



# DIALHS Policy Brief

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The District Innovation, Action & Learning for Health Systems Development (DIALHS) project is a collaborative project of the Health Policy and Systems & Health Economics Divisions of the UCT School of Public Health and Family Medicine, the School of Public Health at the University of the Western Cape, the City of Cape Town and the Western Cape Department of Health. The project is funded by The Atlantic Philanthropies (Grant No. 18269). For further information, contact Professor Susan Cleary at [susan.cleary@uct.ac.za](mailto:susan.cleary@uct.ac.za)

## Re-imagining community participation in primary health care: Lessons from the Mitchells Plain sub-district, South Africa

### Introduction

Meaningful community participation in health promotes community empowerment, health promotion and disease prevention, access to services and accountability. It helps communities to improve health knowledge and behaviour, and enables them to voice their needs and expectations.

For the health system, community participation expands the coverage of healthcare and strengthens the responsiveness and accountability of health service providers. Importantly, South Africa has legislation to promote community participation in planning, providing and evaluating health services, mainly through health facility committees (HFCs) at the primary level of care.

Four years of experience in supporting a health sub-district to strengthen its engagement with the local community led the DIAHLS team to an unexpected and under-valued resource: the environmental health team. Environmental Health Practitioners (EHPs) have the ideal set of skills of team work, negotiation, networking and creative problem solving for involving communities in matters which affect their health. This policy brief sheds new light on enablers of community participation in a sub-district health system.

### Setting the scene

In 2010 the DIALHS project began to work in the sub-district of Mitchells Plain in Cape Town, a low-income community of about 500 000 people with 90 informal settlements. Health services are delivered by the City of Cape Town (CoCT) and the Metro District Health Service (MDHS) of the Western Cape Department of Health at nine clinics, four community health centres and one level-1 hospital.

The sub-district also has a cadre of 30 'health enablers': 16 EHPs, a Community Service EHP, three Environmental Health Assistants, and 10 Health Promoters who complement the clinical services provided by their colleagues.

This policy brief was based on [Chapter 12](#) of the *South African Health Review 2014/15*, by Susan Cleary<sup>1</sup>, Nikki Schaay<sup>2</sup>, Elizabeth Botes<sup>3</sup>, Ntomizanele Figlan<sup>3</sup>, Uta Lehmann<sup>2</sup> and Lucy Gilson<sup>1</sup>. <sup>1</sup>School of Public Health and Family Medicine, University of Cape Town; <sup>2</sup> School of Public Health, University of the Western Cape; <sup>3</sup> City of Cape Town. The authors thank collaborators of the DIALHS project in Mitchells' Plain, the facility managers, their staff and the EHPs who participated in the study. References are available on request.

### Highlights

- This four-year project may provide useful insights about the importance of dialogue and the different types of capacities needed.
- Relationships matter: Relational skills - local knowledge, relationship-building and communication skills - are key enablers of community participation.
- Environmental Health Practitioners are hidden gems: 'Embedded' in local communities, they are ideally placed to enable community participation.
- There are clear benefits for creating spaces and opportunities for dialogue to promote community participation, but these may be difficult to sustain.
- Community participation can be used informally around common causes for promoting health.

### Re-thinking community participation in health

Nested within the DIALHS project was a series of engagements with sub-district stakeholders which sought to understand and strengthen community participation in health.

#### Multi-stakeholder mapping of 'health risks and assets'

Two mapping workshops – the first of their kind for current health workers in the district – were held in 2011. Attended by over 100 participants including nurses, programme managers, EHPs, community representatives from local health facility committees and police fora, the workshops, brought a diverse group of actors into conversation with each other. The mapping revealed sites where illegal alcohol and drugs were sold; dangerous traffic areas; illegal dump sites; and the vulnerability of youth for HIV, teenage pregnancy and substance abuse.

The mapping exercise uncovered the hidden gems that are Environmental Health Practitioners, and helped service providers to see beyond their health facility doors to the population they served.

*Lessons learned:* The information allowed for several quick wins, such as interventions to improve sanitation practices within Early Childhood Development centres, and negotiating with local taxi operators to change their routes to improve access to a health facility. The workshops also demonstrated the importance of making spaces for dialogue, valuing relationship building and honouring local and informal knowledge. These engagements highlighted the particular skillsets of EHPs in enabling a population-based approach to primary health care - an important unanticipated outcome of the community profiling event.

### **Setting up local area groups (LAGs) to action health issues**

The community mapping exercise was enthusiastically received and four local action groups (LAGs) were set up in 2012 to continue to build relationships among stakeholders; provide local level input into sub-district health planning; establish links with other health-related governance structures; and take action at local level around identified health needs and priorities. However, the uptake of the LAGs was varied: one group failed to meet, two groups met only a few times, while one group met monthly for two years.

*Lessons learned:* This group's success was largely due to EHPs who showed the community how to report leaking pipes, illegal dumping and who to approach for recreational facilities. They also helped to develop and distribute thousands of leaflets on health related information, some of which were magnetised for indoor use on household fridges.

### **Reflection workshops and capacity development courses**

To explore reasons for the varied uptake of the LAG concept, DIAHLS academic partners held four workshops in 2013 with their service provider partners. This allowed for joint reflection on the progress, successes and challenges of the LAGs. This led to capacity building for some of these practitioners, through short courses on community participation and health promotion at the University of the Western Cape Winter School. This was followed by five mentoring sessions that focused on listening skills, problem-solving, communication and relationship-building skills.

*Lessons learned:* There are a number of benefits and challenges of participation, including the particular skills needed to facilitate community participation.

## **Concluding thoughts**

These engagements hold a number of lessons which may be valuable to those seeking to improve community participation and enhance the population orientation of primary health care services.

### ***The importance of convening spaces for dialogue***

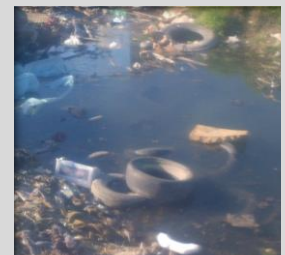
Convening spaces for dialogue reduces divisions between service providers and the community, and facilitates better responsiveness to community needs – an essential element of community participation (see Box 1). Relational skills – local knowledge, relationship-building and communication skills – are key enablers of community participation. Through dialogue, participants can appreciate participatory approaches (e.g. respect, establishing rapport, allowing others to speak), and related capacities such as being flexible and learning from mistakes; developing an awareness of power; valuing and demonstrating equality; and reflecting on one's own role and practice. It is, however, not easy to generate and sustain these spaces.

### ***EHP capacities for community participation***

This project highlighted the skillsets of EHPs for a population-based approach to primary health care. 'Embedded' in local communities, they know the landscape, operate across sectors, and have a wealth of local knowledge and networks. With two years of community development training EHPs are ideally placed to enable and sustain community participation in health.

#### **Box 1: Participation around a common cause: The illegal dump site**

Community participation for health can occur outside formal structures. In 2012, EHPs investigated complaints about illegal dumping of waste into a pond. A door-to-door survey revealed high numbers of backyard dwellers whose waste could not be contained in the 240 litre refuse bins provided by the city.



After *E. Coli* was found in the water and fearful for children who swim in the pond, the EHPs launched an urgent information campaign at primary schools in the area. They also identified many stakeholders across 15 departments to help. The meetings were purposely held near the pond, and the discovery of a murdered body gave impetus for the pond to be cleaned. Trees were planted and the area around the pond was converted into a play park.



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