. OTLs face challenges such as dual work allocation, lack of support, space, lack of monitoring and shortage of staff which in turn hampers their functions. This study will assist health workers to understand WBPHCOT to give support to OTLs and CHWs. District managers, sub-district managers and facility managers will also know the Outreach Team Leaders views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province**.**

1.3. PROBLEM STATEMENT

The Ward Based Primary Health Care Outreach Team (WBPHCOT) in the Makhuduthamaga sub-district was established in 2012. It has been observed by the researcher, that OTLs continue to face serious challenges such as shortage of staff, dual job allocation, transport problems as well as lack of monitoring. This is supported by Dibakwane and Peu (2018:6) who emphasize that follow up visits are not conducted because of a shortage of staff. The authors further indicate that lack of transport and support compromise the quality of care. The study conducted by Whyte (2018:79), on the implementation of WBPHCOT, states that resources, transport and space are the challenges faced by the WBPHCOT. However, OTLs in Makhuduthamaga are expected to provide dual jobs such as working in the facility as well as outside for WBPHCOT activities. According to the Policy Framework and Strategy for WBPHCOT (2018:13), dual jobs, understaffing and working hours are challenges faced by WBPHCOT teams. Whyte (2018:80) recommends that policy makers should allocate OTLs who will be fully employed on WBHPCOT to avoid dual jobs and district managers to allocate needed resources. Whyte (2018:79) further articulates that transport, space and resources are the challenges faced by the WBPHCOT.

The OTLs on regular basis fail to render the services such as supportive supervision to CHWs by patching shortages in the facility. Without OTLs during household visits, CHWs fail to accomplish their tasks in totality. The services provided are ineffective in terms of resources and time even though the National Department of Health (NDoH) introduced WBPHCOT as a vehicle that will offer health services that are needed by households (CHW Participant Guide Phase 1, 2012:20). The Policy Framework and Strategy for WBPHCOT (2018:16) further noticed that professional nurses are scarce, and this hampers the functioning of WBPHCOT in the community. Therefore, it is necessary to explore and describe the Outreach team leaders views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province.

1.4. SIGNIFICANCE OF THE STUDY

This study focused on the outreach team leaders views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. Currently, in practice,

WBPHCOT in the Makhuduthamaga Sub-district is known by those who provide the services. The findings in this study should increase the knowledge base that will enable all health care workers working in PHC facilities to understand WBPHCOT and to give support to OTLs who are allocated dual jobs. The findings should also be communicated to management at the government level to inform the development of the strategies, policies and scope of practice to all health care workers allocated to practice as OTLs in the communities as well as in PHC facilities. Furthermore, the study should also allow managers at the district level to evaluate the services delivered by OTLs allocated dual jobs. It will also assist managers to understand the challenges and practical functioning of WBPHCOT and problems that have occurred since the construction of WBPHCOT in the Makhuduthamaga Sub-district. The community at large should benefit from this study because the findings should contribute to clarifying the roles of OTLs in the community and within the PHC facility. Managers at sub-district, district and provincial level should plan and allocate needed resources for WBPHCOT and to appoint OTLs who will work full time in WBPHCOT to deliver effective services to the community based on the findings of the study. Lastly, findings should also lead to improvement in the Makhuduthamaga sub-district.

1.5. RESEARCH QUESTION

- What are the Outreach team leaders views regarding Ward Based Primary Health Care Services in Makhuduthamaga Sub-district, Limpopo Province?

1.6.THE RESEARCH OBJECTIVE

- To explore and describe the Outreach team leaders views regarding WBPHCOT in Makhuduthamaga Sub-district, Limpopo Province.

1.7. DEFINITION OF KEY CONCEPTS

1.7.1 Dual job

Dual job is the term used to describe additional work or time worked by an employee in either by an employee's home department but in a different job than the employee's permanent appointment (Bouwhuis, De wind, De Kruif, Geuskens, Vander Beek, Bongers *et al*. 2018:2). In this study, dual job refers to an extra job

allocated for OTLs to work in the PHC facilities as professional nurses and outside the PHC facilities as OTLs for WBPHCOTs.

1.7.2 Community health worker

A community health worker is a person from within a community who is appointed as a member of the primary health care outreach team (CHW training manual phase 1 2012:22). White, Govender and Lister (2017:1) define community health workers as people selected from the community to perform duties related to health care delivery, who have not undergone formal professional training. In this study, a community health worker refers to a person in the community who is trained to provide basic health services to the community employed under the department of health.

1.7.3 Primary health care

Primary health care is a particular way of delivering health care services that helps everyone in the community to live healthy lives by focusing on the wellbeing of the people, their living conditions and their surroundings (CHW Training manual phase 1 2012:15). In this study, primary health care refers to essential care that brings health services closer to where people live and work.

1.7.4 Professional nurse

A professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (South African Nursing council 2005:25). For the purpose of this study, a professional nurse refers to a person delegated to execute the responsibility of being an OTL in a PHC facility.

1.7.5 Outreach Team Leader

The outreach team leader is a professional nurse appointed to execute the role as a supervisor to community health workers (WBPHCOT Team leader orientation programme learner guide 2014:15). In this study, outreach team leader refers to a professional nurse who has undergone seven days of training and is delegated by the authorities to be the supervisor of community health care workers.

1.7.6 Ward Based Primary Health Care Outreach Team (WBPHCOT)

The WBPHCOT refers to the team of health care workers based at primary health care facilities who offer integrated services to households (Policy Framework and

Strategy for WBPHCOT 2018:7). In this study, WBPHCOT refers to a team of community health care workers and professional nurses delegated by authorities to provide integrated PHC services in the community.

1.8 PARADIGMATIC PERSPECTIVE

1.8.1 Paradigm

Paradigm refers to a way of looking at a natural phenomenon or world view that encompasses a set of philosophical assumptions (Polit & Beck 2017:738). The constructivist paradigm was used because its focus is on understanding the experiences of human beings such as the outreach team leaders views regarding ward-based primary health care services in Makhuduthamaga Sub-district, Limpopo Province (Polit & Beck 2017:12). A constructive paradigm is a way of understanding how people make reality within their surroundings (Polit & Beck 2017:723). Findings from the constructive inquiry are the products of the interaction between the researcher and the outreach team leaders in this study (Polit & Beck 2017:11). Ontology, epistemology and methodological were used in this study.

1.8.1.1 Ontological assumptions

Ontology is a study that deals with the nature of reality and characteristics of a phenomenon to be studied (Botma, Greef, Mulaudzi & Wright 2010:40). Ontology is a way in which a researcher deals with how he or she views the world (Botma *et al*. 2010:40). In this study, the ontological assumption was as follows: the researcher assumed that rendering of WBPHC services to community members had a different meaning to outreach team leaders. The outreach team leaders views regarding WBPHCS differed from one person to another. Each individual had his or her own way of understanding reality. Some of the people may have the same interpretation and others have different interpretations of WBPHCS. In this study, the researcher believed that outreach team leaders view WBPHCS in different ways and was trying to gain an understanding of their views as individuals**.**

1.8.1.2 Epistemological assumptions

Epistemology refers to the assumption that is about the nature of knowledge, and its focus is on the structure of knowledge rather than on content (Botma *et al*. 2010:40). Epistemological questions deal with how we can know and explain the

phenomenon (Botma *et al*. 2010:40). In this study, the epistemological assumption was as follow: to understand the outreach team leaders views regarding WBPHCS in this study, realities were known by conducting qualitative research. The researcher believed that outreach team leaders are knowledgeable about WBPHCS in Makhuduthamaga Sub-district, Limpopo Province and they were responding according to their experience. Narrative data gave an understanding of the outreach team leaders views regarding WBPHCS in Makhuduthamaga Sub-district Limpopo Province.

1.8.1.3 Methodological assumptions

Methodological assumptions are about the nature of the research process, step by step, and rules in research that specify how the study will be conducted (Botma *et al*. 2010:41). In this study, methodological assumptions were as follows: Qualitative research focuses on clearly identified concepts such as the outreach team leaders views regarding WBPHCS and supports the collection of data on reality. Qualitative, exploratory and descriptive approaches were used in this study to gain knowledge on the outreach team leaders views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. Participants in this study were interviewed individually in order to avoid biases. In-depth interviews were a specific tool in this study to answer the outreach team leaders views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. Data analysis was done after data collection in the form of coding, and themes.

1.9. DELINEATION

The topic of this study focused on the Outreach team leaders views regarding WBPHCs in Makhuduthamaga Subdistrict, Limpopo Province. The focus of the study was on twenty-one PHC facilities in Makhuduthamaga Sub-district, Sekhukhune district in Limpopo Province. Each outreach team leader was allowed to take part in this study.

1.10. RESEARCH DESIGN

Research design is a comprehensive plan used by the researcher to answer the research question (Brink, Van der Walt & Van Rensburg 2012:217). In this study, qualitative, exploratory, and descriptive design was used to answer the research question.

1.10.1 Qualitative approach

Qualitative research is a step taken to investigate the phenomena under study comprehensively and thoroughly through the collection of rich narrative materials

using flexible research design (Polit & Beck 207:741). In this study, the qualitative approach was used to explore the OTLs views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province (See chapter 2).

1.10.2 Exploratory approach

Polit and Beck (2017:15) state that exploratory research starts with a phenomenon of interest and explores the full nature of the phenomenon. The aim of exploratory studies is to make an understanding of the phenomenon (Botma *et al*. 2010:50). The exploratory design was considered in this study to explore the OTLs views regarding WBPHCS in Makhuduthamaga Sub-district Limpopo Province (See chapter 2).

1.10.3 Descriptive approach

Descriptive design assisted the researcher to describe the OTLs views regarding WBPHCS in Makhuduthamaga Sub-district Limpopo Province. It further enabled the researcher to examine and record aspects in a situation as it naturally occurred, to answer the research question (Polit & Beck 2017:206). In this study, a descriptive design was considered to describe participants' views regarding WBPHC services in Makhuduthamaga sub-district Limpopo Province (See chapter 2 for more information).

1.11. POPULATION

Population refers to a complete category, set or group of people having the same features that are of interest to the researcher (Brink *et al*. 2012:216). This study's population consisted of seventeen (17) OTLs from twenty-one (21) PHC facilities of Makhuduthamaga Sub-district Limpopo Province (See chapter 2).

1.12. SAMPLING TECHNIQUE

The non-probability purposive sampling technique method was used in this study. The non-probability sampling method was chosen because it needed the researcher to judge and choose participants who are knowledgeable about the phenomenon being studied (Brink *et al*. 2012:139). The OTLs in this study rendering WBPHCS in Makhuduthamaga Sub-district, Limpopo Province were selected because they are knowledgeable about the phenomenon. The OTLs allocated dual jobs in PHC facilities and having knowledge and experience in

WBPHCOTs were included in this study. The population excluded in this study were nurses not allocated dual jobs to render WBPHCS in Makhuduthamaga Sub-district, Limpopo Province (See chapter 2 for more details).

1.13. DATA COLLECTION

Data collection is defined as a process of collecting data that applies to the goals or objectives of the research study (Polit & Beck 2017:725). In this study, data were collected in the form of semi-structure interviews, using an audio tape, and the taking of field notes (See chapter 2 for detailed discussion).

1.13.1. Access of participants and information sharing

Before data collection, participants were informed one month before the data were collected. Operational managers in PHC facilities were informed one month ahead. Data collection took one to two months because PHC facilities are situated far apart and one OTL in all twenty-one PHC needed to be interviewed. Interviews took place in PHC facilities, Makhuduthamaga Sub-district, Limpopo Province. During the interview process, the researcher and the participants were 1.5 meters apart to adhere to the regulations of Covid 19. The researcher ensured that all participants wore face masks and sanitized their hands before and after the interviews.

1.13.2. Testing research question

The pilot study was conducted in three PHC facilities two weeks ahead of data collection and PHC managers of the selected pilot site were informed two weeks ahead as well. The pilot study was conducted on three OTLs from twenty-one OTLs and only participants who met the criteria to be studied during the pilot study did not participate during the main study (Brink *et al*. 2012:174). A pilot study was done to test the feasibility of methods and procedures used during the main study (Polit & Beck 2017:624). The research question was tested to check if it was reliable, valid, to check its appropriateness, efficiency, and if it could be transferred (Brink *et al*. 2012:174).

On the selected day of the interviews, the researcher prepared the venue, alleyed anxiety, greeted and introduced himself to the participants. By doing so,

the researcher wanted to establish a good rapport. The researcher got consent from the participants. Consent was explained to the participants, and they were requested to sign a consent form. The researcher determined if the participants were willing to participate in this study. The following question, during interviews, was posed to each participant:

- **What are your views regarding WBPHC service in your area?**

This question was followed by follow up questions. The researcher used communication skills such as probing, paraphrasing, listening and clarification to elicit more important information. The language used during interviews was English, although some of the participants mixed English and Sepedi. The interviews were conducted for approximately thirty minutes to an hour. Data collection continued until saturation was achieved. Data were collected from 22 December 2020 to the 13th of January 2021. At the end of data collection, the participants were acknowledged.

1.14. DATA ANALYSIS

Data analysis entails logically putting gathered information, summarizing, manipulating and describing it in a meaningful manner (Brink *et al*. 2012:177). In this study, the researcher followed the eight steps of Tesch's method of data analysis (Botma *et al*. 2010:224). See chapter 2 for a more detailed discussion.

1.15. TRUSTWORTHINESS

Polit and Beck (2017:747) define trustworthiness as the degree of confidence the researcher has in the data based on the assessment done through criteria of credibility, transferability, confirmability, and authenticity. In this study, trustworthiness was reached by following Lincoln and Guba's framework (Polit & Beck 2017:559). The following strategies were used namely: credibility, dependability, confirmability, transferability (Polit & Beck 2017:559). (See chapter 2).

1.16. ETHICAL CONSIDERATIONS

Ethics refers to a set of principles such as loyalty, truthfulness and honesty that is concerned with the degree to which research procedures stick to the professional and social obligation to the study participants (Polit & Beck 2017:727). Tshabalala

(2018:13) adds that ethics refers to a particular way of dealing with principles of moral values and moral conduct. Ethics in research involve doing well and avoiding harm. No participant took part in the study without being told about informed consent. Brink *et al*. (2012: 213) define informed consent as a process whereby a participant agrees voluntarily to take part in the study which he or she has a full understanding of before the study begins. In this study, the researcher explained the nature and the purpose of the study to participants before they took part. The researcher considered the fundamental ethical principles that guided the researcher during the research process. When human beings are involved in research to take part as participants, great care is exercised to protect their rights.

