Implementing Community Participation through Policy Reform

The Western Cape's Draft Policy Framework for Community Participation in Health

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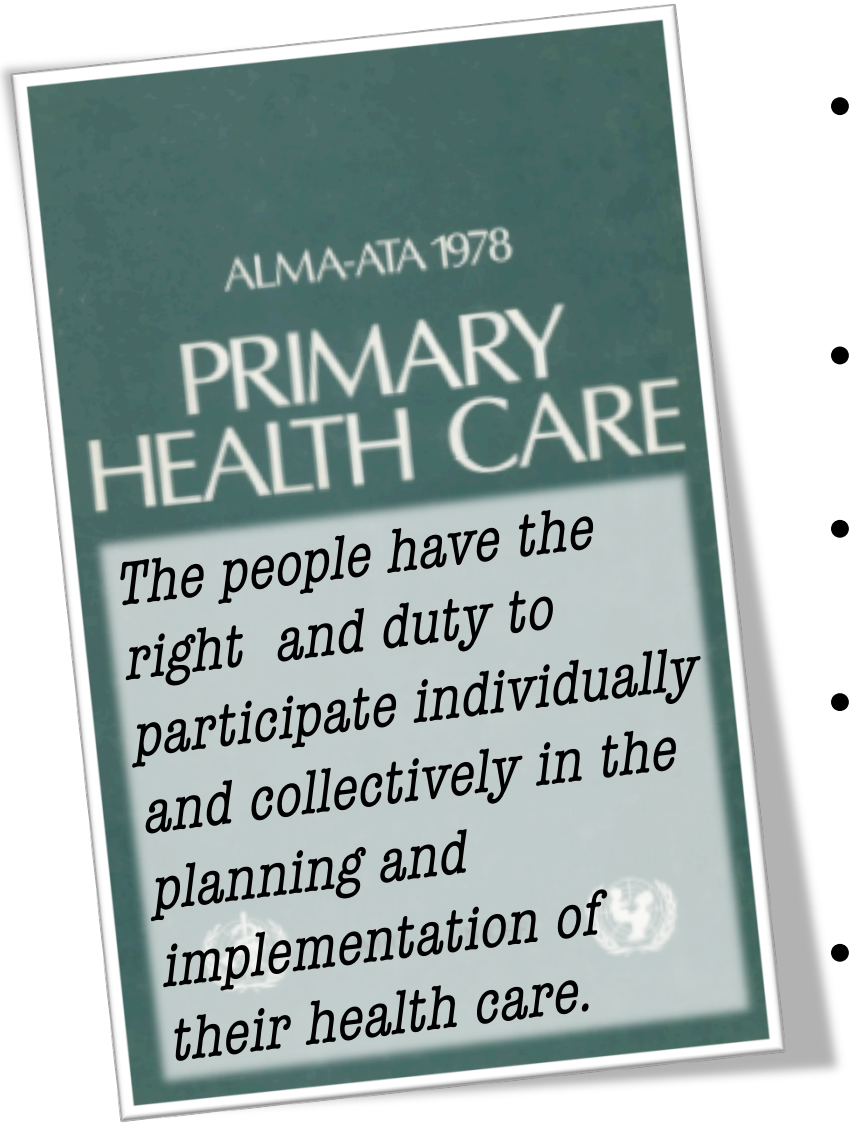
Rights-Based Community Participation in Health

Outline

1. Theory – Community Participation in Health
2. Background – Historical Context in Western Cape
3. Analysis – Draft Policy Framework for Community Participation in Health
4. Discussion – Facilitating and inhibiting factors for implementation

Systemic Benefits of Community Participation



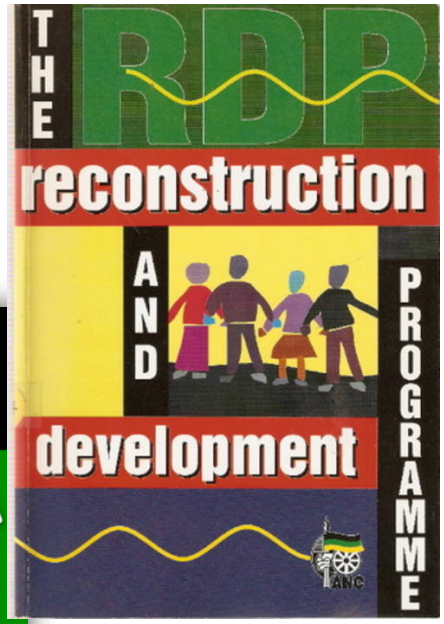
- Allows for sustainable health services that more effectively address local needs
- Increases awareness of specific community health issues
- Disseminates knowledge and health education
- Increases accountability of health care providers and policy makers
- Provides democratic legitimacy to the health system

Individual Benefits of Community Participation

- Increased sense of personal responsibility and self-determination
- Decreased sense of isolation through improved relationships with health care providers and the community
- Greater autonomy to address personal health needs
- Improved communication between the health system and the individual

South African Policy Reforms to Realize Participation

"The users of these [clinics] should be an integral part of the health services, and not merely be seen as the passive recipients of services. In order for this to happen, the users need to be organised into a structure which will relate to the health system, and it is suggested that the structure be the Community Health Committee."



