



RE-IMAGINING COMMUNITY PARTICIPATION AT THE DISTRICT LEVEL: LESSONS FROM THE DIALHS COLLABORATION SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 12 of the 2014/15 South African Health Review.

- Community participation within health systems has been advocated since the 1978 Alma-Ata Declaration, with the fourth clause stating that “the people have the right and duty to participate individually and collectively in the planning and implementation of their health care”.
- In South Africa, the value of community participation in primary health care is highlighted in legislation, policy and strategy documents as promoting community empowerment, health promotion and disease prevention, access to services and community accountability. However, health practitioners often acknowledge a desire to breathe new life into the implementation practice of community participation.
- Creating spaces for dialogue among those interested in enhancing the population orientation of primary health care services and the district health system is clearly beneficial, but it is not easy to generate and sustain these spaces. More formalised systems and procedures (such as Local Action Groups and Health Facility Committees – HFCs) provide one important mechanism for this engagement, but there is scope for community participation beyond these structures.
- Collective capacity in district/sub-district functioning is seen as the combination of attributes enabling a system to achieve its intentions with a degree of effectiveness and scale over time. In relation to community participation, collective capacity broadly comprises all actors living and working in the geographic area, along with district and provincial managers, policymakers, legislators, and those from non-health services such as the police and local government.
- Drawing on Ortiz Aragón’s framework of system capacity, a district’s or sub-district’s capacity to facilitate community participation relies on both tangible and intangible resources and capacities.
- Tangible capacity includes the ‘hardware’ (e.g. a budget to support participatory activities; infrastructure to hold meetings; technology to produce community participation-related materials and facilitate communication between stakeholders), and the ‘software’, such as organisational systems (e.g. legislation and regulations for HFCs), knowledge (including local knowledge), and skills (e.g. the ability to facilitate participatory engagements).

- Intangible capacity includes values, power and communication. These relational competencies – as a potent fusion of local knowledge, relationship-building and communication skills – are key enablers of community participation when applied in tandem with more tangible markers of organisational support such as budgets, systems and procedures.
- The relational skill sets and local knowledge of certain cadres tend to be underestimated in the implementation of community participation. Environmental Health Practitioners (EHPs), for example, are steeped in the processes required for sustaining community participation in health; they are familiar with both the geography of the local landscape (given their role in monitoring the risk of environmental health hazards), and in operating across sectors (with colleagues from solid waste, water and sanitation, human settlements, local government councillors and others); they accrue a wealth of information and contacts relating to a range of local stakeholders living and working in a neighbourhood. Yet although the potential of EHPs to act as ‘catalysts for desired change’ has been highlighted, the potential of their unique local knowledge and relational skill sets for community participation is an under-valued resource.
- District and sub-district managers seeking to enable community participation could consider the extent to which both these hardware and software capacities are present. This would entail identifying practitioners who display such relational skills and who would be suitable facilitators of participatory processes.
- Training institutions seeking to support community participation implementation could highlight the value of local and informal knowledge, and could include listening, communication and problem-solving skills within their offerings. They could consider the value of on-the-job training, mentoring and coaching within their pedagogical approach.

SOURCE:

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