Approval to conduct the study was obtained through the Makhuduthamaga Sub-District manager and Department of Health in Limpopo Province. The purpose of conducting research was indicated on the letters sent to the sub-district manager, Department of Health Sekhukhune District and Limpopo Department of Health. The research ethics committee of the Faculty of Health Sciences, University of Pretoria, was also informed. The researcher received approval from research ethics committee from the faculty of health sciences, university of Pretoria. The researcher also received approval from Sekhukhune District and the Limpopo Department of Health. The following principles, beneficence, justice, respect to human dignity, right to privacy and right to anonymity and confidentiality were followed in this study (Polit & Beck 2017: 139).

1.16.1 Principle of Beneficence

The principles of beneficence need the researcher to make sure that the well-being of the participants is protected from harm and discomfort, be it physical, emotional, spiritual and psychological as well as social or legal (Brink *et al*. 2012:35). This principle includes the right to freedom from harm and discomfort and the right to protection from exploitation (Brink *et al*. 2012:35).

1.16.1.1 The Rights to Freedom from Harm and Discomfort

To avoid or minimize harm or discomfort in this study, the researcher selected knowledgeable Outreach Team Leaders. If the outreach team leader was not prepared to take part, the researcher did not force him or her if the researcher suspected that communication would result in undue distress to the participant. The researcher was also alert and aware of intrusion on people's psyches. Questions were structured in such a way that participants were not harmed psychologically.

1.16.1.2 The Right to Protection from Exploitation

The researcher did not identify any participant or institution in the report. Participants were not engaged in this study without informing the operational manager in the facility. They were also informed in advance that this study required their views, (narrative data) not any physical conduct such as giving injections to them. Participants were also informed that they had the freedom of speech, meaning they could talk as much as they could, no penalties were to be meted on them. During the interviews, the researcher monitored participants' reactions to questions. If the researcher noticed that questions posed to the participants were putting emotional strains on participants, the researcher paused and continued later with the questions.

1.16.2 Principle of justice

The principle of justice means that the participants have the right to fair selection and treatment. This includes the right to fair treatment and the right to privacy (Brink *et al*. 2012:36).

1.16.2.1 The Right to Fair Treatment

To respect participants and to make this study successful, the researcher ensured that participants were selected according to the reason directly related to the research problem not because they could be easily manipulated (Brink et al. 2012:36). In this study, OTLs were only selected to take part. The researcher, during data collection, was punctual and terminated the process of the interview as agreed.

1.16.2.2 The Right to Privacy

The right to privacy of participants was respected by interviewing them separately. No participant or institution was identified by name in the report. All participants were informed before data collection that their information would remain strictly anonymously. In this study, the researcher used a number or a code to identify the participants' names to ensure anonymity.

1.16.3 Principle of respect for human dignity

The principle of respect for human dignity means that the participants are autonomous and have the rights to be respected (Brink et al., 2012:35). In this

study, the principle of respect for human dignity includes the right to self-determination, the right to full disclosure and the right to anonymity and confidentiality.

1.16.3.1 The Right to Self-Determination

In this study, participants were given information regarding this study, the purpose, and the benefit of being part of this study. This ensured that participants had the right to decide whether or not to participate in the study without the risk of punishment (Brink *et al*. 2012:35). This means that participants were free to withdraw from participating at any time without being forced to participate**.**

1.16.3.2 The right to full disclosure

The researcher made sure that participants had all signed and understood the information in the consent form and the benefits of participating in the study and the risks thereof**.** Participants were also informed to refuse to give information if they wished to do so. They were also informed to be free to ask for clarity about the purpose of this study. No one was forced to participate; participation was voluntary.

1.16.3.3 Right to anonymity and confidentiality

Participants' identity in this study was kept secret and for those who agreed to participate in the study, their information was kept anonymous and confidential.

1.17. CONCLUSION

This chapter outlined the introduction and background of the study, rationale, the problem statement of the research, significance of the research as well as the research objectives. Furthermore, the chapter included definitions of key concepts, paradigmatic perspectives, research design, population, sampling techniques, data analysis and ethical considerations. The next chapter will address research design and method in details.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

This chapter describes an overview of the research design and the methods that were used in this study. A detailed description of the research design and method provides a logical direction on how the research was conducted. In this chapter, qualitative, exploratory, and descriptive design was described and followed. Furthermore, measures to ensure trustworthiness were also applied and described in this chapter.

2.2 RESEARCH DESIGN

Research design is a comprehensive plan used by the researcher to answer the research question (Brink *et al*. 2012:217). Polit and Beck (2017:56) describe research design as an overall plan for obtaining answers to the research question. In this study, the researcher used a qualitative, exploratory, and descriptive approach.

2.2.1 Qualitative

Qualitative research is a step taken to investigate the phenomena under study comprehensively and thoroughly through a collection of rich narrative materials using flexible research design (Polit & Beck 207:741). According to Botma *et al*. (2010:182) qualitative research entails an in-depth examination of characteristics of the phenomenon to better understand it. It stresses the importance of people's interpretations of events and circumstances rather than the researcher's interpretation (Brink *et al*. 2012:11). In this study, the qualitative approach was used to investigate the OTLs views regarding WBPHCS in Makhuduthamaga Sub-District, Limpopo province. The advantage of the qualitative approach in this study was that the participants were knowledgeable informants on the phenomenon being studied.

2.2.2 Exploratory approach

Polit and Beck (2017:15) state that exploratory research starts with a phenomenon of interest and explores the full nature of the phenomenon. The main aim of exploratory studies is to create an understanding of the phenomenon (Botma *et al*. 2010:50). This approach looks for new meaning, new knowledge, new understanding, and new insight. The focus in this study was on participants' views regarding WBPHCS. The researcher used this approach to attempt to collect new data through an exploratory design. This study explored the OTLs views regarding WBPHCS in the Makhuduthamaga Sub-district, Limpopo Province.

2.2.3 Descriptive approach

Descriptive design enables the researcher to describe, enable, examine, and record aspects in a situation as they naturally occur to answer the research question (Polit & Beck 2017:206). In this study, descriptive design was considered to describe the OTLs views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. Descriptive design in this study enabled the researcher to identify the views of OTLs such as the benefits and the challenges encountered while rendering the services of this programme.

2.3 Research methods

Research methods refer to the methods used to structure a study and to obtain and analyze data in a systematic fashion (Polit & Beck 2017:743). Brink *et al*. (2012:200) explain that research methods consider the population, sampling frame, approach and technique, sample size, data collection method and data processing and analysis.

2.3.1 Context/setting

The study was conducted in Makhuduthamaga Sub-district in Sekhukhune District, Limpopo Province, situated about 100km east of Polokwane city. Limpopo has five districts namely: Sekhukhune, Mopani, Vhembe, Waterberg, and Capricorn. Sekhukhune is further subdivided into four subdistricts, namely Makhuduthamaga, Elias Motswaledi, Ephriam Mogale and Feta Kgomo-tubates sub-district. The population in Makhuduthamaga, according to Stats SA in 2018, was 281574 (Sekhukhune district plan 2018:8). The area is characterized by low education and a high level of unemployment (Sekhukhune district plan 2018:8). Makhuduthamaga

Sub-district has twenty-one PHC facilities. Each facility has WBPHCOTs which is consisted of one professional nurse (OTL) and six to twenty CHWs. Each of CHWs is allocated 250 to 270 households. Their responsibility is to conduct household visits, identify people at risk and take appropriate measures to link them to care. The OTL's role and responsibility is to supervise, support, mentor and accompany CHWs on household visit. The twenty-one PHC facilities were selected. Three PHC facilities were chosen out of twenty-one for the pilot study. These three facilities were not included in the main study. These three facilities participated during the pilot study and enabled the researcher to identify problems in the research question, the feasibility of methods and procedures used during the main study.

2.3.2 Population

The target population in this study included 21 OTLs who render WBPHCs in Limpopo Province, Makhuduthamaga subdistrict. Seventeen (17) OTLs participated during the main study. Fourteen (14) were females and three (3) were males. The age of participants ranged from twenty-nine (29) to fifty-seven (57) years. All seventeen (17) participants make up the whole population of the study. See Table 3.1.

2.3.3 Sampling technique

The non-probability purposive sampling technique method was used in this study. This method was chosen because it needed the researcher to judge and choose participants who are knowledgeable about the phenomenon being studied (Brink et al. 2012:139). OTLs rendering WBPHCS in Makhuduthamaga Sub District Limpopo Province were selected because they were knowledgeable about the phenomenon.

- **Inclusion criteria**

  The inclusion criteria included all OTLs working in Makhuduthamaga Sub-district, Limpopo Province, allocated dual jobs in PHC facilities and having experience in rendering WBPHCOTs.

- **Exclusion criteria**

  The population excluded in this study were nurses not allocated dual jobs to render WBPHCS in Makhuduthamaga Sub-district, Limpopo Province.

2.4 Preparation for data collection

- **Access and recruitment**

Participants were informed about the interviews one month before the interviews could be conducted. Operational managers in the PHC facilities were also informed one month ahead. The participants in this study were informed about the nature and purpose of the study, the possible benefits of the study including the aims, their rights as participants as well as the procedure to be followed during data collection.

The participants were reminded telephonically three days before the interviews. Information regarding the duration of the interviews was also given telephonically and during the day of the interviews. The date was set based on the availability of the participants. Participants were also informed that participation was voluntary.

During the day of the interviews, the researcher informed the participants that their information would remain strictly confidential. Participants signed their informed consent forms before the interviews commenced.

- **Testing research question**

A pilot study was conducted in three PHC facilities two weeks ahead of the main study. Three OTLs in each of the three selected PHC facilities participated during the pilot study. Testing research questions was done to test the feasibility of the methods and procedures to be used during the main study (Polit & Beck 2017:624). During the pilot study, the researcher found that the main research question was well formulated. The researcher also identified follow up questions that had to be reformulated and simplified to make it easier for the participants to understand. It was also found that noise from patients in the clinic disrupted the interviews, although they were asked to lower their voices. The results of the pilot study demonstrated that the programme is important as it brings health services closer to the people, however, the OTLs indicated that they experience challenges while rendering the services. The results of the pilot study were found to be similar to the results of the main study and were not included in the main study (See chapter 3 for more detailed information).

2.5 DATA COLLECTION

According to Polit and Beck (2017:725), data collection is the process of collecting data that apply to the goals or objectives of the research study. Data refers to pieces of information collected during a research study (Brink *et al*. 2012:211). In this study, the researcher used semi structured interviews, field notes, audio recorder and observations to obtain detailed information on OTLs views regarding WBPHCS Makhuduthamaga Sub-district Limpopo Province.

According to Brink *et al*. (2012:213) interview is a method of data collection in which the researcher obtains information from the participants face to face. In this study, field notes were collected from the participants to avoid forgetting important information such as tone of voice, gesture, and mannerism.

Data were collected during three weeks from 22 December 2020 to the 13th of January 2021. Interviews took place in consultation rooms of each PHC facility. Venues were prepared in such a way as to adhere to Covid 19 regulations. The researcher and the participants sat 1.5 meters apart to encourage relaxation and to adhere to the Covid-19 regulations.

Before commencing with the interviews, the researcher obtained permission and consent from the participants to use an audio recorder during the interview process. Interviews were conducted as follows: researcher established rapport by greeting participants, handing participants a leaflet and consent form to prepare for informed consent before participating in the study. Participants were assured that there would be no penalty if they did not want to be interviewed and their withdrawal would not affect them in any way. Participants were also informed that their participation was voluntary.

The questions asked during the interviews were "**What are your views as an OTL regarding WBPHCS in your area'?** This question was followed by follow up questions, probing and paraphrasing to elicit more information. **Probing** according to Brink *et al*. (2012:216) refers to the process of encouraging participants to elaborate more on the topic that is being discussed. O'Leary (2017:381) describes probing as a technique used to facilitate an interview by focusing on the question used to get the participants to go in-depth. In this study, the researcher encouraged participants to elaborate more on the answers that

were unclear or not understandable to the researcher to get a clear picture of what had been said by the participants.

Paraphrasing involved stating the participant's words in another fashion with the same meaning, using own words (Gray, Grove & Sutherland 2016:134). In this study, the researcher paraphrased what the participants had said in order to get a clear picture of what had been articulated by the participants.

Data collection ranged from thirty minutes to an hour until the data saturation was reached. Data saturation refers to the process whereby all the information is repeated. In this study, data saturation was reached between thirty minutes and an hour because the responses from the participants were nearly the same especially concerning the benefits and the challenges of this programme.

2.6 DATA ANALYSIS

Data analysis entails logically putting gathered information, summarizing, manipulating, and describing it in a meaningful term (Brink *et al*. 2012:177). In this study, data were non-numerical, in the form of an audio-recorded transcript and were written. The audio recorded information was transcribed. By transcribing the interviews and written notes, the researcher had much insight into the phenomenon being studied. This increased more understanding of the phenomenon. Experienced researcher assisted in coding. The eight steps of Tesch's method of data analysis were followed as indicated below:

- The researcher read thoroughly and carefully all transcripts and wrote down ideas that came to mind.
- The researcher then picked a transcript of an interview that was more interesting and had more data and studied it thoroughly to discover or ascertain the underlying meaning of it and wrote it down again.
- The researcher also similarly read other interview transcripts and wrote the list of all topics which came to mind and grouped them together.
- After the reading of the interview transcripts, the researcher took the list of the topics and went back to the data and abbreviated the topics as codes and wrote codes next to the appropriate segments of the text. The researcher identified new categories and codes that emerged.

- The most descriptive wording of the topic was found and arranged as themes and categories.
- The researcher made a final decision on the abbreviation for each category and alphabetized the codes.
- Once all decisions were made about the abbreviations, the researcher put together data materials belonging to each category in one place and performed a preliminary analysis.
- Existing data were recorded if there was a need.

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2.7 MEASURES TO ENSURE TRUSTWORTHINESS

Polit and Beck (2017:747) define trustworthiness as the degree of confidence the researcher has in the data based on the assessment done through criteria of credibility, transferability, confirmability, and authenticity. The main aim is to minimize contamination and enhance the accuracy of the research (Brink *et al*. 2012:97). Trustworthiness in this study was reached by following Lincoln and Guba's framework (Polit & Beck 2017:559). The following trustworthiness strategies were used: credibility, dependability, confirmability and transferability.

2.7.1 Credibility

According to Polit and Beck (2017:559), credibility is the process of maintaining confidence in the truth and interpretation of data. In this study, the truth of the findings was obtained from the participants who had knowledge and experience about the phenomenon. The researcher identified relevant participants who had experience in rendering WBPHCS. Credibility was established through prolonged engagement, reflexibility of the researcher, triangulation and member checking.

