HEALTH COMMITTEE **TRAINING**

Participant Manuals

HUMAN RIGHTS HEALTH

LEARNING NETWORK

Authors

The manual was written and developed by the following people: Hanne Jensen Haricharan, Therese Boulle, Nicole Fick, Anita Marshall and Fundiswa Kibido all from the School of Public Health and Family Medicine, University of Cape Town. Nikki Schaay from the School of Public Health, University of the Western Cape and Nomvulo Dlamini and Jean-Claude Manaliyo of the Community Development Resource Association (CDRA), Cape Town.

1st Edition Published: March 2014
Edit, Format and Lay-out: Anita Marshall and Hanne Jensen Haricharan

Participant Manuals

The Learning Network is a collection of five civil society organisations based in Cape Town:
1. The Women's Circle,
2. Ikamva Labantu,
3. Epilepsy South Africa,
4. Women on Farms Project and the
5. Cape Metro Health Forum

The **Learning Network** serves as the umbrella body in the Western Cape and includes four higher education institutions:
1. University of Cape Town (UCT)
2. University of the Western Cape (UWC)
3. Maastricht University, in the Netherlands
4. Warwick University in the UK

The production of this training manual was made possible through the generous support of the European Union and the International Development Researh Centre, Canada.

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WESTERN CAPE BRANCH
Non Profit Organisation Registration 003-941
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the Women's Circle

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UNIVERSITY of the WESTERN CAPE

IDRC International Development Research Centre
CRDI Centre de recherches pour le développement international

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ON FARMS

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Authors and Acknowledgements

This training manual has been written by a collective of authors with input from the Cape Metro Health Forum (CMHF). It has been piloted with some members of the Cape Metro Health Forum and representatives from various health committees. We appreciate their co-operation, in the spirit of establishing healthy communities.

The manual draws significantly on a training manual produced for the Public Health Directorate, Nelson Mandela Bay Municipality by the Community Development Unit, Nelson Mandela Metropolitan University: "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010). Authors for this manual were Brian Walter, Therese Boulle, Melanie Preddy and Melanie Pleaner.

It also makes significant use of "A toolkit on the Right to Health" (2011) developed by Nicole Fick, Leslie London and Fons Coomans which was used in the chapter on Health and Human Rights.

Furthermore, the manual uses material from Training and Research Support Centre (TARSC): "Supporting the role of health Centre Committees: A training manual." (Pilot edition, August 2011)

Finally, we would like to acknowledge Prof. Lucy Gilson (Health Policy and Systems Division, School of Public Health and Family Medicine, University of Cape Town and Health Economics and Systems Analysis Group, Department of Global Health and Development, London School of Hygiene and Tropical Medicine) and Dr. Vera Scott (School of Public Health, University of the Western Cape) for their input into the review process.

CONTENTS

INTRODUCTION

1. Context of Community Health Training

National Draft policy exists to ensure that community health committees are established as facility partners and as a link to represent community interests.

The National Health Act (NHA) that requires the development of health committees is based on an understanding of access to health as a human right and seeks to facilitate equal access to health-care and compassionate care. Health committees are essential in developing communication strategies to increase public knowledge of services, their right to access these and to be treated with dignity.

The intention of the basic training for health committee members is to:

- Make sure that community members understand the legislation to participate in strengthening the health system.
- Exercise effective community participation and to recognise the right of community members to participate in their own health and the health of their communities.
- Examine the core functions of health committees.
- Develop partnerships with health facilities and the local governance structures responsible for delivering quality, health services.
- Create an understanding of democratic practices and contribute toward the expansion of a human rights culture in South Africa.
- Create an environment in which all people get treated with dignity and respect.

2. Purpose of the Training Manual

This training manual was developed for health committees that are already established and for new health committees that are yet to be established. It is based on an assessment of training needs and challenges facing health committees in the Cape Town Metropole, Western Cape, as well as on experiences with training health committees in the Nelson Mandela Bay, Eastern Cape.

The training manual is designed to be interactive, expecting participants to take an active role. It contains a number of activities. Where possible, health committee members from the same committee should work together on these activities. Where committees are very big, they should be divided into smaller groups.

The training manual is designed for a three-day basic training programme. It is hoped that this training will be followed up by continued training, based on needs identified by health committees. Each chapter is designed as a stand-alone module to accommodate for different contexts, especially with regards to legislation on health committees and participant needs.

The training manual is designed for health committee members, but intended to be used in workshops with a skilled facilitator/trainer. The manual is accompanied by a Facilitators Guide. We encourage facilitators to adapt the manual to the specific context and to the needs of health committees/ participants.

The manual is conceptualised as part of an on-going training and capacity-building programme with health committees. In the Western Cape this will be carried out through 'Learning Circles' where representatives for health committees will come together to share experiences, consolidate new capacities and explore new topics.

Health committees are called by different names in different contexts: Health Committees, Community Health Committees, Health Centre Committees, Facility Committees and Clinic Committees. The manual uses the term community health committee or health committee inter-changeably.

Finally the purpose of the manual is to promote a human rights culture at all health facilities so that all community members have access to health care and are treated with respect regardless of their gender, level of education, economic status or any other circumstance that might render them vulnerable.

EFFECTIVE HEALTH COMMITTEES

Learning Objectives:

Community health committee members will:

- Understand the legislation that provides legitimacy to community health committees.
- Develop an understanding of various tasks that the health committee member could be involved in.
- Develop an understanding of important stakeholders and how to build strong relationships.
- Identify challenges and resources in their communities.
- Understand what is required to run an effective committee.
- Know how to run effective meetings.
- Work together as a coherent health committee.

Chapter 1

It is important that health committee members start out with a vision for their committee. A common vision allows the members of the committee to examine the value of the health committee. Most importantly, exploring a vision is a key leadership skill that will greatly enhance the health committee's capacity.

Activity 1: Defining our Vision 30 minutes

Purpose: To clearly define the vision of the health committee.
Material: Flip chart and khokis.

Procedure:
In Community health committee (CHC) groups discuss the vision of your health committee. Use words, drawings or representations to describe your vision. These are placed up on the walls for all participants to see. Each group provides feedback on the vision for their health committee. Discuss reasons for the vision that health committee members have provided.

SESSION 1: LEGISLATIVE FRAMEWORK

People and communities in South Africa have participated in health for many years. Many communities have had structures such as health committees and health forums. With the National Health Act (2003), it became a statutory requirement that each health facility should have a health committee.

The idea that community participation was important and should be legislated was first formulated in a document, called the White Paper on Transformation of the Health System (1997). Thus, the vision captured in the White Paper mirrors the definition of meaningful participation. The following quotes from the White Paper illustrate this:

"It is essential to obtain the active participation and involvement of all sectors of South African society in health and health-related activities."

"Various aspects of the planning and provision of health services".

The White Paper also emphasises the importance of establishing mechanisms to improve accountability as well as promote dialogue and feedback between the public and health providers.

The National Health Act 62 (2003) followed up on the involvement of communities by providing for the establishment of health committees.

Section 42 of the National Health Act (NHA) deals with health committees:

Section 42

Provincial legislation must at least provide (in the province in question) for the establishment of a committee for:

- A clinic or a group of clinics
- A community health centre; or
- A clinic and a community health centre or a group of clinics and community health centres.

Any committee contemplated in subsection (1) must at least include:

- One or more local government councillors;
- One or more members of the community served by the health facility; and
- The head of the clinic or health centre in question.

The functions of a committee must be prescribed in the provincial legislation in question.

While the National Health Act provides for the establishment of health committees, effective establishment requires provincial legislation to provide for the function of health committees. In other words: it is left to the provinces to describe the mandate of health committees. As of October 2013, six provinces had legislation, draft legislation or guidelines that pertain to health committees. These are Kwazulu-Natal, Eastern Cape, Mpumalanga, Gauteng, the Free State and Limpopo.

The National Department of Health is currently drafting a policy for health governance structures, including health committees. This policy sees health committees as a governance structure. It is important to understand what a governance structure is. It is also important to understand other key ideas such as oversight, monitoring and evaluation, advocacy etc. Below is a box with definitions of these words.

Community Committee for Health Promotion

Definitions for Draft Legislation

Leadership & Governance The overall, strategic direction and oversight that is established to ensure the health system is effectively and efficiently run, in line with the underlying principles. An aspect of this includes ensuring that the health system and service is accountable to its clients and other stakeholders – which is where the principle of community participation is so important.

Accountability: Health committees can be perceived as structures that hold the health system accountable for delivering quality health care services and for meeting the needs of communities. At the same time, health committees are accountable to the communities whom they represent. They must therefore develop mechanisms to 'give account' to those they represent. In other words, health committees must provide feed-back to communities on how they carry out their mandate and what they achieve. They must also give reasons for why they do not achieve certain goals.

Oversight: To provide oversight means to oversee something and ensure it is happening according to what is agreed upon. For health committees, oversight can entail two things: to monitor and evaluate services and to be involved in complaints.

Monitor: To monitor means to put in place mechanisms to see if something is happening according to plan and how it is progressing. Health committees can, for instance, monitor how well the clinic is meeting its targets or objectives. Monitoring involves collecting data that can be used to track performance such as how many patients are seen at the clinic, how many vaccinations are performed etc. (National Department of Health's handbook p. 40)

Evaluate: Evaluation is an assessment of what is done and what the impact is. It is different from monitoring in the sense that monitoring is collecting specific data, while evaluation is asking: *"What impact did this have?"* For instance, a programme aimed at addressing alcohol abuse may as a key output produce a number of pamphlets that needs to be distributed. This can be monitored by counting how many brochures were distributed. The objective of the programme may be to change perceptions of alcohol. An evaluation may be able to assess whether this has been achieved (for instance through interviewing people).

Health committees are intended to be the link between the local community and the local clinic/health facility. They should ensure that the communities receive good health-care and that their health needs are met by the clinic.

Health committee members are representatives for the community. This means that they speak for their community. To be able to do so, health committees need to have a good understanding of their communities, its challenges, resources as well as the social groups within communities.

Activity 2: Core Functions of CHCs 1 hour

Purpose: Provide participants with an understanding of legislation regarding roles of health committees (The National Department of Health's (NDoH) policy is still a draft. Its content may change. For now, we will use it as a guideline).
Material: Training manual and pens
Method: Group-work

Procedure:
In the National Department Draft Policy for Health Governance Structures, a number of functions are listed for health committees. In the diagram, look at these and discuss how you understand each function and whether you should be doing it. This is a draft policy, and you may disagree with the NDoH. (For a more detailed description of the different functions, please see the Draft Policy)

Function	How do we understand the role?	Are we doing it?	Should we be doing it?	What would enable us to do it?
Assist and support facility with policy and strategy				
Advise and provide technical support				
Financial and expenditure review				
Staffing and personnel issues				
Community participation				
Advocacy and fundraising				

a) What is required in order for this to happen?
b) Discuss whether there are any roles not described in the policy that you believe health committees should be involved in. List these.
c) Present in plenary.

(Adapted and amended from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay 2010')

Health committee members can – and are - taking on many different tasks. In some cases there are guidelines for what they should be doing, in others not. In some committees, facility Managers may ask health committees to do certain things. In other committees, committee members decide what they want to do.

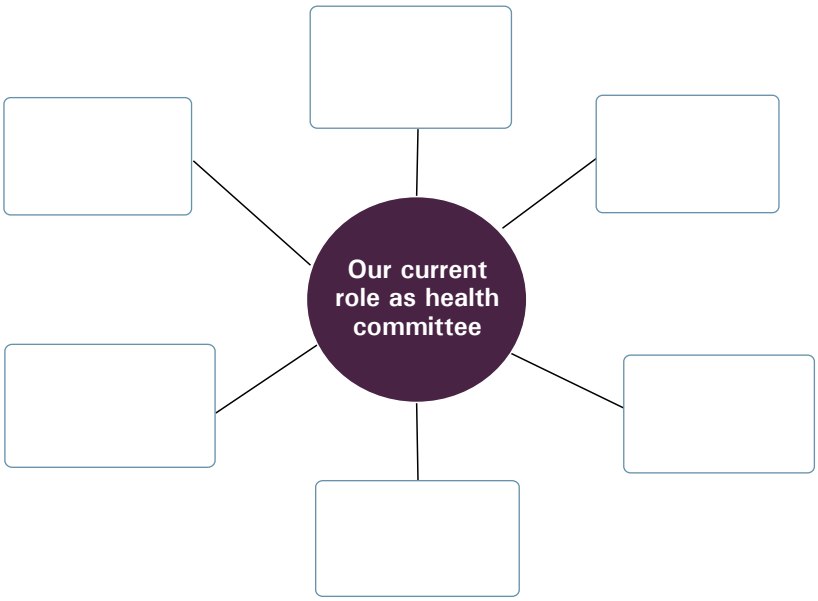
It is important that health committee members think about their role and how they can best contribute to the health of people in their community. One way of doing this is through improving health services and access to quality health care. Another way of doing it is through positively affecting the conditions that lead to poor health. We call these the social determinants of health.

Activity 3: What should a Health committee Do?

30 minutes

Purpose: Reflect on what health committees should do and compare this to what the health committees are currently doing
Method: Group discussion
Material: Flip chart & khokis

Procedure:
Put up a large piece of paper on a wall/flip chart. Answer the question *"What are we currently doing as a Health committee?"* using the diagram that follows.



In a separate, similar diagram: *"What do you think we should do as a Community health committee? What difference would we like to make?"*

Compare the two different maps. Is there a match between what you are doing and what you would like to do? Brainstorm: If not, what are the reasons?

1. What can you do about it?
2. What would you need in order to carry out the role you have envisioned for your health committee?
3. If you are stuck, look at a list of possible roles for health committees below. Use this list to get ideas. Ask yourself, "Do I think our health committee should be doing this? Are we doing this?"

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

- Bring community priorities into health plans
- Ensure that health resources, budgets and fees for services are used in a transparent way
- Organise community actions for health
- Promote dialogue with health services on quality of care issues
- Advocate for better resources/facilities
- Organise community inputs into health services
- Monitor quality of care
- Organise people to prioritise health problems
- Assess whether health intervention are making a difference
- Ensure that complaints are addressed

(Adapted and amended from Training and Resource Support Centre (TARSC) Supporting the role of Health Centre committees: A training manual. August 2011.)

Health committees may be tempted to take on many responsibilities. Sometimes they may take on more than they can handle. It is important that health committees define what their role is and focus on these. Additional tasks may be left for other people to do (e.g. community health workers) or they may require sub-committees to be established. Establishing sub-committees or working groups can mean involving the broader community in health issues.

An example: The health committee may have identified that security is an issue at the clinic. They are trying to address this with the local council. But while they wait for the issue to be sorted out, they call a meeting asking for volunteers to help out in the interim.

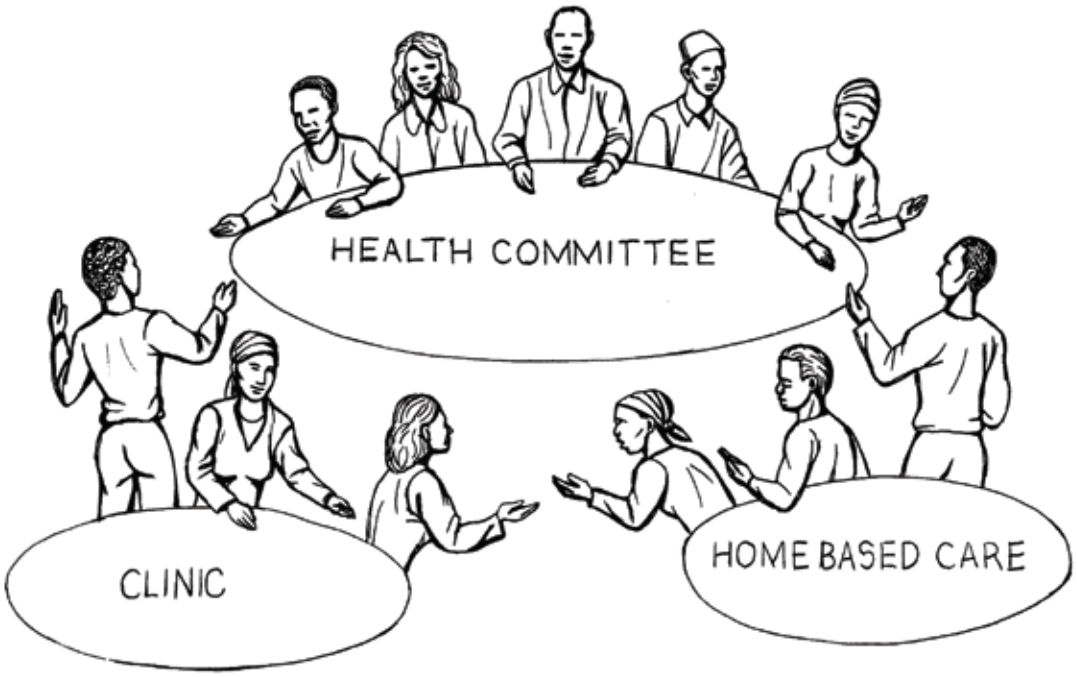
SESSION 2: EXPLORING SUB-COMMITTEES AND WORKING GROUPS

Optional Activity: Sub-committees 30 minutes

Purpose: To develop an idea of sub-committees and working groups that could assist the health committees
Material: Pen and paper
Method: Group discussion

Procedure: In small groups (health committees) discuss what kind of working groups/sub-committees you would like in your committee and what they should do. List them here.

Potential sub-committees/working groups



SESSION 3: FACTORS IMPACTING ON HEALTH

Activity 4: Mapping our Local Community
30 minutes

Purpose: An understanding of the local communities, factors affecting their health and local resources
Method: Community mapping
Material: Flipchart paper, khokis. Other possible materials include coloured paper, chalk, charcoal, nature's resources such as feathers, leaves, flowers, bright coloured 10cm star shapes to identify potential health hotspots

Procedure: Community health committee members work together. Each group should draw a community map. This can be done very roughly. Your map should show your health spots and hot spots e.g. clinic, living areas, schools, spaza shops, taverns, vegetable gardens, etc.

Draw your map on a piece of flip-chart paper.

The next part of this exercise is to investigate the factors that affect health. These are far broader than the realm of the clinic. Health committees can help address a broader range of factors that influence the health of local communities. In Nelson Mandela Bay, the municipal Public Health Directorate comprises Primary Health Care; Environmental Services; Environmental Management; Parks and Cemeteries; as well as Waste Management. All of these have some things in common with health. The Department of Health has a similar understanding that the health of a community is dependent on a broad range of factors.

Communities may experience a range of health related problems. They may lack access to good sanitation, safe water or healthy food. Their living or working conditions may result in health problems.

Some Quotes on Factors Affecting our Health

"While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place. Nevertheless, universal access to medical care is clearly one of the social determinants of health."

Raphael (2008) reinforces this concept: "Social determinants of health are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole. Social determinants of health are the primary determinants of whether individuals stay healthy or become ill (a narrow definition of health). Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members." www.en.wikipaedia.org

(from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

Below are some of the factors that impact on health:

Income and Income Distribution	Social Safety Network
Education	Health Services
Unemployment and Job Security	Gender
Employment and Working Conditions	Race
Early Childhood Development	Disability
Food Insecurity	Alcohol and Drug Abuse
Housing	Lifestyle
Social Exclusion	Waste and Pollution

Activity 5: Mapping Checklist 15 minutes

Method: Checklist notation
Materials: Manual or notepaper, pens

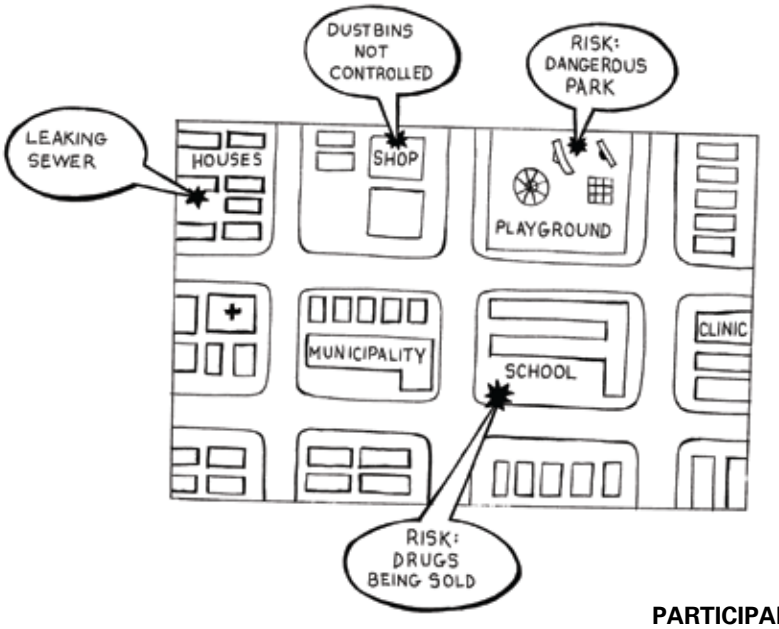
Procedure: Make a list of the challenges and opportunities in your notebook: Create a list of all the resources, people or organisations within the geographic area of the health facility. Document what the health committee could do about the problem.

Challenge: Identify health problems in our community	**Opportunities/Resources**: Identify ways of addressing these. Who could assist? What can the health committee do?

1. Now, use this added knowledge of your community to fill more details into your map, noting particularly health 'hot spots' or places which place the health of the community at risk.
2. Post-Its may be useful to add colour and draw attention to the maps. You can also note health promoting spots (a clinic, a clean waste-management site, vegetable garden etc.).
3. Report back from groups into the plenary of hot spots. Check for common challenges and/or resources.

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

Example



A stakeholder is a group or organisation (represented by a person) that has an interest in community health. Stakeholders can affect and can be affected by the organisation. It is important to know who your stakeholders are and how to develop a relationship with them.

The health committee needs to develop an understanding of the various stakeholders and organisations that are within their local community. They need to be able to avail their resources, refer to them where required and actively promote a working relationship. This networking supports the work of the committee and helps to build constructive partnerships.

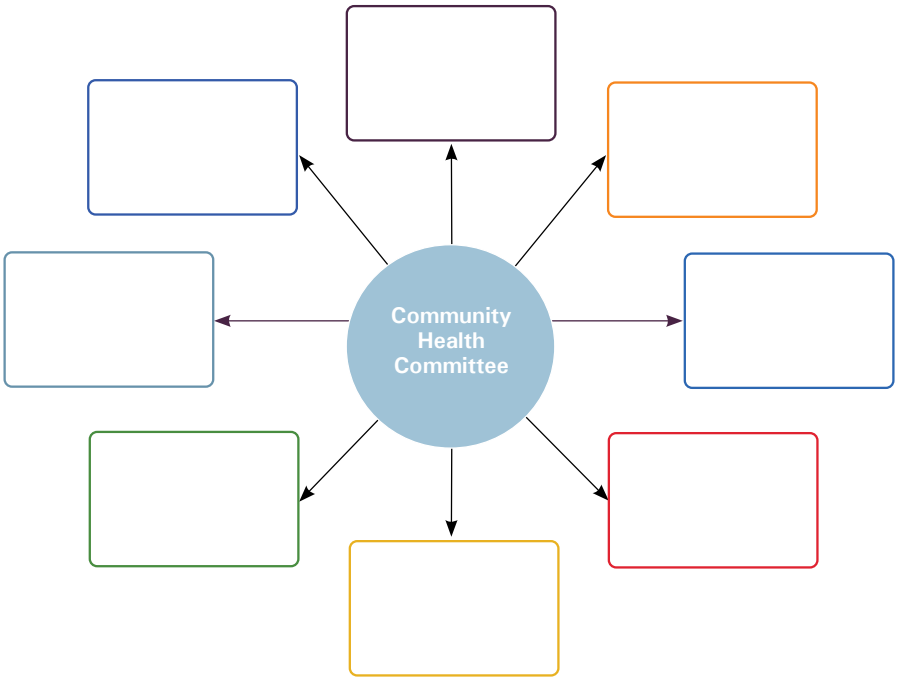
A stakeholder can be an institution, an organisation, a group of people or individuals.

Activity 6: Identify Stakeholders 30 minutes

Purpose: To map all the health stakeholders in a community
Resources: Flip-chart paper, khokis, coloured paper and scissors
Method: CHC Group-work

Procedure: Participants make a list of institutions, organisations, resources operating in their community, indicating the relationships and linkages. The lines linking the organisations can also indicate the strength of relationships.

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)



Below are some potential stakeholders - go through this list and discuss which you think are important for your health committee and list them in terms of importance based on:

1. How much they can influence your work.
2. How much interest they have in the health committee.

You may find that you do not really have a working relationship with some of the important stakeholders.

- Community/users of health facility
- Health facility
- Facility manager
- Ward councillor(s)
- Sub-district health forum
- Cape Metro health forum (only for Cape Town)
- District forum (only for Eastern Cape)
- Portfolio councillor for health
- The health MEC
- Health promotion team / community liaison officers / health advisors
- Local NGOs, CNOs etc.
- District health council
- Provincial Department of Health
- City Department of Health (only for Cape Town) or add your own:

1. After twenty minutes, the groups display their diagrams by putting them up on the walls.
2. The groups walk around the room looking at the diagrams and discuss as they move around.
3. Note if there are any common patterns.
4. Address differences between the groups.
5. Identify if there are any groups that have been excluded e.g. orphans, homeless, disabled people, refugees.
6. Discuss the benefits of working with these organisations.
7. What does the organisation want from the health committee?
8. What do we want from the organisation?

Activity 7: List Key Stakeholders and Why.

20 minutes

Purpose: To identify key stakeholders
Resources: flip chart, khokis,
Method: CHC Groupwork. Participants make a list of institutions, organisations and resources operating in their community

Next step: Using the training manual or flipchart paper, list your key stakeholders in the left hand column, and indicate — in the right hand column — why you need to develop a relationship and communicate with them.

Key stakeholders	Why is this relationship important? What do we want from them? What do they want from us? Do we want the same or is there a conflict between what we want from each other? What is our experience with them as a stakeholder? How can we strengthen this relationship? What steps do we need to take to establish a good working relationship?

