

# *Community Based Monitoring to Increase Access of Adolescents to Primary Health Care Services: A Soul City Case Study*

## **Background**

Soul City Institute (SCI) implemented a community based monitoring (CBM) of health services in twelve South African communities in order to support the quality of health care at a primary level, and increase access to and participation in health care by adolescents. The programme consisted of teams of community members participating actively in monitoring elements of quality at clinics or community health centres, and providing feedback to both staff and the community so that solutions could be jointly sought. The programme was implemented in Fezile Dabi, Francis Baard and Ugu districts in the Free State, Northern Cape, and KwaZulu-Natal respectively.

The CBM programme was supported by the Reducing Maternal and Child Mortality through Strengthening Primary Health Care (RMCH) Programme and the European Union (EU).

*This Case study has been developed in support of the Reducing Maternal and Child Mortality through Strengthening Primary Health Care in South Africa Programme (RMCH). The RMCH programme is implemented by GRM Futures Group in partnership with Health Systems Trust, Save the Children South Africa and Social Development Direct, with funding from the UK Government.*

*RMCH is committed to helping reduce the high number of avoidable maternal and child deaths in South Africa by strengthening the primary health care system. The programme provides technical assistance to the South African National Department of Health (NDoH) and the Districts to improve the quality of, and access to, reproductive, maternal and child health services for women and children living in poorer, underserved areas in South Africa.*

## Factors hindering Adolescent access to health services

Reducing child maternal mortality requires greater focus on the adolescent phase of life. Lowering rates of adolescent pregnancy will decrease maternal mortality and increase child survival. (Health for the world's adolescents: a second chance in the second decade, WHO 2013).

Yet adolescents are one of the groups that existing health care services serve least well. One example of this is that access to health care service for adolescents is often limited by staff attitudes (both professional and non-professional).

*"In many instances it's a very hostile place for communities to seek help and the kind of service that is delivered is often alienating and in fact pushes away from the service rather than encouraging people to use the service..." (CASE baseline report).*

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Several research studies have raised examples where adolescents are mistreated by the health care services, such as: being questioned harshly about one's behaviour and parenting decisions; being shouted at when questioning whether patients were attended to in a fair order; being judged for being sexually active or pregnant; and even being denied treatment by a nurse and having to seek care from another practitioner.

## Using CBM to improve access to health care services by adolescents

Soul City established CBM teams in 12 facilities where they were trained and supported in setting up a data collection system for patients to rate the quality of services that they received. This data was compiled into report cards which were used to engage facility management and hold them accountable for poor service. Public dialogues were then held with the community, facility staff and district management to discuss the concerns raised and jointly seek solutions. Through the CBM monitoring process and engagement with the general community the following outcomes have been observed:

1. Increased public interest, participation and utilisation of health care services.

*"The community is owning the facility, they are speaking up, they are talking about the challenges, which shows that they own it. They are curious and ask 'why is this happening, what can we do'? If something isn't going well, the community members question it, which shows they own the facility; that they care. They have always been involved, but now they are showing more interest..." (Chairperson: Clinic committee)*

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2. Improved efficiencies in service delivery in areas such as scheduling of patient visits, waiting times and emergency transport, etc.

*"I think we have managed to reduce the length of the waiting period because we are assisting with the files of the patients. We found out that it is not easy to sort out the files, it is a very complex work.... and you have to be able find the correct owner of*

*"The CBMs help the community and the clinic to work together; it helps a lot, it brings peace. I would encourage other communities to do the same; they should have the CBMT in their towns because it connects the clinic with the community, it helps the clinic to engage."*  
**(Key Informant, SCI/CADRE qualitative report)**

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*that card that corresponds with the correct files of the patients. It was the filing system that actually delayed most of the clinic visits.” (CBM volunteer)*

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*“One would come to the clinic and sit the whole day only to be told to come back tomorrow without being helped, but at least since the introduction of this organisation that I see at the clinic, there has been a lot of improvements: when I attend, even if I leave late I do get help.” (Community member)*

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### 3. Increased staff productivity.

*“And that habit of them taking long while on tea breaks, and you find that when the sister comes back, she only takes two files and works with those two files up until the end of the day has stopped. They now take normal time during tea break; unlike they did before when they all went together at the same time for tea.” (Community member)*

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### 4. Improved staff attitudes and better patient-staff rapport – an important factor for adolescents accessing health care services.

*“Ever since their involvement here, the patients’ opinions have been taken seriously with respect since the team has started. Patients are no longer treated like animals...” (Community member)*

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## Lessons learnt

A number of lessons learned to improve future implementation of similar programmes include:

- **Consultation and planning:** this is a critical step in the process of CBM and is vital to the success of the programme. The Department of Health (National, provincial and district level), local community based organisations (CBOs) and community leaders stakeholders should be consulted and involved while planning and starting up the programme. Getting buy-in from the health care services is also an important milestone to ensure that they are not threatened by the process, but rather understand its value to improving maternal and child health outcomes amongst adolescents.
- **Selection of the teams:** to ensure sustainability it is important to map stakeholders in the community and select at least some of the CBM members from local non governmental organisations (NGOs) and CBOs.
- **The introduction of the CBM team** to the community, the clinic committee and the facility is an important part of the process to ensure acceptability.
- **Visibility of CBM teams** (a uniform of sorts) is helpful and the visibility of the score charts increases wider community involvement.

## Recommendations for sustainability and scale up of the CBM programme

- 1. Expansion of the CBM programme:** Building the CBM into all facilities would ensure a more accountable health service.
- 2. Linkages:** It is strongly recommended that CBM teams develop linkages with community structures outside the clinic, such as youth organisations, CBO's and local councils. This will help them access additional funding through processes such as the Integrated Development Plans (IDPs).
- 3. AIDS councils:** Partnering with existing ward, municipal and district AIDS councils should be pursued. This will increase technical support for the program and help in its sustainability.
- 4. Community based/Out of facility work:** Many health care services are inaccessible to youth for various reasons. The CBM teams can assist with investigating why young people don't access services at clinics in order to support evidence-based interventions to address this challenge.
- 5. CBMT mentorship:** Existing teams should support new teams through mentorship and skills sharing.
- 6. Feedback:** Formal feedback mechanisms between the CBM teams and communities need to be developed, both face to face and through local media and at schools, in order to report back on activities undertaken and what achievements or bottlenecks still exist.

It is our hope that all facilities have a CBM team in the future and that these teams are supported for sustainability. This is a major step to a dream of community participation which has not been fulfilled since the Alma Ata in 1978.