- **Prolonged engagement**

  Polit and Beck (2017:740) describe prolonged engagement as a process of spending enough time with the participants to gain a better understanding of the group under study by improving the value of credibility. In this study, the researcher spent approximately thirty minutes to an hour with the participants establishing rapport and trust during data collection.

During data collection, participants were given time to verbalize and express their views regarding the phenomenon under the study without being interrupted. The researcher also encouraged participants to elaborate more on the explanations that were not clear to gain a better understanding.

- **Reflexibility**

  According to Polit and Beck (2017:508), reflexibility refers to the researcher's awareness of himself as part of the data he collects. In this study, the researcher was conscious during data collection and ensured that participants' questions were not directed to the participants according to their wishes.

- **Member checking**

  According to Polit and Beck (2017:734), member checking refers to giving feedback to participants to validate the credibility of quality data. Botma *et al*. (2010:232) define member checking as providing feedback to obtain reactions of the participants. In this study, participants were given preliminary findings. Follow up was done to discuss the participants' results as to whether the data obtained reflected their views. Some of the verbatim quotes was inaudible, the researcher verified with the participants the missing responses.

2.7.2 Dependability

Dependability refers to the stability of data over time to ensure that credibility is attained (Polit & Beck 2017:559). In this study, field notes and audio recorded information served as stable evidence and no information was added to the audio recorded information. Data obtained remained as it were. The questions regarding the views of OTLs were similar to all participants. This ensured step wise replications. No participants had a different question. The question was "What are your views regarding WBPHCS in your area"? This question was followed by probing questions.

2.7.3 Confirmability

Confirmability refers to objectivity that is the potential for congruence between two or more people about data's accuracy, relevance or meaning (Polit & Beck 2017:559). In this study, the researcher did not manipulate information provided by the participants. The audio recorded information and field notes serve as proof that reflects responses from the participants.

2.7.4 Transferability

Polit and Beck (2017:747) define transferability as the process whereby the findings of the study can be transferred to another group. In this study, findings cannot be transferred or applied to another group or settings as the study was conducted only in one sub-district of Limpopo Province. The findings cannot be generalized to another sub-district.

2.8 CONCLUSION

In this chapter, the research design and method were discussed in detail.
A qualitative, exploratory, and descriptive research design was followed to obtain in-depth information on OTLs views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. The research design and methods in this study included context setting, population, sampling technique, data collection method, data analysis and measures to ensure trustworthiness. Data collection was done through semi structured interviews. The eight steps of Tesch's method of data analysis were followed. Measures to ensure trustworthiness were described. The next chapter presents the results and literature control.

CHAPTER 3

PRESENTATION OF RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

In this chapter, the results are presented and discussed guided by the research objectives of the study. The description of the findings in this study is supported by verbatim transcribed quotes from the participants. These quotes are presented in italics. The findings are described in the following sequence: Firstly, the characteristics of the seventeen (17) participants are presented in terms of code, age, qualification, experience in nursing, gender, rank, and experience in rendering WBPHCOT. Secondly, the brief data collection and process of data analysis is discussed. Lastly, the findings are also described concerning the literature reviewed.

3.2 CHARACTERISTICS OF PARTICIPANTS

The participants in this study were seventeen (17). Fourteen (14) were females and three (3) were males. The age of participants ranged from twenty-nine (29) to fifty-seven (57) years. Regarding rank, ten (10) participants were clinical nurse practitioners and seven (7) were professional nurses. Clinical nurse practitioner in study is a nurse who completed diploma in clinical nursing science, health assessment, treatment and care (R48), professional nurse is a nurse without (R48). The majority of participants had more than ten (10) years of experience in nursing and while five (5) participants had five (5) years and below. Regarding experience in rendering WBPHCS, the majority of participants had less than five (5) years' experience and only one participant had more than five (5) years in rendering WBPHCS in the Makhuduthamaga Sub-district, Limpopo Province. Table 3.1 lists the characteristics of participants. Characteristics of participants consisted of the participants' code, age, qualification, experience in nursing, gender, rank and experience in rendering WBPHCS. The code in this study were used instead of names to identify participants and to protect the participant's privacy and confidentiality, for example D 1:1 mean participant 1.

Table 3.1 characteristics of participants

Participant code	Age	Qualifications	Experience in nursing	Gender	Rank	Experience in rendering WBPHCS
D 1:1	39	Diploma in general nursing, community, midwifery, psychiatric and PHC	8 YEARS	Female	Clinical nurse practitioner	2 years
D 2:2	30	Bcur (community, midwife and psychiatric)	6 years	Female	Professional nurse	2 years
D 3:3	31	Diploma in nursing, community, midwifery and psychiatric	4 years	Male	Professional nurse	1 year
D 4:4	53	Diploma in general nursing, midwifery and PHC	31 years	Female	Clinical nurse practitioner	3 years
D 5:5	54	Diploma in general nursing, midwifery and PHC	28 years	Female	Clinical nurse practitioner	3 years
D 6:6	41	Diploma in general	10 years	Female	Clinical nurse	3 years

		nursing, community, midwifery, psychiatric and PHC			practitio ner	
D 7:7	39	Diploma in general nursing and midwifery	14 years	Female	Professi onal nurse	1 year
D 8:8	57	Diploma in general nursing, community, midwifery, administration education and PHC	32 years	Female	Clinical nurse practitio ner	8 years
D 9:9	55	Diploma in general nursing, community, midwifery psychiatric and PHC	13 years	Female	Clinical nurse practitio ner	2 years
D 10:10	41	Bcur (general nursing, community, midwifery and psychiatric) PHC	13 years	Male	Clinical nurse practitio ner	4 years
D 11:11	37	Diploma in general nursing, community and midwifery	10 years	Female	Professi onal nurse	2 years

D 12:12	53	Diploma in general nursing and midwifery	30 years	Female	Professional nurse	2 years
D 13:13	57	Diploma in general nursing, community, midwifery, administration and PHC	35 years	Female	Clinical nurse practitioner	2 years
D 14:14	34	Diploma in general nursing, community, midwifery psychiatric and PHC	9 years	Male	Clinical nurse practitioner	3 years
D 15:15	47	Diploma in general nursing, community, midwifery, psychiatric and PHC	12 years	Female	Clinical nurse practitioner	3 years
D 16:16	52	Diploma in general nursing, midwifery and Bcur	28 years	Female	Professional nurse	1 year
D 17:17	29	Diploma in general nursing, community, midwifery,	5 years	Female	Professional nurse	4 years

		psychiatric and BTech				

3.3 BRIEF DATA COLLECTION AND PROCESS OF DATA ANALYSIS

Data collection is defined as a process of collecting data that applies to the goals or objectives of the research study (Polit & Beck 2017:725). In this study, data were collected in the form of individual in-depth interviews, using an audio recorder whilst taking field notes. Before commencing with the interviews, the researcher obtained consent and permission from the participants to use an audio recorder and taking of field notes. All participants were interviewed individually in the consultation room away from other people to avoid destructions. The researcher used codes instead of names to identify participants for example D2:2. The codes were used during the interviews to protect the participants' 'privacy and confidentiality.

Data analysis entails logically putting together gathered information, summarizing, manipulating, and describing it in a meaningful manner (Brink *et al.* 2012:177). In this study, Tesch's eight steps method was used to analyze the data. Four (4) themes and sixteen (16) categories namely: promotion of treatment regarding the provision of medications, promotion of treatment adherence regarding tracing defaulting patients, promoting antenatal care (ANC) and promoting community health and acceptance, were finally identified, as well as resource challenges, inadequate human resource. Informal and dual OTLs' job description, inadequate support from the colleagues, lack of transport, inconsistent managerial support. The OTLs support from management, OTLs support from colleagues, support from management and support from colleagues were finally identified (see Table 3.2).

3.4. RESULTS AND LITERATURE CONTROL

The OTLs viewed the rendering of WBPHCS in the Makhuduthamaga subdistrict, Limpopo province as an important programme having benefits and challenges. The researcher identified four themes (4) and sixteen (16) categories from data collected during the interviews (See Table 3.1). Theme one has four (4) categories. The themes and categories are described in detail concerning the literature reviewed.

Table 3.2 Summary of the themes and categories on the OTLs views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province

Themes	Categories
1. Outreach Team Leader Views on benefits of CHWs	1.1 Promotion of treatment regarding the provision of chronic medication 1.2 Promotion of treatment adherence regarding tracing defaulting patients 1.3 Promote antenatal care 1.4 Promote community health (assessment/ screening/referral/ health education) 1.5 Promote community health and acceptance ("bring health care to the community").
2 Outreach team leaders views on challenges of WBPHCs	2.1 Lack of stationery 2.2 Inadequate human resources (high workload of OTLs) 2.3 Informal and dual OTLs job description 2.4 Inadequate support from the colleagues 2.5 Infrastructure challenges: Inadequate working environment 2.6 Infrastructure challenges: Lack of transport 2.7 Managerial challenges: inconsistent and limited managerial support.
3 Outreach Team Leaders views on facilitating factor	3.1 OTLs support from the manager (Mentoring/ supervision/ Training). 3.2 OTLs support to Community Health Workers
4 Outreach Team Leaders views on their support needs	4.1 Support from management 4.5 Support from colleagues

3.4.1 THEME 1: Outreach Team Leaders VIEWS ON BENEFITS OF CHWs

The OTLs views on the benefits of CHWs focused more on the promotion of treatment regarding the provision of chronic medications, promotion of treatment adherence regarding tracing defaulting patients, promoting antenatal care, promoting community care, and promoting community health and acceptance. The OTLs also viewed the rendering of WBPHCS in Makhuduthamaga Sub-district, Limpopo Province as an important programme having benefits and challenges. The themes and categories are described in detail supported by verbatim quotes from the participants. The themes and categories are discussed regarding the literature reviewed.

- **Promotion of treatment regarding the provision of chronic disease medication**

In this study, participants viewed WBPHCS as an important programme that assists in promoting treatment regarding the provision of chronic disease medications. Participants confirmed that this programme assists patients to receive their treatment at home through the help of CHWs. This was expressed as follows:

"I think it does, they help patients a lot especially bedridden ones who are unable to come to the facility and collect their medication, so they do come and collect their medication on their behalf." (D2:2, FEMALE, 30).

"And then those who are unable to collect their treatment, the community healthcare workers are able to go there and collect the treatment for them so that they can give and support them" (D4:4, FEMALE, 53).

"Eh… I think WBPHCOT is a good program that is helping the community in large as you know some areas don't reach unable to reach clinic or health facilities this wbphcot team it helping a lot because our community health care workers are doing door to door campaign, events to educate people to monitor them ka die[with the] medication related issues ,they also help them to collect the treatment here in the clinic the chronic medication to supply them at home" (D11:11, FEMALE, 37).

Okay the program is …the program helps us a lot in the facility because as now you can see the workload in the facility is much reduced. The, most of our, careers, they have adherence clubs and the medication came packed from the pharmacy of CCMDD and

they have the days to deliver those medication to their clubs. so, most of the workload is very reduced, because some of the patients are even…even not chronic medication only, the FP family planning are there even mental health, they are there. they are taking …they have the included in the adherence clubs." (D9:9, FEMALE, 55).

Participants indicated that these WBPHCS in the Makhuduthamaga Sub-district are a good programme. It enables community members to access treatment while in their homes. The participants also emphasized that it reduces long queues in the clinics because it includes every individual. These individuals include those who are on contraceptives. The participants further alluded that the programme would assist health care workers in the facilities to manage patients who are far from these facilities. Furthermore, the participants attested that the programme promotes linkage to care because CHWs can trace and refer treatment defaulters. This indicates that the programme provides a means to bridge the gap between PHC facilities and community members.

In support of the above attestations, Khuzwayo and Moshabela (2018:7) conducted a study on the benefits of health reform for households in rural areas of the Eastern Cape after the implementation of WBPHCOT. In their study, Khuzwayo and Moshabela (2018:7) found similar findings with the current study. It was also found that providing care in the homes improves unmet PHC needs and reduces frequent clinic visits. Both the current study and Khuzwayo and Mashabela (2018:7) share similar sentiments. Furthermore, Khuzwayo and Moshabela (2018:7) articulate that this programme offers solutions to accommodate the socio-economic circumstances of household members to maximise treatment adherence. This confirms that the WBPHCS programme provides a means to bridge the gap between PHC facilities and community members. Therefore, WBPHCS if implemented properly, may decrease the rate of illnesses at the primary health care clinic.

Participants of the current study repeatedly indicated that CHWs collect and deliver chronic treatment to patients who are unable to collect at the clinic. Bongongo et al. (2018:3) echoed that patient with chronic diseases receive their medications at home through this programme. The authors further state that CHWs offer psychological support to the community (Bongongo *et al*. 2018:2). The authors, furthermore, echoe that the services offered by this programme reduce the distance between the health facilities and homes of the patients because the services are brought to the patients' homes (Bongongo *et al*. 2018:3).

Participants in this study articulated that some of the areas are far from the clinics, therefore CHWs assist a lot in delivering medications to the patients. A study conducted by Kuzwayo and Moshabela (2017:3) on the perceived role of ward-based primary healthcare outreach teams in rural KwaZulu-Natal, South Africa, found that community members were unable to go to the clinic to collect medicines when they did not have money for transport, however, since the introduction of WBPHCOT, they reported that they no longer go as often to the clinics and that they only go when they are referred by WBPHCOT or when it is necessary (Kuzwayo & Moshabela 2017:3).

- **Promotion of treatment adherence regarding tracing defaulting patients**

The participants expressed their views by indicating that WBPHCS in the Makhuduthamaga Sub-district plays an important role as it enables CHWs to identify treatment defaulters. The participants also stated that since the inception of this programme, the facilities are no longer experiencing a high rate of defaulters. These were described as follows:

> *"Ee, [yes] we don't experience any default at our facilities the community health worker refers the patient from home and then they came to the* clinic" (D1:1, FEMALE, 39).

> *"We compile a list of defaulters at the clinic then we write the names then we give each according to the their section isn't it they work each and everyone is having a section which he is working then if we have a defaulter for that section we refer a community health worker to look for this patient and then he comes back and give us report back sometimes they go and bring back the patient to the clinic"* (D 13:13, FEMALE, 57).

> *"So, uh using the community healthcare workers, we are trying to alleviate uh, we are trying to alleviate uh maybe shortage at work (mo merekong) [here at work]. Maybe e le gore there is a shortage, they can provide uh treatment. they can trace for us and uh patients, those patients who have defaulted and then we can, again they can refer those patients that they need uh, uh clinic intervention, primary healthcare interventions. That's my view about the WBPHCOT"* (D 3:3, MALE, 31).

> *"In the household they are visiting the community, we are using them to trace the defaulters"* (D 5:5, FEMALE, 54).