1. Building Strong Relationships with Key Stakeholders

Some stakeholders are absolutely essential to health committees. The facility manager and the ward councillor are important to the committee because they are supposed to be part of it. Community members are crucial because the health committee represents them and health committees get their mandate from community members. In the next sections, you will work on how to establish good relationships with each of these stakeholders. Each group should choose only one of the stakeholders.

1.1 Working with the Health Facility

One of the most important stakeholders for a health committee is the health facility and the facility manager because the facility manager can greatly influence the work of the health committee.

The facility manager is also important because he/she is supposed to be part of the health committee. A good working relationship between the health committee and the health facility is important for the effectiveness of the committee.

A good relationship may not always be easy to maintain as there may be difficult issues that need to be raised. It is, however, easier to raise thorny issues if a good relationship has been developed between the health committee and the facility (management). It is important to develop trust in the relationship through clear communication, mutual respect and a demonstrated commitment to the health committee functions. It is also important to send out the agenda timeously and ensure proper communication with the facility manager.

Activity 8: Establishing a Relationship with the Facility Manager
20 minutes

Purpose: Develop ideas on how to work with the facility manager.
Method: Plenary discussion
Material: Flipchart, khokis

Procedure: Discuss each suggestion below. Do you agree that the health committee should initiate this? Provide reasons for the answer.

Suggestions The health committee should . . .	Make a comment This is something we should do because.....
Meet with the facility management, and develop an understanding of the role of the health committee and the role of the facility manager.	
Decide with the facility management what information is available and will be provided to the committee, and when.	
Discuss ways in which reports from the health facility can be made understandable and useful to the committee.	
Discuss the facility manager's participation in health committee meetings. Discuss whether a replacement should take part in health committee meetings if the facility manager is unavailable.	
Explain how the health committee is going to conduct their responsibilities (including activities such as monitoring, dealing with complaints).	
Explain the processes by which information and concerns from the committee will be dealt with.	
Discuss ways of communicating.	

Add your own suggestions	

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

Activity 9: Building Relationships 15 minutes

Purpose: Discuss how to develop a good relationship with the facility manager.
Method: Plenary discussion
Materials: Flipchart paper, khokis

Procedure:
Brainstorm the following:
1. Whose responsibility is relationship building?
2. What type of relationship would you like to build with the health facility staff?
3. What do you anticipate that some of the challenges might be?
4. In a conflict situation, how would you handle the relationship?

1.2 Working with the Ward Councillor

Another important stakeholder is the ward councillor also called a local government councillor. One or more ward councillors should be part of the health committee. The ward councillor is also important because she/he as a local politician has access to council. He or she can therefore ensure that issues raised in a health committee can be addressed as a political issue. Developing a good working relationship between health committee and ward councillor is essential.

Activity 10: Establishing a Relationship with the Ward Councillor
20 minutes

Purpose: Develop ideas on how to establish a relationship with the ward councillor
Method: Plenary discussion
Material: Flipchart, khokis

Procedure: Discuss the suggestions below on how to establish a good working relationship with the ward councillor. Fill out the blank rows with suggestions depending on how they envision their role and relationship with the ward councillor.

Suggestions The health committee should…	Make a comment: This is something we should do because…
Meet with the ward councillor and develop an understanding of his/her role in the health committee + make sure the ward councillor understands what the health committee is doing.	
Discuss how the ward councillor can be informed on concerns to be taken up at the local council meetings.	
Discuss how the ward councillor can give feedback from council to health committees.	
Discuss the ward councillor's participation in health committee meetings.	
Discuss how the ward councillor can contribute to the goals of the health committee.	
Relationships are a two-way process. Discuss options for ensuring the ward councillor's co-operation as an elected official.	

1.3 Building a Strong Relationship with the Community

The community members who use the health facility are the most important stakeholders. The health committee is meant to represent community concerns. They are in other words the 'mouthpiece' or 'eyes and ears' for the community. They speak for the community and represent the community's interest.

It is important that the health committee build a strong relationship with the community and involve them. Part of the task of ensuring a strong relationship

with the community is to ensure that their needs, concerns and complaints are addressed and to ensure that the health service is both accessible to them and of a good quality.

The first step in building this relationship with the community is to make sure that the community knows what a health committee is, what it can do, and how they (as users/community members) can make use of the health committee.

Community members also need to know who is on the health committee and how they can contact them. The health committee needs to be visible to the community. The health committee should actively communicate with the community and be open for community members to approach it.

Activity 11: Design a Poster — 30 minutes

Purpose: Advertise the role of the CHC to your community
Method: Group work (CHC)
Material: Flipchart, khokis

Procedure:
Discuss what information goes on such a poster and design the layout. List all the places where the poster can be advertised.

Some health committees put up posters at the facility to explain what a health committee is, who its members are and how they can be contacted. Others have regular public meetings where health and health service issues are discussed. Health committees could also mobilise the community or ask for input and assistance. Sub-committees dealing with specific issues (ensuring a clean

environment, running a soup-kitchen, provide health information) could be established from community members.

Sometimes provincial guidelines will be clear on what responsibility a health committee has towards the community. The Eastern Cape policy clearly indicates the need for feedback mechanisms:

1. A general community meeting will be held once in six months or when necessary to consult with the broader community on health issues.
2. Minutes should be written in every meeting.
3. Community health committees to report to community meetings and other community gatherings where possible.
4. Elected community health committee members will be responsible to mobilise, organise and provide feedback to their constituency or communities where the health facility is located.

Activity 12: Ideas to Market the CHC

20 minutes

Purpose: To inform the community of the purpose and activities of the CHC
Method: Plenary discussion
Material: Workbook,writing material

Procedure: Each CHC generates ideas for developing a relationship with their community and reports back to the bigger group.

Suggestions	Discuss what is needed and who takes responsibility:
Organise a public meeting to discuss what a health committee is and how the community can engage with it.	
Organise public meetings on a regular basis to ensure proper feedback between the health committee and community.	
Put up posters at the facility to ensure that the health committee is visible to the community.	
Have regular 'office hours' at the clinic.	
Do presentations at religious institutions, NGOs, clubs, rate-payer meetings etc.	
Distribute material on health committees in the community (library, taxi ranks).	
Conduct survey with community members.	

Additional suggestions	

(Adapted and amended from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

1.4 The Ingredients for an Effective Committee

- The committee and its office bearers
- Responsibilities of the office bearers
- Nominations and election of office bearers
- Various meetings of the committee
- Reporting on the work of the committee
- The constitution
- Drawing up a realistic budget
- Monitoring the action plan
- Marketing the health committee

Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

1.5 People, Passion and Vision

It is people who make the committee work. Without people there are no committees. It is our commitment, passion and vision for improved health and better lives for our community that drives its efficiency. Together, working toward a common purpose, health committee members can make the world of difference. The health facility is accountable to the local community through the health committee.

1.6 Structures, Accountability and legitimacy

Ideally, health committees should have been chosen by the community to represent them. In this case health committees have a responsibility to represent the needs of the of the community. This means that not everyone will agree with every decision all the time. This is the job that the community has entrusted to the health committee. Whatever decisions are made must help to achieve the goals of the health committee.

The legitimacy of the health committee comes from both government policies which creates an enabling environment for community participation in health, as well as from the people who nominated or elected the health committee.

The health committee must be accountable back to where the community members were elected, following the guidelines set out in government policy and legislation, as well as the health committee constitution and code of conduct. This section of the workshop is divided into three sections: election of office bearers, roles and responsibilities, meetings and procedures.

ELECTION OF OFFICE BEARERS

A committee is usually elected in accordance with the rules of the constitution.

Before an election can take place, the committee nominating or electing members needs to know what type of person is needed for the various portfolios and the people who are nominated need to know what their jobs will be. The people elected need to be respected by the members, have literacy skills and have a commitment and understanding of community and health issues.

A committee usually needs about five people to be responsible for portfolio positions. A **portfolio** is a clear area of responsibility or job within the committee. The people who are responsible for these jobs are known as **office bearers**.

The most common portfolios or officers are:
- Chairperson
- Deputy Chairperson
- Secretary
- Deputy Secretary
- Treasurer

There can also be special portfolios and additional members on a committee. Some examples are:
- Clinic Liaison
- Local Government / Ward Committee Liaison
- Information Co-ordinator – Research
- Campaign / Events / Projects Co-ordinator
- Fundraising
- Organiser

2. Roles and Responsibilities of Office Bearers

2.1. The chairperson is the leader of the committee. The chairperson:

- Convenes and chair meetings
- Drafts the agenda for the meeting
- Speaks on behalf of the committee and members
- Reports on decisions taken and actions proposed
- Ensures decisions taken by the members and committee are carried out
- Writes the annual report
- Represents the committee to outside organisations, the sub-district and district forums

The Chairperson needs to be:
- A leader who is fair and listens well
- A person who is respected by the members

2.2. The Vice or Deputy Chairperson:

- Does the job of the Chairperson if the Chairperson is away.
- Helps the Chairperson
- Chairs meetings when the Chairperson gives a report
- Accepts special jobs or responsibilities given by the committee.

The Vice Chairperson needs to be:
- A leader
- A person who is respected by the members,
- Literate, and
- Someone that the Chairperson can rely on for support.

2.3. The Secretary:

The Secretary is the person who does the administrative work for the committee.
- Lets people know about meetings
- Records decisions made at meetings by taking minutes
- Keeps copies of all letters to and from the committee
- Organises and stores committee records and documents
- Makes sure all the other committee members get the information they need to do their jobs
- Distributes information to the members on behalf of the committee

The Secretary needs to be:
- Organised
- Reliable and
- Have very good written communication skills.

2.4. The Treasurer:

The Treasurer is the person responsible for managing the finances of the committee.
- Keep records of all money that comes in and out
- Do the banking
- Collect subscriptions (if these are relevant), prepare invoices and receipts
- Report to members on the finances
- Prepare budgets for campaigns or events or other fund-raising activities, together with the Fundraiser or Events Co-ordinator (if you have such Portfolios)

The treasurer must be:
- Very trust worthy,
- Reliable
- Careful, and
- Good with numbers and money.

Additional members or other portfolios should also have a clear role or job to do on the committee.

3. The Nomination and Election of Office bearers

The committee members will decide who shall hold each of the portfolios, by voting for who they think should hold each position on the committee.

3.1 Nominations

A nomination is when a member names a person they think will be good for the committee. Each nomination must be seconded, this means a second person agrees with the nomination. If no one seconds a nomination the members cannot vote for that person.

The people who have been nominated, seconded and have agreed to serve in the committee or in the portfolio if they are elected, are now eligible for the voting process. Voting may be by a show of hands or by ballot papers.

3.2 Recording the Election

Whether the election of the committee has been by a show of hands or by ballot, a written record of the election meeting should be kept.

4. Meetings and Procedures of the Committee

4.1. Meetings:

- The Annual General Meeting
- Community Meetings
- Special Meetings
- Quorum
- Notice of Meeting

4.2. Annual General Meeting (AGM)

- Held when the committee members are elected.
- It is also when the annual reports, including the Financial Report for the organisation are presented to the stakeholders.
- It is important to invite all stakeholders to this meeting, giving them plenty of time to prepare for the meeting.
- In the case of health committees AGMs will be **held every year**, but such meetings will only **include elections every three years.**
- In most cases – **three year terms**

4.3. General Community Meetings

This is a meeting for community members and community organisations to attend. A General Meeting is usually called to gather information, decisions or mandates from the community and also to report to members on progress the committee is making on their behalf. Place an advertisement in the local paper.

This meeting is often held with the support of the local ward councillor. Their support is invaluable in bringing community members to the meeting. They may also access their networks and resources to support the meeting. Often loud-hailing from cars has a very good effect in publicising these events. It may also be a good idea to put an advertisment in the local community newspaper or ask the paper to write an article.

4.4. Special Meeting

A Special Meeting is called when there is an important issue for members to decide on, such as a change to the constitution or a problem to be solved. It is very important that members know well in advance what the reason is for the meeting so that they can consider the issue carefully.

5. Procedures for Meetings

5.1. Quorum

A quorum is the number of members who must be present to constitute a valid meeting. The quorum is stated in the constitution. The purpose of having a quorum is to ensure people participate democratically and prevent decisions being taking on behalf of the committee by only one or two people. A quorum is usually 50% of the members plus one, so if there are 10 committee members, a quorum would be attained if 6 members were present.

5.2. Notice of Meeting

A notice of meeting is a note to members advising them of the meeting. This can be done by SMS, WhatsApp, a phone call, email or by dropping off notes at the various members' homes.

Example

Example of Notice: Health Committee Monthly Meeting

Place: KwaZakhele Clinic, Befile St, KwaZakhele.
Date: Thursday,
6 October 2014
Time: 2.00 pm
Apologies to Mr Petrus at 074 xxx xxxx

The meeting **agenda** should be sent out with the notice.

Reporting on the Work of the Health Committee

As a Committee member, you are in a position of trust. The best way to keep the trust the community has placed in you, is to practice open communication. This must happen formally, through reports on what you have been doing to meet your responsibilities and informally, in the way you communicate with people on a day-to-day basis.

6.1. Formal Reporting

The health committee needs to report back to the community. If funding is

received from province or any other source, then the health committee should also provide both quarterly and annual reports to these structures. E.g. The Eastern Cape requires that health committees submit quarterly reports to the District Health Department. Some health committees, however, are not sufficiently established.

Formal reporting must happen regularly. In order to be able to report effectively, there must be good written records of things that are happening.

Committee Members should each have a note book or diary where they can record the events, engagements, contact and meetings that they will need to include in their reports. How often you hold meetings will depend on what is in your constitution and the needs of your community, but as a guideline there should be progress reports from each office bearer at least once a month.

6.2. Quarterly reports of the Health Committees are required at the Sub-District Forums.

From these meetings, a report is tabled to the District Health Department. It is also necessary for these reports to reach the District Health Council. It is the local government councillor who will channel the report to the District Health Council. It is important that the Portfolio Councillor for Health and the Portfolio Committee for health remains abreast of developments with the health committees.
(This only applies to committees in the Eastern Cape)

6.3 Reporting Template

The following provides a simple example of a standard report that you can use as guideline.

Quarterly Reporting Template of Health Committees

Name of Committee:
Members:
Name and contact details of person compiling report:
Date of Report:

1. What has our health committee achieved during the past three months? Note aspects related to recent health challenges, the health facility and social determinants of health.

   _____
   _____

2. Summary of assues, concerns, challenges and recommended actions: (Any challenges that must be taken into account or any support we need from others)

   _____
   _____

3. Upcoming activities for the next three months - What are our plans?

_____

_____

3. Financial matters

_____

When Health Committees do **Not** Function Effectively

Committee work can and should be a rewarding experience for health committee members. The purpose and objectives of the ealth committee are clear. As with any group of people trying to achieve a common goal, many factors will determine whether or not the committee will in fact succeed.

The following are some examples of components that went wrong:

- Committee members were not interested. It is vital that committee members are passionate and enthusiastic about their task.
- Committee members seemed to be unclear of their purpose and reason for being there. The committee should know their purpose.
- There was no common vision.
- Commitment was lacking.
- The chairperson was not focussed and did not lead the meeting well.
- The committee could not trust the chairperson.
- An inclusive style is important for committees, in which all members feel comfortable to contribute.
- Meetings are a very important factor in the success of committees. This meeting was poorly planned, poorly executed and lacked leadership.
- There was no sense of shared responsibility of the committee members. Tasks and deadlines need to be monitored and met.

Activity 13a: Holding the Common Vision

30 minutes

Purpose: To define/refine the vision
Method: Buzz session

Procedure: Participants are asked to recall the vision they made for their health committee at the beginning of training. Participants then discuss:

- Would we like to change our vision?
- Are there aspects we'd like to emphasise?
- Are there additions we want to make?

Our vision is what will give our committee its shape. We need to invest time and energy into ensuring that it is clear, that it honours the purpose of the committees and represents as broadly as possible what the stakeholders need from the health facility. A good vision provides:

- A lens through which to view and evaluate different aspects of our work;
- A benchmark against which to monitor and evaluate our progress;
- A common frame of reference to unite diverse interests and CHC members.

Our vision is moulded around a core of principles and values that will keep it steady. If all health committee members truly embrace and understand the vision, the health committee is likely to be more productive and sustainable. The committee will feel more empowered to take the initiative. They will be more empowered to take advantage of the creative community partnership opportunities.

(Adapted from: Pitt, B. &Boulle, T (2010). Growing Together: Thinking and Practice of Urban Nature Conservators. SANBI and Cape Flats Nature)

Purpose: To clarify the vision.

Activity 13b: Envisioning Continued 30 minutes

Method: Group work
Material: Flip chart and khokis

Procedure: In CHC groups, participants draw the facility that they support and then draw bubbles around the facility, showing aspects that contribute toward their vision. The vision is written up as the symbolic representation of or the drawing of the facility.

Facilitator assists with separating Vision (outcome) from Objectives (steps to get there).

SESSION 4: HOSTING COMMITTEE MEETINGS

A good and effective committee needs to hold meetings. Health committees are required to meet on a monthly basis. This is the co-ordination hub of the health committee. At these meetings, the work of the committee is discussed. A sub-committee may be formed to address specific issues. Some sub-committees may report on their work. It is vital that these are well planned and organised.

So much can be achieved if a meeting is chaired well and is organised.

Example of Meeting Items: General questions about two important topics:
Morning Queues
What are our views on the long morning queues at the clinics?
What are our views on the resolution of the matter?
How do we intend to tackle this situation?

Complaint boxes
What are our thoughts on the lack of trust with complaints boxes?
How will we address this matter in our clinic?

Activity 14: Hosting a Committee Meeting
30 minutes

Purpose: To consolidate understanding of meeting preparation.
Method: Role Play
Material:

Procedure: Set up a role play of a meeting with the health committee. An agenda has been set. It includes a discussion of the vision for the health committee. Workshop participants need to assume the following roles:
- Chairperson
- Secretary
- Treasurer
- Facility manager
- Councillor
- Ordinary members for feedback

The agenda needs to be set. The chairperson needs to take this responsibility, and is able to consult others within the committee. The agenda needs to include a discussion on two concerns that have been raised by the local communities:
- The long queues and waiting times for all clients at the clinic.
- The complaints box is not trusted.

Questions for the 'attendees'
- How did the meeting go?

- What worked well?
- What suggestions do you have for an improved meeting?
- Any other comments.

Questions for the 'minute takers'
- What is your feedback on the meeting?
- What did you note in your set of minutes?
- Did you make specific note of who is responsible for specific tasks?
- Did you take note of timeframes and deadlines?
- Discuss and compare the minutes.

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

1. Operating as a Committee

A health committee needs to be a democratic structure. A democratic structure represents the members of the community or the organisation which nominated or elected them onto the committee.

An effective democracy works by two main principles:
- The first of these is that each member of the committee has the same rights and responsibilities as every other member.
- The second is that the members agree to abide by decisions made by the majority. In other words, in a democracy every member is able to have their say and contribute to decisions, but when there is disagreement the majority opinion rules.

A **vote** is the best method to find out the majority opinion. The committee is nominated or elected to their positions by the community. Because they have been elected or nominated, the committee can be confident that the community supports them. They have been given a mandate to act on behalf of the community. Their role is to serve on the committee, provide leadership for the community on health issues, represent the interests of the community and implement the decisions taken.

Health Committee Meeting

The committee needs to meet each month and work together as a team to achieve its objectives. The committee uses these meetings to workshop, plan and inform each other on progress. It would be sensible to select a regular date to help members plan in advance such as the first Tuesday of every month.

Executive Meeting

The executive of a health committee are those Office Bearers who hold special powers, such as authorising payments and writing letters, usually the Chairperson, Vice Chair, Treasurer and Secretary. The executive may meet separately from time to time to take urgent action between committee meetings. The executive must take care to stay within their mandate as stated in The CHC Constitution. The executive has a leadership role.

Creating an Agenda

The agenda of a meeting is the plan showing the order in which items of business will be dealt with at the meeting. Members should be alert to the fact that they may add agenda items by submitting these to the Chairperson at any time prior to the meeting. If committee members come to the meeting with other items they want to add on to the agenda, the Chairperson may allow them to be included under general business. A person who wants to add items of general business to the agenda must announce this once the meeting has been opened and ask the Chairperson if they may be included. If the agenda is full, the Chairperson may suggest that the new item be put on the agenda for the next meeting.

The agenda of a health committee may contain standard items that will be repeated monthly. A **report from the facility manager** is integral to the meeting and is a requirement that needs to be included. This is one way in which the health services are accountable to the community.

Please see the resource section for an agenda template.

Minutes and Minute Taking

1. Minutes

Minutes are the written record of the meeting. The minutes are not a complete record of everything that is said at a meeting. The minutes record only the facts, such as date, time, agenda, who was there, main points of any discussion and the decisions that were made at the meeting. When possible, the minutes should be sent to each person after the meeting.

At each meeting the minutes of the previous meeting must be approved as a correct record of what happened at that meeting. The secretary must read the minutes out. The Chairperson then asks for a motion to accept the minutes as correct. The motion to accept the minutes must be made and seconded by two people who were at the last meeting.

This allows members to correct any mistakes in the minutes before they are approved. It is important that the minutes are correct because they are the official record of what is happening in the organisation.

A template for a set of minutes has been drafted below. The table-style minutes provides a simple way of following up with tasks at the next meeting and serves as a good reminder of the tasks that are required once the minutes are received. Minutes should be sent out to all members of the committee within a week of the meeting.

Example

Example of a set of Minutes

Minutes of Meeting of KwaZakhele Health Committee

Held at KwaZakhele Clinic, Befile St, KwaZakhele
On Thursday 16 October 2014 at 16h00
Present: Mr Zingana (chairperson); Ms Kalashe (Deputy Chair); Mr Petrus (Secretary); Ms Gali (Treasurer); Ms Ngesi (CHW representative); Mr Ndevu; Ms Mtshayi; Ms Yako (facility manager); Mr Pamba (additional facility representative); Ms Msuthu (councillor)
Apologies: Mr Mofu; Ms Bantshi; Ms Gerwel

	Item	Person responsible and timeframe
1.	Agreement on Agenda Mr Ndevu requested that an additional item be added on a proposed youth clean-up.	
2.	Adoption of Previous Minutes The minutes of 18 September were adopted without any changes.	Ms Kalashe proposed and Ms Yako seconded
3.	Matters Arising from Previous Minutes Mr Zingana provided a report on his investigation into the state of waste at the KK site. The matter was reported to NMB's waste manager, Mr Z, who agreed to have the area cleaned within a week. This was carried out. It was agreed that members would convene meeting in the area to maintain the site litter-free.	Ms Msutu, Mr Zingana and Ms Ngesi to convene meeting at KK within next month.
4	Report from the Facility Manager Mrs Yako gave an update on the progress of the re-engineering of Primary Health Care (RPHC) programme. It seems that there is much confusion amongst the community about the presence of care workers at their homes and suspicion about the reasons for the visits. It was agreed that a community meeting would be called to inform them about RPHC. The ward councillor would be required to assist. It was further agreed that a roster would be drawn for committee members and community health workers to talk at the clinic's waiting room twice per week. Mrs Yako also reported on HIV and AIDS stats. These seem to have stabilised. TB stats indicate a continuing area of concern…	Ms Msutu assisted by Mr Petrus will organise a community meeting by 18 November 2014. Ms Ngesi to draw up a roster for waiting room discussions.

	Report from the Ward Councillor	
6	Reports from Sub-committees	
7	Discussion on the state of early morning queues This topic provided with a very robust and lively debate. It was recognised that the state of affairs, which has persisted for many years, is unhealthy and unsafe. This has, however, become a city-wide pattern and tradition. It was felt that other ways of managing the queues need to be attempted. The starting point was to inform the community that attends the clinic and to get the people in the queues to debate the issue. A roster is to be compiled by the secretary for committee members, facility staff and the health promotion team to introduce the topic to the awaiting queues, and provoke a debate.	Ms Ngesi to draw up a roster with the support of the health promoter. This needs to be completed by Wednesday 22 October for implementation the following week.
	Signed by: Chairperson of the KwaZakhele health committee Date:	

Reflect on the Mapping Challenges and Opportunities

Challenges	Opportunities
Identify a community health problem	Identify cause for celebration, or for mobilising community
There have been many complaints of medication stock-outs at the clinic	
	Women's Day
Facility manager reports an increase in the number of teenage pregnancies	
	Youth are planning a clean-up campaign in the grounds of a community park
Long queues at health facility. People queue from very early in the morning	

Develop a Plan According to your Roles and Responsibilities.

Use the following table to get some ideas for your programme. Some examples have been completed for you. In the table below it, generate your own planning.

- In the first two columns, write down your problems and then opportunities which can be used to mobilise and inform the community.
- In the third column, we remind ourselves of our role as a health committee. Check the tables of the four roles of the committee.
- In the final column, we start looking for an action we can take.

Activity 15: Developing an Action Plan
30 minutes

Purpose: To get the committee to work together in developing an action plan
Method: Group work
Material: Flip chart and khokis

Procedure: In CHC groups, write up the following on three separate pages:
Chart 1: Develop a list of opportunities and challenges
Chart 2: Matching the opportunities and challenges with roles and responsibilities
Chart 3: Turn your issues into an action plan

An additional two steps have been added to help your committee with budgeting and monitoring of your action plan. The workshop does not have sufficient time to deal with them, but they will hopefully provide a useful resource for your committee. These are contained in the resource section at the end of this chapter.
Step Four: Drawing up a realistic budget
Step Five: Monitoring your action plan

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

Your action plan will draw on items from which you collected data during the workshop and may also include other useful information.

