
Title

Authors

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Utilizing the CHAMPS platform to address health and non-health related issues

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Summary

CHAMPS findings show high levels of poverty, socio-economic and systematic challenges especially in urban townships where CHAMPS operates. Majority of South Africans in these areas have limited access to social services and health care.

Approximately 19% of Soweto's population earns no income and relies on government support. As a result, and as reported by CHAMPS, malnutrition is inevitably one of the main causes of child mortality. CHAMPS seeks to assist in addressing some of these socio-economic and health challenges by linking families to the relevant government departments, as and when the need arises during routine community and household visits.

This includes referring individuals and households to the Department of Home Affairs (DOH) for assistance with birth certificates or identity documents. Referrals are also made to social workers in the councilors' office for support with abandoned children, child headed households, and disability issues. Some cases were linked with the Community Based Organizations (CBOs) and relevant stakeholders for the provision of wheelchairs and counselling services.

Thus CHAMPS facilitated linkages to essential services that individuals and families would not have been able to navigate on their own.

“ *Unavailability of vital documentation results in households not receiving social grants for children and the elderly that assist with minimal upkeep of families.”*

Background and Context

Soweto, CHAMPS catchment area, is one of the largest townships in South Africa with an estimated 1.3 million population size. Among these, between 600 000 and a million people are regarded as living in poverty[1]. Roughly 19% of Soweto's population earns no income and unemployment levels are high [2]. The population experience higher than average child and maternal mortality, and limited access to health care and social protection [3]. As such, during CHAMPS routine visits a number of issues were reported as shown in Figure 1.

Unavailability of vital documentation results in households not receiving social grants for children and the elderly that assist with minimal upkeep of families. In the absence of such grants, families are unable to purchase food and other basic necessities. Based on South African CHAMPS data, malnutrition accounts for 18% of underlying causes of death in infants and children [4]. Several dietary deficits have been recorded and a rising trend is the consumption of inappropriate nutritionally poor food during the first year of life. Children are introduced to adult food from as early as three months of age. Most mothers cite maize porridge as the first food followed by other foods or what the family eats [5]. Maize porridge is given to a child several times a day, in addition to breast milk. Newborn children are mostly affected by these socio-economic realities. 30% of children live with unemployed adults and suffer from neglect of basic health care.[6]

Through the CHAMPS Health and Demographic Surveillance System (HDSS), Pregnancy surveillance, Social Behavioral Sciences (SBS) and Minimal Invasive Tissue Sampling (MITS), the site aimed to support households in addressing some of these ad hoc social and health issues by linking them to relevant services. Over the years, the SBS community engagement (CE) team built good collaborative relationships with Department of Home Affairs (DOH), social workers in the councilors' office in all surveillance clusters, respective cluster councilors, Ward Based Outreach Teams (WBOTs) for health-related issues, and relevant Community Based Organizations (CBOs) and stakeholders. CHAMPS leverages on these relationships to effectively link families in need with the correct support.

