

Effective NGO and Government Partnerships for Skills Development

**Bridging the gap for essential
services in health and development**

Overview

- NGOs: Private Not for Profit Organisations
- Case Study of NGO in skills development
- Achieving the MDGs in partnership
- Strengthening Human Resources for Health
- Effective partnerships for implementation
- Capacity building for health and development
- Conclusion and Take Home Message

Role of NGOs as Private Not For Profit Organisations

Non Profit Organisations (Act 71,1997) in Primary Health Care:

- Health Promotion: Soul City, CANSA
- Food, nutrition, water & sanitation: Mvula Trust
- Family planning, maternal & child care: FHI, RHRU, ECHO, mothers2mothers, FBOs, CINDI
- Immunisation: Ndlovu Medical Trust, NGOs
- Prevention/control of endemic diseases: HIV, TB
- Promotion of mental, emotional health: Mental Health Associations, AIDS Consortium, POWA
- Provision of essential drugs: FBOs, TAC, MSF

Case Study:

ECHO: Enhancing Children's HIV Outcomes

- **Established 1997 as Wits Paediatric HIV Clinics** to improve access to holistic HIV care & prevention HIV infected or affected infants, children & adolescents in the regions where working
- **Affiliation: Wits under Wits Health Consortium:** JH/CMH, CHBH, RMMCH, Mafikeng & clinics
- **Services:** PMTCT; diagnosis & treatment of HIV infected children; advocacy for prevention and ART; training students, nurses, doctors & health workers;
- **Clinical research** with international consortiums at cutting edge treatment, drug regimens, ART access.

ECHO: Enhancing access to ART

- **11,000 children on ART at 3 hospitals, 1/3 world's children** at Harriet Shezi Clinic, CHBH
- **Community outreach:** holistic approach and quality of lives to kids on ART – individual & group sessions for adolescents, caregivers, S & RH and psychosocial support

Key messages:

- **130 staff**, recognising basic counselling not equipping to deal with HIV/AIDS as 30-50% in the field are HIV positive
- **Value adding** – retrain/ up-skill staff, teach more skills: art and music therapy and body mapping
- **Staff development** – mentoring & supervision more than didactics; lay counsellors on social auxiliary programmel.

Case Study: Skills Development for service delivery

Case	Education	Previous work	Recruited	Skills development	Future goal
GIFT Married, F 1 child	Grade 11 Grade 12 2008	Office assistant	2004	Fieldworker, Lay Counsellor, Clinical Assistant, Admin Assistant, Pharmacy Assistant	Pharmacist
AUDREY Married, F 2 children	Grade 11 Grade 12 2009	Not working	2005 2009	Volunteer, Lay Counsellor, PB Pharmacy Assistant	Pharmacist
NKOSANA 29, single M 1 child, supporting mother and 3 siblings	Grade 12 Science, biology, maths	Cutter , upholstery	Radio ad: DoLabour ECHO July 2009	Learnership, Lancet Lab: Phlebotomy training 2 yrs & 1 Phlebotomist	Medical Technol. or Pathologist
VINCENT Single M	Grade 12	Volunteer	2004	Data Capturer, Data Administrator	Studying Public Administration

Strengthening Human Resources for Health

NSP 2007-2011: unavailability of skilled personnel

- **Defining roles, use, task shifting/sharing:** community health workers, community development workers, care givers and lay counsellors for NSP and MDGs

Millenium Development Goals:

- MDG 4 (reducing by 2/3rds under 5 mortality)
- MDG 5 (reducing maternal mortality by $\frac{3}{4}$)
- MDG 6 (combat HIV/AIDS, malaria & other endemic diseases)

HWSETA Sector Skills Plan 2005 - 2010

Table 38: Various Learning Areas offered to Companies in the Sector
Source: Analysis of HWSETA WSPs 2007

Learning Area	Frequency	Percentage
Education and Training Initiatives	49	0.98
Apprenticeships	6	0.12
Articles	9	0.18
Internships	22	0.44
Learnerships	281	5.64
Short Courses	3,068	61.57
Skills Programmes	1,157	23.22
Work experience	391	7.85
TOTAL	4,983	100