Use both your community map and your year planner as reminders:

Challenges	Opportunities		
Identify a problem or challenge for the committee	Identify cause for celebration, or for mobilising community	What is our role as a committee?	What could we do?
There have been several complaints of stock-outs with various medications at the clinic.		Oversight. Understand the problem and seek to remedy it.	Discuss and understand the procurement procedure (facility manager is the key membership component of the committee). Investigate the hold-ups. Report the matter to the district manager and to the head of the Pharmaceutical Distribution in the district. Provide a time-frame for response. Follow up on response.
	Women's Day	To mobilise community around women's health issues	Promote a door-to-door campaign with organisations and institutions represented at the committee. Distribute brochures showing what the health facility offers for women. Organise a fun run for women as a health promoting activity. Promote a women's choir competition in the area.
Report from facility manager of increase in teenage pregnancies.		Report to community on health issues. Social Mobilisation and Advocacy.	Start the discussion in local community: report to schools, Work with churches in the area, Report to ward councillor. Promote discussions with youth groups.
	Youth are promoting a clean-up campaign in the grounds of a community park	To mobilise community around health promoting activities: clean park and safe recreational facilities for children.	Advertise or support a park clean-up day. Work with organisations within the local community to support their efforts to promote healthy lifestyles. Arrange a few fun activities in the park for children

Long queues at the facility very early in morning		Oversight	Support the call to create an appointment based practice. Promote this amongst staff and community. Support the facility manager to develop a more efficient and safer practice.

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

Now create your own issues table.

Challenges	Opportunities		
Identify a health-related problem - from the facility or from the community	Identify cause for celebration, or for mobilizing community	What is our role as a committee?	What could we do?

Health committee members are encouraged to start using search engines, such as Google, to get additional information.

Purpose: To increase knowledge base and use of computer searches.

Activity 16: Computer Search — Own time

Method: Individual homework
Material: Computer (at local library or any other access point)

Procedure: Participants are encouraged to search Batho Pele and IDP using a Google search (or another search engine) and provide feedback at the next training session.

- The map of your community
- Batho Pele principles
- Service delivery observation checklist
- Calendar of events
- Your engagement with the local community
- Community observations, surveys or interview
- The IDP and planning cycle
- Targets and Indicators from your health facility
- A year planner would be helpful

Turning your issues table into an Action Plan

An action plan needs to identify an action, to indicate when the action will be carried out, to identify who will carry out the action, and indicate what costs will be needed. Now, use your issues table to start to draw up your action plan. This will support and guide your committee when you leave this workshop.

Action	When does this need to be done?	What resources will we need?	Who is responsible? Office bearer, committee member or sub-committee responsible?	What will the outcome be? What difference will it make? What will we see?	How will we monitor our plans?

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010)

Understanding Committee Performance

1. Who are we?
Sharing strengths, weaknesses, preferences and values allows for the establishment of a set of common beliefs for the committee, creating a feeling of 'what we stand for'.

2. Where are we now?
Understanding the current position means that a committee can: reinforce its strengths, improve on its weaknesses and identify opportunities to capitalise on.

3. Where are we going?
Committees need to have a vision of where they are headed. They need a mission and a specific set of goals that they are excited about.

4. How will we get there?
Committee members need to understand who will do what and when to accomplish their goals.

5. What support do we get / need?
Provide a little time to review whether there are any training or capacity building needs that may be required to enhance the performance of the committee.

6. How effective are we?
Regular reviews of performance of the committee on the quantity and quality of outputs and the committee processes – with recognition for success – ensure achievement of the committee goals.

The CHC Constitution

A constitution is a document that records the rules, regulations and structure of an organisation. The constitution states the purpose of the organisation and how it should operate to achieve that purpose. The information in the constitution is recorded under headings referred to as clauses.

A constitution offers protection to individual members to justify their actions, as well as a mechanism to help the committee maintain accountability. The committee and members can refer to the constitution for clarity on the following:

- The goals of the organisation
- The powers of the organisation
- The structure of the organisation
- How the organisation operates
- Membership of the organisation
- The duties of each member
- The duties of the committee
- Finances
- Dissolution
- Any amendments to the constitution

To avoid problems, all actions taken by the executive committee on behalf of the health committee must be in accordance with what is in the constitution and importantly… good records must be kept of everything that is done.

An example of a constitution is in the resources section at the end of the manual.

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committees of Nelson Mandela Bay" (2010))

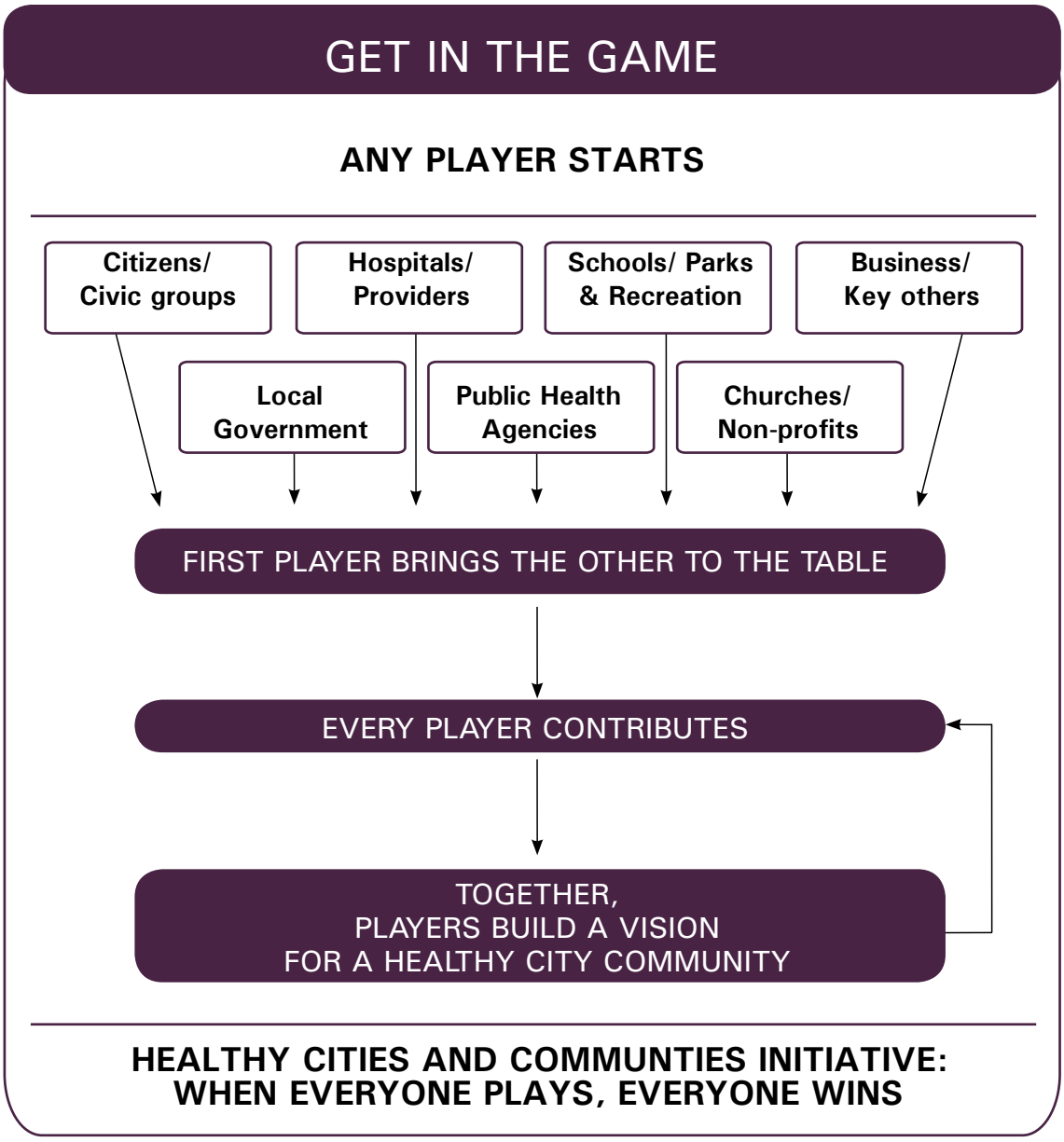
UNDERSTANDING COMMUNITY PARTICIPATION WITHIN THE HEALTH SYSTEM

Learning Objectives

Community health committee members will be able to:

- Develop an understanding of why community members should be involved in health and health services.
- Develop an understanding of meaningful community participation in health governance.
- Have a clear understanding of a health system.
- Know the difference between the health system and health services.
- Understand community participation as a vital community health committee function within the health system.

Chapter 2


GET IN THE GAME
ANY PLAYER STARTS
Citizens/ Civic groups
Hospitals/ Providers
Schools/ Parks & Recreation
Business/ Key others
Local Government
Public Health Agencies
Churches/ Non-profits
FIRST PLAYER BRINGS THE OTHER TO THE TABLE
EVERY PLAYER CONTRIBUTES
TOGETHER, PLAYERS BUILD A VISION FOR A HEALTHY CITY COMMUNITY
HEALTHY CITIES AND COMMUNTIES INITIATIVE: WHEN EVERYONE PLAYS, EVERYONE WINS

SESSION 1: MEANINGFUL COMMUNITY PARTICIPATION

Being healthy is important to people and communities. There are many ways people and communities can be involved in ensuring that they are healthy. To be healthy, most people require a healthy social, psychological and physical environment. They need enough food, clean water, adequate housing and a safe environment, free of violence. When they get sick or feel unwell, they need to be able to access good quality health care.

Activity 1:Community Involvement 30 minutes

Purpose:To develop an understanding of why communities should be involved in health
Method: Brainstorm & small groups
Material: Flip chart and khokis

Procedure:
1. In plenary, brainstorm reasons why communities should be involved in health. Give reasons for why involving communities would result in better health.
2. In groups discuss why you have chosen to be a health committee member.
3. Participants each generate at least five ideas in the following table. All participants get a chance to read out their list.

Important reasons for communities being involved in health	How will this improve health?
1	
2	
3	

The facilitator can check against the list below, to ensure the following are covered:

1. Community members know what is needed in their own environment.
2. Individuals know what is happening in their own neighbourhood.
3. People can hold the health system accountable.
4. CHC can monitor the services rendered at the clinic.
5. CHC members can assist patients with their needs.
6. CHC members can raise resources for the local clinic.
7. CHC members can inform patients about health issues.
8. Communities can co-ordinate activities.
9. Improve service delivery and health outcomes.
10. Create a more equitable and responsive health system.

(Adapted from Community Development Unit, NMMU, "Strengthening the Community Health Committee of Nelson Mandela Bay" (2010)

Defining 'Community' in the context of Community Health Committees

A community can mean many things. Often it is associated with people living in the same area. When we use the word in this manual, we talk about a clinic's catchment area or the users/potential users of the clinic.

Communities are often talked about as if they were coherent structures: a group of people sharing the same values, ideas, needs etc. That is not always the case. If we think about a group of people consisting of a clinic's catchment area, it becomes clear that this is not always the same. This community may share a lot, but there may also be many different needs, views, beliefs, values within that group.

This is one of the challenges in community participation.

Health committees should represent all sectors in their communities, not just groups that they are part of. It is important to keep that in mind as a health committee member.

Meaningful Community Participation

There are many ways of understanding community participation:
Some think that community members should help the clinic carry out its duties. This can for instance be done by assisting them with work at the clinic, such as helping in the reception area, cleaning the clinic or helping the clinic with campaigns or immunisation.

Others think about it as providing governance and ensuring that communities receive adequate and quality health care. This can be through ensuring that health needs are met - in other words, to make sure that there is a good match between the health needs of the community and the services the clinic offers. Others again believe that community participation should be about monitoring the health services and ensuring that they are accountable and efficient and that patients get treated with respect and dignity.

Addressing issues in the community that impact on health is the most important aspect for some people.This could be through addressing poverty, scarcity of resources, access to water, food insecurity or an unhealthy environment. Community participation could also be about advocacy or about influencing policy.

Activity 2: Definitions of Community Participation

30 minutes

Purpose: To discuss what community participation is and to develop a common understanding
Method: Group discussions (in HCs)
Resources: Flip chart and khokis

Procedure:
Participants, in small groups, start by doing a 'messy map' of community participation. Choose a person to write and one to report back. Write all the words that you think have to do with community participation. You can go through the different ways of explaining it and see what you agree with and what you disagree with.

There are many different ways of defining community participation. Here are some definitions:

Definitions of Community Participation

The process by which individuals and families assume responsibility for their own health and welfare and that of those of the community, and develop the capacity to contribute to their and the community's development. They come to know their own situation better and are motivated to solve their common problems. These enable them to become agents of their own development instead of passive beneficiaries of development aid. (WHO, 1978)

Community participation is: *"A social process whereby specific groups with shared needs, living in a defined geographic area, actively pursue identification of their needs, take decisions and establish mechanisms to meet those needs."* (Rifkin et al 1988: 933)

"A process whereby community members take active part in the identification of their needs, setting priorities, identifying and obtaining means to meet those priorities, including the development, implementation and evaluation of those means in terms of their outcomes."
(Koelen & van den Ban, 2004).

"An opportunity for community members and health care workers to become active partners in addressing local health needs and related health service delivery requirements. Community participation also enables community members and other stakeholders to identify their own needs and how these should be addressed, fostering a sense of Community ownership and responsibility."
(Paradath and Friedman 2008)

"Community participation is a process where 'community members' engage with health officials in matters related to health and health services, and where that includes involvement in setting the agenda, identifying problems, planning and implementing solutions, taking part in decisions, having an oversight function that entails monitoring and evaluation, and ensuring an accountable health system."
(Haricharan 2012)

Some scholars argue that there are many different forms of participation. Some forms of 'participation' are implemented where citizens merely are manipulated and used to rubber-stamp decisions.

Some forms of participation ensure that citizens are part of making decisions and ensuring accountability. This training manual is based on a premise that meaningful community participation shares some key features described as follows:

Defining Meaningful Community Participation:

- Communities are part of a decision-making process.
- Communities are part of setting the agenda, identifying problems and finding solutions.
- Ensuring accountability through e.g. monitoring and evaluation.

It entails power-sharing between community members and decision-makers such as health officials.

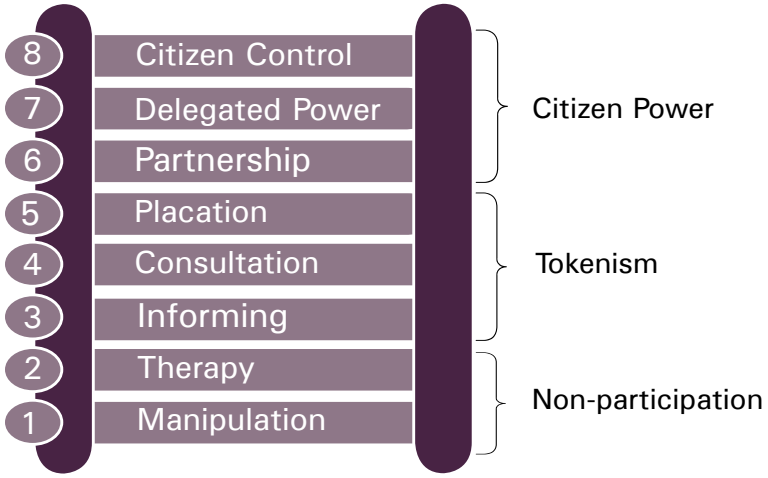


Figure 2: Arnstein's Ladder of Participation

Above is an illustration on Sherry Arnstein's understanding of the 'ladder of participation'. *"The bottom rungs of the ladder are (1)**Manipulation** and (2) **Therapy**. These two rungs describe levels of "non-participation" that have been contrived by some to substitute for genuine participation. Their real objective is to enable power-holders to "educate" or "cure" the participants.*

*Rungs 3 and 4 progress to levels of "tokenism" that allow the have-nots to hear and to have a voice: (3) **Informing** and (4) **Consultation**. When they are proffered by power-holders as the total extent of participation, citizens may indeed hear and be heard. But under these conditions they lack the power to insure that their views will be heeded by the powerful.*

*Rung (5) **Placation** is simply a higher level of tokenism because the ground rules allow have-nots to advise, but retain for the power-holders the continued right to decide.*

*Further up the ladder are levels of **citizen power** with increasing degrees of decision-making clout. Citizens can enter into a (6) **Partnership** that enables them to negotiate and engage in trade-offs with traditional power holders. At the top-most rungs, (7) **Delegated Power** and (8) **Citizen Control**, have-not citizens obtain the majority of **decision-making** seats, or full **managerial power**."* Sherry R. Arnstein.A Ladder of Citizen Participation.

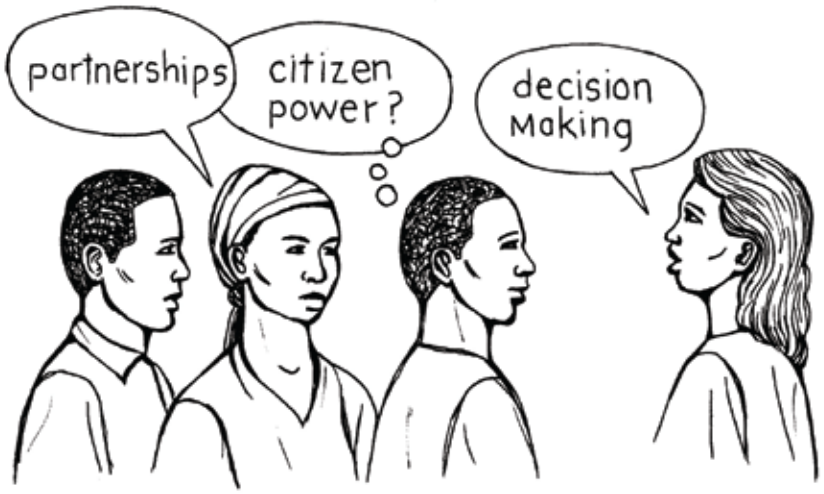
Activity 3: Unpacking Participation 30 minutes

Purpose:To develop a clear understanding of the difference between health recipients and participators in health
Method: Facilitator brainstorms each level to ensure that health committee members understand all the levels on Arnstein's Ladder of Participation
Material: Flip chart and khokis

Procedure:
In plenary, brainstorm each word in the health context from manipulation to citizen control.Provide examples of each from the clinic context.

Arnstein argues that informing a community, consulting them or asking for their advice is not participation, though it can be seen as a first step. The next step towards what Arnstein calls 'genuine participation' is a partnership where citizens and power-holders agree to share planning and decision-making responsibilities.

A further step occurs in 'delegated power' where citizens achieve a dominant decision-making authority over a particular plan or programme. Finally, 'citizen control' completes the ladder. At this level, participants govern a programme or an institution.

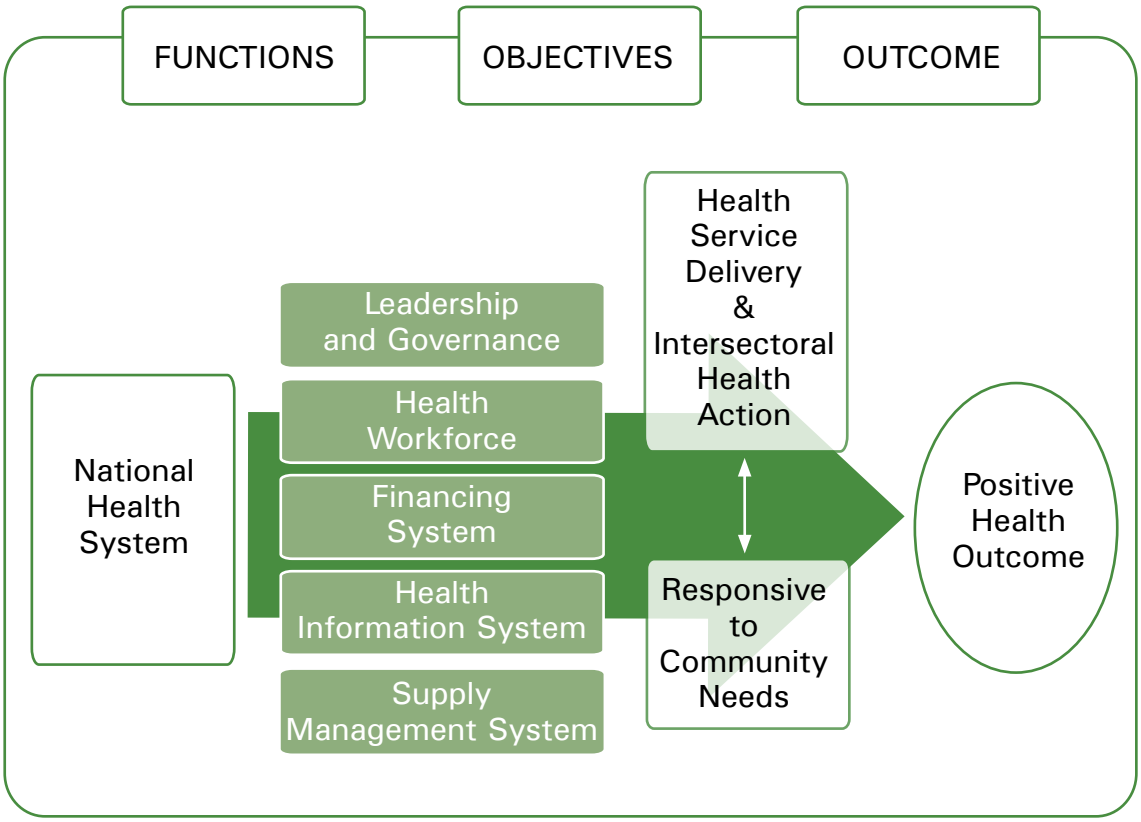


SESSION 2: DEFINING A HEALTH SYSTEM

Health System Framework

Adapted from the WHO (2007) Health System Framework

There are a number of different ways in which a health system can be depicted. This illustration is drawn from the framework as developed by the World Health Organisation (WHO) which shows the health system as a series of building blocks. We have, however, adapted the WHO framework to take into account some of the important principles of the primary health care approach (such as community participation and inter-sectoral action) – both of which are important components of the health system in South Africa.



Activity 4: What is a health system? 10 minutes

Purpose: To share understanding of a health system
Method: Buzz session

Procedure:
Turn to the person next to you and discuss the following two questions (take turns). Write down the responses that you agree with.

1. What is a health system? In other words, if someone asked you to describe what a health system is – what would you say?
2. What is the purpose of a health system?

Here is a commonly used definition of a health system developed by the World Health Organisation (WHO):

"A health system consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private providers; behavior change programmes; ***vector control campaigns****; health insurance; organisations, occupational health and safety legislation.*

DEFINITION 1:

Vector Control *campaigns or programmes: These interventions focus on preventing diseases or infections that are transmitted to people by an insect (mosquito, fly or flea) or small organisms such as ticks, lice or mites. The prevention and control malaria is a common example of a vector control programme in Southern Africa. Vector control programmes can also be aimed at reducing a pest population (rats) that might increase the chances of disease transmission to humans. Vector-borne diseases are distinguished from air-borne diseases (TB), water-borne diseases (cholera) and food-borne diseases.*

It includes ***inter-sectoral action by health*** *staff, for example, encouraging the Ministry of Education to improve the education of women, a well-known determinant of better health."* (WHO, 2007:2)

DEFINITION 2:

Inter-sectoral action for health: *This refers to the positive action taken by sectors outside of the health sector (education, economic development, agriculture and social development sectors) to support the health of a population. Action by other sectors is usually taken in collaboration with the health sector, but can happen independent of it.The motivation for working inter-sectorally is that major influences that shape the health of a population and the distribution of health inequities are located outside the health sector, e.g. social exclusion and discrimination.These are referred to as social determinants of health.*

SESSION 3: THE PURPOSE AND ACTIONS OF A HEALTH SYSTEM

A health system can be defined both by what it seeks to do and achieve (i.e. to protect, improve and maintain the health of a population) and by the range of actions it performs (e.g. providing healthcare services to clients, implementing health education programmes, putting in place policies and/or legislation to protect the health of community members, working with other sectors to jointly try and address the under-lying causes of ill-health, e.g. a lack of access to education, or high levels of food insecurity or interpersonal violence). (Gilson, et. al., 2012).

Importantly, the WHO (2000) suggests that health systems have a responsibility *not just* to improve people's health but to protect them against the financial cost of illness – and to treat them with dignity. They suggest that health systems have three fundamental objectives. These are:

- Improving the health of the population they serve;
- Responding to people's expectations;
- Providing financial insurance against the costs of ill health.

Activity 5: A Health System and a Health Service

20 minutes

Purpose: To understand the difference between a health system and a health service.
Method: Group work
Material: Flip chart and khokis

Procedure:
Read the paragraphs that follow and provide a definition of a health service and a health system.

*The **health system** is the whole picture and a **health service** is a clinic or a hospital within the system while **health promotion** is a prevention activity. The health system is the whole organising framework into which a whole range of health improvements and health enhancing activities fall.*

These health improvements and health enhancing activities are not just the ones performed by health workers in a clinic, but also include, for example:

- a health policy-maker and/or a health economist making decisions about how the financial resources to support the delivery of health services will be secured and allocated so as to not exclude anyone from using the services, or
- A manager within the health service ensuring that the health workforce is distributed fairly throughout the health system based on need; that the workforce is well trained; and that their performance is reviewed on a regular basis.

They also include colleagues working in other sectors, such as:

- an architect as s/he designs a well-ventilated, state-subsidized house;
- a teacher as s/he provides young children with information about hand washing to prevent diarrhea; or
- an agriculture extension practitioner as s/he supports households in rural areas to improve their livelihoods by, for example, assisting them to establish a local farmers co-operative with links to a reliable market for their produce.

What is described above are all health-related actions that are performed by a variety of stakeholders (not just nurses or doctors or therapists), and many of them take place outside of a health facility.

The **health service**, on the other hand, is a term used to refer to a set of activities that are generally performed by *health workers* who are associated with a health facility or the health department.Such activities include providing individual-based medical services for those that are sick and population-based preventative services, such as immunisation services.

SESSION 4:THE PRINCIPLES AND VALUES UNDERLYING A HEALTH SYSTEM

A health system does not operate in isolation. Each national health system is context-specific and is shaped by the history of that country, its past and current circumstances, its values, norms and traditions, its legislation and policy – and its relationship with international agencies and global events or initiatives (SOPH, UWC, 2013). Thus, as some Zimbabwean colleagues note: *"The way a health system is organised reflects the measures that a society is taking to protect and ensure its social values, ethics and rights - including that of participation and involvement."* (TARSC & EQUINET, 2006).