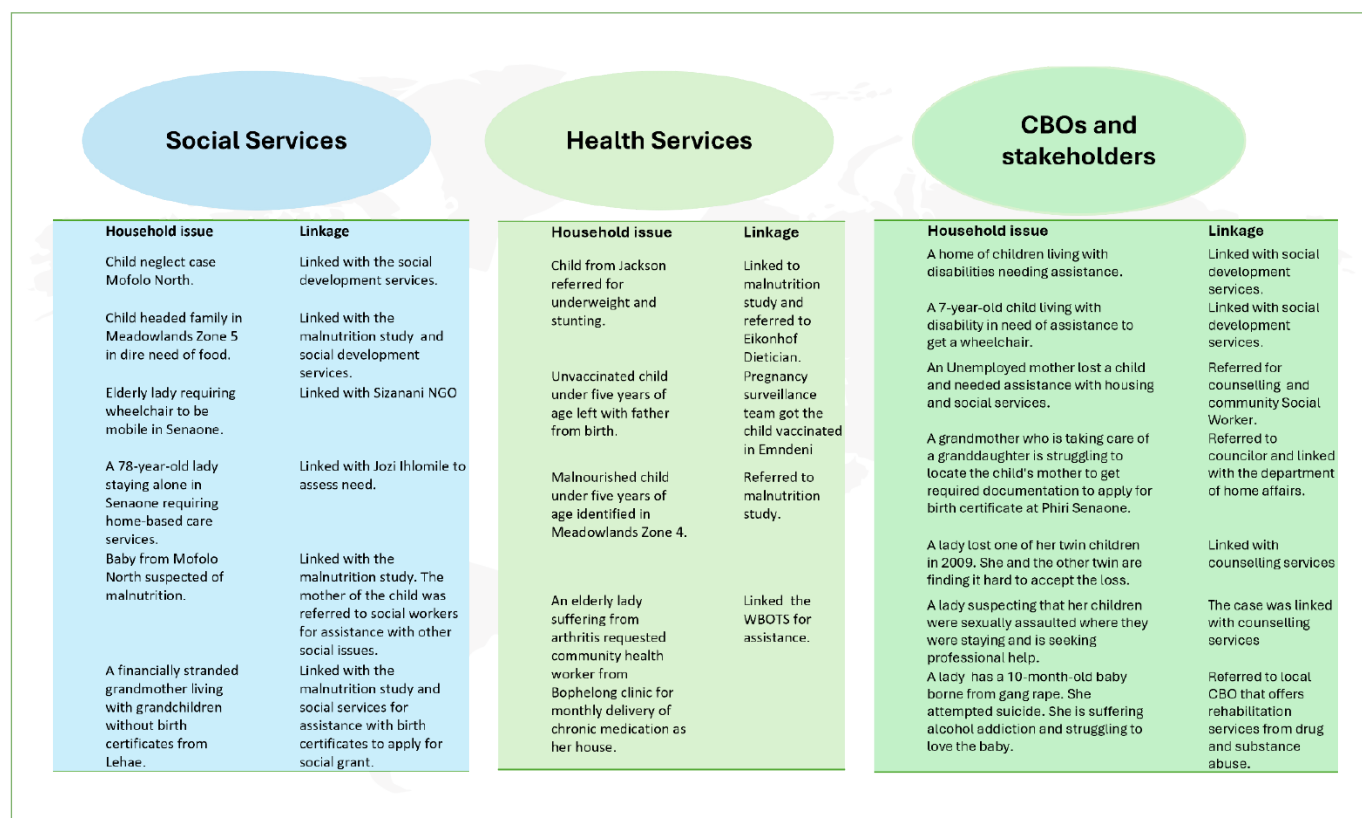


Figure 1: socio-economic and health related issues reported by families in CHAMPS and linkage to relevant services

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Interventions

Figure 2 outlines how families or individuals are identified and linked to appropriate government services. Identified needs include unvaccinated and malnourished children under five years of age, lack of relevant equipment for people living with disabilities, lack of access to social grants for children without birth certificates, sexual assault, and mental health issues. For children identified as lacking basic food and nutrition, their families were assisted with food packs and received education on good feeding practices. Children with severe signs of stunting and/or wasting were referred to a dietitian for consultation and further assessment.