1990 2000 2010

ANC Health Plan

Reconstruction and Development Programme

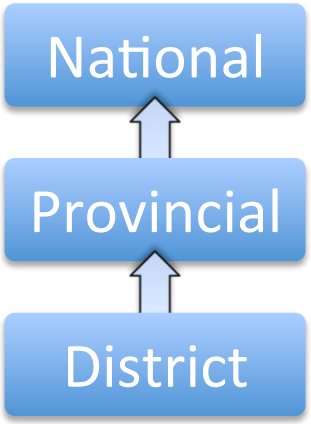
South African Policy Reforms to Realize Participation

Every citizen has the right to participate in the development of health policies and everyone has the right to participate in decision making on matters affecting one's health

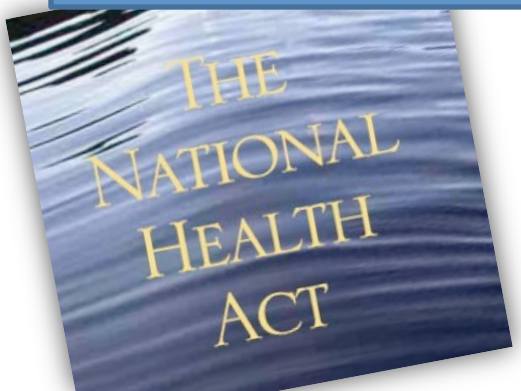
1990 2000 2010

Patients' Rights Charter

South African Policy Reforms to Realize Participation



The Development of the District Health System in South Africa



National Health Act

Western Cape Policy Reforms to Realize Participation

- Cape Metro Health Forum
- Sub District Health Fora
- Community Health Committees

1990 — 2000 — 2010

Provincial Health Plan informally establishes the Cape Metro Health Forum

CMHF begin outlining enabling legislation for community representation

Western Cape Policy Reforms to Realize Participation

i. to observe the PHC principles as articulated in the Alma Ata declaration and the NHA of 2003;
ii. to strengthen governance of service delivery structures through effective participation;
iii. to work in partnership with other stakeholders to improve the quality of care;
iv. to involve communities in health service delivery and health promotion activities;
v. to establish mechanisms to improve public accountability and promote dialogue and feedback;
vi. to build a responsive organization within legal and political frameworks guided by the constitution;
vii. to involve communities in various aspects of the planning and provision of health services; and
viii. to encourage communities to take greater responsibilities to their own health promotion.

2010

Draft Policy Framework for Community Participation in Health

Facilitating and Inhibiting Factors

1. Organizational Uncertainty
   - Legislative Authority?

"If you want true participation, I'm not sure the District Health Council on its own and the committees in their current capacity is sufficiently going to do that. The structure creates a kind of opportunity of engagement, but it's really dependent on the way we actually do it and the way we engage with it."

Facilitating and Inhibiting Factors

2. Community Representation
   - Who & What is Represented?

"It's a highly politicized process. In my own opinion, it's not necessarily the right people who come forward to represent their communities…The people who get elected in my personal estimation, are the wrong people who get elected for the wrong reasons, for the wrong things."

Facilitating and Inhibiting Factors

3. Capacity Building
   – DoH Mandate?

"We've restructured the structure, but now we're kind of working out the mechanics of the structure and how the DHS engages and how it works in practice. And part of that has to deal with the community and having a voice closer to management and informing processes. There hasn't been a lot of energy into really grappling with that."

Facilitating and Inhibiting Factors

4. Administrative Training
   - Ability to Engage Government?

"When we were doing this training that people's eyes opened. 'Yeah that makes sense.' And it was heartening to see that people did understand what's happening to them, why they were getting sick. Because a lot of the training was around what makes you sick, what makes you better…People did want to know. People are smarter than people expect. They can work some things out because they are survivors."

Facilitating and Inhibiting Factors

5. Policy Commitment
   - Community Engagement?

"This is going to be a challenge. Because we've legitimized these [community participation] structures, because we interact with them, because we give them funding…But they are actually not legally legitimate in terms of the structure. It's going to call all of this into question. And there are gong to be some serious—I can just already see the dynamics that are going to fly around the issue."

Facilitating and Inhibiting Factors

1. There is organizational uncertainty as to what the role of CMHF is or should be
2. There is complexity in identifying, selecting, or electing those who truly represent the community
3. There is little governmental support for building the capacity of community representatives
4. There is a lack of administrative training for HC members
5. There is unclear commitment to implementing policy for community participation

Implications for Future Reforms

- Policies must address the processes by which participation is established, formalized, and maintained within the health system
  - Define roles and functions of community representatives
  - Establish ongoing training and policy support

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