Purpose: To reflect on the values and principles that shapes our health system.

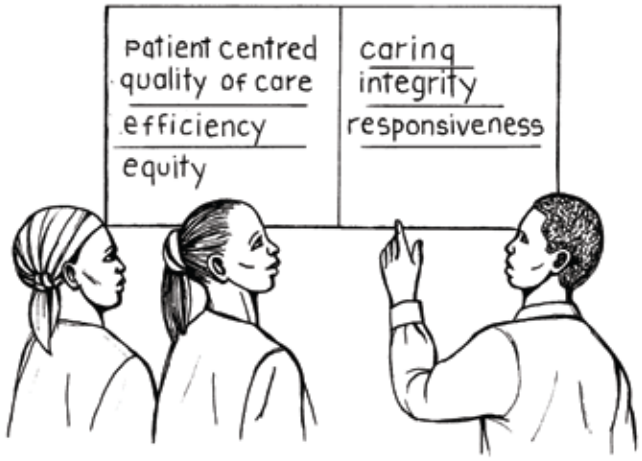
Activity 6: The Principles and Values of our Health System

60 minutes

Method: Group work
Material: Flip chart and khokis and HC2030 handout (pages 19 & 20)

Procedure:

1. On a flipchart make a list of the Western Cape Provincial Department of Health's strategic framework (See table below): Health Care 2030
   (a) The values
   (b) The principles
2. As a group talk about how you have seen examples of such values and principles either within client/health worker consultations, or within the clinic or during the course of the work that the Department of Health does within your community. Write down your examples alongside the appropriate value or principle listed.
3. In plenary, get ready to share one of examples from your group with the rest of the participants.
4. Discuss whether you think there are any values and principles that the Department of Health has not put in their list – and that you think should have been included.



Department of Health, Western Cape Government. (2013). Health Care 2030	
Values	Principles
1. Caring 2. Competence 3. Accountability 4. Integrity 5. Responsiveness 6. Respect	1. Patient-centred quality of care 2. Outcomes-based approach 3. PHC philosophy 4. District health services model 5. Equity 6. Efficiency 7. Strategic partnerships

DEFINITION

Equity: Fair and reasonable distribution of resources - allocating the most resources to those with the greatest need (equitable distribution).

DEFINITION:

Values and principles are similar to beliefs, philosophies, ideals and ethics.

This activity has provided you with an example of how the concept of values and principles has been translated into policy (and, hopefully, will be transferred into practice) by one of the key stakeholders in the health system, namely, the health service.

An important principle for health committee members to be aware of is the one which focuses on the primary health care (PHC) philosophy. It is here that a significant reference to community involvement and participation is made by the Department:

"A central tenet of the PHC philosophy is community involvement in health. This implies that the community not only takes ownership and responsibility for its own health care at a personal level but, as a community, is also actively involved in the decision making and governance of health services.'' Department of Health, Western Cape Government (2013: 19-20).

Many of the above values and principles are based on the philosophy and "spirit'' of national legislation - such as the National Health Act (Nov 61 of 2003), and national strategic documents such as the Negotiated Service Delivery Agreement (2010-2014). This last document is a national initiative which is spear-headed by the health sector and aims to achieve *"a long and healthy life for all South Africans"*.

Within a national context they provide guidance, for example, about how a country ought to structure their health system and how its health service ought to function. Within an organisation (for example, within the workplace or in a clinic or school), the values and principles of that setting provide guidance about how individuals ought to act, perform and/or work within that environment. The Batho Pele principles, which the South African government created to transform its public service, is an example of this.

Values and principles created by a group (for example, a support group or a health committee) can give guidance to the members of that group or committee about how they ought to interact with one another and participate in the group.

On an individual level we also all have our own values and principles which we believe in.

You might find it interesting and useful to read about this vision. Healthcare 2030 can be found on the internet from the Department's website: http://www.westerncape.gov.za/text/2013/October/health-care-2030-9-oct-2013.pdf

All of the previously described values and principles are based on the recognition that health is a human right - an issue which is acknowledged in the South African Constitution.

Activity 7: Identify Stakeholders that Promote and Support Health

30 minutes

Purpose: To identify all the individuals, groups, organisations, departments, institutions and other stakeholders who promote health in a particular community.
Method: Groupwork
Material: Flip chart and khokis

Procedure:
On a sheet of paper draw a spider diagram to illustrate your answer to the following question:

1. Who are the people, groups, organisations and institutions that promote and support the health of members of your community - including alternative health practitioners?
2. Where possible indicate links between them.

You will realise that stakeholders can be clustered into different groups. You would have developed your own clusters of stakeholders which will be important to share with one another. For your interest, below are two examples of how different groups categorized the stakeholders that were positively contributing to health in their community.

You will remember from the community mapping exercise that stakeholders are not confined to the health system but that various government departments and community services play a role in community health.

Example 1:

The Public Health Services	Other Health Service Providers	Community-based Organisations
Hospitals, clinics, mobile services,	Traditional healers	Home-based care
Dentists, chiropractors, physiotherapists	Homeopathic	AIDS education
Environmental health practitioners	Private practitioners	Mental health support agencies

Example 2:

A list of stakeholders that promote health within our community:

The public health service, through its:

- health facilities (e.g. a mobile, clinic, CHC, intermediate care facility, a district hospital, regional and central/tertiary and specialist hospitals), and
- health workers (both professional and non-professional) - including those working in environmental health and school health, and the various health managers in the health service (e.g. a facility manager or a programme manager) and health policy makers.

Other health service providers, agencies and institutions, such as:

- Traditional healers, private practitioners (e.g. GPs, dentists, physiotherapists, and specialists such as pediatricians);
- A private practitioner (e.g. a doctor), pharmacy, clinics and/or hospital;
- A local non-profit or faith-based organisation (which, for example, might manage a cadre of home and community-based workers/peer educators, or run a mental health support group, or run a crèche),
- An international agency that funds or runs a local health programme (e.g. for sex workers in a specific area), and
- A union (which might run its own health service for their members).

Officials from **other government departments** that support the promotion of health, such as:

- Social workers (Department of Social Development),
- Teachers (Department of Education),
- Members of a local community policing forum, and
- Those that provide water and sanitation facilities in informal settlements.

Community members and community-based groups, such as:

- Patients that attend the above services,
- Potential clients of these services / citizens, and
- Specific interest groups in the community (e.g. a health committee, a support group for people living with HIV, or informal food traders at the taxi rank).

Other stakeholders, such as a ward councilor or a politician elected or delegated to represent the community.

SESSION 5: DIFFERENT LEVELS AND COMPONENTS OF THE HEALTH SYSTEM

While all stakeholders have a unique role, we also recognise that we are all responsible for health. One of the important characteristics of a health system is the way that it is organised in different levels.

In the Western Cape Province the Department of Health (in their 2030 - plan) describes the different levels at which they provide health services:

1. Community-based services (i.e. health services provided in a home or a community setting, such as a support group, or within an intermediate care facility),
2. Facility-based, primary care services (health services delivered at a clinic, midwife obstetric unit (MOU), a mobile or non-medical site) and,
3. Those health services provided through acute hospitals at:
   - A district hospital
   - A regional hospital
   - A tertiary/central hospital

Having so many levels in a healthcare service means that health managers and health workers have to pay close attention to ensuring that their clients experience a sense of continuity in the care they receive (from different service providers and across the various levels of the health service). As you can imagine, or might have experienced yourself, this does not always happen.

The aim of the continuity of care process within the health service specifically – and the health system more broadly - is to ensure that a patient or client's journey at the service and through the system is a seamless and caring one.

Careful planning around the process of a patient's discharge (for example, from a PHC site by a doctor or clinical nurse practitioner/professional nurse) and referral onto another service provider (for example, a psychiatrist or physiotherapist) in another site (such as a district hospital) is required in order for a patient to experience such continuity in care.

Activity 8: The ''Meet Maya'' Story 15 minutes

Purpose: To reflect on all the things that are needed to make a health system work well
Method: Video
Material: Laptop

Procedure:
1. Watch the following video which can be accessed on: www.worldbank.org/en/topic/health. Use the search function to find the "Meet Maya" video.
2. In the group respond to the question: "What are the different things that it took to make Maya cry?"
3. Now brainstorm what is required to make a health system strong and work effectively.

The basic components of the health system that were highlighted in the ''Meet Maya'' DVD were drawn from an organising framework that the World Health Organisation created to describe a health system. The various components that they refer to are commonly known as the building blocks of a health system (WHO, 2007).

The Range of Services that contribute to a Healthy Birth

The "Meet Maya'' video illustrates some - but not all - of the basic components of a health system by highlighting the range of things that contributed to the healthy birth of Maya, being:

Human resources/ the health workforce: Maternal and child health services were provided by trained health workers – who were knowledgeable and skilled in providing the services they offered to Maya and her Mom (and that are able to make ''expectant mothers excited mothers'').

Medical products, vaccines & technologies - such as vitamins and vaccines for Maya.

Other resources required to deliver health services include health infrastructure, such as:
- The local clinic (with an examination room, running water and basic supplies to support their consultation with Maya and her mother).
- The refrigerated truck that could transport the vaccines from the city to the clinic in the country where Maya was born.
- A store room that could keep the supply of vaccines in the correct conditions.

Health information: It is suggested that the positioning of a hospital and a clinic should be carefully considered. To make such decisions, the health planners would have had to make use of a variety of forms of health-related information.

Service delivery:
- Affordable, pre-natal care to pregnant moms.
- Skilled health workers that ensure that the baby takes her first breathe and will start to cry.
- Family planning advice and related commodities to plan a pregnancy.
- Information about the importance of sleeping in a safe environment and eating nutritious foods.
- Information and access to vitamins and access to vaccines.

Apart from being **affordable,** the health services should be **accessible** and delivered in a way that is of **high quality and safe** for both mother and baby. These are important characteristics of a health system.

The consequences of providing a good health service: the baby is able to grow up strong and attend school, thrive and contribute positively to the health of her community and country.

Some of the other components of a health system that are commonly referred to:
- **A health financing system** that raises adequate funds for health so as to ensure that those that require health care receive it, and

- **Leadership & governance** i.e.the overall, strategic direction and oversight that is established to ensure the health system is effectively and efficiently run, in line with the underlying principles. An aspect of this includes ensuring that the health system and service is accountable to its clients and other stakeholders – which is where the principle of **community participation** is so important.

In addition, apart from one reference to the school Maya attended, the DVD does not talk about other stakeholders and sectors i.e. all the **other** stakeholders and **sectors** that are associated with health. The story really only focuses on professional health workers working in the public health service – it neglects to talk about community or lay health workers, traditional health workers and private health providers.

The **social determinants of health**: The social determinants of health are *"The circumstances, in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."*[1]

Some of examples of social determinants – all of which have an impact on someone's health - would be: whether a person has access to clean water and adequate sanitation, or a child has access to an early childhood development programme and primary and secondary level schooling, or whether a person lives in a neighbourhood that is free of violence and conflict, or has access to some form of housing or shelter, and whether a person has access to fair and decent employment opportunities.

In other words, the circumstances in which "people are born, grow up, live, work and age" along with the systems that are put in place to deal with illness (like the health system) are all termed the social determinants of health.

In reality, it should not have be the health service alone – there should be many other contextual factors that work alongside the health system to support and promote health.

However, as some authors have pointed out:
"The building blocks alone do not constitute a system, any more than a pile of bricks constitutes a functioning building. It is the multiple relationships and interactions among the blocks – how one affects and influences the others, and is in turn affected by them – that convert these blocks into a system."
De Savigny & Adam (2009: 31)

Thus, all the different parts of a health system are **inter-connected**. Changes in one area of the systems will have a consequence elsewhere. To work effectively, like any system, the different parts have to work together in collaboration and synergy.

SESSION 6: OBJECTIVES AND FUNCTIONS OF A HEALTH SYSTEM

The Objectives: You will see from the diagram that the **objectives** of a health system is to deliver accessible, equitable and good quality health services – which are both responsive to community demands and based on the principle of inter-sectoral collaboration.

The Functions: In order to achieve these objectives, a health system must perform a number of **basic functions**, such as:

Ensures that there is **strategic leadership and governance** that:

- Encourages robust and participatory policy development and implementation processes – in line with the values and principles underlying the country's health system.
- Provides sound management of the health services (including its infrastructure, activities and its financial and human resources).
- Oversees that patient-centered quality care is delivered.
- Establishes and maintains effective regulatory authorities and professional bodies that are the 'stewards' or custodians of the health system and are accountable to the people they serve.
- Pro-actively seeks collaborations and inter-sectoral partnerships at a local, regional, national and international level with a range of the actors within the health system who can collectively and importantly, address or act on the social determinants that either constrain or support good health.

Takes responsibility for ensuring that there is an adequate, motivated and well-performing **health workforce** where:

- There is a sufficient number and mix of staff who are fairly distributed throughout the country and health service according to need,
- Staff are well-trained and supported, and
- Staff should be responsive to people's needs and expectations and committed to achieving the best outcomes for all.

Makes sure that there is a well-managed **health financing** system in place that:

- Raises adequate funds for health, in ways that ensure people can use the needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them, and
- Does not exclude anyone from using the services.

Maintaining a well-functioning **health information system** which:

- Ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status, and
- Provides health workers and other stakeholders with appropriate and accessible information that can assist them in their decision-making.

Ensuring that there are sufficient **medical products, vaccines and technologies (supplies)** which provide citizens with equitable access to scientifically sound medical products and technologies which used in an efficient and cost-effective way.

The Outcome: All these basic functions are required to work together to protect, improve and maintain the health of a population. In this way the goal of a health system (i.e. to support the improved health of the population in an equitable way) can be achieved.

Activity 9: Meet the Health Workers 30 minutes

Purpose: Get to understand the respective roles and responsibilities of a range of health workers working at the local clinic
Method: Brainstorm
Material: Flip chart and khokis

Procedure:
Facilitator writes up the following generated by the participants:

1. Who are all the health workers that are associated with the local clinic?
2. What are all the different activities these health workers do to take care of the health of the members of this community?
3. Can you identify which of these activities are focused on (a) treating or curing an illness or a health problem, and which activities are focused on (b) preventing ill health or promoting good health?
4. What do you think are the biggest challenges that health workers face in this clinic?
5. Is the Community health committee able to address any of these challenges? If so, which ones and how?

Some of the common health worker categories based within a clinic might include:
- Facility manager
- Doctor
- Professional nurse
- Enrolled nurse/auxiliary nurse/staff nurse
- Pharmacist
- Pharmacy assistant
- Lay counselor

The role of the health committee members are therefore clearly identified (not as a health worker) but as a community representative.

Some other categories of health workers, often associated with a primary level clinic, and which also play a very important role are:
- Community care worker/community health care worker
- Environmental health practitioner (EHP), and
- Health workers associated with a particular health care programme or area such as mental health (e.g. a psychologist or psychiatrist or social worker), or rehabilitation (OT, physiotherapist, nutritionist/dietician), oral health (dentist), or maternity care (midwife).

In addition, the support staff that work in the clinic play an important administrative role within the clinic, and include categories such as:
- A reception clerk
- A security guard
- A cleaner.

It is helpful to remember that health workers are not only responsible for treating sick patients that come to the clinic. They are also responsible for prevention and health promotion-type activities as well. For example, part of their work (and that of the health team in a facility) is to provide:

- **Therapeutic (or curative) care** to individual clients by treating or managing the biological and psychological causes and symptoms of disease through the use of medicine and other forms of medical interventions. For example, by providing TB medication to a client that has contracted TB and ARVs to someone that is living with HIV, or by conducting a medical procedure (e.g. the removal of a bad tooth, or repairing a broken leg).

- **Rehabilitation services** to individuals living with an acute or chronic illness or disability so as to restore them to improved level of health and functioning. For example, by providing a child with nutrition rehabilitation after a severe childhood illness, or by implementing an exercise programme with someone who has suffered a stroke – and also providing them with an assistive device (like a wheelchair or walker).

However, apart from focusing on community members who are already sick or living with a chronic illness, health workers are also responsible for supporting interventions which assist people to avoid an infection and/or prevent the onset of a disease or some form of ill health. This can be done by:

- Implementing interventions e.g. a campaign, project or collaboration with other role players) that **prevent the onset of a health condition** like conducting educational programmes and immunisation campaigns to inform community members about the timing and type of vaccines their children ought to receive; or distributing commodities like condoms to prevent HIV transmission, or providing anti-malaria tablets and bed nets to protect people against mosquitos in places where malaria is prevalent, and

- Implementing **interventions that aim to detect a disease** early on so as to be able to intervene and manage the disease and prevent further complications such as offering pap smears to women to detect cervical cancer and do blood pressure checks for hypertension.

Preventing the onset of disease can also be done through **health promotion** interventions i.e. those interventions that aim to foster health communities, environments and the individual that live within them – by tackling the social determinants of ill health .

This can be done at a local level through inter-sectoral interventions directed at households or communities to improve water supply, sanitation, housing, road safety and policing etc. and at an international and national level through advocacy and lobbying of government and policymakers, e.g. to ban smoking in public places.

Activity 10: Role of CHC in the Health System

1 hour

Purpose: Revisit the CHC role in relation to the health system
Method: Write in note-book
Material: Pen and paper

Procedure:
In the light of the following statement, participants re-visit question five in relation to the preceding information. Is the CHC able to assist with any of the health services? If so, which ones and how?

*"The **Health System** is the national structure and legislation, with health services such as hospitals and clinics and **with health promoting activities**, like the function of the CHC and other health-related community based organisations."*

The facilitator ensures that all participants understand the role of CHCs in the overall health system.

CHAPTER 3: DEMOCRACY, HEALTH AND HUMAN RIGHTS

Learning Objectives:

Committees members will:

- Understand the concept of democracy and know the S.A. Constitution.
- Know the different agreements, policies and laws that bind us to the development of a human rights culture.
- Be able to refer to different laws and legislation in relation to community health needs.
- Understand the importance of community involvement in local government structures.
- Understand the role of the ward councillor in relation to implementing legislation.
- Have a good understanding of human rights in relation to overall health and well being and as covered by the Bill of Rights.

Activity 1: Understanding Democracy 30 minutes

Purpose: To develop an understanding of democracy as a form of governance
Method: Facilitator presentation
Material: Flip-chart and khokis

Procedure:
Facilitator writes up definition of democracy and makes comparisons with other forms of governance.

Understanding Democracy

DEMOCRACY: From the Greek words Demos (people) and Kratos (Power)

A form of government in which citizens participate equally, through elected representatives.

No consensus exists on how to define democracy, rather it is identified by a set of characteristics;

- Equality
- Freedom
- Rule of law
- Every vote has equal weight
- Government by the people

Definition 1:

Government by the people, determined by the majority.

Definition 2:

Capacity of all citizens to participate fully and freely in the arrangement of their society.

Different Types of Democracy;

Direct Democracy: Citizens participate in decision-making personally and not through elected representatives (Swiss).

Representative Democracy: Election of government officials by the people who are being represented.

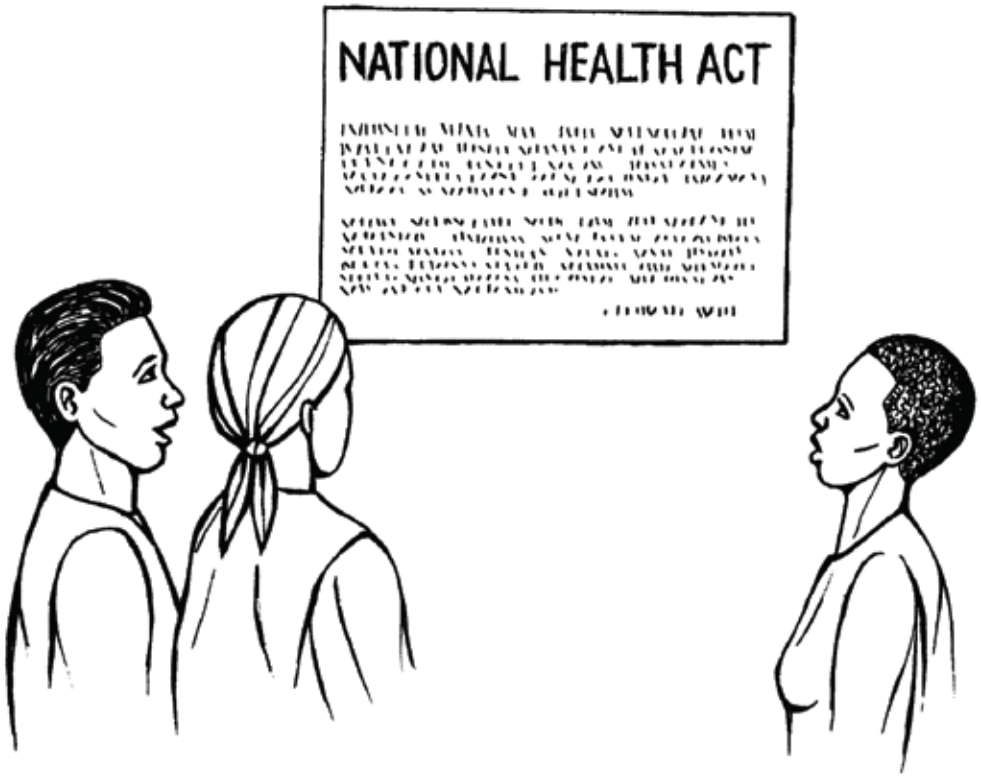
Presidential Democracy: The public elects the president through free and fair elections.

Parliamentary democracy: The government is appointed by parliamentary representatives.

Constitutional Democracy: Representative democracy, where elected representatives exercise decision-making power subject to the rule of law and moderated by a constitution.

The S.A. Constitution

The South African Constitution is the highest law in South Africa. This means that all other laws and policies must fall in line with what the Constitution says. Human rights are set out in the Bill of Rights in Chapter 2 of the Constitution. Therefore in South Africa human rights are also legal rights. The South African Human Rights Commission is the body set up to monitor whether government takes up its human rights commitments and is the body that investigates human rights complaints.



Activity 2: The SA Constitution and Human Rights

30 minutes

Purpose: To develop an understanding of how democracy came about in South Africa.
Method: Reading and clarification
Material: Health committee manual

Procedure:
Participants read through the historical events that led to the development of the S.A. Constitution. Participants are asked to reflect on the development of a 'non-racist, non-sexist' society and read aloud the preamble to the constitution.

1. This facilitator leads a discussion on the dawn of our democracy.
2. The facilitator points out that tolerance regardless of our personal, individual or religious views, is of utmost importance. (We do not have to agree with lifestyle choices of other individuals, but we do have to respect their choices and do not have the right to oppress or discriminate against others.)
3. Discuss whether this should be clarified in a CHC Code of Conduct or the CHC Constitution.

The Constitution of the Republic of South Africa

Based on Negotiation

An integral part of the negotiations to end apartheid in South Africa was the creation of a new, non-discriminatory constitution for the country. One of the major disputed issues was the process by which such a constitution would be adopted. The African National Congress (ANC) insisted that it should be drawn up by a democratically-elected constituent assembly, while the governing National Party (NP) feared that the rights of minorities would not be protected in such a process, and proposed instead that the constitution be negotiated by consensus between the parties and then put to a referendum.

Formal negotiations began in December 1991 at the Convention for a Democratic South Africa (CODESA). The parties agreed on a process whereby a negotiated transitional constitution would provide for an elected constitutional assembly to draw up a permanent constitution. The CODESA negotiations broke down, however, after the second plenary session in May 1992. One of the major points of dispute was the size of the supermajority that would be required for the assembly to adopt the constitution: The NP wanted a 75 per cent requirement, which would effectively have given it a veto.

In April 1993, the parties returned to negotiations, in what was known as the Multi-Party Negotiating Process (MPNP). A committee of the MPNP proposed the development of a collection of "constitutional principles' with which the final constitution would have to comply, so that basic freedoms would be ensured and minority rights protected, without overly limiting the role of the elected constitutional assembly. The parties to the MPNP adopted this idea and proceeded to draft the Interim Constitution of 1993, which was formally enacted by Parliament and came into force on 27 April 1994.

Interim Constitution

The Interim Constitution provided for a Parliament made up of two houses: a 400-member National Assembly, directly elected by party-list proportional representation, and a ninety-member senate, in which each of the nine provinces was represented by ten senators, elected by the provincial legislature.
The Interim Constitution contained 34 constitutional principles with which the new constitution was required to comply. These included:

- multi-party democracy with regular elections
- universal adult suffrage
- supremacy of the constitution over all other law
- a quasi-federal system in place of centralised government
- non-racism and non-sexism
- the protection of "all universally accepted fundamental rights, freedoms and civil liberties," equality before the law
- the separation of powers with an impartial judiciary
- provincial and local levels of government with democratic representation, and
- protection of the diversity of languages and cultures.

Definitions

Universal Adult Suffrage: every adult (over 18) has the right to vote.

Quasi-federal System: A union of states under a central government. In South Africa it would mean that each province would govern itself.
The Constitutional Assembly reconvened and, on 11 October, adopted an amended version with the following preamble:

PREAMBLE

"We, the people of South Africa,
Recognise the injustices of our past;
Honour those who suffered for justice and freedom in our land;
Respect those who have worked to build and develop our country; and
Believe that South Africa belongs to all who live in it, united in our diversity.
We therefore, through our freely elected representatives, adopt this Constitution as the supreme law of the Republic so as to: Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights;
Lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by law;
Improve the quality of life of all citizens and free the potential of each person; and
Build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations.
May God protect our people.

Chapter 1: Founding Provisions

Chapter 1 enshrines in the constitution key national principles, defines the country's flag and national anthem, and specifies the official languages and principles of government language policy. It defines South Africa as "one, sovereign, democratic state" based on principles of human rights, constitutional supremacy, the rule of law and universal adult suffrage. The chapter contains a supremacy clause which establishes that all other law and actions are subject to the constitution.

