

# Health care users' experience as a focus for unlocking opportunities to access quality health services

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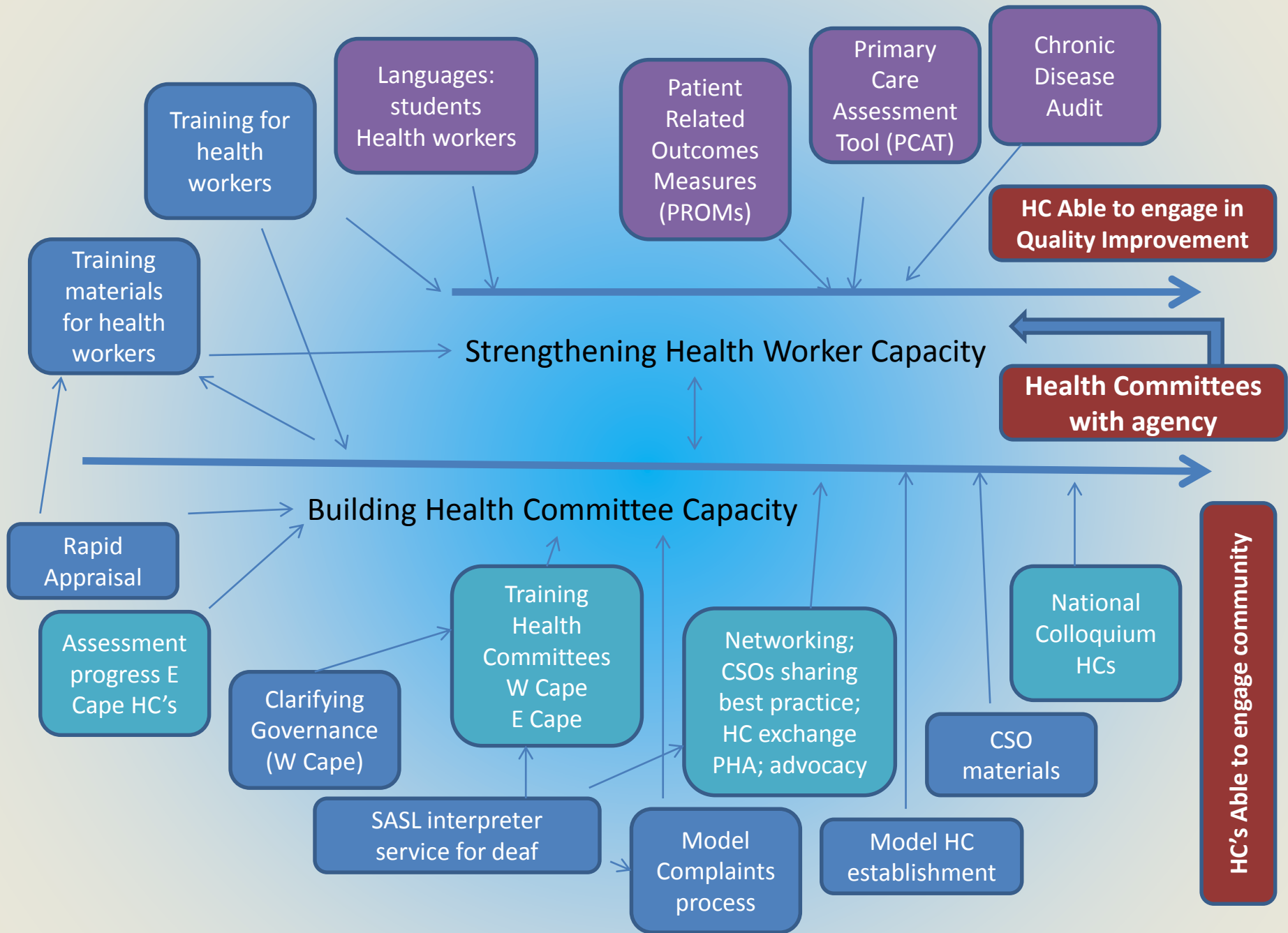
# Background

- EU support to SA govt: response to quadruple BoD;  
→ Strengthen PHC Services
- Community, civil society agency critical to change conditions of vulnerability that give rise to ill-health, social exclusion, inequity
- Actions to support PHC need to be underpinned by clear commitments to the right to health



# Objectives

1. Strengthen capacity, mandate and authority of Health Committees in Western and Eastern Cape;
2. Enhance CSO capacity to advocate for health rights;
3. Enhance the capacity of health care providers to engage meaningfully with needs of vulnerable patients and communities;
4. Evaluate patient-oriented quality assessment tools

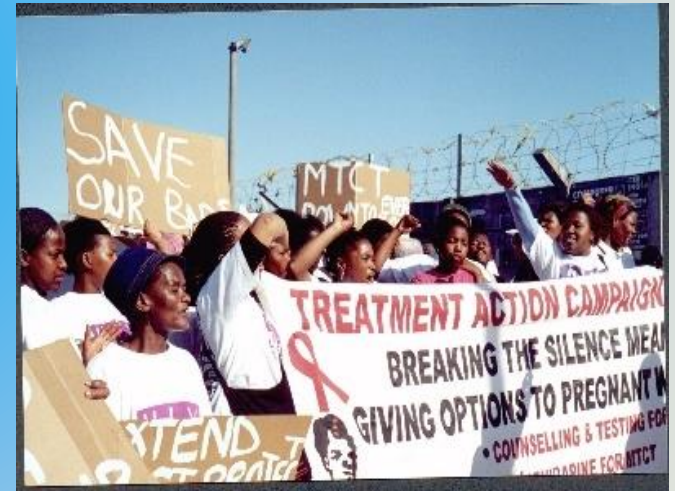


## Team:

- UCT Health and Human Rights programme
- UCT Division of Family Medicine
- Kings College London
- Partners in Eastern Cape

## Location:

- W Cape
- E Cape (health committees)



## **Target Groups:**

- Health committees in Cape Metro under the CMHF and in the NMBM (E Cape)
- CSOs comprising the Learning Network, and CSOs for Deaf patients and the elderly
- Provider, managers responsible for community engagement; and service providers at PHC level
- Policy makers

## **Beneficiaries:**

- Health care users, particularly women, the deaf and elderly

# Work programmes

1. Strengthening Health Committees:  
10 packages
2. Strengthen Civil society organisations' capacity for rights:  
4 packages
3. Strengthen provider capacity for community participation:  
4 packages
4. Strengthen use of patient-oriented quality tools: 3 packages



# 3. Strengthening Providers & Managers



	Package	Where ?
15	Health worker training development: Curriculum, DVD	W Cape
16	Health worker training implementation in selected facil: Engagement with HR systems	W Cape
17/18	Language (Afrikaans/Xhosa) competency students/staff	W Cape



# Achievements to date

- Clarity on Health Committee roles,
- Policy changes;
- Empowered Health Committees
- Increased access for marginalised groups such
- Empowered providers engaging with Health committees
- Use of validated tools that enable patient experience to inform and improve quality at primary care level;
- Enhanced voice for marginalised patient groups;
- Greater provider-patient congruence in language of communication

