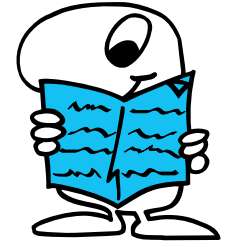
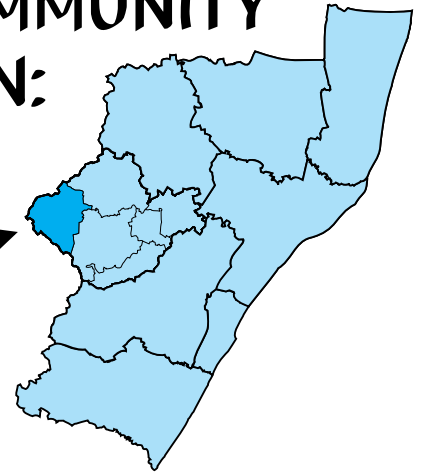


# Initiative for Sub-District Support



Kwik-Skwiz #7

## STRENGTHENING COMMUNITY PARTICIPATION: Lessons from the Bergville District



File for quick reference

### The Issue

Strengthening community participation in health districts remains one of the most difficult aspects of health sector development in South Africa. In this Kwik Skwiz, the Bergville District Management Team describes two strategies which it has found particularly effective.

### Background to the Bergville Health District

The Bergville District Management and Bergville District Child Survival Project have worked in partnership since 1994 to :

- ❖ facilitate the establishment of a District Health System
- ❖ ensure community participation in health services
- ❖ develop a health management information system

The end result is intended to be better health of children and their mothers, focussing on:

- ❖ immunisation
- ❖ acute respiratory infection
- ❖ HIV infection and AIDS
- ❖ maternal health
- ❖ diarrhoea
- ❖ fertility control

The Bergville District Child Survival Project is two years old, and has just completed a mid-term evaluation to assess progress towards an integrated and effective District Health System based on community needs, and to assess the implementation of the 6 main interventions of the Project. One of the main areas for evaluation was community participation in the district system.

### Participative Learning and Action (PLA)

PLA exercises have been conducted in most communities in the Oliviershoek and Bergville areas by the Child Survival Project PLA team. A team of 6 meets with community members in their neighbourhood to:

- ❖ map the villages
- ❖ identify organisations in each village
- ❖ identify problems experienced by women, children youth and the disabled
- ❖ assess seasonal patterns of illness
- ❖ describe migration in and out of villages
- ❖ describe income patterns
- ❖ pinpoint resources used for illnesses and problems (traditional and spiritual healers, clinics, private practitioners and hospitals).

Information collected is left in the community, and copies are kept at the Child Survival Project offices in Bergville.

The results show that the PLA exercises have strengthened community participation:

- ❖ community members found the PLA exercises very rewarding in identifying resources and problems.
- ❖ health workers gained insight into community perceptions, and learnt about disease patterns.
- ❖ Community Health Committee and Community Health Workers were elected in the communities.
- ❖ some community-based groups have been revived, and information gained in the PLAs has been used in youth outreach programmes.
- ❖ PLA exercises encourage the community to raise a wide range of problems and needs, and a co-ordinated development strategy can be established amongst the various service providers in the area.

## Community Health Workers

There are 16 active CHWs in the Oliviershoek area. 17 new CHWs are being trained, and it is anticipated that a total of 60 CHWs are needed for the Bergville District.

CHWs are directly responsible to the Community Health Committees and presently focus on:

- ❖ nutrition, especially growth monitoring - and they keep household registers.
- ❖ the delivery of health education messages related to family planning, and water and sanitation.

### *The Impact of CHWs*

- ❖ All people interviewed in the community and most interviewees in the health services felt that the CHWs were very effective in meeting community needs.
- ❖ Community members felt that services provided are of good quality.
- ❖ Reviews of several household CHW registers showed them to be accurately kept and the CHWs could explain the health status of registered individuals.
- ❖ Several community members volunteered that the

CHWs have strengthened the community's understanding of health problems.

- ❖ The nursing staff of the mobile clinics have noted a substantial increase in number of people from underserved areas coming for clinical services. The nurses felt that the CHWs have helped establish an effective link with the community.
- ❖ Clinic nurses reported that they reported that they requested CHWs to assist them in patient follow-up, and CHWs brought patients to the clinics for treatment.

### *Problems*

- ❖ The roles of CHWs are not clearly defined, and their training curriculum has not been fully established.
- ❖ There is little communication between residential clinic staff and CHWs.
- ❖ Information collected by the CHWs is not used effectively.  
There is no consensus on what information CHWs should collect, and how it is to be used.
- ❖ The community feels that the CHWs are doing good work, but they are not adequately recognised by the formal health sectors.

### *Success factors*

The CHWs, while being lowest paid worker in the health sector, appear best motivated. The reasons for this are thought to be:

- ❖ direct accountability to the community
- ❖ good support from supervisors.
- ❖ the novelty of filling a relatively new role.

Those evaluating the progress towards a well-functioning district in Bergville considered the CHW programme to be a major accomplishment. Well monitored and documented, it could contribute significantly to national and provincial thinking. ■

*This brief was written by Gary Morris, community health doctor in the Bergville district. Although the Bergville district is not yet formally part of ISDS, we felt that it has important lessons to share.*

**Feedback and comment to** Gary Morris, Bergville  
Tel/Fax 036 - 448 2661

### **Initiative for Sub-District Support**

Health Systems Trust  
PO Box 808  
Durban 4000

Tel: 031 307 2954  
Fax: 031 304 0775  
Email: davidh@healthlink.org.za