Chapter 2: Bill of Rights

Chapter 2 is a bill of rights which enumerates the civil, political, economic, social and cultural human rights of the people of South Africa. Most of these rights apply to anyone in the country, with the exception of the right to vote, the right to work and the right to enter the country, which apply only to citizens.

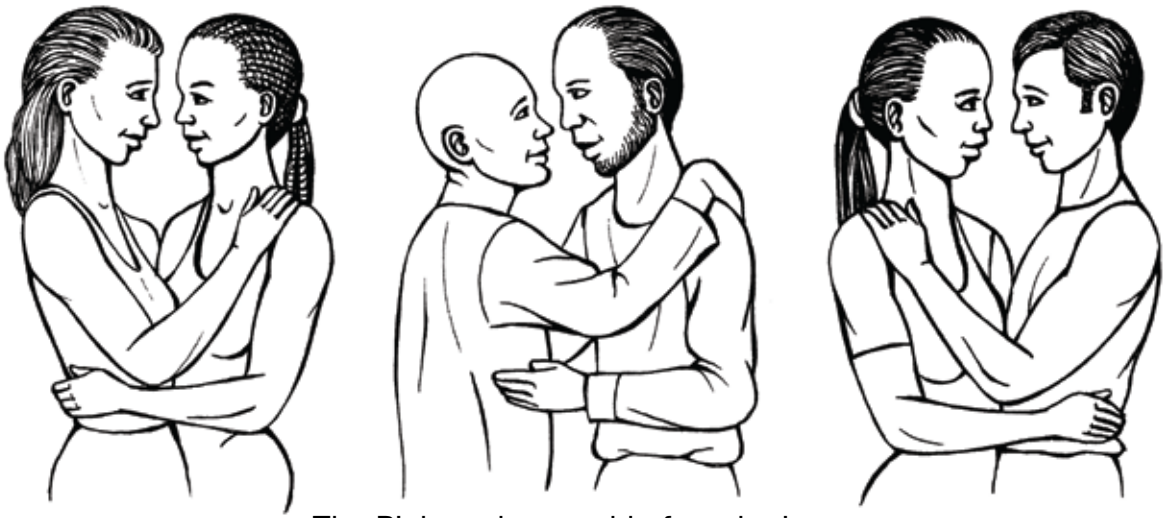
Civil Rights are about an individual's place in a country and maintaining a free, orderly and secure society. These rights allow people to some extent to be free from fear

- right to be a citizen of SA
- Children have the right to an identity
- The right to life

Section 9: The **right to equality before the law** and **freedom from discrimination**. Prohibited grounds of discrimination include race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

The Right to Human Dignity

Section 10: the **right to human dignity**.
Section 11: the **right to life**, which has been held to prohibit capital punishment, but does not prohibit abortion.
Section 12: the **right to freedom** and security of the person, including protection against arbitrary detention and detention without trial, the right to be protected against violence, freedom from torture, freedom from cruel, inhuman or degrading punishment, the right to bodily integrity, and reproductive rights.
Section 13: **freedom from slavery**, servitude or forced labour.
Section 14: the **right to privacy**, including protection against search and seizure, and the privacy of correspondence.
Section 15: **freedom of thought** and freedom of religion.
Section 16: **freedom of speech** and expression, including freedom of the press and academic freedom. Explicitly excluded are propaganda for war, incitement to violence and hate speech.
Section 17: **freedom of assembly** and the **right to protest**.
Section 18: **freedom of association**.



The Right to be equal before the Law

Political rights focus on an individual's right to participate in public affairs and political processes (through standing for election, voting or even being part of peaceful demonstrations). These rights allow people to some extent to be free from threats or discrimination.

Section 34: **the right of access to the courts**.

Section 35: **the rights of arrested, detained and accused people**, including the right to silence, protection against self-incrimination, the right to counsel and legal aid, the right to a fair trial, the presumption of innocence and the prohibition of double jeopardy and *ex post facto* crimes.

- Right to freedom of expression
- Right to assembly, picket and demonstration.

The Right to Strike

- Right to stand for election
- Right to free and fair elections
- Vote for a political party of your choice

DEFINITIONS

Double jeopardy: second prosecution for the same crime

Ex post facto crimes: most typically used to refer to a criminal law that applies retroactively, thereby criminalising conduct that was legal when originally performed.

Social rights are about our lives at home and in our community. Their focus is on things we need to survive and relate to 'freedom from want'

- **Section 20**: **no citizen may be deprived of citizenship**.
- **Section 21**: **freedom of movement**, including the right to leave South Africa, the right of citizens to a passport and the right to enter South Africa.
- **Section 22**: **the right to choose a trade, occupation or profession**, although these may be regulated by law.
- **Section 23**: **labour rights**, including **the right to unionise** and the right to strike.
- **Section 24**: **the right to a healthy environment** and the right to have the environment protected.
- **Section 25**: **the right to property**, limited in that property may only be expropriated under a law of general application (not arbitrarily), for a public purpose and with the payment of compensation.
- **Section 26**: **the right to housing**, including the right to due process with regard to court-ordered eviction and demolition.
- **Section 27**: **the rights to food**, **water, health care and social assistance**, which the state must progressively realise within the limits of its resources.
- **Section 19**: the **right to vote** and universal adult suffrage; the **right to stand for**
- **Section 28**: **children's rights**, including the right to a name and nationality, the right to family or parental care, the right to a basic standard of living, the right to be protected from maltreatment and abuse, the protection from inappropriate child labour, the right not to be detained except as a last resort, the paramountcy of the best interests of the child and the right to an independent lawyer in court cases involving the child, and the prohibition of the military use of children.
- **Section 29**: **the right to education**, including a universal right to basic education.
- **Section 30**: **the right to use the language of one's choice** and to
- **Section 32**: **The right of access to information,** including all information held by the government.
- **Section 33**: **the right to justice** in administrative action by the government.

Cultural rights: Have to do with the language, beliefs and religion of groups of people and the protection of their cultural identity.

- **Section 31: The rights of cultural, religious or linguistic communities** to enjoy their culture, practise their religion and use their language.

Economic rights are rights to do with money and earning a living. They also relate to the necessities we need to survive and are an aspect of freedom from want.

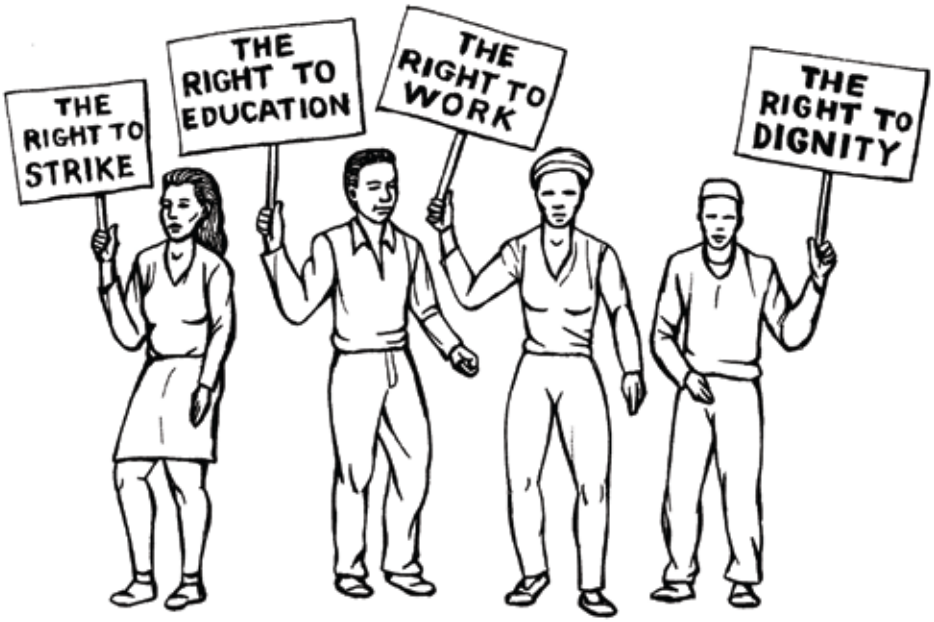
- Right to freedom of trade, occupation and profession
- Right to an adequate standard of living
- Right to fair working conditions
- Right to social assistance (social security, grants)
- Right to freedom from slavery
- Right to strike
- Right to join a trade union
- Right to own land (not have your property taken away)

It should be clarified that individual rights should always be balanced in relation to the rights of others.This was highlighted as being of particular concern in relation to CHC members, who were meant to represent the rights of community members and the treatment of individuals seeking health-care at facilities.

Activity 3: Non-Discrimination 30 minutes

Purpose: To develop a consciousness of various forms of discrimination.
Method: Plenary discussion
Material: Flip-chart and khokis

Procedure:
Participants brainstorm a list of behaviours that needed intervention at their health facilities and emphasises the role of CHC members in interrupting any forms of discrimination. The list below identifies some common forms of discrimination.



- Racial discrimination
- Gender discrimination
- Ill-treatment of the aged
- Ill-treatment of disabled persons
- Ill-treatment based on sexual orientation
- HIV/Aids

The S.A. Constitution and the Bill of Rights, binds all S.A. citizens to democratic practices.

Activity 4: What are Human Rights? 30 minutes

Purpose: To ensure that all participants have a full understanding of the concept of human rights and its importance
Method: Buzz session

Procedure:
1. Find a partner and tell them about a time when one of your human rights was violated.
2. The facilitator writes up the different human rights based on feedback from buzz sessions.
3. Participants are asked to identify where each is covered in the Bill of Rights.

Some possible definitions of human rights:
- Basic standards that you need in order to live in dignity.
- A set of moral principles that apply to everyone equally.
- A claim that we are justified in making.
- Something that we are entitled to and can expect to be met (promise or guarantee)

Rights holders are those who can claim rights or are entitled to rights.

Duty bearers are those who have obligations to fulfil rights, making sure that people's rights are made real. Duty bearers include local, provincial and national governmental authorities.

Activity 5: Different kinds of Rights 30 minutes

Purpose: To develop an understanding of the different kinds of rights to which we are entitled
Method: Group work
Material: Flipchart and khokis

Procedure:
Participants list different health violations that they encounter at the health facility or in their community e.g.
1. Garbage not collected or illegal dumping
2. Facility manager keeping the community health committee out of the facility or
3. Gangsterism that renders community members unsafe Then discuss under which cluster of rights that follows, where the particular violation falls.

When one looks at this list of different rights it is clear that some rights fall into more than one of the groups (see italics). It shows that rights are not easily separated into these different groups and they might belong in two or more of the groups at the same time. People sometimes cluster these rights together and talk about economic, social and cultural rights as one group and civil and political rights as another group.

It is important to note that economic, social and cultural rights can't be seen separately from civil and political rights, and also that one group of rights is not more important than the other.

All economic, social and cultural rights are part of the right to life. Without food, water and decent living conditions the right to life and health becomes threatened. When people are tortured (violating civil and political rights) it impacts on their right to the highest attainable standard of health (an economic, social and cultural right). The right to speak freely and form a group with others (civil and political rights) are what makes it possible for people to campaign for economic, social and cultural rights.

Activity 6: Limits and Balances 30 minutes

Purpose: A role play to stimulate discussion and to get people involved in understanding and balancing rights
Method: Group-work
Material: Volunteers to role-play requiring a police officer, wife and husband.

Procedure:
Participants act out the following scenario. The husband is abusing the wife. When the police arrive they listen to the story and then say that there is nothing they can do because it is a private matter.
Ask the group to discuss the rights that are being balanced against each other here (right to privacy vs. right to be free from public and private violence).
Give input on the limitations to rights and balancing rights.

Rights are often subject to restraints (mostly to respect the rights of others). The rights of two people or organisations may clash and one person's rights may need to be balanced against another person's rights and interests.

Case Study

The policy at schools in South Africa is that pupils have to provide clinic cards to prove that their children have been vaccinated, before children may start school. In 2006 a newspaper reported on a Rastafarian family who wanted their children to start school. Because of Rastafarian cultural beliefs which reject Western medicine, the children had not been vaccinated. As a result these children were not able to start school. The rights that have to be balanced in this case are the children's right to education and the other children at the school's right to be protected from disease (through being vaccinated) as well as the right of Rastafarian people to practise their cultural beliefs. In this case the South African Human Rights Commission ruled in favour of the family and asked that the children be admitted to school. They argued that the school's admission policy requiring vaccination wasn't a good enough reason to deny children their right to education.

Sometimes rights can be suspended (taken away) or restricted by the state. However, for the state to be able to limit or restrict rights:

(From: Liebenberg, S. & Pillay, K. (eds.). 2000. Socio-Economic Rights in South Africa: A resource book. Cape Town: Community Law Centre (UWC) and Foundation for Human Rights in South Africa.)

- The restriction of rights must be set out in a law or regulation
- The restriction is for the purpose of respecting the rights of others
- The restriction is reasonable or justifiable
- The restriction meets the requirements of morality, public order and general welfare in a democratic society

Defining Health

According to the World Health Organisation health is a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."

This means thinking about your health as more than just going to a clinic or a hospital for treatment. We must also think about how to prevent illness and promote healthy living. But there are many social conditions and factors related to your standard of living that influence health - for example, living in a healthy environment, having access to shelter, food, water and adequate sanitation are all important in maintaining good health.

So, in defining health, it is important to talk not only about access to health care but also about these social conditions that affect your health – we call these factors the conditions necessary for health.

Activity 7: Human Rights and Local Government

30 minutes

Purpose: To ensure that all participants have a full understanding of the role local government.
Method: Review slides from City of Cape Town Ward Councillor Training.

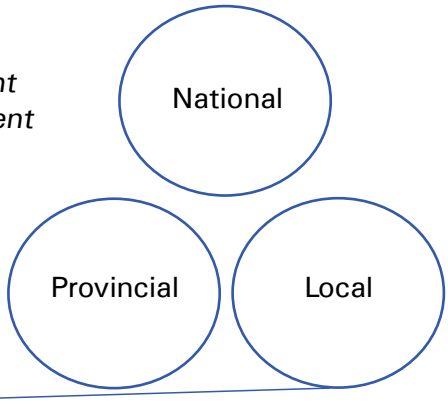
WHAT IS LOCAL GOVERNMENT?

"Local government is the sphere of government closest to the people. It is made up of a municipality which has a council, which must consult the local community and other stake-holders about how to govern in that municipality."

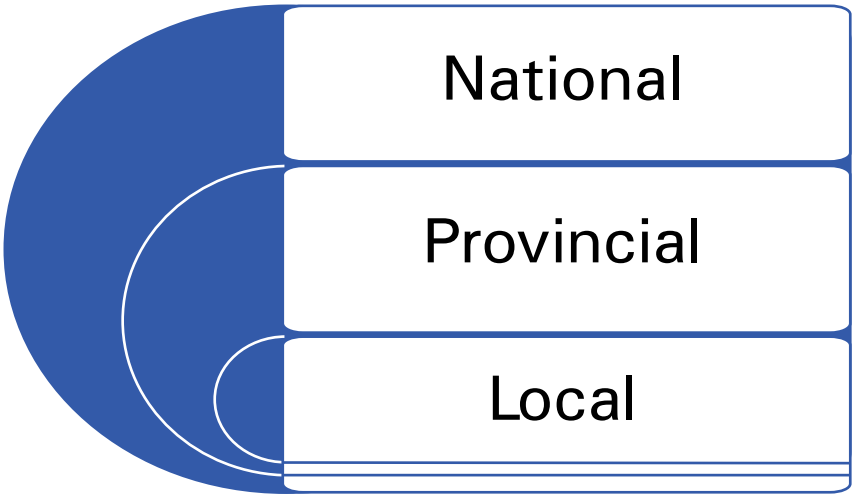
Closest to the people- at the coalface of delivery

- *The Constitution of the Republic of South Africa, 1996 sets out the system of governance for the country. It sets out three spheres of government.*
- *They are:*
  - *National government*
  - *Provincial government*
  - *Local government*

"The three spheres of government are distinctive, interdependent and interrelated".



Three Spheres of Government



There are two ways to look at government:

1. A form of governance where the three spheres of government operate with national being the dominant one and the provincial and local level playing a less important role.
2. A flat form of governance where one sphere is not more important or superior than the other.

The above diagram illustrates that local government is central because it is closest to the people of the country, who elect officials to:

- Provide democratic and accountable government for local communities
- Ensure the provision of services to communities in a sustainable manner
- Promote social and economic development
- Promote a safe and healthy environment

Provisions are made by the Republic of South Africa, Chapter 3 of the Constitution, Act 108 of '96 for three spheres of government, which are distinctive, interdependent and interrelated

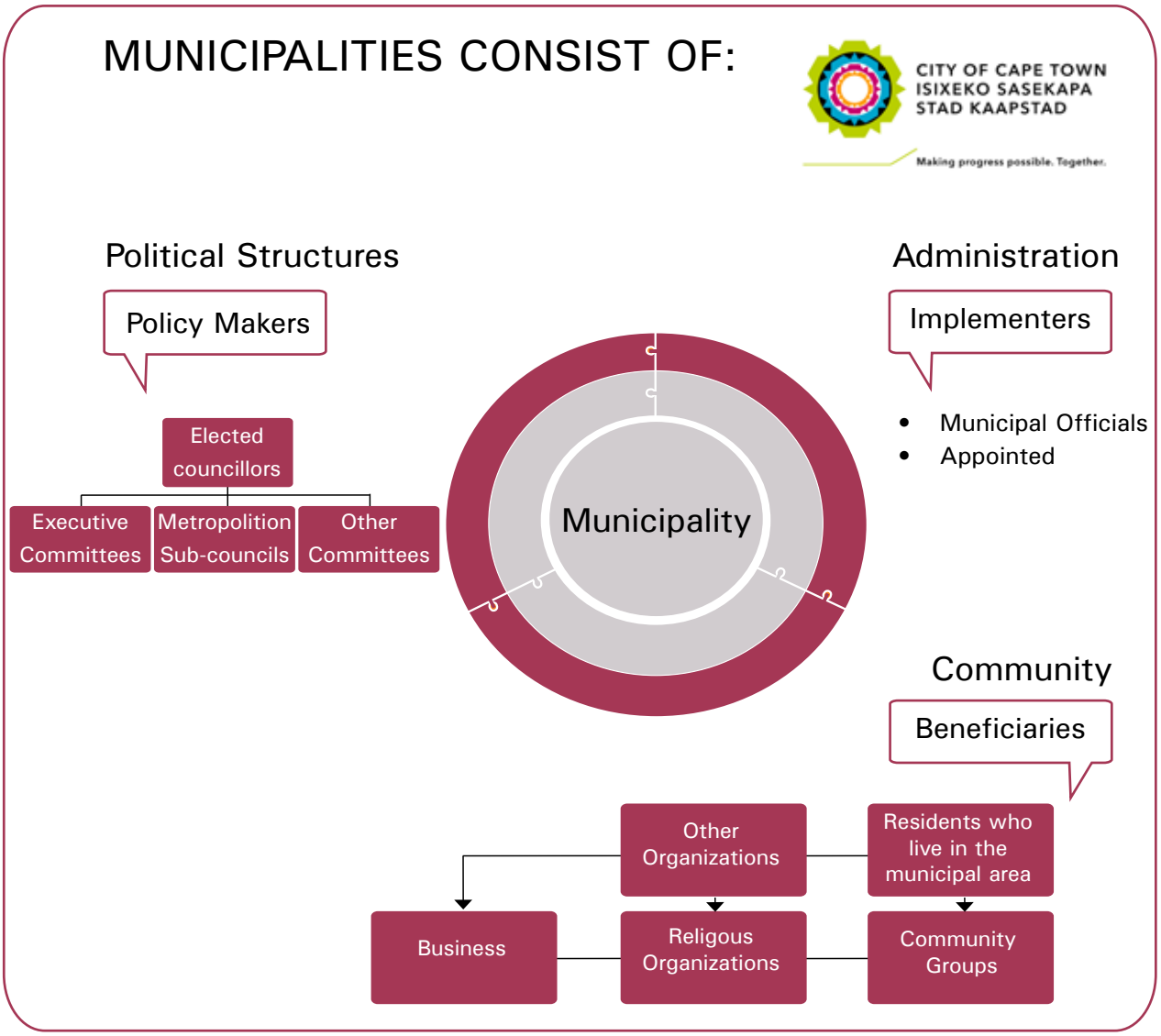
Objectives of local government

- Provide democratic and accountable government for local communities
- Ensure the provision of services to communities in a sustainable manner
- Promote social and economic development
- Promote a safe and healthy environment

Development of duties of municipalities: (Section 153).

A municipality must;

- Structure and manage its administration and budgeting process to give priority to the basic needs of the community
- To promote the social and economic development of the community
- Participate in national and provincial development programmes



A. Political Structures

- The political structures of a municipality are made up of elected representatives or councillors.
- These councillors provide political direction to the municipality.
- They are accountable to the communities who elected them.

B. Councillors

There are two types of councillors:

1. **Ward Councillors:** elected as candidates, who represent particular wards, and
2. **Proportional Representation** (PR) Councillors, elected on a proportional part list, who represent political parties on the municipal council.

- All councillors represent voters on the municipal council.
- The main role of councillors is to provide a link between their constituency and the municipality.
- Ward councillors are directly accountable to residents of their wards.
- PR councillors must represent the policies and the interests of the political parties they belong to in council.

1. Community

The community members are regarded as the stakeholders of a municipality. Community members and health committee members claim their rights by:

- **Finding out about council meetings**: Decisions about community issues are taken at municipal council meetings by elected representatives. Community members are allowed to attend as observers and should occasionally attend these meetings. The local councillor should be able to provide the dates for scheduled meetings.
- **Paying for services**: Communities demonstrate that they are responsible citizens by paying for the municipal services that they use.

The Bill of Rights

The Bill of Rights enshrines the right to administrative action. This requires all spheres of government to ensure that their administrations act in a lawful, reasonable and fair way.

Citizens are entitled to ask for written reasons if administrative action has adversely affected them or if local councillors are not putting glaring requirements on the agenda. Each citizen should know the name of their local councillor or party representative and maintain communication about issues affecting the lives of citizens. This creates a robust democracy. The councillors operate within the ward committees.

Functions and Powers of a Ward Committee

- The ward committee is the institutionalised channel of communication and interaction between communities and municipalities.
- It strengthens the accountability of ward councillors to local residents.
- Provides an opportunity for the community to express their local needs, their opinions on issues that affect their circumstances. E.g. how the budget is used.

Health committees should be one of the advisory bodies created within the sphere of civil society, meant to assist the ward councillor (community ears and eyes) in carrying out his or her mandate.

Activity 8: Rights and Responsibilities

30 minutes

Purpose: To show clearly how every right we have also has a responsibility attached to it
Method: Writing
Material: Pen and notebook

Procedure:
Reviewing the Bill of Rights (from page 74), each person lists three rights which they feel they should have at home. Once written they share with a partner and identify a related responsibility.

Responsibility: *Every right has a matching responsibility. If we want to have our rights met, we must also contribute toward shared responsibility. If we go to the clinic for treatment, the healthcare worker will ask for information about our medical history. If we want the healthcare worker to treat our problem properly, we should provide the correct information. To have our right to access to health care met, we have a responsibility to share medical information that is needed for our treatment. We have the right to express ourselves and the responsibility to observe the dignity of others.*

Definitions

Participation: All people have a right to participate in public affairs and to be consulted in public decision-making.

Non-discrimination: All human beings are entitled to their human rights without discrimination on the basis of gender, race, sexual orientation, religion, political opinion, national or social origin or disability.

Progressive realisation: Steps to improve access to rights over a period of time (a plan for improvement).

Dignity: The idea that every human being has worth and should be treated with respect and without discrimination.

There are certain rights that can never be limited. They are called non-derogable rights, in other words rights that must be guaranteed under all circumstances. These include the following:

- Right to life
- Right to be free from discrimination
- Right to freedom from torture
- Right to human dignity
- Right not to be punished in a cruel, inhuman or degrading way
- Right not to be subjected to medical or scientific experiments without consent or permission
- Right to be free from slavery and servitude
- Children's special rights to be protected from abuse or neglect, exploitative labour and not to be imprisoned except as a last resort
- Various rights of those who have been arrested to be provided with a lawyer, access to courts, etc.

"The right to health does not mean the right to be healthy, nor does it mean that poor governments must put in place expensive health services for which they have no resources. But it does require governments and public health authorities to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time..." ***Mary Robinson, United Nations High Commissioner for Human Rights***

The goal of the first section is to understand the connection between health and human rights. To do so, we aim to get deeper insight into what health is, and how the right to health can best be understood.

Patients' Rights Charter (SA Department of Health)

In 1997 the South African Department of Health launched the Patients' Rights Charter, which aims to make sure that the right of access to health services is realised. They see the Patients' Rights Charter as a way to empower patients in their relationships with health care service providers.

The Patients' Rights Charter lists both the rights and the responsibilities of people using health services. According to the charter, patients have the right to:

- A healthy and safe environment
- Participation in decisions about their health
- Access to health care which includes:

  i. receiving timely emergency care at any health care facility that is open, regardless of one's ability to pay;
  ii. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
  iii. provision for special needs in the case of new-born infants, children, pregnant women, the aged, disabled persons, patients in pain, persons living with HIV or AIDS patients;
  iv. counselling without discrimination, co-ercion or violence on matters such as reproductive health, cancer or HIV & AIDS;
  v. palliative care that is affordable and effective in cases of incurable or

terminal illness;

vi. a positive disposition displayed by health care providers that demonstrates courtesy, human dignity, patience, empathy and tolerance and

vii. health information that includes the availability of health services and how best to use such services, plus such information shall be in the language understood by the patient.

Patients have the right to:

- Knowledge of one's health insurance/medical aid scheme
- Choice of health services
- Be treated by a named health care provider
- Confidentiality and privacy
- Informed consent (information about condition, procedure explained, risks explained)
- Refuse treatment
- Be referred for a second opinion
- Continuity of care (co-operation between health care facilities)
- Complain about health services (poor quality of care)

Patients have the responsibility to:

- Advise the health care providers on his or her wishes with regard to his or her death
- Comply with the prescribed treatment or rehabilitation procedures.
- Enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
- Take care of health records in his or her possession.
- Take care of his or her health.
- Care for and protect the environment.
- Respect the rights of other patients and health providers.
- Utilise the health care system properly and not abuse it.
- Know his or her local health services and what they offer.
- Provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes.