> *"Yes, the community health workers also help with tracing the lost to follow up patients"* (D 2:2, FEMALE 30).

The participants indicated that WBPHCOT plays an important role in the communities. It enables community members to adhere to their treatment through the assistance of CHWs. The participants noted that irrespective of the socio-economic circumstances of the

community members, CHWs can trace defaulters and refer them for a continuation of treatment. The participants further emphasised that this programme alleviates the shortage in the facilities as the CHWs trace patients. This indicates that WBPHCS promote health for all. The sentiments echoed are supported by Naidoo *et al*. (2018:3) who explain in their study that the role of CHWs in WBPHCOT is essential in providing a means of early detection of patients at risk of defaulting treatment, through screening. The authors further indicate that WBPHCOT provides adherence support and tracing of patients who missed their appointments to improve retention in care (Naidoo et al. 2018:2). In support of these sentiments, WBPHCS in the Makhuduthamaga Sub-district appears to promote a critical linkage between community members and PHC facilities by providing adherence and tracing defaulting patients within the community.

Participants declared that each CHW visits patients in their homes on a daily basis and refer patients to the clinic. Marcus, Hugo, Champak and Jinabhai (2017:3) conducted a study on qualitative analysis of ward-based outreach teams in South Africa. The authors in this study support the current study and found that in primary health care clinics, people default on treatment because of bad roads and the long distances to the clinics. The authors further declared that WBPHCS are the eyes, ears, and hands of the clinic sisters. It is, therefore, necessary to help nurses in the PHC set up to reach the patient to oversee the adherence of the patient treatment (Marcus *et al*. 2017:3). The WBPHCS in the Makhuduthamaga Sub-district seems to provide linkage and retention in care for those patients who are regarded as defaulters.

The findings of this study indicate that this programme through the assistance of the CHWs, PHC facilities can reach clients who were unable to be reached. Ramukumba (2020:57) conducted a study on the Exploration of Community Health Workers' views about their role and support in Primary Health Care in Northern Cape, South Africa. It was found that the CHWs assisted in initiating the smooth entry of the communities to healthcare services (ibid). The author, furthermore, indicated that during house visits, CHWs identify defaulters and lost to follow up cases, trace clients who are out of reach and refer them to the clinic (Ramukumba 2020:57). Similarly, the participants of the current study stated that CHWs visit community members in their homes for tracing defaulters such as HIV and TB clients, children for immunization, ANC clients and so forth. Both studies of Ramukumba (2020:57) and the current study emphasize the importance of the WBPHCOT programme regarding the identification of defaulters and those who need care in the community. Therefore, this study is of necessity because it may assist in improving primary health care services.

- **Promote antenatal care (ANC)**

Participants in this study expressed their views by indicating that pregnant women attend ANC early as soon as they miss their last normal menstrual period (LNMP) due to the help of CHWs during house visits by screening all childbearing age women for pregnancy. Participants also iterated that promoting antenatal care has a positive impact on PHC facilities and the communities. Participants described the promotion of antenatal care as follows:

"ANC patients that are un-booked they are told to come to the clinic for early bookings they now know the dangers of late bookings because of the CHW's" (D 15:15, FEMALE, 47).

"With teenage pregnancy what they are doing there, they are screening them because there are others who are not using the contraceptives, so that if they find out that maybe after being screened, even screening is just asking questions and then when they find out that someone missed their periods, (09:49inaudible) then that particular uhm female may be sent to the… or referred to the clinic to confirm whether that particular female is pregnant, and then so that she can find ANC or anti-natal clinic anti-natal care immediately" .(D 4:4, FEMALE, 53).

They do screen pregnant women, you see them screening pregnant woman we have reduced a number of patients who have started when they are 20 weeks pregnant most of our patients now, they are starting earlier than 20 weeks it's because of our CHW effort". (D 5:5, FEMALE, 54).

"Since we have these community health workers really because eh up to this far when our indicator says we are at 100% with ANC antenatal bookings before 20 weeks we are at 100%." (D 8:8, FEMALE,57).

"ANC *patients that are un-booked they are told to come to the clinic for early bookings they now know the dangers of late bookings because of the CHW's".* (D 15:15, FEMALE, 47).

Participants viewed this programme as a vehicle, in terms of service delivery, of promoting antenatal care to those patients who were not aware that they were pregnant. Most of the participants reported that during house visits, CHWs screen all women of childbearing age, and those who missed their menstrual periods are referred for confirmation of pregnancy and start ANC in time. Participants described this programme as important because they no longer experience late bookings of pregnant women at the clinics. Participants further noticed that in

terms of indicators of early ANC booking, they are on 100%. Participants also confirmed that starting ANC early before twenty weeks' gestation has an impact on pregnant women, unborn baby as well as community members. Qeadan, Mensah, Tingey and Standford (2021:12) declare that complications can be seen in time and managed in time to prevent maternal mortality. The WBPHCS is an important programme as it brings essential services such as screening all childbearing age women who live in remote, rural, or hard to reach areas, thus increasing early bookings of ANC at the clinics. Participants of the current study explained that CHWs assess pregnant women for danger signs, and they educate and remind pregnant women to go to hospital immediately if they experience any danger signs.

A study conducted by Thomas, Buch and Pillay (2021:5) on the analysis of the services provided by community health workers within an urban district in South Africa, found that there is a key contribution towards universal access to care. The study results further verified that CHWs reduce the burden of mother and child health problems through early screening for pregnancy among women less than 20 weeks' gestation. The study noted further that CHWs refer early for antenatal care to the clinic (Thomas *et al*. 2021:6). It was clearly stated in the study of Thomas et al. (2021:6) that women of childbearing age were asked if they had a missed period or signs of pregnancy. If so, CHWs would conduct a rapid urine pregnancy test in the household (ibid). The authors further echoed that an average of 90% of women who tested positive for pregnancy less than 20 weeks' gestation reported to the clinics leading to early bookings (ibid).

CHWs reach people in their communities who would otherwise be missed by the health care system such as women who were not aware that they were pregnant (Seutloali, Napoles & Bam 2018:6). Through the help of CHWs by doing door to door visits to the community members, it seems that WBPHCS really plays a good role by minimising complications that might arise to pregnant women who were not aware that they were pregnant. This means that the screenings, such as hypertension screening in pregnancy done during household visits decreases the likelihood of pre-eclampsia which in turn reduces the burden of child and mother challenges in pregnancy.

Participants in this study echoed that woman of childbearing age are given information by the CHWs during home visits such as the importance of starting ANC early as well as the danger signs to prevent future complications. Bongongo *et al*. (2018:2) in their study indicated that CHWs assist community members or household members in doing antenatal care and post-natal care by giving pregnant women information and advice about pregnancy, labour,

childbirth, and care of the newborn babies as well as conducting essential routine postnatal care of the mother.

Participants repeatedly stated that since the rollout of this programme in the Makhuduthamaga Sub-district, facilities are on 100% in terms of ANC bookings before 20 weeks' gestation. The facilities that are supported by the WBPHCOT, show an improvement in terms of indicators, especially ANC visits at twenty weeks' gestation (Nelson & Madiba 2020:12). According to the findings of the current study, participants indicated that in terms of ANC below 20 weeks' gestation at first bookings, the indicators in PHC facilities improved to 100%. This indicates that WBPHCS in the Makhuduthamaga Sub-district provides information and essential services to the people to attain the objective of "health care for all".

- **Promote community health (assessment, screening, health education and referral)**

The participants described WBPHCS as a great programme that promotes community health by ensuring that community members receive services and information through the CHWs. These CHWs manage minor ailments at home, conduct health assessment, screening, health education and refer clients to avoid complications at a later stage. The participants described promoting community health as follows:

> *"My views as an OTL in our village, this is a very great programme really that will help the community mostly, especially those the chronic one, and those who are unable to come to the clinic where the community healthcare workers can go through them, through screening as we are now facing the greatest uh diseases which are just coming right now like screening of the TB, chronic diseases that are not treatable"* (D4:4, FEMALE, 53).

> *"the service provision we are able to visit the community presently it was of good effect when we are starting to experience the problem of corona in the country then it is then we started to hear the name of the CHW repeatedly in the mouth of the managers and the other province managers is that we have seen that the CHW are important of the whole country they started using them to participate. we were participating in the house to house visit and then screening the community and then even in the clinic they were assisting us to screen the community before they can visit the clinic and then they were able to fast track those who are having problems to avoid continuous contact in the clinic so I can see they are very important this program it is very, very important"* (D 5:5, FEMALE, 54).

"Eh ward base primary healthcare it's a team, it's very important programme. It helps the community to get information through uh community health workers while we as OTL'S we give information to the CHWs (04:29inaudible) about health issues and then they go out, where they will teach the community, educate them regarding any issue that they come across while they are doing their assessment for each and every household. It helps a lot because it's, it reduces burden at the facilities. uh healthcare workers they help them through the minor issues that they have at the households. Then they refer those that are having health issues that need health practitioners only. Otherwise with the, the headcount we no longer have that much of eh clients at the facilities because they are all educated at home, they take good care of their health, by their- 05:38inaudible. So, it helps a lot" (D 6:6, FEMALE, 41).

"Secondly, our community healthcare workers, have put us on the map. Why do I say they have put us on the map, we've given, we give them information which on their daily basis they visit households, they educate them in a relaxed mood, not like when they come to the clinic. Not all people will be able to come to the clinic because people are living a very busy life. So our community healthcare workers are the ones when they go into these communities or even these families, then now they have time to teach these people in their own language in a relaxed mood, which most of the people when they come to the clinic, you can actually see that they already have a knowledge of what is happening around them, in regards to health" (D 10:10, MALE, 41).

"They do some assessment at home history taking, and everything if maybe they find out this person needs to be referred either to primary health care or hospital or to social development they do refer urgently so and they are able to call even the ambulance at home if that patient needs urgent referral so in that way they assist the community (D 11:11, FEMALE, 37)".

"I said that a community health worker can visit the household members then see what's going on at their family and do whatever they have identified at the household without referring the household member at the clinic" (D4:4, FEMALE, 53).

The participants stated that CHWs disseminate information by doing door to door visits, empowering community members by educating them on health issues that affect community members, in a relaxed mood. This indicates that WBPHCOT is comprehensive in terms of service delivery, and it is more on promotive and preventive services than curative services. The sentiment echoed is supported by Nelson and Madiba (2020:9) who explain that the programme reduces the burden on clinics by improving access to services at the community

level. The authors, furthermore, explain that the facility managers were satisfied with the programme because they had noticed an improvement in the facility health indicators (Nelson & Madiba 2020:9). A study conducted by Moosa, Derese and Peersman (2017:3) on the insights of health district managers on the implementation of primary health care outreach teams in Johannesburg, state that, WBPHCOT improved access and, more importantly, reduced the burden on clinics. The authors, furthermore, indicate that the programme focused more on promotive and preventive approaches rather than curative. This indicates that WBPHCS in Makhuduthamaga Subdistrict is responsible for a range of activities, including household assessment, screening, managing minor ailments, tracing, referrals as well as community engagement.

The participants in this study iterated that CHWs can manage problems identified during the home visits without being referred to the clinic. The main purpose of the WBPHCOT is to promote good health and prevent illness through a variety of interventions based on the concept of a healthy community, a healthy family, a healthy individual, and a healthy environment (Nelson & Madiba 2020:2). This designates that WBPHCS in the Makhuduthamaga Sub-district manage common health problems and facilitate appropriate home care activities.

Participants repeated that during home visits, CHWs empower community members by giving them health education on the issues that affect their lives such as health promotion. Ramukumba (2020:60) emphasized that CHWs empower families and individuals to take control of their own health by providing health education on various topics that affect their well-being. Ramukumba (2020:57) further alludes that the WBPHCS reduces the queues and workload for nurses because most people are seen in their homes. This indicates that WBPHCS is comprehensive in terms of promoting and providing appropriate health care services such as education to all members of the community irrespective of their socio-economic status.

- **Promote community health and acceptance ("bring health care to the community")**
  Participants confirmed that WBPHCS bring health care to the community because CHWs are the ones who know community members more than the staff at PHC facilities. Regarding the promotion of community health and acceptance, OTLs expressed it as follows:

  "This… the WBPHCOT thing I think it's important because the community health workers are doing our job outside while we are in this facility. They are the ones that know more of our patients than us apparently, it's… I can put it like they are representing

the facility outside in the community. So that's how I view this WBPHCOT. They know the patients more than us because they know where they are coming from. I only see the patient here in the facility and with them, they go to their homes. They know their background, because when you get inside a family, you can see the background of the family than when the patient comes here. That's why I say they know more than us because they know the patient. Apparently yes, the service of the facility is taken to the community" (D15:15, FEMALE, 47).

"The good part of this program is that we are able to visit the community and then when the community are seeing us with the CHW in the community they started to take them positively than before when they were home-based carers. So being with them in the community it promote their accepted around then village and then I think it is very good this program but if it can only be supported I don't know how possible" (D5:5, FEMALE, 54).

"Ward base outreach is a nice program whereby our community can get the services at their doorstep and they really benefit because they sometimes appreciate to say what we are doing is right, it's nice and but somewhere somehow we have some challenges but before I can talk about the challenges let me say eh…the ward base outreach it reliefs or it decreases the flock of patients towards the facilities" (D8:8, FEMALE, 57).

"That this programme is the one that holds up the primary healthcare setting because these people go out, and we don't wait for people to come to the clinic whilst they are already sick. They go out, they educate the people there in the community and when the people come here, they already have a light and knowledge. For example, most people have attested that they know that coming to the clinic doesn't mean you're sick, you just have to come to the clinic to come and check your status of your life, of your health. It doesn't matter if you're coming for blood pressure, HIV, or for any other thing which needs to be checked. So all this is done by our healthcare workers, who are always there in the community. They report to us, even the same people who come here, having their transfers, saying I was staying at home but I thought I can dress this wound myself, I thought I can do this myself but with the help of the health community worker, now I came here to the clinic so that I can get more advanced help with regard to whatever condition I am in. so it has made such a huge impact in our community and we thank them" (D10:10 MALE, 41).

The participants indicated that the programme holds up PHC because, before community members presented to the facility, CHWs would have already provided services at home such as home remedies. They also stated that this programme reduces the flock of patients to the facilities. These assertions are supported by Nelson and Madiba (2020:12), who state that WBPHCOT plays an important role in extending PHC services to the community and household level. The authors further articulate that this WBPHCOT makes healthcare accessible in terms of distance and information. Nelson and Madiba (2020:2) furthermore allude that low PHC utilisation rate is attributed to the implementation of the WBPHCS in that the burden of disease is somehow reduced. According to Rachils, Naanyu, Wachira, Genbeg, Koech *et al*. (2016:9), WBPHCS link patients with the health system and act as a catalyst by increasing knowledge to the community members. This indicates that WBPHCS in the Makhuduthamaga Sub-district is accessible, available, and easy for community members to use since CHWs go out and give health care services at the doorstep of the community members.