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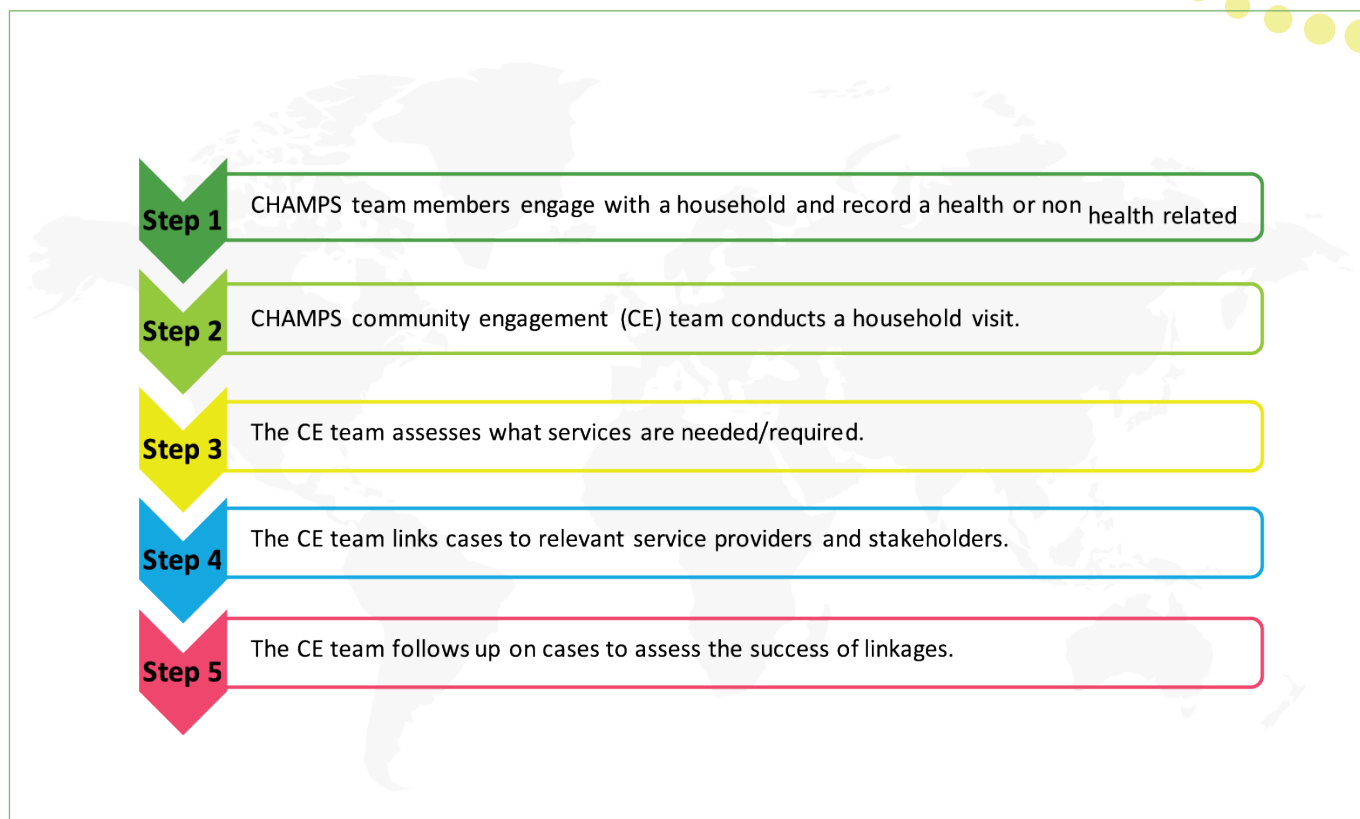


Figure 2: The process to link household to health and non-health service providers

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Impact of Interventions

The efforts CHAMPS made in addressing the household and community issues enabled access to essential services. Table 1 highlights the outcome and impact of referring families in need. In addition, the ad hoc interventions helped build trust and establish relationships with the community [7]. We worked in partnership with key stakeholders to identify gaps in essential service provision and implemented sustainable mitigating solutions. These small changes made huge differences in the lives of families that were assisted ensuring our social responsibility in the communities CHAMPS works in.

Table 1: Outputs from linking of households to health and non-health services

	Household issue	Output/impact
Social Services	Child headed family in Meadowlands Zone 5 in dire need of food.	Food parcels were provided and family referred to department of social development for holistic assistance.
	Elderly lady requiring wheelchair to be mobile in Senaone.	Wheelchair provided.
	A 78-year-old lady staying alone in Senaone requiring home-based care services.	A local CBO specializing in home-based care was assigned and provides weekly check-in and cleaning of the house.
	Baby from Mofolo North suspected of malnutrition.	Food parcels provided, clothes were donated, and referred for holistic social development services.
	A financially stranded grandmother living with grandchildren without birth certificates from Lehae.	Food parcel was provided, and clothes were donated, and further services by department of social development.
Health Services	Underweight and stunted children.	Referred to the local dietician for management and monitoring. Food parcels also provided to the family .
	Unvaccinated child under five years of age left with father from birth.	Child was taken to clinic for vaccinations until the vaccination schedule was completed.
	An elderly lady suffering from arthritis with no means of getting her monthly delivery of chronic medication.	CHAMPS linked the family to community health care workers for delivery of her chronic medication.
CBOs and stakeholders	An unemployed mother lost a child and needed assistance with housing and social services.	Counselling received, and housing and social services are ongoing through social workers.
	A grandmother who is taking care of a granddaughter is struggling to locate the child's mother to get required documentation to apply for birth certificate at Phiri Senaone.	The home affairs services were initiated for child adoption and birth certificate application.
	A lady lost one of her twin children in 2009 and is struggling with grief management.	Counselling received and referred to Lifeline for further counselling services.
	A lady suspecting that her children were sexually assaulted	Counselling received and referred to ChildLine for further counselling services.



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You cannot prevent the birds of sorrow from flying over your head, but you can prevent them from building nests in your hair.”

— Old Chinese proverb



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Child Health And Mortality Prevention Surveillance

The CHAMPS network uses innovative approaches to generate and share knowledge that improves understanding and prevention of child mortality.



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