Enhancing Health System responsiveness through Community Participation: Health Committees as vehicles for meaningful participation

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Introduction

Community participation and the right to health are key elements of responsive health systems. However, little research links human rights approaches to governance in ways that recognize participation as critical to health systems.

Alma-Ata: "People have the right and duty to participate individually and collectively in the planning and implementation of their health care …"

South Africa: White Paper on Transformation of the South African Health System (1997): Participation in *planning and provision* of health services; Ensure *accountability.*
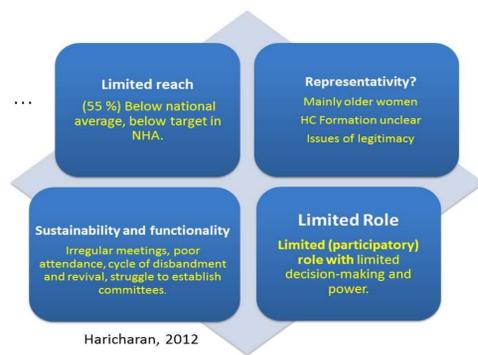National Health Act (2003) states:
a) Each clinic should have a **health committee** composed of: Facility manager, ward councillor, community members.
b) Role and functions left to **Provincial legislation**.

Uganda: Decentralisation policy; Confusion with Village Health Teams; incomplete reach, unsupported

Previous Research in South Africa identified:
- Agency is critical for realising rights (London, 2007)
- Problems in meaningful community participation; weak committees little agency (Glattstein-Young, 2011; Meier et al, 2012; Haricharan, 2012)
- Health Committees in a Policy vacuum (Meier et al, 2012)

In 2012, a Western Cape Review found …

Limited reach (55 %) Below national average, below target in NHA.

Representativity? Mainly older women HC Formation unclear Issues of legitimacy

Sustainability and functionality Irregular meetings, poor attendance, cycle of disbandment and revival, struggle to establish committees.

Limited Role Limited (participatory) role with limited decision-making and power.

Haricharan, 2012

Role Conflict:

Governance/ accountability   vs.   Service support/ extension of services

Interventions

A 3-year project explored the potential of Health Committees (HCs) in 2 urban centres in South Africa and 1 rural site in Uganda to serve as vehicles for increasing health system responsiveness and strengthening health governance through realizing the right to health. To test models of good practice, the study implemented a range of interventions.

	Cape and Nelson Mandela Bay Metro, South Africa	Kiboga and Kyankwanzi, Uganda
Training	3-day training addressing leadership and HC roles, human rights, democracy	Training preceded by FGs, participatory needs assessment
Mentor-ship	Learning Circles	Community dialogues
Exchanges	WC, EC and Uganda; Participate in Reg. Consult.	Regional Consultation, visited WC HCs
Policy dialogues	District Health Council consultations	Engagement with Health Ministry; local council chairs
Complaints	Model process	
Set up	Model, develop guidelines	Guidelines for health workers
Advocacy	Legislation for HCs	Regional activity on HCs
Materials	Manuals, DVD	Manuals, other materials

Aim

To explore how health committees can strengthen health system responsiveness by acting as vehicles for community participation within a human rights framework

Methods

Mixed methods including (i) Immediate post-training evaluations (ii) interviews of HC members, elected officials, providers and managers' for experiences and perceptions; (iii) participant observation.

Findings – Western Cape, South Africa

Skills:
- Confident in HC role 92%;   New skills learnt for HC role 92%
- New knowledge of Health System 78%
- New knowledge of Community Leadership 89%
- Capable to run a HC 86%;   Confident to be a Community Leader 81%

"… the confidence that came with time… in time we understood why things were happening; decisions were taken because we had the knowledge, we could draw up a petition and tell them this, that and the other. And they couldn't tell us "no but you're wrong' because we got the information beforehand." [HC member]

Health Committee Functioning:
- Health Committee functioning well: 90%; meets regularly: 83%
- Members retained in past year: 90%
- Involved in complaints management 81%
- Involved in M&E 79%;   Involved in Health Campaigns 78%

Relationship with facility manager:
- Facility manager reports regularly to HC: 76%
- Good or excellent support from manager: 66%
Relationship to community:
- Annual community meeting: 66%
- Regular community meetings: 52%
- Community is aware of HC work: 62%

I know that I 'm not their slave. If the clinic is dirty it's not my role to clean the clinic." [HC member]

"…what has changed is the fact that we do understand more what they experience and why. The decisions that they implement are not theirs … I do feel that they now realize that we are not actually the enemy on the other side, that we are there to assist them…" [HC member]

"Our health committee is a benefit for this clinic …" [facility manager]

Understanding HC role:
- Represent Community Views to services 90%
- HCs can influence health service's plans 90%

"You know, I always thought that the Health Committees' role was to … do education and awareness. But that was just one aspect …the training focused on how we must be involved in looking at the type of services that are delivered …".

Health workers often poorly oriented to community participation; As HCs capacity increased, so did the potential for conflict with the services.

Findings – Ngarenyuki, Rural Uganda

After training, workshops, 2 case studies found:
Case study 1: HC initiated community meetings, Raised awareness in community and secured upgrade of facility through lobbying – led to additional needed personnel appointed.
Case study 2: Improved communication, improved relationships, active involvement area councillor.
Challenges: No stipends, political opportunism

Discussion – how have things changed?

- Improved functionality of HCs – training can work
- Participation of facility managers and/or councillors;
- Enhanced confidence; improved understanding of role and of health system constraints, skills built;
- Stronger engagement with community.
  → Mainly linked to improved understanding of role and function of HC
- Systems: Patient complaints; setting up HCs; mentorship, upgrading of facility, additional staff
- Able to identify and hold accountable duty bearers
- HC capacity building can strengthen agency as vehicles for community voice, particularly if consciousness raising (Freierian) approach to empowerment integrates rights-based approaches

Figure 1: Organisational capacity to function as a resilient, strategic and autonomous entity

Values!   training   Revise Systems

Source: Elloker S, Olckers P, Gilson L, Lehmann U. Crises, Routines and Innovations: The complexities and possibilities of sub-district management. In (Eds) South African Health Review 2012/13. pp 161-173. Durban: Health Systems Trust.

Conclusion

- HC capacity building can strengthen their agency for community voice and meaningful participation, especially if integrated in rights-based approaches.
- Training must be reinforced with wider health systems interventions – e.g. training of providers & managers, linked to performance management + accountability.
- Complementary and supporting role of civil society.
- Overemphasis on hardware and tangible software ignores the importance of intangible software - attention to trust, respect, effective communication, values and power – will make Health Committees effective vehicles for community participation.

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Acknowledgements and Further Information

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