Participants in this study expressed that CHWs in Makhuduthamaga Subdistrict provide and present information to community members appropriately and clearly which assists the community to accept the services rendered by the Department of Health (DoH). Thomas *et al* (2021:9) in their study report that CHWs are better able to explain to clients the importance and reasons for referral, promoting the client to report to the next level of care without delay. The WBPHCS assist with health issues so that the community members should not travel long distances to the clinic (Nelson & Madiba 2020:12). This suggests that this programme plays a vital role in taking action to promote an issue on behalf of community members for the improvement of health services.

3.4.2 THEME 2: OUTREACH TEAM LEADERS VIEWS ON CHALLENGES OF WBPHCS

The outreach team leaders' views on challenges in this study focused on resource challenges (lack of stationery), inadequate human resources (high workload of OTLs), informal support from the colleagues, infrastructure challenges (inadequate working environment), infrastructure challenges (lack of transport) and managerial challenges (inconsistent and limited managerial support). Participants in this study reported that all these challenges hinder the progress of WBPHCS in the Makhuduthamaga Sub-district, Limpopo Province.

- **Lack of stationery**

Resource challenges (lack of stationery) seems to be a serious problem in rendering WBPHCS. The participants in this study described resource challenges (lack of stationery) as a serious challenge that hinders the progress of this programme. As such, lack of stationery

affects the services rendered by WBPHCOTS. This was confirmed by the participants as follows:

"You know with stationery, it's the most, most problem ever with the stationery. We are lacking the stationery. They are using their own notebooks, they are buying their own notebooks for any recording of whatever they are using and with the referrals forms, because they are not having referral forms, they are buying their own eh… statio… The CHWs, they are popping out from their money, out of their pockets, buying their own plain papers, go to the other institution like schools, or the spaza shops so that they can copy, or photocopy the stationery. For referral, it's a great challenge" (D4:4, FEMALE, 53).

"Ahh it's a problem I don't want to lie it's a … we are having a big problem in terms of referrals. We don't have referrals at all so their patients are sent to the clinic verbally so without any documentation, yeah, they are just being sent go to the clinic just tell them you were sent by so and so, She is the one that sent them to the clinic, there's no documentation because there's no stationery at all" (D14:14, MALE, 34).

"We don't have stationery. We are just using our papers our CHWs are sometimes using their money for data collection and then it's difficult really to facilitate a project without material. They use their money to photocopy. They pop out their money to do copies for the original material they were having" (D5:5, FEMALE, 54).

"We don't have to do our, to complete our programme, that's the very challenge that we don't have, stationery. We donate the notebooks, me as an OTL and manager" D 6:6.

"Because the stationery is a problem, with the little money that they are having they use to photocopy on their own, they use to photocopy the stationery" (D8:8, FEMALE, 57).

"No, I did photocopy, I did photocopy for the booklet of the screening and then using my own money I photocopy them the screening tools all of them the screening tools all of them there were 16 though one resigned now they are 15 and all of them they are having the screening tools" (D9:9, FEMALE, 55).

"Thank you for the question, in our clinic, we don't even have stationery. For example, to open files for the patients. We are using exercise books which we bring from our homes, to come and tear pages out, to make files for our patients. So, let me answer you for that

question you just asked, we don't have stationery. What the community health care worker do, if they have report, if they have something to write down, they need to collect their own money, then they go out, they make copies of some of the forms" (D10:10, MALE, 41).

"And then we got a challenge we don't have materials, reporting materials we don't have, we don't have the copy machine maybe we can copy inside of the book we don't have machine mmm…even the manuals book we don't have because I mentioned we have 31 community health workers but the book I have is only 6, they won't learn, how could they learn from that book, we just keep it. They screen but not doing the right thing because they don't have the papers, we just teach them how to screen and they can't remember everything, even myself I refer from the book" (D12:12, FEMALE, 53).

In this study, participants repeatedly mentioned that these programmes do not have stationery at all, they rely on using their own money to make copies. The participants argued that community members are referred to relevant health establishments verbally without any formal referral forms.

The sentiment is supported by Whyte (2015:73) who indicates in his study that the programme lacks some of the necessary resources and supplies such as screening tools and photocopy machines to conduct activities in the households. The author further articulates that the CHWs require necessary resources to be more productive and to execute their tasks in totality to have better outcomes (Whyte 2015:74). This indicates that the lack of reporting tools has a negative impact on the rendering of WBPHCS by OTLs in the Makhuduthamaga Sub-district, Limpopo Province.

The participants repeatedly indicated that they use their own money to make copies for reporting tools. Lack of resources (stationery) is supported by Mundeva, Snyder, Ngilangwa and Kainda (2018:6) who conducted a study on the ethics of task shifting in the health workforce exploring the role of CHWs in HIV service delivery. In their study, it was found that CHWs carry out their task with little support of resources such as stationery from the public sector (Mundeva *et al*. 2018:5).

Participants alluded that they use their own little money to make copies of referrals to make this programme a success. A study conducted in Lesotho by Seutlali (2018:2) revealed that challenges encountered by this programme include unavailability of resources, thus affecting the implementation of the programme. The author furthermore indicates that limited resources are always a challenge in low-income settings (Seutlali 2018:6). This indicates that insufficient resources such as stationery and photocopy machines in this programme have a negative

effect on WBPHCS since if CHWs fail to make copies with their own money, the community will not receive a proper referral as well as total and quality health services delivered by these cadres (WBPHCOTs).

- **Inadequate human resources (high workload of OTLs)**

Participants alluded that they work as professional nurses in the facilities as well as OTLs outside the facilities doing a dual job. This challenge seems to affect their scope of work as professional nurses in the facilities. Inadequate human resource (high workload) was expressed by participants as follows:

"Eh…. Being an OTL in the area it has been a challenge, we experience, many, many challenges as OTLs with regard to time. We are working as professional nurses in the clinic akere [isn't it] and as professional nurses we must see patients at the same time, squeeze time to be with community health workers or to squeeze time to work with community health workers. So ya the challenge of time" (D2:2, FEMALE, 30).

"I'm doing a double job because I'm not doing the, in the facility I should be doing thirty per cent only and seventy per cent at the, the CHWs. But I spent most of the seventy per cent in the facility" (D6:6, FEMALE, 41).

"We are very short-staffed. So, we are working, let me say every like each and every week, we are only two professional nurses. So leaving one professional nurse to go and support eh community health worker out there, is not eh, it's not practical" (D3:3, MALE, 31).

"One time I can say like I have explained that we are professional nurse's akere [isn't it] when we come to work as we sign in to say we are on duty, we are expected to be doing work for professional nurses at the same time we are an OTL we have to support the CHW you must make sure you're …doing both the jobs. Ya dual job at the same time so time is challenge so meaning the other one will suffer while you're focusing on the other one so we end up focusing more on the job we are allocated to do as professional nurses hence neglecting the one being an OTL'S because there's no adequate time or… ya I can put it like that" (D2:2, FEMALE, 30).

Participants repeatedly indicated that this programme increased their workload as they are doing clinic duties as well as WBPHCOT services. They also pointed that it is not practical to leave one professional nurse in the facility for WBPHCS. The sentiment echoed is supported by Mhlongo, Lutge and Adepeju (2020:11) who indicate in their study that heavy workload, insufficient manpower has a detrimental effect on WBPHCS. The authors furthermore state that professional nurses who are delegated to perform OTLs' duties do not have enough time to support CHWs due to a gross shortage of staff in the facilities (Mhlongo *et al*. 2020:11).

This indicates that the scope of work for OTLs in the Makhuduthamaga Sub-district, Limpopo Province, needs to be aligned to reduce the high workload for the OTLs.

Participants iterated that being OTLs has been a challenge because they must squeeze their time to be with CHWs and facility managers expect them to do clinical services at the clinic while they have other duties for this programme. The sentiment echoed is supported by Nelson and Madiba (2020:13) who indicate that facility managers expect OTLs to provide clinical and not outreach services because of the shortage of professional nurses in the facilities. These authors furthermore state that OTLs were also dissatisfied with the high workload to aid the outreach duties. This confirms that OTLs fail to render total and quality services to the community due to a high workload.

- **Informal and dual OTLs job description**

  Participants in this study alluded that they are not formally appointed as OTLs by the Department of Health in Limpopo Province. As such, they are unclear about their job descriptions. Informal and dual OTLs' job description in this study was described as follows:

  "Being an OTL especially in our province we are not given that role, you're just an OTL by name so for somebody to be able to work up to his full capacity so he need may be to be given a certain role so in my case we are OTLs on the other hand we are serving as professionals who are providing primary health care services on daily basis at our clinics" (D15:15, FEMALE, 47).

  "Because I don't have any proof that I'm OTL, I don't have appointment letter so when I tell my manager I've been allocated to be OTL in this facility, so I'm not supposed to work in this facility, they say where's the proof, we want to see because your performance agreement says you are a professional nurse here" (D17:17, FEMALE, 29).

  "I'm doing a double job because I'm not doing the, in the facility I should be doing thirty per cent only, and seventy per cent at the, CHWs. But I spent most of the seventy per cent in the facility. If I can say I'll be eh attending to CHWs eh on Tuesdays and Thursdays and Fridays. There will be shortage in the facility" (D6:6, FEMALE, 41).

"The other thing that hinders the support is the dual job, you'll need to do follow up today but because there's a shortage in the facility where you have to take shortage and do consultation with the patient which is sometimes difficult for me as an OTL to support community health worker" (D8:8, FEMALE, 57).

"Me being an OTL doesn't relieve me of the duties of being a professional nurse. So I have to make sure that I balance the two. I have to continue seeing patients and become and be what I'm paid for which is a professional nurse to the clinic, which is being a nurse to the community, to the people who come to the clinic" (D10:10, MALE, 41).

Participants in this study alluded that they fail to do supportive supervision to the CHWs because of shortage in the facilities and doing a dual job by balancing the roles of being professional nurses as well as OTLs in the facilities. The sentiment is supported by Mampe et al. (2016:28) who state in their study that OTLs are allocated many areas which are very far apart and some of OTLs do school health services which are supposed to be done by school health nurses. The authors, furthermore, state that provinces use professional nurses as OTLs whereas there is a shortage of professional nurses in the country (Mampe *et al*. 2016:27).

Mampe *et al*. (2016:27) repeatedly alludes that the lack of specific job descriptions and dedicated posts for OTLs pose a serious challenge in supervising and evaluating CHWs. The WBPHCOT are linked to the PHC facility and leverage facility-based resources to deliver their services (Nelson & Madiba 2020:2).

The attestations are supported by Madikizela (2016:43) who states, in her study, that OTLs were never formally appointed to the OTL positions, however, they were assigned or delegated to facilitate and supervise WBPHCOT. Madikizela (2016:43) furthermore, indicates that OTLs were based in the PHC facilities working as professional nurses (Madikizela 2016:43). Lack of formal appointment seems to have a serious impact on this programme as evidenced by the lack of supportive supervision stated by the participants of the current study.

- **Inadequate support from colleagues**

The participants in this study frequently mentioned that colleagues at work are not supportive. Inadequate support from colleagues in the facilities seems to have an impact in rendering WBPHCS in Makhudhuthamaga Sub-district, Limpopo Province. This attestation is supported

by the participants in this study as they repeatedly stated that colleagues are not supportive at all. Participants in this study described inadequate support from colleagues as follows:

> *"I'm saying sometimes when you're not available and then instead of the colleague to assist the community health care worker it is sometimes difficult they don't get assistance as much, they are not hands on, to say there's this WBPHCOT they know there is WBPHCOT they know we are busy with community health workers, they know even when we do some tracing they assist but in other things they don't, no they don't support us"* (D8:8, FEMALE, 57).
>
> *"When I'm not there everything stuck on the community health care workers, they wait for me and my OPM is not there, no one is helping them"* (D9:9, FEMALE, 55).

> *"When you say the support really, I don't want to lie, I don't want to lie because sometimes when you talk about the maybe the patient who are ill or sick outside, they don't say… they can't say go or whatever. They just say ae this place is so busy, so busy you can't go if somebody like that, you can't go"* (D12:12, FEMALE, 53).

The participants in this study continuously stated that colleagues in the facilities are not happy when they spend time with CHWs doing activities of this programme. This attestation is supported by Moosa *et al*. (2017:4) who indicate in their study that the staff at the clinics view this programme as extra work causing conflict between OTLs and staff members when OTLs spend the day in the field while other nurses are busy with the patients in the clinic. The authors furthermore state that staff members in the clinics mentioned that this programme encourages patients to visit overworked staff at the clinic leading to a poor standard of care (Moosa *et al.* 2017:5). This indicates that teamwork is a challenge in the facilities which hampers the success of the programme.

The participants indicated that colleagues at work do not promote the principles of teamwork in the facilities. This attestation is supported by Whyte (2015:61) who indicates that staff at the clinic do not complete activities of WBPHCOT such as back referrals as well as the continuation of care at home. The author, furthermore, indicates that clients referred to the clinic by CHWs are seen by the OTLs. This indicates that WBPHCS is specifically meant for only OTLs in the Makhuduthamaga Sub-district. This indicates that colleagues need to be hands on in this programme.

- **infrastructure challenge: inadequate working environment**

In this study, participants indicated that WBPHCS have infrastructure challenges such as an inadequate working environment. In this study, an adequate space includes space for record-keeping, space for holding meetings as well as doing administration activities. This problem

of inadequate working environment seems to have a great impact in rendering WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. An inadequate working environment was described by the participants in this study as follows:

"In here we don't have specifically an office where we can put our records and our equipment's there, we are only having a wardrobe, we don't have space at all as our clinic is very small" (D4:4, FEMALE, 53).

"No, that's other challenge I left to mention it but we still have a problem, even their office when they come to for reporting they don't have an office to report that's the other factor, the other challenge that we have, where we put the nurses stationery and whatever is where we put the community health workers like for example when we talk about leave forms the files are together with the nurse's files" (D8:8, FEMALE,57).

"And another one is the means of communication I have to use my cell phones since we don't have any phone here, our phone is dysfunctional, I always trace them using my own airtime and phone" (D17:17, FEMALE, 29).

Participants in this study repeatedly stated that they lack essential equipment in this programme. This attestation is supported by *Murcus et al*. (2017:5) who indicate that the shortage of essential equipment to support WBPHCOT such as desks and chairs, lockable cabinets, photocopying equipment, and phone affects the progress of this programme.