Activity 9: Patients' Rights 50 minutes

Purpose: To apply knowledge gained on the South African Patients' Rights Charter
Method: Group work
Material: Flipchart and khokis

Procedure:
Participants list different health violations that they encounter at the health facility or in their community e.g:

1. Hand out one of the four different case studies related to patient rights (see case studies that follow).
2. Participants should read through the case study individually or one person could read it aloud to the rest of the group.
3. Each group should work together to answer the questions related to their particular case study and capture it on a flipchart.

Case Study 1

I went to the day hospital, for treatment for myself. The nurses there don't care about people. They don't explain things to people. There was this patient, he was very ill. I think he was HIV-positive. He was vomiting. The nurse wanted to make him clean the floor. I told the nurse it was her job to clean the floor as she was working at the clinic. She refused. Eventually I went and fetched a mop to clean up the vomit. I tried to complain about this incident to the head nurse at the facility, but I could not find her. I am sorry that I forgot to take that nurse's name.

Question: Which rights from the Patient's Rights Charter are being violated here?

Activity 10: Strategies for Dealing with Health Violations
50 minutes

Purpose: To apply knowledge gained on strategies for dealing with violation of rights
Method: Plenary

Procedure:
Ask participants to name three health rights violations that they face frequently. Brainstorm strategies to address these and write up the good suggestions and clarify the process step by step on the flip-chart.

Health Professions Council

The Health Professions Council of South Africa (HPCSA) was established by the Health Professions Act 56 of 1974. Its purpose is to control the behaviour of health care providers in order to protect the rights of users of health care services. The council does this by:

- Setting standards for training health care providers
- Making sure that health care providers have continuous training and keep their knowledge up to date
- Upholding the professional and ethical standards of health care providers
- Hearing complaints from the public about health care providers

"…to ensure that persons registered in terms of this Act behave towards users of health services in a manner that respects their constitutional rights to human dignity, bodily and psychological integrity and equality." ***HP Act 56 of 1974.***

It is important to note that the HPCSA accepts only written complaints from members of the public. There are many processes that have to be followed and it may take quite a long time before getting a response to your complaint or for an investigation of your complaint to start. They give the health care provider a chance to respond to the complaint you have made and, if they decide the matter is serious, they will investigate. The Council has a duty to take action against health care providers that do not comply with professional and ethical standards.

Nursing Council

The Nursing Council was established by the Nursing Act 50 of 1978 for the purpose of controlling the nursing and midwifery professions to ensure safe and quality practice. This council has the power to ensure that nurses comply with their ethical and legal duties and it investigates complaints regarding the behaviour of nurses or midwives. They can act against nurses by:

- Cautioning or reprimanding them
- Giving fines
- Withdrawal of their registration to practice as a nurse.

Pharmacy Council

The Pharmacy Council aims to make sure that quality pharmaceutical services (provision of medicines) are available for all the people of South Africa. It assists in the promotion of health and advises on any matter relating to pharmacy (medicines). One of its objectives is to protect the rights of the general public to acceptable standards of pharmacy practice. It also makes sure that pharmacists work and behave ethically and are competent to practice.

The Council will investigate complaints against registered pharmacists and may order further investigation or a formal inquiry. If the pharmacist is found to have acted unprofessionally or unethically, the committee that deals with the inquiry may:

- Reprimand or caution the pharmacist
- Suspend them from practicing for a specific period
- Fine them
- Remove their name from the register, which means they can no longer practice as a pharmacist

South African Medical Association

The South African Medical Association (SAMA) is a non-profit organisation that aims to empower doctors to bring health to the nation. It is a trade union and 'a champion for doctors and patients'. SAMA provides guidelines on fees charged for medical services and deals with any complaints or questions about the fees that doctors charge.

Democratic Nursing Organisation of South Africa

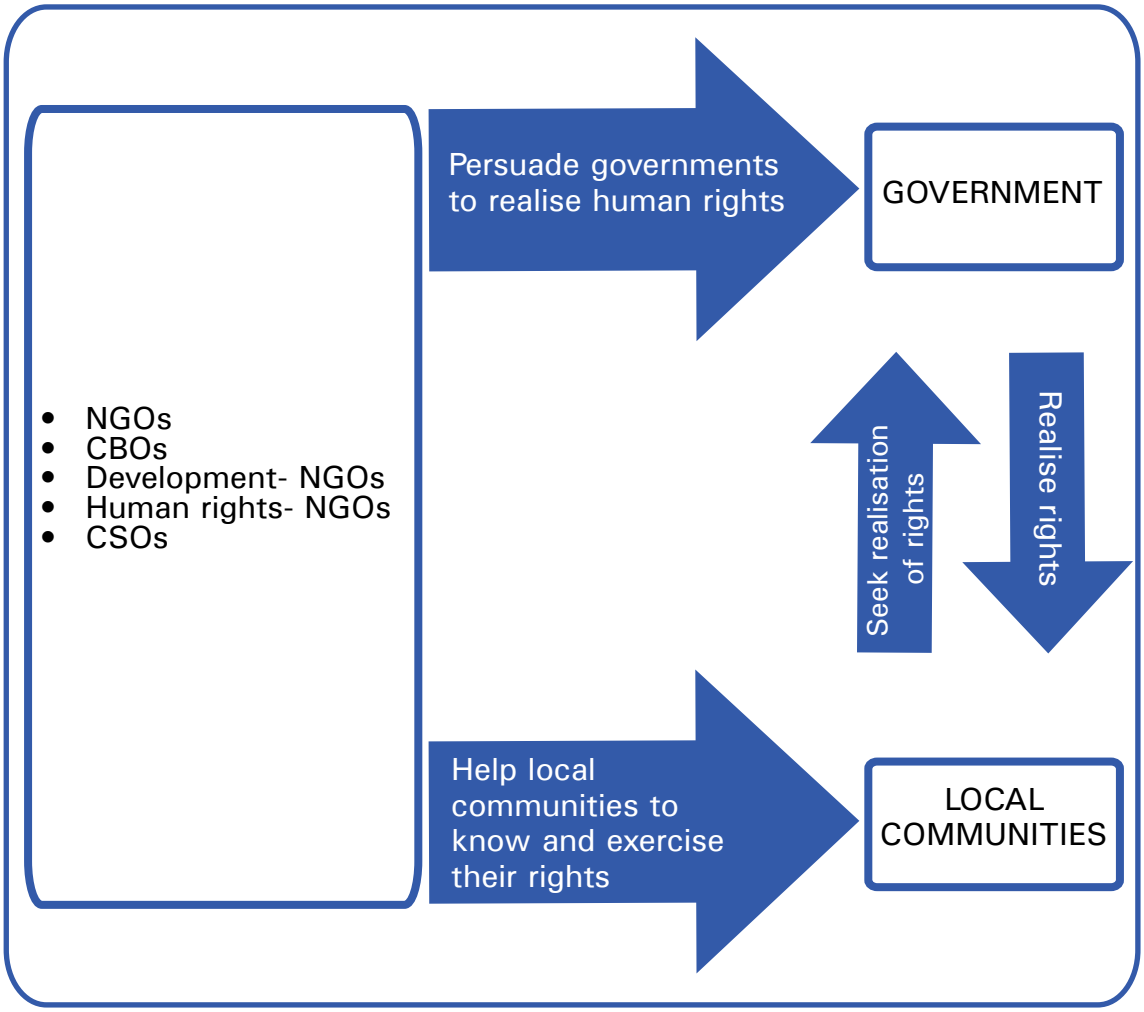
The focus of the Democratic Nursing Organisation of South Africa (DENOSA) is on the needs of their members (nurses) and the health needs of grassroots communities. It aims to promote equal access to health care for everyone and the health of all citizens. DENOSA has an email facility where the general public and members of DENOSA can ask questions or complain.

Civil Society

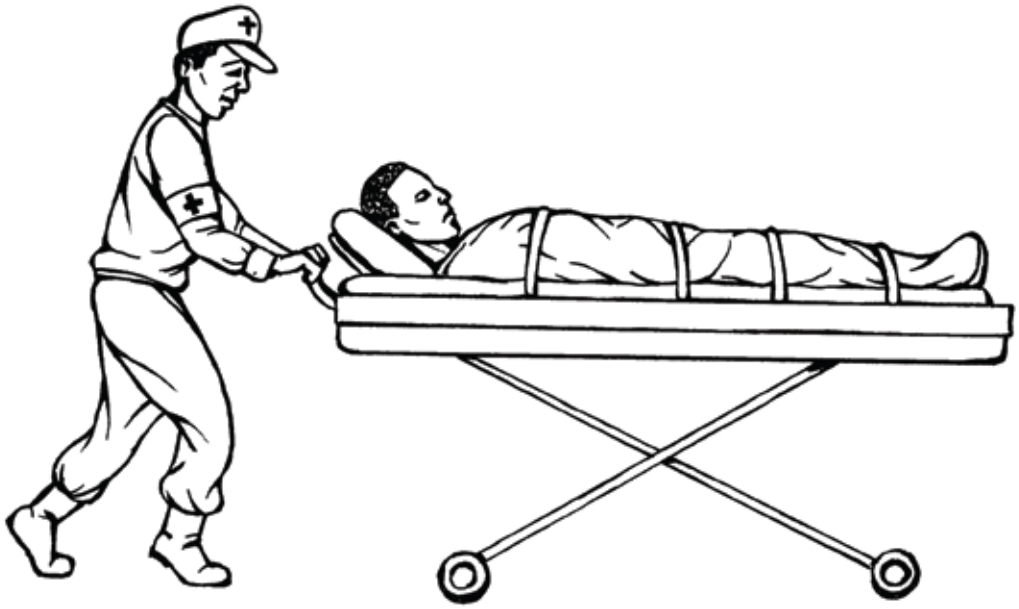
Members of civil society are any groups that are not affiliated with government or with business for example non-profit organisations, unions, educational institutions, community based organisations, advocacy or religious groups. Civil society organisations can play a critical role in dealing with rights violations, through making members of communities aware of their rights, assisting vulnerable groups to join forces in protesting against violations of rights and holding the state responsible to its human rights obligations.

Organisations like the People's Health Movement (PHM) play an important role in campaigning for the right to health. PHM is an international movement committed to the realisation of health as a right. PHM South Africa organises campaigns, media and materials around health rights.

Other non-governmental organisations (NGOs), like the Black Sash, the Treatment Action Campaign, the Community Law Centre, the Legal Resources Centre, the Women's Legal Centre, Equal Education, Section 27 and the Social Justice Coalition, have a history of assisting community members when their rights have been violated.



(From: Haki Zetu (Our Rights), Amnesty International)



Case Study 2

I accompanied a patient who was very sick and weak to the day hospital. As the man was practically unconscious, I had someone with me to help me to carry this man. When we got to the gates of the clinic they refused to let the helpers in to help to get this man into the building. As there was no one to help me with him, I left him outside and went in to see if I could get a wheelchair. The only wheelchair I could find was full of blood and I couldn't use it. I was worried about the patient outside as I knew he needed help immediately. I asked one of the nurses to help me to find a wheelchair. When we got outside the man was on the point of dying. They eventually took him into the health care facility on a stretcher. I went in with him.

The doctors asked me if I was his wife. I said that I wasn't and they asked me to go and wait outside.

Later they came outside and said I should call his wife on the phone, because she needed to be with her husband. I called her, but when she got to the clinic they would not let her in at the front gate. Finally they made an announcement on the intercom asking them to let her in at the front gate.

When she came in they told her to sit down and wait. She was hysterical screaming and asking what was wrong with her husband. The doctor came and told her that her husband had passed away. People are dying in these day hospitals.

Question: Which rights from the Patient's Rights Charter are being violated here?

Dealing with Violations of Health Rights

"Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood he lives in; the school or college he attends; the factory, farm, or office where he works... Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world." ***(Eleanor Roosevelt)***

The goal of this section is to gain a deeper understanding of what it means when health rights are violated, and what an individual or group of people could do about such violations.

Health Rights in the South African Constitution

The South African Constitution refers to health rights in a number of different ways, firstly through the Bill of Rights that supports the values of human dignity, equality and freedom.

Complaining Effectively about Rights Violations

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." ***Margaret Mead***

Approach to complaining

There are a couple of things that are important to remember when you are complaining. Firstly, you should keep copies of all the letters you have sent or forms you completed in order to complain. If you complain in writing and make copies of your complaint letter, then you have proof of your complaint. Normally government institutions have a procedure (a formal series of steps that need to be followed) when you complain. It is easiest to work through these steps and you are more likely to eventually get a response to your complaint. In most cases, when you complain effectively, you are always moving one step up (complaining to someone who has more authority or control) until you are satisfied with the response you get.

- It is important to start off by complaining to the **person directly involved** (in other words the person who you feel has violated your rights, e.g. nurse, doctor, pharmacist or security guard).
- If you don't feel satisfied with how the problem was resolved you can then complain to that person's boss or manager (e.g. **the sister in charge**, **facility manager**).
- You could try to approach the **clinic health committee** if neither the sister in charge nor the facility manager can resolve your complaint or if they don't respond to you.
- You could also try the **sub-district manager (health department)** if neither the sister in charge nor the facility manager can resolve your complaint or if they don't respond to you.

- If your complaint still has not been resolved you can contact the **Provincial Department of Health** (write to or call the complaints manager)
- If you don't have a satisfactory response from the provincial department of health you can contact the **National Department of health** (contact the national complaints centre)
- If your complaint has still not been resolved you can complain to the **South African Human Rights Commission**

Information needed for Complaints

When you complain about a rights violation, always remember to make sure you have the following information:

- The name of the facility or organisation where the violation occurred.
- The names of anyone who was involved in the complaint (if people do not have a name tag, you can ask them what their name is).
- Also remember to have names of any witnesses (other nurses, doctors, patients who saw what happened to you when your rights were violated).
- The time and date of incident.
- Which of your rights you feel were violated.?
- Your name and contact details (so that they know who they should respond to).
- Keep a record of any reference numbers you are given in the process of complaining or copies of any letters or complaints forms.

Case Study

In September 2004 a 57 year old man, Simon Radebe, died on the street in Johannesburg. The two paramedics called out to assist Mr Radebe before he died refused to take him to hospital, claiming that he was too dirty to transport in the ambulance. This was a clear violation of Mr Radebe's right to emergency medical treatment. As a result the two paramedics were dismissed from their position in emergency medical services and two years later the Health Professions Council took away their license to work as paramedics permanently.

(From: Hassim, A., Heywood, M. & Berger, J. 2007. Health and Democracy: a guide to human rights, health law and policy in post-apartheid South Africa. Cape Town. Siber Ink.)

Requirements for a Violation

To respect the right to health, health facilities or health workers must not directly or indirectly prevent the enjoyment of health rights. Let's look at the various references in the Bill of Rights

Section 7: of the Constitution calls on government to:

- respect
- protect
- fulfil and
- promote all the human rights in the Bill of Rights.

Some examples of how the government would **respect** the right to health are:
- By providing equal access to health care for everyone (prisoners,
- asylum seekers, illegal immigrants and people in rural areas)
- By ensuring that only safe medicines or drugs are marketed or sold
- By encouraging effective participation of communities in health-related matters.

For government to **protect** the right to health they must prevent others from interfering with health rights or committing health rights abuses. To do this they should make laws that protect the right to health.

Some examples of how the government would **protect** the right to health are:
- Putting in place laws that require medical aids to provide cover for certain common conditions or illnesses.
- Making sure that all health care providers have been properly trained and that they comply with medical ethics.
- Ensuring that people are not forced to undergo harmful traditional practices (e.g. virginity testing and life-threatening circumcisions).

To **fulfil** the right to health means that government must take positive action to ensure that health rights are enjoyed (by allocating resources to health and making laws or policies that protect the right to health).

Some examples of how government would **fulfil** the right to health are:
- By putting in place policy or laws that guarantee health rights
- By planning to ensure that everyone has equal access to the conditions needed for health (nutritious safe food, clean water, proper housing and decent living conditions)
- By providing health facilities and services to ensure safe motherhood (particularly in rural areas)
- By providing a health insurance system that everyone can afford

In order to **promote** the right to health, government should take steps to make sure that people are aware of their health rights and that they understand how to use them.

Some examples of how government would **promote** the right to health are:
- By making sure communities are given basic education about
- Health matters
- Through information campaigns about important health issues like (HIV, domestic violence, abuse of alcohol or drugs)
- By making use of the media to inform people about their health rights and where they could go if they feel these rights have been violated

Section 27: of the Constitution focuses specifically on health rights and rights related to the conditions needed for health, stating that: "Everyone has the right to have access to health care services, including reproductive health care."

Health care services are only accessible to people if there are enough facilities available and people can get to them (in other words, if they are not too far away so that it is expensive to get to them). Access is only possible if people can afford the costs of health care. People need to know which services exist and feel that they will get good quality medical care there. Language and communication are also issues that may prevent access to services – e.g. if patients can't communicate in their first language or if health care providers are dismissive or disrespectful in their communication with patients.

In addition, Section 27 says that everyone has the right to have access to: "Sufficient food and water and social security, including, if they are unable to support themselves and their dependants, appropriate social assistance."

However, **all of the rights discussed above are limited by this clause**: *"The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights."*

This means that the rights discussed in the first part of Section 27 are rights that government does not have to provide immediately, as long as they can show they have a plan to fulfil the rights over time (progressive realisation). Governments realise these rights by the amount of money and other resources (buildings, equipment, health services staff) that they allocate for fulfilling their duty as set out in the Constitution. They must do as much as they possibly can with the available money and resources. A health right in Section 27 that is **not limited** and that has to be realised immediately is the right that:

"No-one may be refused emergency medical treatment."

DEFINITION

Emergency Medical Treatment: a sudden disastrous event that threatens your life and calls for immediate medical attention. Anyone who is experiencing such an emergency should be given treatment at the closest (public or private) health care facility, whether they can afford the fees for the treatment or not.

Section 24
A further section of the Constitution relating to health rights is dealt with in Section 24 which states that: *"Everyone has the right to an environment that is not harmful to their health or well being."*

The guarantee of an environment that is not harmful to your health means that government should ensure that the environment is not polluted or that health services are not dumping harmful medical waste in areas where people live. This section also means that people have the right to protection if they are living or working in an area that is regularly sprayed with pesticides.

Activity 11: Environmental Health 50 minutes

Purpose: To recognise a clean environment as a pre-requisite to health rights
Method: Group work
Material: Flipchart and khokis

Procedure:
In groups list all the health hazards in your environment (this can include a field with dense overgrowth where women or children could be raped or an area of a street without lighting). Using the resources at the back of the manual, identify the municipal institution responsible for each health hazard identified.

Section 28
There are also sections of the Constitution protecting the health rights of groups of people who are more likely to be at risk of violations of their rights. Children are such a vulnerable group, and therefore in Section 28 of the Constitution are guaranteed the right to: "basic nutrition, shelter, basic health care services and social services".

These are rights that have to be realised immediately and in terms of South African law children under the age of six have to be provided with free health care.

Section 35
Another group that is at risk of becoming victims of the abuse of power is people who are detained or imprisoned.

Case Study

In September 1977 Stephen Bantu Biko died six days after being detained and questioned by police. The first doctor who was called in to examine Biko was told that he was acting strangely and did not respond to questions. The doctor found that he was unable to co-ordinate his movements and found bruising and swelling on various parts of his body.

The doctor did not ask Biko how he was injured and he reported that he found no evidence of abnormality or illness. As his condition worsened, Biko was examined by other doctors who found various signs of evidence of brain damage (slurred speech, left sided weakness and blood in his spinal fluid) but did not provide treatment.

(From Hassim, A. Heywood, M. & Berger, J. 2007. Health and Democracy: a guide to human rights, health law and policy in post-apartheid South Africa. Cape Town. Siber Ink.)

An inquest found that Biko's death was caused by complications following a head injury, most likely sustained during his questioning. Seven years after his death the doctors who treated Biko were found guilty of improper behaviour and one doctor was stripped of his medical qualifications. To prevent this kind of treatment of prisoners today everyone who is detained, including every sentenced prisoner, has the right *"to conditions of detention that are consistent with human dignity, including at least exercise and the provision at state expense of adequate accommodation, nutrition, reading material and medical treatment."*

In a recent High- Court ruling related to the provision of medical treatment for prisoners, government was ordered to provide ARV treatment to HIV-positive prisoners. In South Africa, the courts are directly able to enforce the rights set out in the Bill of Rights. The health rights in our Constitution are also important because they must inform the kinds of laws that the government makes.

National Health Act

The National Health Act 61 of 2003 (NHA) is a law passed by Parliament to ensure the right of everyone to have access to health care services. The purpose of the NHA is to:

- Regulate national health, with a national health system that includes public and private health care providers
- Provide the people of South Africa with the best possible health services that available resources can afford (in a way that is fair)
- Set out the rights and duties of health care providers, health workers, health services and users
- Protect, respect, promote and fulfil the rights of people in South Africa by progressively realising the right of access to health care services, including reproductive health care
- Provide the people of South Africa with an environment that is not harmful to their health or well-being
- Provide vulnerable groups such as women, children, older persons and persons with disabilities with access to health care services
- Provide children with basic nutrition and health care services

In addition the NHA requires that all users have **full knowledge** of:

- Their health status
- The different tests and treatment options
- The benefits, risks and costs associated with each treatment option
- Their right to refuse health services and to have the implications and risks of refusal explained to them
- All the information above should be provided in a language the user understands
- All users to have access to **emergency medical treatment**

Free health care services for:

- Pregnant and breast feeding women who are not members of medical aids
- Children below the age of six who are not members of medical aids
- All persons who are not members of medical schemes (this refers to primary health care only)
- Pregnant women who require termination of pregnancy services

All users to **provide consent** for treatment after being informed:

- What the treatment or the test is
- Why the treatment or test is being done
- What the result of the treatment or test could mean for him or her
- That they have a right to agree to the treatment or test or to refuse treatment

All users to **participate in any decision** affecting his or her health and treatment.

The Department of Health to **disseminate information** about:

- The types and availability of health services
- The organisation of health services
- Operating schedules and timetables of visits
- Procedures for access to health services
- Other aspects of health services which may be of use to the public
- Procedures for laying complaints
- The rights and duties of users and health care providers

All users are to have the confidentiality of their information respected (this means that the person has to give their permission for information about their illness or treatment to be given to any other person). Any person is to be able to **lay a complaint** about the manner in which he or she was treated at a health establishment and have the complaint investigated.

Case Study: The Right to Confidentiality

Mr McGeary wanted to apply for a life assurance policy. The insurance company told him he had to have an HIV test. He went to his doctor and asked him to do the HIV test. When the doctor got the results of the test back, he told McGeary that he was HIV positive.

The next day his doctor played golf with another doctor and a dentist. During the game they discussed AIDS, and McGeary's doctor told the other two that McGeary had tested positive for HIV. He later claimed he had told the other doctors because they may treat Mr McGeary in the future. Within days, news of McGeary's condition had spread through the small community.

McGeary began a civil claim to get compensation from his doctor for breaching his right to confidentiality. During the trial, he died of an AIDS-related illness, but lawyers continued with the case on his behalf. The court decided that Dr Kruger had not respected McGeary's rights and therefore he should pay McGeary's estate R5000 in compensation for breaching his right to confidentiality.

(From: Grant, KI., Lewis, M., Nongogo, N. & Strode, A. 2005. HIV/AIDS and the Law: A trainers manual. Joint OXFAM HIV/AIDS Programme)

Activity 12: Explaining Health Violations

30 minutes

Purpose: To examine participants' ideas and views about what it means to have health rights violated
Method: Plenary

Procedure:
Give participants an opportunity to share stories of health violations that they encountered or experienced. Facilitator captures the violation on the flip-chart and discuss where and how to report these.

Human rights violations take place when government fails to respect, protect, fulfil or promote rights because of:

***Direct actions** of the government: e.g. adopting a law that is incompatible with the right to health, like a law that results in medicines being unaffordable.*

***Negligence:** deliberate failure to take the necessary steps to fulfil or protect the right to health, e.g. by not providing enough budget or staff for health services to function properly.*

***Discriminatory** policies or practices related to people's rights: e.g. like not having sign language interpretation for deaf patients who use health care facilities.*

Not every situation of wrongdoing, failure or bad service by a government authority or health care worker is a violation of health rights. There is a difference between complaints about health care services (e.g. about nurses not allowing patients access to toilets in the facility) and violations of health rights (not having any clinic or health service in a rural town, which is a violation of the right to have access to health care.)

It is also important to note that there may be good reasons why a government authority or a health care worker is unable to meet their duties related to health rights. Here it is important note the difference between the government being **unwilling** to meet its obligations and being **unable** to meet its obligations.

Activity 13: Involuntary Sterilisation 30 minutes

Purpose: To use a case study to understand how health workers can violate patients' rights
Method: Plenary

Procedure:
Participants volunteer to read out the following case study and then discuss whether a right has been violated and, if so, how.

Case Study

A young woman went for a termination of pregnancy (abortion) at a hospital. They did the termination, but two days later she had severe pain and she was admitted to hospital again. They then did emergency surgery at the hospital. After the surgery she found out that she had been sterilised. She had not been informed that this was possible nor had she given her permission for this procedure to be performed and she had still wanted to have children later in life. The organisation she went to for advice had experienced a number of cases where women had gone for a termination of pregnancy and ended up being unable to have children afterwards. This all happened at the same hospital and the organisation suspects that the hospital is routinely sterilising women who come for terminations without their permission.

Answer: The right to health has been violated in this case.

- The health care providers had not sought informed consent before the procedure and had therefore not acted ethically.
- It is the duty of the government to protect people's right to health by ensuring that medical practitioners comply with ethics and take action against practitioners who have not acted ethically.

