

STRENGTHENING HEALTH GOVERNANCE STRUCTURES: A CASE STUDY IN PROGRESS

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According to the South African National Health Act of 2003, community involvement and participation can be realised through the establishment of local governance structures, namely District Health Councils, Hospital Boards and Clinic Committees. The National Health Act stipulates the composition of governance structures to improve and promote intergovernmental co-operation and local accountability and requires provincial legislation to provide for the establishment of governance structures and to stipulate the functions and responsibilities of these structures. Despite national legislative and policy commitment there have been variable attempts to ensure that communities are empowered to participate in health care delivery. In provinces where governance structures have been established mandates are unclear with regards to roles, responsibilities and functions resulting in lack of sustainability of structures.

As a result community participation in health has not been realised in many parts of the country especially in rural settings. The Governance and Equity Project (GEP) which is founded on a three pillar model i.e. research and monitoring, advocacy and public participation, and community empowerment aims to collaborate with districts to develop clear terms of reference for the establishment and capacity development of Clinic Committees (CC) and District Health Councils (DHC); to understand the statutory mechanisms and actual communication channels and processes between clinic committees, local and provincial government on health equity issues, to establish and initiate a mechanism to monitor the implementation of the National Health Act with respect to community participation in PHC, to develop and encourage communities to engage with both local providers of health care services and policy makers to improve health care services and mitigate existing inequities.

A comprehensive situational analysis of governance structures in the Free State Province revealed the following:

- Variable processes of appointing people onto governance structures.
- Lack of clear mandates of roles and responsibilities of governance structures. Poor channels of communication and unclear reporting procedures.
- Lack of training and confusion around areas of core functioning.
- Poor accountability structures.
- Weak political commitment towards community involvement. This research informed the planning and development of training curricula that enables governance structures to effectively fulfil their mandates.

Three priority areas for training emerged and training modules were developed to address these needs. Training workshops will be undertaken for identified governance structures in the province and critical to this phase is a formative evaluation process. The three training areas identified will form the beginning of a virtuous circle which will lay the foundation for empowered governance structures to contribute to the development of a participative, accessible and responsive health care system.