Participants iterated that they do not have space for putting their stationery and holding meetings. This is supported by Mampe *et al*. (2016:30) who echoe that there is no space to store stationery for WBPHCOT, to come together as well as to sit, they sit underneath the trees. The authors furthermore state that this programme requires space to hold meetings, do administration and safe record keeping (Mampe *et al*. 2016:31). This indicates that an inadequate working environment is a serious problem in this programme.

- **Infrastructure challenges: Lack of transport**

Participants in this study characterised lack of transport as a serious problem in rendering WBPHCS. Participants expressed their dissatisfaction with the lack of transport as follows:

"The challenge is a transport. We don't have a transport in our facility to go and visit especially those who are far" (D7:7, FEMALE, 39).

"Transport is a problem, there will sometimes have a patient of whom you'll need to do the support visit with the community health worker because of lack of transport and the distance also is too far for us to walk to those households then we are able to do the support" (D8:8, FEMALE, 57).

"The challenge I've encountered, the problem is that the employer doesn't supply us with the transport. The problem is the transport to go to the outreach because some of the community health care workers they report, they told us the report that they have the cases in the village that are difficult cases that you need to go as an OTL do the assessment and then see how you can help the household there. So, the transport is not there" (D9:9 FEMALE, 55).

"I'm using my own transport because uh… the clinic doesn't have a transport" (D16:16, FEMALE, 52).

"Eh challenges the first one is transport, I have to use my own transport to go and supervise the CHW in the fields, I've been using my own since 2016" (D16:16, FEMALE,52).

Participants repeatedly indicated that they fail to render the services to the community due to transport problems and at some stage, they use their own transport to go for supervision. The sentiment is supported by Madikizela (2016:61) who indicates that lack of transport prohibits OTLs from providing support to the CHWs and responding to the services required at the household level. This problem seems to cause a lot of inconveniences and affects the quality of work for OTLs as they fail to deliver services to the household members who are unable to access the services in the facilities.

Participants echoed that the CHWs encounter difficult cases in the villages, and this poses a barrier for community members to receive services from OTLs in their homes. The attestation is supported by Schinerder *et al*. (2018:62) who state that lack of transport restricts OTLs' capacity to provide or to render services at the community level. The authors also echoe that transport problems pose barriers to the programme. This indicates that the lack of transport in this programme creates a gap in rendering WBPHCS in the Makhuduthatamaga Sub-district, Limpopo Province.

- **Managerial challenges: inconsistent and limited managerial support**

Participants in this study characterised inconsistent and limited managerial support as challenge in this programme. participants expressed their views of inconsistent and limited managerial support as follows:

"The OPM she understands but hey you know what…there's nothing that she can do with the support because she's experiencing the same problem that I'm having especially the

stationery, the office where is she going to accommodate us and the master trainers at least she comes once after a long time" (D4:4, FEMALE, 53).

"And another thing when we do the meetings whatever we talk about when we get out of the meeting, she denies everything that we talked about there. Last they were complaining saying they had an agreement with her and on my absence are when I come back, she said no. They feel like they are being, how can I say…they feel like ha baba nyake ga botse, baba hlaola [she doesn't want them really, they are being discriminated]" (D15:15, FEMALE, 47).

"No I was trained yes you know after training a person is important for the person to be persistently in serviced or supported so that she can understand what is happening following training you start by working and then if there's no one who's doing the follow-ups you then lose the momentum gradually, gradually until there's nothing which is called OTL and then they will come the next year and train again the same process when you come back you'll be active, active then you lose the momentum gradually because there's no one who is coming to solve the problems, support just to support even if the problems are not solved it is better to be supported" (D5:5,FEMALE, 54).

"As for our supervisors and OPMs, most of them are as clueless as I were when I started this programme. They are clueless because when you report something to them, they will tell you either they don't know about that, they will go and check for you. After a while, you go and remind them with regard to that" (D10:10 MALE, 41).

I'm not supported. When I'm not around when I'm not around, the CHWs are told if they need something, they are told your mum is not around, because I'm not around so they don't get help Uhm…what can I say …like dealing with the issues that concern them, concerning their leaves and everything they won't …she doesn't sign manager yet at the facility, I don't get it" (D15:15, FEMALE, 47).

The participants reported that operational managers are not supportive at all as they do not allow them to do their WBPHCS in totality. This sentiment is supported by Khalid (2020:4) who indicates that if managers are ready to accommodate employees' schedules and tasks, this can help employees in managing their work and making it better. This indicates that managers in the Makhuduthamaga Sub-district, are clueless and do not have enough knowledge of this programme because they do not support the OTLs.

The participants echoed that some operational managers understand the problems faced by the OTLs, but they do not have the powers to solve those problems as they do not have a clear picture of the programme. This sentiment is supported by Whyte (2015:51) who states

that the manager's responsibility is to provide support and accommodate the OTLs in any issues that affect the programme such as transport issues, equipment, and so forth. The author furthermore explained that managers do not know much about the programme, and they merely concentrate on checking monthly data but do not know what is really going on with the monthly data (Whyte 2015:63). This indicates that facility managers were not given a clear orientation before the establishment of this programme in the Makhuduthamaga Sub-district, Limpopo Province**.**

3.4.3 THEME 3: OUTREACH TEAM LEADERS VIEWS ON FACILITATING FACTORS

The outreach team leaders' views on facilitating factors in this study focused more on the outreach team leader support from the manager (mentoring/ supervision/ training) and outreach team leader support to community health workers. All these facilitating factors seem to have a positive impact in making this programme a success. Support from a manager is necessary during mentoring, supervision, training as well as for supporting community health workers.

- **Outreach Team Leader support from manager (mentoring/ supervision/ training)**

Participants in this study reported that managers offer them support only when the facility is covered by professional nurses. This indicates that managers are willing to support OTLs to make this programme a success, however, it seems as if there are some unknown obstacles that hamper this programme from being successful. The participants expressed their views as follows:

"The support she is giving me is just to offer me time when the coverage is better in the facility" (D5:5, FEMALE, 54)*.*

"Support? Ankere [isn't it] in this program there are coordinators within our sub district which are the one which may be are responsible of this program, they are the one visiting us, they are the one giving us some guide so most of the time we do communicate with sub district coordinator not Managers" (D14:14, MALE, 34).

"My local manager doesn't have a problem I can say she supports me but she's not in the facility, let's take when I say I need the referral… like the stationery if I can say I need, if she does…she's coming this side, she can photocopy some for us unless their machine is not working as well" (D15:15, FEMALE, 47)*.*

Participants in this study reported that the managers who support them are not based in the facilities, therefore, the supervision provided is minimal and the support is inconsistent as the supervisors are not clinically based. The sentiment is supported by Ludwick,Turyakira, Kyamuhangi, Manalil, Robnson and Brenner (2018:6) who indicate in their study that lack of supervision is more common when supervisors are based at the higher level facility located in the main town. The authors also allude that strong supervision helps foster a virtuous cycle contributing to effectiveness and recognition of this programme (Ludwick *et al*. 2018:6). This indicates that OTLs experience weak supervision contributing to a feeling of neglect, lack of technical support and mentoring. Furthermore, this problem seems to be a factor that might facilitate the programme if it was given attention at the beginning.

The participants of the current study iterated that the coordinators in the sub district are the ones communicating with them when they experience challenges, not managers. The study conducted by Assegaai and Schneider (2019:6) indicates that managers at the district level are the ones who should co-ordinate and supervise the OTLs directly. The authors furthermore state that the Department of Health (DOH) tasked managers to supervise and mentor the OTLs. It appeared that the DoH did not explain the scope of work of managers pertaining to WBPHCOT clearly. This indicates that managers are not well informed, and they need to be sufficiently trained, prepared and supported by the DoH in their role in supporting, mentoring, and training of OTLs.

- **Outreach Team Leaders' support to community health workers**

In this study, the participants indicated that they only support CHWs on Fridays because on Fridays all CHWs report in the facilities. Those who are allocated households far from the facilities are accommodated to report in the facilities on Fridays. This was explained as follows:

"Yeah, we only support them during the Fridays where we meet all of us on Fridays only, is where now they come with their problems and everyone, individually that through their reports we can hear that, yes, this one has got problem here. Then we start to solve that problem" (D 14:14, MALE, 34).

"What we do is just to wait for them to come and report on our facility every Friday is when we meet assist each other so there's no direct supervision with regard to our community health care workers. No, it's a distance supervision, it's an indirect supervision because they are doing the outreach while I'm in the facility" (D14:14, MALE, 34).

"I only have uh have time on Friday's where we will have weekly/ monthly meetings" (D6:6, FEMALE, 41).

All participants in this study iterated that they meet with CHWs on Fridays and the time that they spend with CHWs is inadequate as it leads to a lack of supervision to CHWs. The sentiment is supported by White *et al*. (2017:6) who indicate in their study that the CHWs need to be provided with regular support and mentorship to facilitate this programme to move smoothly. The author furthermore states that the minimal support that is provided to the CHWs creates an ineffective system (ibid). Similarly, the study conducted by Sodo and Bosman (2017:20) confirms that OTLs who work as professional nurses and are delegated to perform the OTLs duties, do not have enough time to go out and support the CHWs due to staff shortages in the facilities. The author, furthermore, states that the managers in the facilities do not have control over CHWs in the WBPHCOT (Sodo & Bosman 2017:21). Additionally, a study conducted by Assegaai and Schneider (2019:7) indicates that adequate support and supervision are essential for the success and performance of this programme. The authors furthermore allude that absence of a coherent framework for the supervision of CHWs and misalignment and lack of supervision impact the effectiveness of WBPHCOT (ibid). Similarly, Nxumalo, Goudge and Thomas (2013:225) allude that the managers (OTLs) of WBPHCOT are unable to support CHWs and the supervision in this programme is neglected. The authors furthermore state that the success and sustainability of this programme require ongoing supervision by OTLs and organisational support (Nxumalo *et al*. 2013:225). The sentiment indicates that there is a lack of coordination in this programme by OTLs to support CHWs, as they support them only once a week leading to poor management by OTLs as they fail to supervise them on a daily basis. This specifies that through daily supervision and support, CHWs by OTLs can fabricate good end results in this programme.

3.4.4 THEME 4: OUTREACH TEAM LEADERS VIEWS ON THEIR SUPPORT NEEDS

Outreach Team Leaders' views on their support needs in this study focused more on support from management and support from colleagues. Participants in this study indicated that they need to be supported by the management and colleagues. Participants indicated that the support that they need will assist staff members to be hands on in this programme as well as empower those who are clueless in this programme.

- **Support from management**

The support from management in this study came up negatively as the OTLs repeatedly stated that they receive minimal support from their managers. Some indicated that operational managers are clueless, and they are not knowledgeable about this programme. The participants described their views as follows:

"So, the support which we need, is from our management side. We really need our supervisors; we really need our OPMs to understand this programme very very much that needs them. First, the support which they have to offer is knowing the programme. You can't support something that you don't know. They must give themselves time to understand that community health care workers are not here to clean for us" (D10:10, MALE, 41).

"To give time to work with the community health care workers because you have to see patients, the community health care workers need you, I think if they can give me that time to be with the community health care workers" (D11:11, FEMALE, 37).

"Because I don't know if we can change her but maybe someone like you can talk to her, I don't know or maybe I think I must talk to my local manager and maybe she'll talk to her" (D15:15, FEMALE, 47).

"Mmm… we need to be visited at least maybe monthly or if not possible every 3 months to be visited and given courage" (D5:5, FEMALE, 54).

The participants in this study stated that managers are not supportive. These managers allow CHWs to execute the work of cleaners by cleaning the environment in the facilities. They also indicated that the managers as well allow OTLs to continue to provide services in the facility which in turn indicates whether managers were aware of the importance of this programme. It was also noted that stress at the workplace would have been minimised because the CHWs and the OTLs would have done their work without any obstacles. This sentiment is supported by Assegaai and Schneider (2019:7) who allude in their study that facility managers struggle to support the teams amidst high workloads in facilities, and relationships between WBOTs and facilities often remain strained. This affirms that managers appear to play an important role as the OTLs repeatedly indicated that they need support from the management side. Therefore, the support which they need will increase their morale and make this programme a success.

Participants stated that supervisors are not giving them maximum support leading to job dissatisfaction as they do not know and understand the programme. This is supported by Mampe et al. (2016:38) who state that managers have a negative attitude towards WPHCOTs and undermine the work rendered by the cadres. In addition, the authors state that local area managers and provincial authorities have positive attitudes, but they are less actively mobilised as a source of support (Mampe *et al*. 2016:38). Furthermore, Mampe et al. (ibid) allude that some managers regard this programme as a burden and add a load of work in the facilities (Mampe *et al*. 2016:40). It was strongly revealed that managers fail to guide the team (OTLs) to deliver to the community component PHC services in line with their scope of work.

- **Support from the colleagues**

In this study, participants indicated that they need to be supported by their colleagues in this programme for the programme to run smoothly. Poor support from colleagues in this study was seen as a concern to OTLs rendering WBPHCS in Makhuduthamaga Sub-district Limpopo Province. This was described by participants as follows:

"Mm…to give me support like they can uh, they should not make the, this programme all this programme eh, this programme is not for me, it's for all of us and if I'm not on duty, they should continue wherever I have left of. So that's the kind of support I really need from the colleagues. Yes" (D3:3, MALE, 31).

"To release me to do full time. Allow me to do OTL in details" (D9:9, FEMALE, 55).

"Eh I think I just need their understanding, if they can't understand she's not just staying there, she is busy doing something and is also help the facility and helping the facility it's helping them too" (D15:15, FEMALE, 47).

Participants in this study alluded that they need to be supported in this programme by their colleagues as it shows commitment to all staff in the facilities. The participants repeatedly stated that they need to be supported because this programme is also beneficial to the facilities. The sentiment is supported by Nilgun (2017:578) who state, in his study, that support from colleagues is important as it provides work-related assistance to aid in the execution of service-based duties. The author, furthermore, alludes that positive support from colleagues can influence a meaningful experience for employees whereas poor support from colleagues can make work-life miserable (Nilgun 2017:579). Similarly, a study conducted by Ghosh, Rai and Singh (2016:4) indicates that work environment in which employees receive more support from their colleagues, makes them feel energetic, dedicated, and may often be fully immersed in their work. This indicates that support from colleagues can be beneficial for employee wellbeing and increase job satisfaction for OTLs in rendering WBPHCS.