Health Committee Procedure before directing Complaints to the Department of Health

Health committee members should firstly follow Facility/Clinic Process.
If you feel your rights were violated and you want to complain directly to the health care service, because you are not happy with the response you got from the person directly involved, you can contact your clinic health committee.
Each clinic or community health centre should have a health committee. Health committee's represent the community's interests in the facility and they can assist you with complaints. You should be able to get the contact details of the health committee members from facility staff or you can call the Cape Metro Health Care Forum (umbrella body for all health committees) to get contact details for the health committee at your clinic.

If you want to complain directly to the health care facility or clinic, the name and contact details of the facility manager at a clinic or a community health centre should always be clearly displayed. If it is not displayed a member of staff at the facility should be able to give you the contact details of the facility manager.

Also remember that every clinic or community health centre should have:

- A formal, clear, structured complaints procedure
- The complaints procedure should be clearly displayed at the clinic
- If there is a problem you should be informed of your right to complain and the complaints procedure should be explained to you
- The clinic should provide assistance for those who don't understand the procedure as well as providing help for those who need assistance with complying with the complaints procedure (e.g. someone who is blind or deaf)
- Each clinic should have a register of complaints and keep a record of how these complaints were addressed.

If you are not satisfied with the response you get from the clinic or community health centre when you complain, you may contact the Provincial Department of Health. When you complain to the Provincial Department, they should give you a reference number for the complaint and they will probably respond to you in writing.

Organisations in South Africa that can deal with Violations of Rights

(Contact Details on page 127 in Resources Section)

In South Africa we have a number of formal organisations whose main purpose is to deal with violations of rights or hold government accountable in different ways. These organisations include:

South African Human Rights Commission

The South African Human Rights Commission (SAHRC) is an independent body that keeps an eye on government actions that affect human rights and that is also tasked with monitoring how private institutions respect human rights. The aim of the SAHRC is to create a culture of rights and to promote respect for human rights. The SAHRC can:

- Receive complaints regarding the violation of human rights.
- Investigate and report on human right violations.
- Give people assistance when their rights have been violated or find solutions to remedy violations of rights.
- Conduct research on human rights issues.
- Hold public hearings (where people can talk about violations of their rights) to gather information on specific rights issues.
- Report to Parliament on matters relating to human rights.
- Regularly publish reports on government departments' performance on realising socio-economic rights.
- Make recommendations to government to improve its application of human rights.
- Create awareness of human rights.

The SAHRC will ask for the following basic information if you are complaining about a rights violation:

- Your name, ID number and contact details
- A brief description of what happened
- The date, time and the place where the incident happened
- Which of your rights you feel were violated
- The name and contact details of the person who violated your rights
- The names and contact details of any people who saw what happened to you (when your rights were violated).

Equality court

The right to equality is one of the most basic rights in our new Constitution. To ensure this right the Constitution calls for a specific law to be put in place to prevent unfair discrimination. In September 2000 the Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000) came into operation. In order to deal with unfair discrimination specific Equality Courts were established to enforce this law. You can approach the Equality Court with any complaint about:

- Unfair discrimination
- Publication of information that unfairly discriminates
- Harassment
- Hate speech

Public protector: *"The Public Protector of South Africa strives to make constitutional democracy and the fulfilment of human rights a reality to South Africans through the improvement of national governance."* ***Chief Executive Officer***

The Public Protector receives and looks into complaints from the public against government agencies or officials who deliver a service to the public or who are responsible to the public in some way. This includes provincial government, state departments, local authorities or someone employed by the government e.g. policeman, nurse or doctor, electoral officer and people elected to parliament or local councils. The Public Protector's services are free and available to everyone and, if you lay a complaint, your name will be kept confidential as far as possible.

Developing Effective Strategies for Dealing with Violations of Rights

Besides **complaining** as an individual to an organisation or a government department there are a number of other things you could do to deal with violations of your rights. As an individual you could also get the support of a NGO or a human rights organisation to advise or assist you with rights violations. Sometimes people will go to court or take **legal action** as a way to deal with violations of their rights.

It is often easier if groups of people are able to get together and support each other (**mobilise or campaign**) to achieve their goals. If you find other organisations or people who are also concerned about health rights violations you could work together. Groups of people have more power to influence decision makers or government to make changes. In a joint campaign people may organise protest marches to government, create awareness of the problem in the media or even do a presentation in Parliament to try and bring about change.

Groups of people can also take legal action together and this may be a more effective strategy than an individual going to court alone. Examples of **complaints** you could make as an individual or as a group:

- You could complain to the South African Human Rights Commission about a violation of health rights.
- You could complain to the Public Protector about the actions of a nurse, doctor, facility manager or other public official that you believe has violated your rights.
- You could inform government officials / the Department of Health about health rights violations and ask them to take action.
- You could arrange a meeting to speak to your ward councillor or local councillor about health rights violations.
- You could write to an official or councillor to make a complaint about health rights violations or to give suggestions on how to deal with violations.
- If it is difficult to approach officials directly, you could ask a large NGO to visit an official's office and represent your complaint.

Examples of **legal action** you could take as an individual or as a group:

- You could approach organisations like Black Sash, the Legal Resources Centre or the Women's Legal Centre for free legal advice to decide if you have a strong case to take to court.
- You could file a complaint at the Equality Court (if you feel it is an issue of unfair discrimination) by contacting the Equality Clerk at your local magistrate's office.
- You could request a lawyer to take the case to court (some lawyers will work for free on human rights cases).
- You could get a Legal Aid lawyer or an NGO to assist you to go to court (organisations like the Women's Legal Centre, Black Sash, Legal Resources Centre sometimes assist with court actions).
- After a court has upheld a right, you could get a lawyer to take action to persuade the authorities to implement the judgement.
- You could go to court to bring an individual or group who has violated your rights to justice.

Mobilising or Campaigning about a Right's Issue as a Group:

- You could inform others about health rights issues (distribute pamphlets or write an article for your community newspaper).
- You could make a public statement informing NGOs and others involved in the issue about health rights violations.
- As a group you could gather signatures from people affected by violations of health rights and send a petition to your local political representative or members of parliament.
- You could record violations that you have experienced or seen and when you have enough evidence (data gathered) you could write a report on the patterns and kinds of violations experienced.
- As a group you could do a presentation to the South African Human Rights Commission on health rights violations.
- Some NGOs or Community-based organisations have regular meetings with government officials or councillors. Such meetings may be an opportunity to raise health rights concerns.
- As a group you could try to persuade important members of the community to put pressure on the authorities responsible for the rights violations.
- You could do a presentation on health rights violations to the Standing Committee or Parliamentary Portfolio Committee on Health.
- You could hold a press conference about government health related obligations and compare these obligations to what actually happens at health care facility level.
- You could speak to the media (newspapers, television, radio) about health rights violations.
- You could run workshops or training on health rights violations and their effects with health care workers or policy makers.
- You could organise a protest march/demonstration/mass action about health rights violations.
- You could invite an official to participate in an event, such as to open a workshop or visit a community where there is a problem with rights violations.
- You could hold a seminar on specific health rights topics (especially those that happen to be in focus for some reason) and invite a guest speaker with enough status to attract health officials.
- You could ask officials to open or close community workshops or other events on health rights.
- You could join in campaigns at local, national or regional levels (for example by supporting Black Sash's campaign to get the government to ratify the International Covenant on Social, Economic and Cultural Rights).

LEADERSHIP AND POWER

Learning Objectives:

Committees members will:

- Understand the elements of effective leadership
- Identify the key roles and responsibilities of a community leader
- Understand the qualities/skills of an effective community leader
- Understand the different styles of leadership and the conditions under which these work
- Understand the different types/bases of power
- Get practical tips for dealing with power dynamics in communities
- Have tips for dealing with conflict
- Get practical tips for dealing with conflict in communities

Chapter 4

SESSION 1: BEING A COMMUNITY LEADER

Activity 1: Are leaders born or made? 20 minutes

Purpose: To discuss leadership qualities and to introduce critical thinking
Method: Debate
Material: Two groups

Procedure: Participants decide which side they are on and debate there reasons.

Leadership is not a concept that is easy to define – there is no universal definition of leadership. For some people leadership is a charismatic quality or skill that some people have and others do not possess.

A leader is a person who leads through the power of knowledge, personality or position and leadership is about relationships, values, capacities, qualities and processes that ensure that leadership is created between people in a group.

Leadership, therefore, does not only reside in one strong, charismatic person – it may be seen as an ability or skill possessed by individuals or groups to initiate, guide, influence, persuade and motivate other people to achieve something.

This chapter introduces participants to the dynamics of leadership and power relations and will give participants some challenging and inspiring concepts. It will introduce questions on leadership and power relations that will leave participants with a deeper understanding of what it takes to be a community leader.

The chapter will expose the participants to frameworks and exercises that help them develop a deeper understanding of the practice of leadership, different types/bases of power and conflicts that find expression in the context of community health committees.

Activity 2: Leadership vs Management 10 minutes

Purpose: To identify the difference between leadership and management
Method: Buzz session

Procedure:
With a partner identify the difference between leadership and management. In plenary, the facilitator writes up the responses under two columns marked Leader and Manager.

Leadership primarily has two aspects. These include the ability to **manage** and the ability to **influence**. Management and influence require different skills.

Management	**Leadership** (Oversight)
Incorporates: 1. Planning 2. Developing systems 3. Delegate tasks 4. Risk assessment 5. Time management 6. Evaluation 7. Various aspects of decision-making.	1. Have a vision 2. Influence others to buy into the vision 3. Display impartiality 4. Take accountability 5. Acknowledgement of team 6. Lobby for idea to grow 7. Bring the vision to fruition through teamwork.
Management skills are more practical and can therefore be learned - such as project planning, putting systems in place, staff development and project evaluation.	Having influence requires a level of vision and the strength of personality to implement that vision based on impartiality, accountability and acknowledgement. Influence to a great degree requires flexibility in approach i.e. listening to others, being willing to hear the point of view of others, promoting team co-operation and adjusting strategies according to available evidence.

DEFINITIONS

Decision-making: Managerial and administrative. Call the shots based on planning and listening to all the relevant opinions, for the best possible outcomes and for risk management.
Impartiality: Neutrality and fairness. Fair management of the human resources within the organisation to achieve agreed upon objectives.
Delegation: Assigning tasks. Proactively sourcing skills and using them where appropriate.
Accountability: Taking overall responsibility for all decisions taken and activities implemented, especially when things go wrong.
Acknowledgement: Giving credit to staff for hard work, teamwork, achievements and good ideas.

Fundamental differences in Leadership and Management

Leading:	**Managing**:
1. Is an attitude 2. Use of influence 3. Creating change Involves the creation of a vision and motivating in that direction through ideas, guidance, energy and motivation.	1. Is an assigned role 2. Relates to roles and functions 3. Creating order Involves planning, organising staff, time-frames, work flow, overseeing administration and evaluation.

Flexibility

The Taoists in China, through their observations of nature, know that what survives on earth is that which easily adapts to the changing circumstances in the environment. The universe is constantly evolving and all things in it are constantly developing and changing. Therefore any inflexibility in belief systems, patterns of behaviour or habits of physical or intellectual nourishment can cause one to respond to external stimuli in a way that leads to extinction.
In the workplace this could lead to the extinction of a particular programme or product line because it is no longer valid.

Read the following Tao poem about flexibility and, in a buzz session, provide each other with feedback about times when participants have been flexible (or not).

The Power of Flexibility

A man living is yielding and receptive.
Dying, he is rigid and inflexible.
All things, the grass and trees:
Living, they are yielding and fragile;
Dying they are dry and withered.
Thus those who are firm and inflexible,
Are in harmony with dying
Those who are yielding and receptive,
Are in harmony with living

Therefore an inflexible strategy will not triumph;
An inflexible tree will be attacked.
The position of the highly inflexible will descend;
The position of the yielding and receptive will ascend.

Activity 3: What is a Community Leader?

10 minutes

Purpose: To discuss how confident CHC members feel about carrying out their responsibilities
Method: Brainstorm
Material: Flip chart and khokis

Procedure: The facilitator draws a mind-map with the responses.

A Good Community Leader

- Takes responsibility for the well-being and improvement of the community.
- Is prepared to step in and show the way.
- Has a particular talent and is able to think creatively and has great ideas that help to improve the community.
- Expects and models excellence and self-direction.
- Is able to mobilise the community towards a common vision and goals.
- Can create a feeling of bonding and belonging among people.
- Puts people first and sees their role as supporting/nurturing people.
- Builds consensus through participation.
- Understands the leadership roles and responsibilities they have to perform in relation to the community (or community health committee).
- Has deep respect for and curiosity about the people they work with – they know who the people are, what they know, what they see of them and even include what they do not see of them.
- Is interested in the people and listens deeply to what they think, say, feel and what it i that they want.
- Has the ability to uncover the hidden knowledge, experiences and resourcefulness of people and is able to recognise and appreciate the people's power.
- Helps people ask their own questions, form their own judgments and make their own choices, even if they disagree.
- Helps people to learn from their own and each other's experiences – more importantly it is someone who can help people to learn how to learn effectively so that they can become more independent thinkers.
- Works for the good of the whole community, not only for the interest of a few.

The following is a list of leadership qualities and descriptions

Quality	Description
Visionary	A leader should visionary; they must have a clear vision of what could be or should be – being able to develop and communicate a vision is a driving force which inspires people to become leaders and accept the duties of leadership
Courage	A leader must have courage to act even in difficult circumstances. This is a motivating factor which encourages people to take responsibilities of leading
Enthusiasm	This quality is very important for a good, effective leader – enthusiasm is a form of persuasiveness that causes others to become interested and willing to accept what the leader is attempting to accomplish
Stability	A leader must understand his or her own world and how it relates to the world of others – one cannot solve problems of others when preoccupied with one's own problems

Care for others	A leader should show care for other people – a caring leader never pulls down, belittles, diminishes or undermines people. Concern for others requires understanding other people's needs, patience, selflessness and listening. In as much as a leader takes care of others, he or she must also take care of their own wellbeing.
Self-confidence	This ability gives a leader inner strength to overcome difficult situations and to take hard and risky decisions
Persistence	A leader must accept to face challenging tasks and have determination to stick with those tasks until they are complete – it is self-evident that successful people are those who persevere, those who have determination and work hard to achieve their goals
Vitality	A leader must have strength and stamina needed to fulfil her or his tasks - vitality makes it possible to realise effective leadership
Charisma	This is a special personal quality that attracts the interest of others and causes them to follow – charisma results in admiration, enthusiasm and loyalty of followers
Integrity	A good, effective leader is honest, respectful, reliable and truthful with good character

The list above is not definitive and there are many more characteristics related to good leadership. Participants can add such qualities as 'intelligence' and discuss what this means to them.

Activity 4: How do you Rate as a Community Leader? 15 minutes

Purpose: To assess your leadership and management skills
Method: Buzz session

Procedure:
Work with a partner that knows you and assess each other's leadership style, providing examples of why you provide a particular rating.

How do you rate? (1 is the lowest; 10 is the highest)

1. **Vision:** a sense of what could and should be done
   1 2 3 4 5 6 7 8 9 10
2. **Courage:** acting and making decisions under difficult circumstances?
   1 2 3 4 5 6 7 8 9 10
3. **Enthusiasm:** personal commitment that invigorates and motivates people
   1 2 3 4 5 6 7 8 9 10
4. **Stability:** free from mental disturbance
   1 2 3 4 5 6 7 8 9 10
5. **Care for others:** service to followers and interest in their needs
   1 2 3 4 5 6 7 8 9 10
6. **Self-confidence:** inner strength that comes from preparation and competence
   1 2 3 4 5 6 7 8 9 10
7. **Persistence:** determination and ability to overcome challenges
   1 2 3 4 5 6 7 8 9 10
8. **Vitality:** strength and stamina
   1 2 3 4 5 6 7 8 9 10
9. **Charisma:** magnetic ability to attract people and influence them to follow
   1 2 3 4 5 6 7 8 9 10
10. **Integrity:** honesty, strong character, courage that generates trust
    1 2 3 4 5 6 7 8 9 10

Although participants may be tempted to rate themselves very highly, good community leaders will know that there is always room for improvement and will seek opportunities to improve their skills at people and project management and strategic planning.

In the space below, list the things that you would like to do to improve your leadership and include what you have already done e.g. attending workshops and courses on leadership skills or skills related to health improvement.

Activity 5: What challenges do Community Leaders Face?

10 minutes

Purpose: To develop a transparent understanding of the challenges faced by community leaders
Method: Group work

Procedure:
In small groups each participant will turn to a partner and identify existing and potential challenges they may face in their communities in the context of health care committees.

Challenges community leaders face
List these challenges

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Each group shares the challenges they have listed and this is followed by a discussion.

SESSION 2: DIFFERENT LEADERSHIP QUALITIES

Activity 6: Identify your Leader 15 minutes

Method: Group work
Materials: Paper and Pen

Procedure:
Go through the list of leadership styles below and identify a leader from the clinic or politics or sports (it could be national or international/men or women/ dead or alive) or any other sector that applies to that particular leadership style. In plenary each group discloses who they chose and the facilitator writes up on a flip chart.

People not only have different leadership styles but there are also times when a good leader will deviate from her or his usual style. The following leadership styles could identify a particular method that leaders use but a different context could also lead to the application of a different method or approach.

The Co-ercive Leader: She/he demands immediate compliance. If this style were summed up in one phrase, it would be: *"Do what I tell you."* The co-ercive style is most effective in times of crisis, such as, during an emergency. Suited to military, corporate or institutions that need to be re-vamped. This style can also help control challenges in a community or organisation when everything else has failed. It should be avoided in almost every other case because it can alienate people and stifle flexibility and inventiveness (creativity).

The Visionary Leader: Has a clear vision and mobilises the team toward a common vision and focuses on end goals, leaving the means up to each individual. If this style were summed up in one phrase, it would be: *"Come with me."* The visionary style works best when the team needs a new vision because circumstances have changed or when explicit guidance is not required. Visionary leaders inspire an entrepreneurial spirit and vibrant enthusiasm. It is not the best fit when the leader is working with a team of experts who know more than him or her. This pioneering style is useful in new initiatives where the leader is bringing in new concepts.

The Affilliative Leader: Brings a feeling of bonding and belonging to the community or organisation. If this style were summed up in one phrase, it would be: *"People come first."* The affiliative style works best in times of stress, when the team or group need to heal from a trauma or when there is need to rebuild trust. This style should not be used exclusively.

The Democratic Leader: The leader builds consensus through participation. If this style were summed up in one phrase, it would be: "What do you think?" The democratic style is most effective when the leader needs the team to buy into or have ownership of a decision, plan or goal or if he or she is uncertain and needs fresh ideas from qualified teammates.

It is not the best choice of leadership style in an emergency situation, when time is of the essence or when teammates are not informed enough to offer sufficient guidance to the leader. This style is very effective when trying to build unity and there is a need to empower and hear a range of different concerns.

The Pace-setting Leader: Expects and models excellence and self-direction. If this style were summed up in one phrase, it would be: "Do as I do now." The pace-setting style works best when the team is already motivated and skilled and the leader needs quick results; however, this style can overwhelm team members and stifle innovation. This leadership style is very effective in huge corporations with areas of specialisation and can be ruthless at times.

The Coaching Leader
This kind of leader develops people for the future. If this style were summed up in one phrase, it would be: "Try this." The coaching style works best when make them more successful overall. It is least effective when teammates are defiant and unwilling to change or learn, or if the leader lacks proficiency. This leadership style is also effective when training people towards a practice.

Activity 7: Identify your Personal Leadership Style
15 minutes

Method: Individual
Materials: Manual

Procedure: Reflect on the previous leadership styles and identify which style most represents you as an individual and/or which one you would aspire to.

Former S.A. President, Nelson Mandela's inauguration speech:

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us.

We ask ourselves, Who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you.

We are all meant to shine, as children do. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others." **Marianne Williamson**

Activity 8: Leadership quotes 30 minutes

Purpose: To develop a transparent understanding of the challenges faced by community leaders
Method: Group work

Procedure:
Examine the following quotes about leadership. Ask participants to explain the meaning of the following leadership quotes written up and pasted around the room.

"I have cherished the ideal of a democratic and free society in which all persons live together in harmony and with equal opportunities." - Nelson Mandela	***"The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy."*** -Martin Luther King, Jr.
"The most potent weapon in the hands of the oppressor is the mind of the oppressed." -Steve Biko	***"They cannot take away our self-respect unless we give it to them."*** - Ghandi
"Nothing can make you feel inferior without your consent." - Eleanor Roosevelt	***"The significant problems that we face cannot be solved at the same level of thinking we were at when we created them"*** -Albert Einstein
"Where there is no vision, the people perish." -Proverbs 29:18	***"Leadership and learning are indispensable to each other."*** - J.F. Kennedy

SESSION 3: POWER RELATIONS IN COMMUNITIES

Activity 9: How do we understand power?

15 minutes

Method: Brainstorm & group work
Materials: Flip chart and khoki

Procedure:
The facilitator uses the flipchart to write up the responses to the following questions and will use this as the basis for further discussion and exploration of the concept.

1. Where in our community health forums have we experienced healthy and unhealthy power relations?
2. How have we responded to them?
3. Do we struggle to talk about power in our community health committees? Why?

The facilitator takes feedback from the groups and records the key ideas and thoughts from each group on flipchart.

Understanding different types and bases of power

Those of us working in community health committees have to be conscious always of the role and significance of power: who has it and who is powerless. Being aware of power is critical to an understanding of how it can be used to serve our needs and interests as members of community health committees.

Any community development intervention should lead to a change in the nature and quality of relationships between different actors. As community leaders, working with relationships should be our key focus – the relationship between community health committees and the health facilities in communities is an important one to work with. Under the best of circumstances these relationships are difficult and complex.

This is especially true because power lives in relationships. More often than not, community development initiatives are hampered because of power relations that prevent co-operation, which oppress, stress and limit the potential of people. Therefore, if we want to see transformation of power we have to help to change such relationships.

There is no one ideal power relationship. Different situations in our communities demand different kinds of power and as things change, so too should relationships change to meet the new situation.

Power Within (independent power); This kind of power is obtained when developing the inner knowledge, skills and confidence that increase the quality of our lives. Gaining power within includes learning, achieving success, and enjoying the feeling of self-worth that comes with personal growth. Something innate in human beings drives us to set goals; to achieve them, to improve upon what others have done before us and creatively adapt to new situations - using power to progress.

Interdependent Power: This is achieved when working cooperatively with others; this is also the power of human solidarity, of collective struggles for human rights, and creative collaborations. It is the place where the need for power and the need for love and belonging intersect. If you think of the great achievements of the human race, they all resulted from human beings working together or building on the achievements of those who came before them. 'Power with' has to do with finding common ground among different interests and building collective strength. Healthy organisations and collaboration are an expression of this power as are community struggles and social movements, when they use the unity gained from "power with" in order to counter abusive "power over".

Position Power: Based solely on a 'position of authority', this type of power comes from the formal authority people get from their position in a committee, institution or society. This base of power is often backed by law or policy; for example the chairperson of a community health committee. This is one form of power. Whether it is used as 'power with' or 'power over' is based on how this power is exercised.

Personal Power: This power stems from the ability of community leaders to attract others, to build strong interpersonal relationships, to persuade and build loyalty. The base of power is based on the charisma and inter-personal skills of the power holder. This is an example of 'power within', but it can be used as 'power over'. Where the world is becoming more democratic, relying less on positional power and more on consensus, this form of power becomes all the more significant, requiring a deeper focus on individual empowerment. In this case the community leader is liked and admired by others because of her or his personality and the constructive work that they do; this means that those working with the community leader sometimes identify with the community leader.

Reward Power: This power depends upon the ability of the power wielder to give valued material rewards, such as money, benefits, time off, desired gifts, promotions or increases in pay or responsibility. In the development sector this

power is particularly held by donors and other intermediaries who distribute funding. It is also 'power over'. Some donors who dispense funding do so out of a spirit of solidarity and deep humanity and are uneasy with this power, preferring to develop partnerships based on 'power with'. There is a tension here that has not been resolved in the development world, yet is seldom discussed between the givers and receivers of funding.

Expert Power: When the community leader gains respect or has influence because she or he is perceived to possess expertise, skill or knowledge. There is often need for the expertise, skills and knowledge in the community. Unlike the other bases of power, this type of power is usually highly specific and limited to the particular area in which the expert is trained and qualified. Being well-informed and up-to-date with useful information is part of this power. This is also an example of power within but it can be used as power over (positively or negatively) especially where expert skills and knowledge are perceived to be desperately needed.

Connection/Relationship Power: This is based on the individual's connection or relationships with influential or important persons inside or outside the organisation or community. This is often the case where the person knows or has established a network; in this way the person is able to influence people drawing on the relationship or connection to such influential people or network.

Co-ercive Power: This has to do with the application of negative, fear-based influence on others. It might be based on any of the above power or even physical strength to ensure the obedience of those under power. Co-ercive power tends to be the most obvious but can be the least effective form of power as it builds resentment and resistance. If the community is particularly powerless then this form of power is effective, especially in poor communities - e.g. gangs.

Activity 10: Exploring Powerfulness and Powerlessness

30 minutes

Method: Buzz session & small groups

Procedure: In pairs take turns answering the following following;

- What kinds of power do I use and rely on in different relationships in my life?
- What kinds of power do others use over me or with me?
- What kinds of power are used in the relationships that govern our community health committee?

What kinds of power do we want to use in different situations in our community health committee in the future?

Small group exercise: Participants in small groups share incidents where they felt either powerful or powerless. Choose one about feeling powerful and one about feeling powerless and write it up in the following way.

- Who was involved?
- What did they do?
- What did you do?
- What made you powerful?

- How did it feel?
- How did others feel?
- How did others respond to you?

Conclusion

It is when people abuse power over other people that we see power in a negative light. 'Power over' is not, by definition, bad. Power over only becomes destructive if one is using 'power over' irresponsibly, depriving others of meeting their basic needs and full potential.

