Community Systems Strengthening

Presentation by

Karen Roos, Women on Farms

Rosina Mbobo & Leslie London, UCT

Anita Marshall, Training for Transition

An '**Access to Health**' partnership under the 'Socio-Economic Justice for All' programme

Background

Community Systems Strengthening: Development of an intervention method that addresses the **priority concerns as identified by the health committee members** during the health committee training process in the Western Cape (2012-2015).

Identifies **community health activists as agents of change** to address crucial health and social justice problems.

Attempts an **integrated model that sees community members** act on the conditions of oppression in their own environment.

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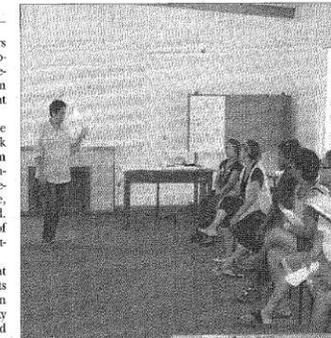## UCT trains health committee members

HAZEL ALLIES-HUSSELMAN

Health committee members from the Klipfontein Sub-district completed a three-week training course to help them to do their work more efficiently at health facilities.

The training was initiated by the South African Learning Network and the University of Cape Town (UCT). Health committee members from Hanover Park, Heideveld, Manenberg, and Athlone, were among those who attended. This group was among the first of the eight sub-districts in the Western Cape to receive this training.

Anita Marshall, a trainer at UCT's health and human rights division, said national legislation dictates that every health facility (clinics and day hospitals) should have a health committee.

"The main objectives of the training is to help members understand what their core functions are. According to the legislative framework, they need to understand their own legitimacy. Some of the matters we dealt with include what effective community participation means, how to identify stakeholders, and the proper implementation of democratic practices.

"Sometimes one finds that facilities are lacking compassion, for example, when a young pregnant woman comes to the clinic, or someone who is HIV-positive, or when sex workers come to the clinic. At times, there is no confidentiality, as some staff members may call out your name in a crowd and ask if you are coming for your antiretroviral treatment.

"We also discussed the Bill of Rights, from a human rights perspective. And as we went along with the training, other areas were identified that are in need of training. Most of the concerns were around health issues – such as how to deal with teenage pregnancies, child abuse, cancer and working with the elderly and chronic illnesses," Ms Marshall said.

Christine Jansen, who is the treasurer of the Manenberg Health Committee and secretary of the Klipfontein Sub-district Health Forum, said the training was beneficial.

"Sometimes members of health committees are made to believe that their role is to clean the clinic, but that is not our role. In terms of governance, we must ensure that patients get the best quality service. We need to look at the rights of the patient, which include getting healthcare with dignity.

"The training capacitated us as health committee members to build the structure, and importantly to get community involvement," she said.

Acting chairperson of the Heideveld Health Committee, Leslie Sylvester, said the training was a "great tool to uplift and strengthen health committees".

"We would like to thank SA Learning Network and UCT for this training opportunity. We did not receive training from provincial government to help us understand our role better. We now know our rights, we have a network, whereas before, we didn't know who to complain to, and we also know how to partner with the community and other stakeholders to help our community," Mr Sylvester said.

■ Anita Marshall from the University of Cape Town's health and human rights division, trained health committee members from the Klipfontein Sub-district.

■ The health committee members all received certificates for completing the three-week training course.

PICTURES: HAZEL ALLIES-HUSSELMAN

Strategic objectives

- **Strategy: Create enabling environments and support advocacy.**

- **Strategy: Strengthen community networks, linkages with local government, partnerships and coordination of services.**

- **Strategy: Strengthen Community Activities and Service delivery.**

- **Strategy: Organisational and leadership strengthening.**

- **Overall Aim**: Improved quality of health and social services for the poor and marginalised in communities

Objective: In 3 project areas, community is empowered to advocate for provision of better health and social services and trained to provide community interventions.

| Indicators	Some Results
Reduction in child abuse; violence; food insecurity; families noted at risk; and control of chronic illness	Better adherence to treatments for NCDs
Advocacy undertaken by communities	Youth receiving gender awareness training
Safe child care facilities, meeting DSD standards	ECD Centres running; Reduced food insecurity
Health Committee members active in Community Networks	HCs empowered to provide leadership at community level
Training taken up in communities	Trained community members Baseline mapping completed

Within a Monitoring and Evaluation framework:

Tangible results.

CBO Mentoring

Track, record and document all intervention strategies and process status.

Phased community entry
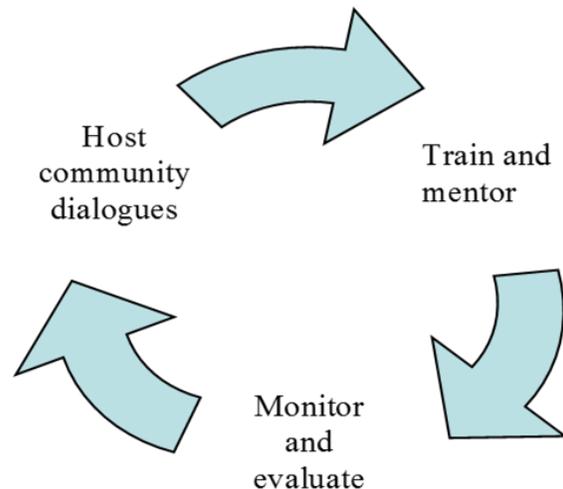
Baseline intervention information and process/progress tracking.

Monitoring and evaluation process in place

Success stories documented.

Challenges identified for ongoing evaluation process at quarterly intervals, per annum.

child registers at ECD centres

of schools participating in programme

# of children enrolled in life skills programme

# of health committee members trained as ECD practitioners.

# of community members trained as community-based care workers.

# of community forums hosted and attendance by local government.

Increased access to government services, grants and other support structures.

Host community dialogues

Train and mentor

Monitor and evaluate

Benefits

Community	Partnership	Country
❑Support Services are established. ❑ Skills imparted to community health activists. ❑ Technical understanding of donor requirements. ❑ Knowledge of planning processes. ❑ Community empowerment. ❑ A model to replicate in other areas of need. ❑ Structured projects providing an identified service rather than ad hoc (all over the show) efforts. ❑ Integration with local government for sustainability. ❑ Training that provides real skills rather than vague 'empowerment'.	❑Real community involvement through role of Cape Metro Health Forum and Women on Farms Project. ❑TFT sharing of capacity development processes and organisational development practice. ❑ School of Public health advocacy, analytical rigour and documentation of process. UCT institutional strength.	❑Development of a model that can be tested for efficacy and taken to scale. ❑In line with government call for community based organisations to provide clearly identifiable services. THANK YOU!