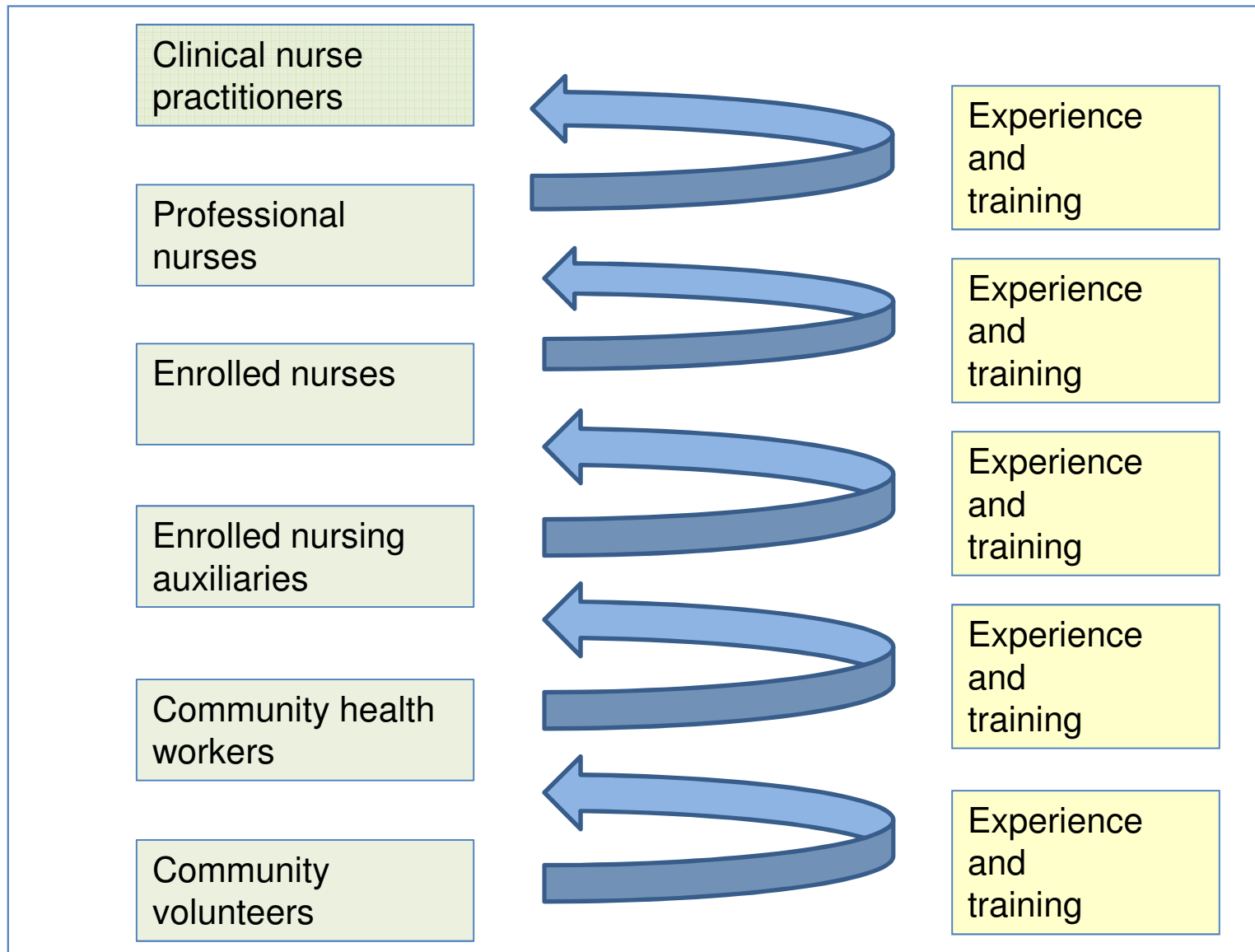
Effective NGO & Government Partnerships

- **Agreement on essential services** and rational re-distribution of tasks in health workforce teams
- **Recognise essential health services** cannot be provided by people working on a voluntary basis if they are to be sustainable
- **Volunteers** valuable part-time/short term
- **Trained health workers** who are providing essential health services, including community health workers, should receive **adequate wages** and/or other appropriate and commensurate incentives
- **Need portable ladder career structures** *Fig 6: Possible career structure in the community care/nursing band*

SAHR 2008 Strengthening Human Resources for Primary Health Care 11

Author: Uta Lehmann

Source: Flow diagram developed by author



Effective NGO & Government partnerships

- **Fair service level agreements** including identification of essential services in facilities and communities
- **Contract service bursaries, work experience learnerships, internships, apprenticeships**, in local/provincial plans, aligning with District IDPs
- **Intersectoral collaboration, community involvement with support, opportunities for volunteers**
- **Forward planning**, re-allocation of 1/3 vacant posts, creation of posts according to need
- **Training needs assessments**, review of workplace skills plans for health and social development by HWSETA & PSETA

Fig 13

Best practice intersectoral collaboration



Conclusion

- This is the opportunity to review and revise policies and plans in health and social sectors
- Skilled personnel are needed in health and development with space for greater collaboration and sharing of resources
- NGOs and civil society play a critical role that must be recognised and supported for equitable partnerships with government.

Take Home Message