In its destructive form 'power over' is taken as exclusive, conflictual and competitive, where the way of getting it is to grab it from someone else or to prevent someone else from exercising their power. Here, 'power over' perpetuates inequality, injustice and poverty. Most often this form of power is exercised when people win exclusive power, when they take power. We even see this happening when people from marginalised communities take power in some way, sometimes adopting the same abusive behaviours as those from whom they have taken power.

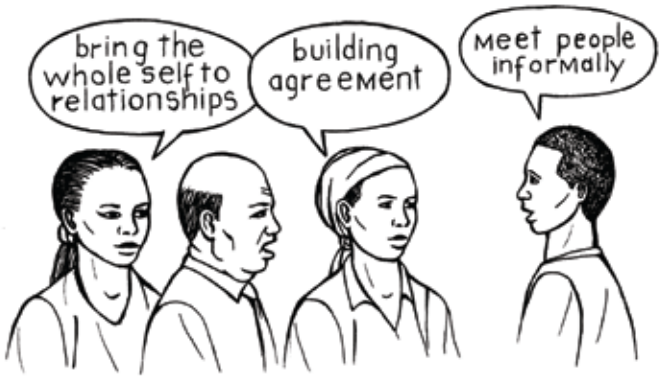
Self-Reflection

1. **Memory of other relationships:** How often do you reflect as a community health committee on your experience of relationships with other health committees and health facilities? Just as a person may be very wary in a new relationship when they were betrayed in their previous relationship, so a community health committee that had had a failed relationship with a health facility will be cautious in a new relationship.

2. **Leaving problems to fester:** In a relationship things can go badly wrong, leaving hurt and broken trust in its wake. Perhaps an expectation was not met during the implementation of a project. If left unresolved, this will in turn fuel further misunderstanding and negative feelings, intensifying the attitudes that people have towards one another.

3. **Blaming the other party for a difficult relationship:** Blaming another person or group is common but futile. It creates distance and defensiveness, and does not help the relationship develop. If you are not happy about a relationship, it is more useful to think about what you need to do, or not to do, to make it better. You can change your behaviour much more easily than you can persuade someone else to change theirs.

4. **Being overly task-focused:** Just focusing on the task or project deliverables while excluding the feelings and needs of others is not helpful; often our jobs are dictated by narrow project time-frames and deliverables, which create a climate where a task-focus enjoys greater emphasis. However, if you ignore people's feelings and drive through the task regardless, you will alienate others and you will not get the contribution you could get if there was greater sensitivity to their needs. People are not machines; if you treat them with respect and understanding, and listen to their feelings, they will want to give more and work better together.



Some Practical Tips for Dealing with Power Dynamics in Communities

Bring the whole self to relationships: Be in the present moment, be frank and show empathy and respect for experiences of others and appreciation for what they say.

Meet people informally: Remember that most people feel relaxed in informal settings. If you have real interest in developing your relationship then arrange to meet people in an environment where they are feeling at home. When people are relaxed they are more able to speak about what is important to them and to be themselves.

Encourage interest in the personal: One of the practices that can be used to facilitate a more open and relaxed environment for working in a community health committee, is to ask people to introduce themselves, and to include what they have left behind at home, office or the field in order to attend the meeting or workshop. This opens up the possibility of sharing some of the feelings that they have. It is not unusual for some to talk about significant issues that are affecting them at that moment, as well as the feelings that go with them. People that feel acknowledged are better able to put aside some of their frustrations.

Building agreement: This can be achieved by getting people to write down on the left side of the paper a list of 'things I can do to help you'. Then on the right hand side of the sheet people can write a list of 'things you could do to help me'. Invite the other person or group to add to both lists. Then discuss the results and work on the changes.

Empowerment

Sociological empowerment often addresses members of groups that social discrimination processes have excluded from decision-making processes through - for example - discrimination based on poverty, education, disability, race, ethnicity, religion, or gender. Empowerment as a methodology is often associated with feminism and adult education. Sometimes groups are marginalised by society at large, but governments are often unwitting or enthusiastic participants. Equal opportunity laws which actively oppose such marginalisation, allow increased empowerment to occur.

Marginalised lose their self-confidence because they cannot be fully self-supporting. The opportunities denied them also deprive them of the pride of accomplishment which others, who have those opportunities, can develop for themselves. This in turn can lead to psychological, social and even mental health problems.

Empowerment is then the process of obtaining these basic opportunities for marginalised people, either directly by those people, or through the help of non-marginalised others who share their own access to these opportunities. It also includes actively thwarting attempts to deny those opportunities. Empowerment additionally includes encouraging and developing the skills for, self-sufficiency, with a focus on eliminating the future need for charity or welfare for the individuals of the group. This process can be difficult also to begin and to implement effectively.

One empowerment strategy is to assist marginalised people to create their own nonprofit organisation, using the rationale that only the marginalised people themselves can know what their own people need most, and that control of the organisation by outsiders can actually help to further entrench marginalisation.

In the context of health committees, empowerment is the attempt to ensure that the health services address the community needs, in a way that acknowledges their human right to health and the right to be treated with dignity and respect. Empowerment in this context also means increasing the quality of the services and the access to these services. In addition, empowerment means expanding the range of quality health services available to community members.

SESSION 4: DEALING WITH CONFLICT

Activity 8: Conflicts in Community Health Forums

20 minutes

Method: Brainstorm & small groups
Material: Flip chart and khokis

Procedure:
Participants generate examples of what causes conflicts in community health forums. In small groups, each group takes one or two examples and provide an 'ideal' resolution.

Defining Conflict

Conflict is a felt struggle between two or more interdependent individuals or groups over perceived incompatible differences in beliefs, values, and goals, or interests or resources. Conflicts are inevitable social problems but, how we manage and handle conflicts is what contributes to positive change in organisations and community structures.

Conflicts may be differentiated depending on the number of people involved in a conflict. There are *intrapersonal*, *interpersonal* and *societal conflicts.*

- Intrapersonal conflicts refer to the discord that occurs within an individual.
- Interpersonal conflicts refer to the disputes that arise between individuals - these are typical conflicts we frequently experience in our communities, and organisations.
- Inter-group conflict refers to clashes between men & women, white and black or between societies and nations.

Different Conflict Styles

A conflict style is defined as a patterned response or behavior that people use when approaching conflict. Understanding these styles can help you select the conflict style that is most appropriate to the demands of the situation. In many cases, some people may rely more heavily on one conflict style than on others due to past experiences or situational factors. The following five conflict styles: (1) avoidance, (2) competition, (3) accommodation, (4) compromise and (5) collaboration can help individuals assess their own responses to conflict situations.

Activity 9: Identify Yourself? 30 minutes

Method: Buzz session
Materials: Flip chart and khoki

Procedure:
Participants read through the different conflict resolution styles below and with a partner discuss which styles they would use and why.

Conflict Modalities: Identify Yourself

1. **Roll over:** What does a dog do when you reprimand it?
2. **Smasher:** Fighting as the only option, confrontation, using force.
3. **Negotiator:** Compromise, working together, collaboration.
4. **Builder**:Resolves a problem.

Different situations require different conflict resolution styles, depending on the circumstances. Sometimes you have to fight, e.g. if your life or livelihood is in danger. The other three are better options, depending on the scenario. When a child is told to clean her/his room, roll-over is possibly the best option. When two children are fighting over space in a room, building or negotiating could be considered. List two examples where each of the above is appropriate.

Some practical suggestions for managing conflicts:

This section offers some practical tips or suggestions for managing or handling conflicts in communities and organisations. It is important to bear in mind that effective communication plays a significant role in handling conflicts. When conflicts exist, they are recognized and expressed through communication.

Separate the people from the problem:

Conflicts comprise a problem factor and a people factor. To effectively deal with conflict, both factors need to be addressed. By separating people from their problems, we enable ourselves to recognise others' uniqueness because everyone has his or her own distinct thoughts and feelings in different situations.

Focus on interest, not positions:

Emphasise that parties involved in a conflict must focus on interests and not just positions. In this context, positions represent our stand or perspective in a particular conflict, whereas interests represent what is behind our positions. In other words, positions are the opposing points of view in a conflict, and interests refer to the relevant needs and values of the people involved.

Create options for mutual gains:

This is difficult to do because humans naturally see conflict as an 'either-or' proposition. We either win or lose; we get what we want, or the other side gets what it wants. We feel the results will be favorable either to us or to the other side, and we do not see any other possible options. Focusing on the interests of the parties in conflict can result in this kind of creative thinking. By exploring where our interests overlap and dovetail, we can identify solutions that will benefit both parties. This process of fulfilling interests does not need to be antagonistic; it can be a win-win situation.

Insist on using objective criteria

Effective negotiation requires that objective criteria be used to settle different interests. The goal of going to table to negotiate is to reach a solution that is based on principle and facts, not on pressure. Parties in conflict need to search for objective criteria that will help them view their conflict with an unbiased lens.

Objective criteria can take many forms including:

1. **precedent** – looks at how a particular issue has been resolved previously;
2. **rules or standards** – looks at the rules or standards for behavior based on a profession or group norms for those involved in the conflict;
3. **legal precedent** – looks at the legal ramifications of the conflict and considers what a court would decide;
4. **moral standards** – looks at resolving the conflict based on ethical considerations or "doing what's right" (for the group or community);
5. **tradition** - looks at established practices or customs in considering the conflict;
6. **scientific judgment** - considers facts and evidence.

ADDITIONAL RESOURCES

Additional Resources include:

1. Emergency contact details.
2. Complaints bodies
3. Template for a HC Constitution
4. Examples of a budget, an agenda and a quarterly report.

ADDITIONAL RESOURCES

Emergency Contact Details

1. **South African Human Rights Commission**
   Tel: 011 877 3600 (Switchboard) - National
   Tel: 021 426 2277 | Fax: 021 426 2875 – W. Cape
   WEBSITE: www.sahrc.org.za
   General information: **info@sahrc.org.za**
   Complaints: complaints@sahrc.org.za

2. **The Equality Court**
   TOLL FREE LINE: 0800 11 20 40
   Customer Service Line: (012) 366 7143
   customerservice@pprotect.org
   Tel: 0860 142 142
   service@westerncape.gov.za

3. **Health Professions Council**
   Client Care: 012 338 9300/01012 328 5120
   Email: info@hpcsa.co.za
   www.hpcsa.co.za
   legalmed@hpcsa.co.za
   Fax: 012 328 4895

4. **Nursing Council**
   National: 012 420 100
   Registrar@sanc.co.za

5. **Pharmacy Council**
   Call centre: 0861 7272 00 or
   Tel: +27(0)12 321 1492
   Email: customercare@sapc.za.org

6. **The Public Protector**
   info@pprotect.org

Example of Health Committee Constitution (Cape Metro Health Forum Draft Constitution for Health Committees

Health Committee Constitution
(Draft)

1. Name

The name of the organisation is the

Preamble
The Health Committee is hereby established
to realise the aims and objectives as set out in the Provincial Health 2020 Plan and the National Health Act 2003. It aims to:

1. Give recognition to the need to improve the health status of all communities that is served by the local Community Health Centre.
2. Serve as a support base through the local health centre and the Sub-District Health Forum.
3. Endorses the fundamental rights as entrenched in the Constitution of the Republic of South Africa.
4. Supports the principles of the Alma Ata Declaration of treating the patient holistically and according to The Patient's Rights Charter, Batho Pele principles.
5. Believes that access to proper Health Care is a basic human right and shall ensure that all Service Providers respect and honour the dignity of every individual at all times.
6. Commits itself to partner with all service providers in a spirit of mutual co-operation with City Health, Metro District Health Services, higher Education institutions and co-operates.
7. The Health Committee is Non-Discriminatory and a political

2. VISION:
To improve the quality of life in the community by assisting and empowering members to have a say in the decision making process and all other developments of health services in the area.

3. MISSION:

1. To contribute towards the process of transformation in Primary Health Care by ensuring community participation
2. To identify community health needs and establish strategies to reach them through a process of multi-sectoral collaboration.
3. To promote partnerships and working relationships amongst all the relevant stakeholders.
4. To promote community based education and intersectoral collaboration.
5. Empower people to exercise their rights and responsibilities and shaping environments, systems and policies that are conducive to their health and wellbeing.

6. Through the establishment of effective communication channels the committee undertakes to encourage and promote the sharing of ideas, expertise, concepts, experiences and knowledge of health promotion.
7. To act as a line of communication between the community and services

4. MEMBERSHIP:

1. The Health Committee will be constituted by two mandated representatives from relevant stake-holders.
2. Members will serve for a period of three years, but will be reviewed on an annual basis at the Annual General Meeting.
3. Members and/or office bearers do not have rights over resources that belong to the Health Committee but are accountable for all resources.
4. Persons elected onto the Health Committee shall have certain responsibilities towards the Health Committee.
5. A person shall cease to be a member of the Health Committee if in any way incapable of fulfilling their responsibilities to the Health Committee.
6. Membership shall also cease through resignation, lapsed of attendance, expulsion and death or none-attendance of 1-3 meetings without apology.
7. The Community Health Facility manager, sub district chairperson and the Primary Health Care manager of the sub structure will preside over the election process.

8. **Staff and officials that serve in a decision-making position from City Health and Metro District Health Services, PR Councillors and Ward Councillors attend as *Ex Officio* Members. They must give the Health Committee guidance, advice, assistance and direction. They must also keep the Health Committee up with date of all the latest health developments and restructuring within the Health Departments at local, provincial and national levels. All councillors must keep the Health Committee up to date with the latest developments within the council.**

5. GENERAL MEETINGS:

1. General meeting will be open to all organisations and interested role players
2. General meetings shall take place monthly and one compulsory Annual General Meeting in a financial year.
3. The Community Health Facility manager or *secundi* to attend the Health Committee meetings.
4. The main functions of the General Meeting shall be to:
   - Review reports and directions given by the Health Committee.
   - Local and MDHS representatives report on the services
   - Ensure maximum consultation with all
   - To co-opt members if necessary
   - Amend any changes to the constitution, which need to be in writing and adopted at the AGM

6. FUNCTIONS AND POWERS

1. MEETINGS

The Health Committee shall meet once every month of the year at the Community Health Centre, with dates and time set suitable for all.

2. MINUTES OF MEETINGS

Minutes shall be kept from all Health Committee meetings held quorated or not quorated. A copy of the Health Committee meeting, agenda and attendance register shall be served to the Sub-District Health Forum. The minutes must be circulated seven days prior to the meeting.

3. INTERVIEWS AND STATEMENTS

Only the Health Committee executive or someone mandated by the Health Committee executive shall be allowed to issue statements to the media for and on behalf of the Health Committee.

4. QUORUMS

50% plus 1 in attendance shall constitute a quorum. In the absence of a quorum the meeting may proceed, but no decisions can be taken. Notice need to be given for a quorated meeting within 14 days; at this meeting in the absence of a quorum it will serve as a decision making meeting.

5. ACCOUNTABILITY

- All Health Committees are accountable to the respective communities that elected them to address their health needs and concerns.
- All Health Committees are accountable to their Sub-District in providing them with monthly reports.
- Health Committee members representing the Committee at any level need to give feedback.
- The Community Health Centre manager and the top five members will take full responsibility for the functioning of the Health Committee.
- Every representative is accountable for addressing the health needs of the community they represent.

7. THE EXECUTIVE COMMITTEE

1. The Health Committee shall be elected from all organisations present at the time of the elections.
2. Giving direction includes developing a clear idea of the purpose, vision and mission of the organization.
3. Holding the ultimate authority and responsibility of the organisation.
4. Develop and maintain good public relations.
5. To facilitate and co-ordinate active community participation.
6. The executive need to meet once a month or more regularly as the need arise.

8. ELECTION PROCESS

1. The presiding officers shall be provided with a copy of the organisation's constitution, attendance register and mandatory forms.
2. PR Councillors, Ward Councillors, City and MDHS officials to assist with the elections if they are available at the time of elections.

3. Only candidates present at the time of elections shall be voted onto the Executive Committee.
4. Should more than one (1) be nominated to a certain position then the highest vote shall ascertain the position and the second highest shall ascertain the Deputy or Vice position
5. Should there be any irregularities, concerns, complaints and discrepancies then the Presiding Officer shall have the right to declare the election Null and Void and another date, time and venue must be set for the re-election of office bearers.
6. All the relevant role players and stake holders must be informed in writing of the re-election of office bearers and the reason for the re- election.
7. The re-election shall take place within 30 days of the announcement.
8. All the complaints need to be in writing, giving full details of the complaints and the contact details of the complainant/s within seven (7) days of the election of office bearers taking place.
9. Only two (2) votes per organization for the establishment of the Health Committee Executive.
10. Two representatives will be elected to serve on the Sub District Executive.
11. No member shall serve on two different Health Committees, Sub Districts or Health Districts.

9. THE CHAIRPERSON / VICE CHAIRPERSON

FUNCTION: To ensure that the committee fulfils its responsibilities of governance by building an effective, efficient, participative team and by developing a co-operative working relationship with fellow committee members and other relevant role-players.

RESPONSIBILITIES:

9.1 Chairing all Committee and Executive Committee meetings.
9.2 Representing the Committee as necessary
9.3 Facilitating the work of the Committee.
9.4 Support and stimulate the participation of each Committee member, calling on special skills and knowledge as needed.
9.5 Initiate and lead evaluations of the vision, mission, goals, objectives and general performance of the Committee on a regular basis.
9.6 To set the proper example at all times.
9.7 Lead by example in all planning and review phases of the Committee
9.8 Encourage personnel and professional development of committee members.
9.9 Act as liaison when concerns are raised.
9.10 Protect participants from personnel attacks.
9.11 Build the committee into a working team that takes pride in a job well done.
9.12 Work closely with fellow committee members to strengthen the Committee and to develop future leadership.
9.13 Draw up the agenda with the assistance of the Secretary.
9.14 Be bold enough to rise above political affiliations.

10. THE SECRETARY/ASSISTANT SECRETARY
FUNCTION

Keep records of all meetings, take minutes of all meetings and notify all committee members and all relevant stakeholders and role – players of all meetings, including the AGM.

RESPONSIBILITIES:

10.1 Assist the Chairperson during meetings.
10.2 Keep all correspondence of the Committee.
10.3 Organizing of meetings with the assistance of the Chairperson.
10.4 Notice of Committee meetings must reach members at least (7) seven days before all meetings.
10.5 Responsible for keeping a list of the names and addresses of all Committee members and a list of members attending meetings.
10.6 Ensure that there is an agenda available at all meetings.
10.7 Provide a suitable filing system for the maintenance of all records, which shall be accessible to all Committee members at all times.
10.8 Organize and maintain a continual record of original minutes, letters, responses, audited accounts, budgets, information, on programmes offered, news clippings and other important historical information.
10.9 Pictures are particularly interesting in telling the history. This will always be in the care of the secretary for safekeeping but will be available to anyone who wishes to view it.

11. THE TREASURER
FUNCTION
To ensure accountability of all funds of the organisation

RESPONSIBILITIES

11.1 Shall be responsible for all the funds of the organisation.
11.2 Shall keep proper records of all income and expenses.
11.3 Shall open a bank account with a recognised banking institution.
11.4 Deposit all funds in accordance with the provisions of the constitution.
11.5 Shall provide updated statements at monthly meetings or when required.
11.6 Allow regular inspection of financial records by the committee members or any delegation as mandated by the organisation.
11.7 Has no authority to draw any funds without a proper mandate from the Committee.
11.8 All withdrawals/payments shall be duly authorised by the Executive Committee or the Plenary and shall bear the signatures of any two of following office bearers: Chairperson, Secretary and Treasurer.
11.9 No overdraft facilities to be allowed on the bank account. No debts may be incurred by the Executive Committee as a whole or individually.
11.10 The Committee may not give any of its money or property to its members or office bearers. The only time it can do so is when it pays for work that a member or office bearer has done for the organisation. The payment must be a reasonable amount for any work that has been done.

12. THE ANNUAL GENERAL MEETING

12.1 The Annual General Meeting will take place at the end or within three months of each financial year.

12.2 Election of office bearers will take place after every term of office has expired.

12.3 The Chairperson will submit an annual report covering the activities of the Committee for the past year.

12.4 The secretary will also submit a report.

12.5 The Treasurer will submit a financial report.

12.6 The dates, venues and time will be set at the AGM or at the first meeting of the new term of office for the ensuing year.

13. PROCEDURAL ISSUES

13.1 Proper minutes of all meetings shall be kept.

13.2 If any meeting is unable to reach consensus on any issue, a vote may be called for, with a 50% plus 1 majority deciding the issue. Voting shall be by a show of hands unless a secret ballot is requested. If the issue still cannot be resolved, then an independent task team will be set up as a mediator.

13.3 All parties involved in the dispute will be given the opportunity to put forward their side of the debate.

13.4 Members shall be entitled to abstain from voting on an issue and retain their right of autonomy.

13.5 Members who do not support a particular decision made by the Committee, have the right on request to have their names on supporting documents or publications as dissenting.

13.6 Similarly, if the Committee does not agree with a statement made by a member(s), the Committee would have the right to disassociate itself from the particular statement(s).

14. **SPECIAL GENERAL MEETING**

14.1 The Executive Committee may call Special General Meetings whenever the need arises to discuss specific issues which impact greatly on smooth running of the organisation.

14.2 The Secretary must send out the notices for such meetings not less than fourteen (14) working days before such meetings.

14.3 An urgent meeting requires notice of not less than 48 hrs.

16. AMENDMENT OF THE CONSTITUTION

Amendments to the constitution may only be made at the AGM or at a Special General Forum meeting. Only written amendments received by the EXCO at their last EXCO meeting before the AGM or before a Special General Forum meeting will be entertained. Any amendment must have two thirds (2/3) majority vote to be approved.

17. DISSSOLUTION

The Health Committee may be dissolved by resolution of a two-thirds (2/3) majority vote of the members of the Committee present at a meeting specially constituted for such a purpose. Notice of such Special General Meeting shall be given 21 days before.

If, at dissolution of the Committee and after meeting the liabilities of the Committee, there remain any assets or funds, it shall be transferred to the Sub-District Health Forum, in accordance with the decision of the members present.

This Constitution has been adopted at an Annual General Meeting on:

Day ……Month…… Year ……

Chairperson: ……Printed……Signed

Secretary: ……Printed. ……Signed

ALL MANDATED REPRESENTATIVES PLEASE PROTECT, HONOUR AND RESPECT YOUR CONSTITUTION AT ALL TIMES AND NOT ONLY WHEN IT SUITS YOU.

Example of The Budget

SAMPLE BUDGET for: Support for a workshop on Reducing Teenage Pregnancies hosted by the Health Committee.

Activities or Tasks	Duration (days or weeks) How long	Who will do it	Costs: travel, catering, materials, venues, phones, meetings, stationery,	TOTAL BUDGET
Make 700 flyers of invitation for workshop (stationery, photocopies, transport to town to photocopy)	1 morning	Secretary	Stationery R10 Photocopies (A5) i.e. 2 copies per A4 sheet at R1 per sheet R350 Transport to town to photocopy R40	R 400.00
Venue hire (book & pay, arrange to get key)	1 morning	Campaign Co-ordinator	R 150.00 for a morning booking	R 150.00
Collect 5 boxes of apples from Spar Buy juice for all participants Tea, coffee, milk and sugar	1 morning	Campaign Co-ordinator and community liaison officer	Taxi fare for 2 R40 x2 Juices 2 litre R30 x 8 Tea, coffee, milk and sugar Apples donated free of charge	R 80.00 R240.00 R200.00
Distribute the invitations to clients attending the clinic Email the invitations to support organisations	5 mornings	Committee members Secretary	No cost (time needs to be allocated) Use of clinic computer. Requires time allocation	
TOTAL:				R1070.00

All Health Committee members need to understand how to manage a simple cash book. Here is a simple example.

Example of a Simple Cash Book

	INCOME	Reference			EXPENDITURE	Reference	
Date	Details	Receipt No.	Amount	Date	Details	Invoice No.	Amount
	Balance Brought Forward						
	TOTAL				**TOTAL**		
					BALANCE		

The Balance at the end of January will be carried forward to start the Cash Book on the 1st of February.
If you have a positive balance for the month, it is a SURPLUS
If you have a negative (minus) balance for the month, it is a LOSS or DEFICIT.
(Keep all receipts!)
NB: KEEP ALL SUPPORTING DOCUMENTATION IN AN ORGANISED FASHION: Receipts, Invoices, Letters from Funders

Agenda for Meeting of the KwaZakhele Health Committee
To be held at Kwazakhele Clinic, Befile Street
Date: 16 October 2014 at 16h00

1. Introduction and Welcome
2. Present
3. Apologies
4. Absent (those people who are meant to be in attendance but have not provided an apology)
5. Agreement on agenda and inclusion of other agenda items
6. Adoption of Previous Minutes
7. Matters Arising from Previous Minutes
8. Report from Facility Manager
    a. Primary Health Care Package
    b. Health Targets and Indicators for Primary Health Care
    c. Meeting Facility Objectives
    d. Complaints Process
    e. Current Health Challenges and Achievements
9. Report from Councillor / councillor representative
10. Reports from Office Bearers / Sub-committees
11. Forthcoming Calendar Health Days
12. Announcements
13. Any other business
14. Date, time and venue of next meeting
15. Closure

NOTES

What we wanted to achieve	ACTIVITY	What was done?	RESULTS ACHIEVED	SUCCESSFUL and Why?	NOT SUCCESSFUL and Why?	REMEDIAL ACTION TO BE TAKEN
Determine community satisfaction with health facility	Conduct client satisfaction surveys	• 100 clients complete a questionnaire • 100 clients interviewed in person or by telephone	• 20 questionnaires received • 30 clients interviewed	Limited success Community is not familiar with questionnaires and was a bit suspicious of our motives	Clients were reluctant to talk to us. We need to understand why this is the case	• Inform committee of problem • Allocate areas of the community to each committee member so as to talk with community members informally

Quarterly Review Template

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Contact Details

The Health and Human Rights Programme
School of Public Health and Family Medicine
Falmouth Building
Faculty of Health Sciences
University of Cape Town
Observatory, 7925

Kanya Mdaka
Phone: 021 4066978
Email: Kanya.Mdaka@uct.ac.za

LEARNING NETWORK