3.5 FIELD NOTES

Fieldnotes refer to the notes generated or created by the researcher to record the unstructured observations made in the field (Polit & Beck 2017:729). According to Botma *et al*. (2017:216), field notes are written statements of the objects the researcher hears, feels, sees, experiences and thinks about during the interview. Fields notes are both descriptive

and reflective (Polit & Beck 2017:521). Descriptive notes are the objective description of observed conversations and events whereas reflective notes document the researcher's personal experiences and thoughts such as feelings, ideas, and progress while in the field (Botma *et al*. 2010:218). Participants were informed about the importance of taking field notes before the commencement of the interviews. Participants gave the researcher permission to continue with the field notes. These notes assisted the researcher to remember everything that transpired during the interviews. In this study, field notes were used in the form of personal notes, methodological notes, and observational notes.

3.5.1 Personal notes

Personal notes refer to the written comments regarding the observer's own feelings while in the field interviewing the participants (Polit & Beck 2017:739). In this study, field notes were written during the interviews to avoid forgetting important information. The participants were not afraid during the process of data collection. During data collection and analysis, the researcher experienced some emotions which clearly indicated that OTLs like this programme and are willing to go the extra mile as they use their own transport during house visits. The researcher also observed that with the help of CHWs, community members who are unable to reach health care services benefited a lot from this programme since its inception. As a result, the willingness of the OTLs indicates that the DoH should come up with some strategies to uplift their morale as they work in a stressful environment (such as lack of stationery, dual job, inadequate support from colleagues and managers). Some of the participants cited that CHWs are also used as cleaners in the facilities which indicates that managers are indeed not knowledgeable about the aim and objectives of this programme. The OTLs views were showing that as a matter of fact, they work in a stressful situation. They also stated that this research may assist the managers to understand their frustrations as it may enable them to understand their views regarding WBPHCS.

3.5.2 Methodological notes

Methodological notes are the reflections regarding the plans and method used in the observation (Botma *et al*. 2010:218). They provide reminders or instructions about how subsequent observations will be made (Polit & Beck 2017:522). In this study, the researcher used unstructured observation to describe the views of the participants. During the data collection process, the researcher explained the nature and purpose of the study, the procedure to be followed as well as the possible benefits of the study. All participants were given participant leaflet and consent forms to go through before the interviews. It was observed that participants were interested in participating. After reading and understanding the content of the participant leaflet and consent form, the researcher asked if there were any questions

regarding the leaflet. All participants stated that there were no questions. This indicates that the participants were ready and prepared to describe their views regarding WBPHCS. Participants signed consent forms without asking questions. The main research question was asked followed by probing questions. It was observed that participants were answering questions spontaneously. The participants also verbalised that maybe this research would yield good results. Three participants were observed to be emotional as they stated that colleagues feel like this programme is for OTLs only. It was observed that participants were answering questions in a manner that shows that this programme is important, however, it needs to be taken seriously by the colleagues and management.

3.5.3 Observational notes

Observational notes refer to the observer's in-depth descriptions of events and conversations observed in a naturalistic setting (Polit & Beck 2017:737). In this study, observational notes described the physical layout of the place (clinic) where the interviews took place and the demographic information of the participants as well as the researcher's personal thoughts. The interviews were conducted in 16 clinics of the Makhuduthamaga Sub-district, Limpopo Province. In each of the facilities, the OTLs were available and waited eagerly to participate in the study. The interviews were conducted in the consultation rooms. The consultation room was chosen by the participants to avoid the disturbance by other people however, there were some noises of patients and some interruptions of workers who wanted to collect some of the equipment in the consultation rooms. One of the interruptions was phone calls from other clinics requesting assistance from the participants. It was also important to conduct interviews in the consultation room to follow precautionary measures of Covid 19. During the interviews, all participants were strictly maintaining social distancing and the wearing of face masks was observed. All these measures were followed to minimize the spread of Covid 19. Fourteen (14) participants were females and three (3) were males. The views of females regarding this programme were observed to be similar to the views of the males. Most of the participants were knowledgeable and had a clear understanding of how this programme should operate. This sentiment is supported by their years of experience in this programme. During the entire interviews, the researcher experienced some emotions as the participants cited that they use their own transport, cell phones, and money to buy stationery for this programme. The challenges cited by the participants were observed by the researcher as a major problem. It was also observed that OTLs appeared frustrated by this programme as they repeatedly mentioned dual jobs.

3.6 CONCLUSION

This chapter discussed characteristics of participants, brief data collection, process, analysis, results, and literature review. The themes and categories that emerged from the data were tabled and discussed. The eight Tesch's steps' method of data analysis provided relevant guidance in explaining OTLs' views regarding WBPHCS. The results were supported by verbatim transcribed quotes from the participants. Field notes in the form of personal notes, methodological notes and observational notes were also described in this study. These notes assisted the researcher in analysing and verifying data. The findings of this study were consistent with other studies conducted in other provinces.

CHAPTER 4

SUMMARY OF THE RESULTS, RECOMMENDATIONS, CONTRIBUTION TO THE BODY OF KNOWLEDGE, LIMITATIONS AND FINAL CONCLUSION

4.1 INTRODUCTION

Chapter 4 outlines the objectives of the study and focuses more on summarising the results that were collected during the interviews. The chapter, furthermore, summarises the recommendations for future research and contribution to the body of knowledge. Limitations of the study based on data collected from participants were also summarised in this chapter.

4.2 THE OBJECTIVE OF THE STUDY

The objective of the study was to explore and describe the Outreach Team Leaders views regarding Ward Based Primary Health Care Services in the Makhuduthamaga Sub-district, Limpopo Province.

The findings in this study demonstrate that participants regard WBPHCS as an important programme that brings health services closer to the community. However, there are some challenges that OTLs experience while rendering services to the community. The objective of this study was met as the OTLs explored and described their views regarding WBPHCS.

4.3 SUMMARY OF THE RESULTS

The results were based on the objective of this study. The researcher used a qualitative, exploratory, and descriptive approach to gain knowledge on the OTLs views regarding WBPHCS in Makhuduthamaga Sub-district, Limpopo Province. Sampling in this study included all OTLs in the Makhuduthamaga Sub-district, Limpopo Province. The participants were interviewed individually. Data were collected using an interview guide with one main question (What are your views as an OTL regarding WBPHCS in your area?). Tesch's method of data analysis was used to analyse data. A summary of the results is discussed below.

4.3.1 The OTLs views on benefits of CHWs

The results of this study and literature conducted confirm that the WBPHCS in the Makhuduthamaga Sub-district, Limpopo Province are very important to the community members. The study reveals that this programme is regarded as a valuable resource that provides the community members in their homes with needed services. The OTLs in this study indicated that CHWs in this programme assist in treatment regarding the provision of chronic diseases. This indicates that community members no longer default on their treatment. In

terms of access to health services, community members access their treatment at home through the help of CHWs during house visits. This confirms that community members receive equal health services which they have the right to receive.

It was also revealed that this programme plays an important role in improving and increasing access to healthcare. Access to health care services promotes the linkage to care because on a daily basis, CHWs visit community members and provide services such as screening, tracing, and referring those who need to be seen at health facilities. The benefits of this programme improve unmet PHC needs. The services rendered in the homes improve access to health care. Access to health care services was as effective as the community members conduct screening during house visits and refer clients to the health care facilities. The functions and activities of WBPHCS are regarded as promotion of treatment, treatment adherence, antenatal care, community health and acceptance. It was evident that the WBPHCS brings health care services to the community members who reside far from the health facilities.

The results also reveal that this programme assists CHWs in identifying defaulters in the community. This confirms that the CHWs are the eyes, ears, and hands of the PHC facilities. The services rendered by WBPHCS are based on the principles of PHC. These principles include services that should be equality, accessibility, affordability, availability, effectiveness, and efficiency. Community members receive health care services irrespective of their socio-economic status.

The results also confirm that this programme is beneficial to pregnant women in the promotion of ANC. It was evident that through the help of CHWs, pregnant women book early for ANC before 20 weeks' gestation. Participants confirmed that late bookings of pregnant women have been reduced since the inception of this programme. Furthermore, during house visits, the information provided by CHWs plays a pivotal role in reducing complications in pregnancy. Literature conducted also confirms that complications are seen and managed in time to prevent maternal mortality (Thomas *et al*. 2021:6; Qeada *et al*. 2021:12).

It was confirmed that WBPHCS bring health care to the community, and it holds up PHC. Before community members present at the health facility, the CHWs would have already provided services at home such as screening and promotion of home remedies. The results also revealed that overcrowding in the facility is reduced because the programme extends PHC services to the community.

4.3.2 The views on the challenges

Participants in this study cited that the challenges that they experience in rendering WBPHCS have serious effects on both community members and PHC. These include lack of stationery, high workload, informal and dual job description, inadequate support from colleagues, inadequate working environment, lack of transport and managerial challenges. The study participants revealed that lack of stationery affects the service delivery as they use their own money to make needed copies. It was confirmed that sometimes CHWs refer community members to the clinic verbally without formal written referrals. Despite these challenges that the OTLs experience in rendering WBPHCS, they continue working and assisting the community members.

Challenges in the form of high workload came up strongly as the OTLs verbalised repeatedly that they are expected to work as OTLs and clinic sisters at the same time. This indicates that the shortage of manpower has a serious effect. Various authors indicate that OTLs should be fully employed on WBPHCOT (Madiba & Nelson 2020:13; Mhlongo *et al*. 2020:11). The results reveal that OTLs are overworked as they perform dual jobs and are not formally appointed. In addition, OTLs need to be recognised and be appointed formally. The high workload is a serious challenge that needs to be corrected to prevent staff turnover and burnout. The high workload was noted as a serious challenge and has implications in this programme for service delivery.

Participants repeatedly mentioned that colleagues and managers fail to support them. This came up strongly as they cited that the colleagues view this programme as only meant for OTLs. Participants revealed that when they are not on duty, CHWs are not assisted. This confirms that there is a lack of knowledge regarding this programme by the colleagues. Similarly, managers fail to support OTLs. The participants stated that managers are clueless regarding this programme. These managers fail to motivate needed resources such as stationery and manpower. Lack of support seems to be a barrier in terms of rendering WBPHCS effectively. Support from colleagues and managers may promote job satisfaction to the OTLs. Lack of transport was cited by participants as a serious challenge. Participants repeatedly stated that they fail to provide supportive supervision to the CHWs due to transport issues. Lack of transport affects service delivery. Some of the participants reported that they use their own transport for the home visits. It was confirmed that lack of transport prohibits OTLs to render and respond to the services required at the household level

4.3.3 OTLs on facilitating factors

The OTLs support from managers and the OTLs support to CHWs were found to be facilitating factors. The role of the manager in supporting OTLs and OTLs supporting CHWs came out as an important factor that can facilitate the programme to run smoothly. It was confirmed that managers who provide support are not based in the clinic. It was also revealed that OTLs support CHWs only once a week. The study also revealed that managers support them only when there is coverage in the facility. This indicates that there seems to be poor interaction between the managers and the OTLs. It was noted that support from management and support from OTLs to CHWs may contribute positive end results towards the rendering of WBPHCS in the Makhuduthamaga Sub-district. It was confirmed that the support that is provided to the CHWs only on Fridays is inadequate. This indicates that if the support were adequate, it would have resulted in better improvements.

The OTLs cited that the support is indirect, and they continue giving support while they are in the facility. The results of this study also confirm that minimal supervision and support from managers to OTLs and from OTLs to CHWs creates ineffective service delivery to the communities. This indicates that there should be maximum supervision to enhance the functioning of this programme. One finding of this study also confirms that this programme is highly effective. Therefore, for this programme to be effective, it was noted that facilitating factors as indicated in this study would promote and enhance the functioning of this programme. The study participants believed that sufficient support from managers to OTLs and OTLs to CHWs would enable this programme to perform its activities fully and to respond to the needs of underprivileged community members.

4.3.4 The OTLs views on their support needs

For this programme to be successful, OTLs cited that the managers and colleagues need to provide the support that is needed by the OTLs. The OTLs' views on their support needs included support from the management and support from the colleagues. Participants confirmed that the managers and the colleagues in this study were not supportive, which led to ineffective service delivery to the community members. This indicates that the programme was not well implemented as there is a lack of support from the managers and colleagues in the workplace. All health care workers need to be well informed and understand the benefits of this programme to better promote it at community level. It is, therefore, important for managers and colleagues to sustain OTLs with the needed support to facilitate this programme's success.

In this study, the success of this programme seemed to depend on the support from the managers and colleagues at the workplace according to the findings of this study. Support needs of OTLs seemed to be important and beneficial for the well-being of the OTLs as well as the community members. The study results show that lack of support from colleagues and management affects the job satisfaction of the OTLs and hampers service delivery of WBPHCOTs. The study results demonstrate that lack of support has negative effects as the OTLs repeatedly mentioned that they need to be supported by both managers and colleagues. The study results suggest that this programme is not for OTLs only. The OTLs believe that the support that they need would be beneficial for this programme.

4.4 RECOMMENDATIONS OF THE STUDY

Based on the findings of this study, the researcher makes the following recommendations: the implementation of comprehensive PHC service to improve service delivery, community nursing to educate community members on the services rendered by this programme, and nursing education.

4.4.1 Implementation of Comprehensive PHC services to improve service delivery

The following recommendations are made in terms of improving service delivery by implementing comprehensive PHC services.

- Community members should receive care that is well planned and coordinated according to their needs;
- All necessary materials needed for WBPHCOTs such as transport, stationery and equipment, should be procured to provide effective health services to the communities. OTLs should, therefore, be supported with stationery such as photocopy machines, forms for screening, referrals, and household registration forms;
- Managers should provide OTLs with needed support such as supportive supervision and mentoring to improve service delivery. For this programme to be a success, there should be consistent support from both managers and colleagues in PHC facilities;
- On a daily basis, OTLs should spend 70 per cent of their time doing supportive supervision to the CHWs and spend 30 per cent in the facility for administrative purposes as stipulated in the policy framework and strategy for WBPHCOT (2018:80);
- The Department of Health should appoint OTLs formally to avoid dual jobs as well as to improve job satisfaction of the OTLs;

- Each local area should be provided with transport to assist OTLs to visit CHWs who need the services of OTLs and for support visits; and
- Nurses in the facilities should be orientated on this programme to support OTLs who are delegated dual jobs.

4.4.2 Community nursing

The following recommendations are made to strengthen and re-engineer community nursing.

- OTLs should be fully hands on to provide community nursing by doing house visits on a daily basis with the CHWs;
- Minor ailments should be treated at home by the OTLs and the CHWs to reduce the overcrowding in the health facilities;
- Community members should be made aware of the importance of WBPHCOTs. Awareness campaigns, community mobilisation should be done on a regular basis to inform the community members about the services rendered by this programme;
- Health education through community radio stations, newspapers, and social media should be used as a platform to sell the services rendered by this programme; and
- Community members should be educated on the importance of health promotion as well as homemade remedies to avoid presenting to the facility for health problems that require non-nursing interventions.

4.4.3 Nursing education and training

The following recommendations are made in terms of improving service delivery by educating and training sub-district managers, facility managers and colleagues to improve service delivery to the communities.

- The WBPHCOT should form part of nursing education and training for student nurses in training institutions;
- Sub-district managers and facility managers should be provided with an orientation workshop to have a clear picture of this programme to enable them to understand the programme;
- On a quarterly basis, in-service education should be offered to the managers regarding new development in this programme to support OTLs;
- Training for managers should include all the content covered by OTLs during their training to enable managers to understand and support the OTLs; and

- Colleagues in the facilities should also be included in the training to understand and support OTLs allocated to dual jobs.

The WBPHCOTs should be included in the curriculum of nursing education as it will assist newly qualified nurses to understand the needs of this programme as well as its importance thereof.

4.5 FUTURE RESEARCH

It is recommended that a qualitative study should be conducted on managers and colleagues regarding their views on WBPHCS in Makhuduthamaga Subdistrict, Limpopo Province. The aim would be to improve the service rendered by this programme. Furthermore, the quantitative study should also be conducted on the same OTLs to quantify the views of the managers and colleagues. Lastly, future research should be conducted in all 22 subdistricts of Limpopo Province to accommodate the views of other OTLs.

4.6 CONTRIBUTIONS TO THE BODY OF KNOWLEDGE

The findings of this study are apparent that WBPHCS are known by the OTLs who render the services to the community. This indicates that the challenge of this programme is not known by the managers at provincial, district and sub-district levels and colleagues. The study will enhance the understanding of this programme to the managers according to their levels and the colleagues in the workplace. The study provides a clear picture of the views of OTLs regarding the services which they provide in the community. The findings of this study also provide evidence that OTLs continue to face serious challenges such as dual job allocation, transport problems, lack of monitoring and shortage of staff. These challenges are encountered by the OTLs in WBPHCS, and have a serious implication in PHC as it increases staff burnout leading to job dissatisfaction. The information from the study will contribute to the body of knowledge in nursing education regarding their training, practice, and roles. The findings also provide evidence that WBPHCS is a good programme that closes the gaps from the apartheid era whereby health care, as a human right, was ignored. Additionally, this study's findings make it clear that OTLs need to be supported to render this programme effectively. Lastly, the findings of this study make a valuable contribution to the Department of Health as it generated evidence that indicates that the OTLs need to be supported to improve the services.

4.7 LIMITATIONS OF THE STUDY

There are numerous limitations to this study. Firstly, the study included only one Sub-district in Sekhukhune District, Limpopo, Province. The study did not include all the 22 sub-districts of the province. These findings cannot be generalizable since the study was conducted in one district out of 22 sub-districts in Sekhukhune District and Limpopo Province. Secondly, data were collected from only 17 participants who render the service, this limited the generalisation of other participants who participated during the pilot study. The study was conducted under the qualitative method, this limited generalisation of findings as quantitative was not used because in qualitative research, the participants are interviewed face to face while in quantitative the participants may respond to a survey.

4.8 FINAL CONCLUSION

The study explored and described the OTLs views regarding WBPHCS. The objective of the study guided the researcher throughout. The study involved unstructured interviews which took 30 minutes to an hour. All participants were interviewed individually. The sample size consisted of 17 participants, and all verbalised their views. The benefits and challenges were identified as the main findings.

This study provided a clear picture of the views related to the benefits and challenges which OTLs encounter on a daily basis. The benefits included access to health care services which closed the gap on poor health. In analysing the views of OTLs, this programme brings health care to the community. In this way, it was found that the programme makes a valuable contribution to the Department of Health as it generated evidence that indicates that WBPHCS is an important programme. However, OTLs need to be supported to improve the services. The findings revealed that managers and colleagues are not well informed about the aims and objectives of this programme. The findings of this study were also found to be similar to the findings of other studies mentioned in the literature control.

In this study, the benefits and challenges came out strongly as the main findings regarding WBPHCS in Makhuduthamaga Subdistrict, Limpopo Province. The benefits of WBPHCS fall under the package of PHC as it provides essential care to all people in the community at the cost that they can afford. The benefit of this programme, as cited by participants, proved that health care services are accessible irrespective of socio-economic statuses. Furthermore, the benefits cited by participants in this programme confirmed that this programme provides comprehensive and accessible health care according to the needs of the community members. On the other hand, challenges were verbalised and identified by OTLs as factors

that hamper the success of this programme. The challenges were lack of stationery, informal and dual OTL job description, inadequate work environment, lack of transport and inconsistent managerial and limited support. All these challenges were regarded as challenges that hinder this programme's optimum progress. Therefore, the study concludes that WBPHCs is a valuable programme that promote critical linkage between PHC facilities and communities, However, the services rendered by the OTLs need to be evaluated by the district managers to understand the practical functioning of WBPHCOT and challenges faced by OTLs on daily basis.

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ANNEXURE A

DECLARATION OF ORIGINALITY

UNIVERSITY OF PRETORIA

The Department of Nursing science places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teach you about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author's work (e.g. a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim), but also when you submit someone else's work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it. You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing if off as his/her work.

Students who commit plagiarism will not be given any credit for plagiarized work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling. Plagiarism is regarded as a serious contravention of the University's rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the
Department of Nursing No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Maleka Mafishe Johannes

Student number: 11340283.

Topic of work: The Outreach team leaders views Regarding Ward Based Primary Health Care services in Limpopo Province, Makhuduthamaga Sub district.

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.

2. I declare that this proposal is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.

3. I have not used work previously produced by another student or any other person to hand in as my own.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE .....

ANNEXURE B: 1St draft of data collection instrument

Main question

What are your views as an OTL regarding of WBPHC service in your area?

Probing questions

From when have you started executing your role as OTL?

Since you became an OTL, what are the challenges you have encountered?

What is the good part of this programme?

Does this programme meet the needs of the community?

What are your support needs since you have been delegated to exercise your role as OTL?

From whom have you received support since you became OTL?

What kind of support do they give you?

Does the support you receive as OTL meet your needs?

How can your manager, colleagues and community offer you additional support?

ANNEXURE C: Informed consent form

PARTICIPANT LEAFLET AND CONSENT FORM

TITTLE OF THE STUDY: THE OUTREACH TEAM LEADERS VIEWS REGARDING WARD BASED PRIMARY HEALTH CARE SERVICES IN MAKHUDUTHAMAGA SUB DISTRICT, LIMPOPO PROVINCE.

DEAR Participants

Introduction

1. The researcher invites you to participate in a research study. This information leaflet will assist you to decide if you want to participate in this study. Before you decide to take part, you should fully understand what is involved. Should this leaflet fail to produce all the needed clarification in relation to the study, feel free to ask the researcher for further information. All information obtained during the study will be regarded as confidential. Participant's identity will be kept anonymous and confidential.

2. **The nature and purpose of the study**

The purpose of the study is to investigate the OTLs views regarding WBPHCS in Makhuduthamaga sub district Limpopo Province. The findings in this study will assist managers in Makhuduthamaga Sub district to evaluate the services being delivered by OTLs allocated dual job, to understand the challenges and the practical functioning of WBPHCOT in order to deliver effective services to the community

3. **Explanation of the procedure to be followed**

The study involves unstructured interviews which will last 30 minutes to an hour. The researcher will ask you some question about the Outreach team leaders views regarding WBPHCS in Makhuduthamaga Sub district, Limpopo Province. The researcher will ask participants permission to audio record interviews, notes will be taken down. Participation is voluntary. If you decide to withdraw from the study at any time, you can do so without an explanation.

4. **Risk of discomfort involved**

The risk of discomfort will be there as you will be talking to the researcher whom you are not familiar with.

5. **Possible benefits of the study**

The possible benefits of the study for participants is that, the findings may increase knowledge base that will enable all health care workers in the PHC facilities in Makhuduthamaga Sub district, Limpopo Province to understand WBPHCOTs and to give support to OTLs allocated dual jobs.

6. **What are your rights as participants?**

Your participation in this study is voluntary. You can refuse to participate or stop at any time during the study without any explanation. Your withdrawal will not affect you in any way.

7. **Has the study received ethical approval?**

The study was approved by research ethics committee of faculty of health science at the University of Pretoria.

8. **Information and contact person**

The contact person for this study is Mr M.J Maleka and Prof MD Peu. If you have any question about the study, kindly contact them on the following telephone number: Mr M.J Maleka 0730233989, alternatively you may contact my supervisor Prof MD Peu on 0123563177.

9. **Compensation**

Your participation is voluntary. No compensation will be given for your participation.

Confidentiality

All information you give will be kept strictly confidential. Participant's view will be kept confidential. Once we have analyzed the information no one will be able to

identify you. Research report and articles in scientific journals will not include any information that may identify your clinic.

10. **Consent to participate in the study**

I confirm that person asking for my consent to take part in this study has told me about the nature, process, risk, discomfort and benefits of the study. I have also received, read and understood the above written (information leaflet and informed consent) regarding the study. I am aware that results of the study including personal details will be anonymously processes into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to withdraw or discontinue with the study.

Participant's name…… (Please print)

Participant signature…….. Date…….

Investigator's name……Date…….

Investigator's signature……Date

Witness's name……(Please print

Witness signature……Date…….....

ANNEXURE D: Letter of seeking permission from Makhuduthamaga Sub District.

P.O Box 208
MARISHANE
1064
26/07/2019

THE PRIMARY HEALTH CARE CO ORDINATOR`
Makhuduthamaga Sub District
Private Bag X 431
JANE FURSE
1085

Dear Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I Maleka Mafishe hereby apply for permission to conduct a research study in Makhuduthamaga Sub District, PHC facilities.I am currently enrolled with University of Pretoria doing masters in PHC. Research topic in entitled: The Outreach team leaders (OTLs) views regarding WBPHCS in Makhuduthamaga Sub District, Limpopo Province. The objective of this study is to explore and describe the Outreach team leaders' views regarding WBPHCS in Makhuduthamaga sub district, Limpopo Province.

The benefit of the study is that, the findings may increase knowledge to those health care workers working in the facilities to understand WBPHCOT and to give OTLs support. Managers may also benefit by evaluating the services delivered by WBPHCOT in order to Plan and allocate needed resources to deliver effective services to the community.

Hope the request will be highly considered.

Yours truly
Maleka M.J

……

ANNEXURE E: Letter for permission to conduct research from head of department of health, Limpopo Province

P.O BOX 208
MARISHANE
1064
20/05/2020

The Head of Department
Department of Health and Social Development
Private Bag x 9302
Polokwane
0700

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am a student at University of Pretoria registered for Masters in Primary Health Care and hereby request permission to conduct research study.

The tittle of the research is The Outreach Team Leaders views regarding Ward Based Primary Health Care Services in Makhuduthamaga Sub district, Limpopo Province.

Hope the request will be highly considered.

Yours truly

Maleka M.J

……..

ANNEXURE F: Approval from the university: Approval certificate

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

30 July 2020

Approval Certificate
New Application

Ethics Reference No.: 240/2020
Title: THE OUTREACH TEAM LEADERS VIEWS REGARDING WARD BASED PRIMARY HEALTH CARE SERVICES IN MAKHUDUTHAMAGA SUB DISTRICT, LIMPOPO PROVINCE

Dear Mr MJ Maleka

The **New Application** as supported by documents received between 2020-04-29 and 2020-07-29 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2020-07-29 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2021-07-30.
- Please remember to use your protocol number (240/2020) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers
MBChB MMed (Int) MPharmMed PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3084
Email: deepeka.behari@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

ANNEXURE G: Letter of approval from Department of Health Limpopo Province

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

Ref : LP-2020-08-022
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Kurhula.Hlomane@dhsd.limpopo.gov.za

Mafishe Johannes

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

The outreach team leaders' views regarding ward based primary health care services in Makhuduthamaga sub district, Limpopo province

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
    a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
    b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
    c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    e. The approval is only valid for a 1-year period.
    f. If the proposal has been amended, a new approval should be sought from the Department of Health
    g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department

26/10/2020
Date

ANNEXURE H: Letter of approval from Sekhukhune District Department of Health

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT HEALTH
SEKHUKHUNE DISTRICT

Ref : S2/2/3
Enq : M.J Maboshego
Tel : 015 633 2343/ 0832710603
Date : 19 November 2020
Email:mogale.maboshego@dhsd.limpopo.gov.za

Mafishe Johannes Maleka

PERMISSSION TO CONDUCT RESEARCH IN PHC FACILITIES OF THE DEPARTMENT OF HEALTH SEKHUKHUNE DISTRICT.

Background

The above student is furthering studies with University of Pretoria for the degree Mcur Primary Health care. student number: 11340283.
His research topic is THE OUTREACH TEAM LEADERS VIEWS REGARDING WARD BASED PRIMARY HEALTH CARE SERVICES IN MAKHUDUTHAMAGA SUB DISTRICT, LIMPOPO PROVINCE. It's a qualitative research which does not need access of any clinical records by the student. (It is a face to face interview method with subjects of study)

The Provincial department of health HOD has granted him permission to conduct this research and to observe and adhere to all principles of research

Motivation

The district HRD request that permission be further granted to Maleka Mafishe Johannes to conduct this research at Sekhukhune district, Makhuduthamaga sub district PHC facilities as already been granted this permission by the provincial office as outlined on the attached letter

Approved /~~not approved~~

.....
DISRICT EXECUTIVE MANAGER

20/11/2020
Date

Private Bag X04, Chuenespoort 0745
Tel: (015) 633 2300, Fax: (015) 633 7927
Website: http://www.limpopo.gov.za

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ANNEXURE I: EDITING DECLARATION

03 December 2021

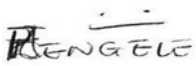
DECLARATION OF PROFESSIONAL EDIT

I declare that I have edited and proofread the Magister Curationis Dissertation entitled: **THE OUTREACH TEAM LEADERS' VIEWS REGARDING WARD BASED PRIMARY HEALTH CARE SERVICES IN MAKHUDUTHAMAGA SUB DISTRICT, LIMPOPO PROVINCE by Mr MJ Maleka.**

My involvement was restricted to language editing: contextual spelling, grammar, punctuation, unclear antecedent, wordiness, vocabulary enhancement, sentence structure and style, proofreading, sentence completeness, sentence rewriting, consistency, referencing style, editing of headings and captions. I did not do structural re-writing of the content. Kindly note that the manuscript was not formatted as per agreement with the client.

No responsibility is taken for any occurrences of plagiarism, which may not be obvious to the editor. The client is responsible for ensuring that all sources are listed in the reference list/bibliography. The editor is not accountable for any changes made to this document by the author or any other party subsequent to my edit. The client is responsible for the quality and accuracy of the final submission/publication.

Sincerely,



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