

SECTION 8

COMMUNITY PARTICIPATION GUIDELINES

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SUPERVISORY SUPPORT FOR COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE

Supervisors realise that community involvement in health is an essential element of primary health care and that the interaction between a community health committee and a clinic must be stimulated and monitored. Supervisors are encouraged to review clinic-community interaction each month. The following section is an extract from an EQUITY publication, **Strengthening Community Participation in Health** and includes the tools used by Community Health Clinics (CHC's) to evaluate their own functioning.

Some of the key elements that are related to CHC activities which should be covered in supervisory visits include the following:

- Are health committees established and meeting regularly with staff? Are relevant stakeholders involved? Are records kept of meetings?
- Are community health workers (CHW) used appropriately and do they receive in-service training?
- Is the community aware of the availability of health services?
- Support and encourage projects involving communities and clinic staff. Are clinic staff involved in these?
- Is the community involved in the organisation of, preparation for and participation in Health Days, eg, preparing community drama on AIDS?
- Ensure that there are open lines of communication between clinic staff and communities, eg by attending community-based meetings and ensuring the clinic has a complaints box.
- Is there a response to problems identified from the community with regards to health services in general and the clinic services in particular?
- Ensure that notices of important events are appropriately advertised.
- Invite participation in the mapping process.
- Encourage the involvement of youth groups in HIV/AIDS awareness creating campaigns
- Ensure that communities develop insights into new health issues (eg HIV/AIDS). Do these committees have a chance to learn about the conditions, discuss them openly, and do they influence health messages?

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SUPERVISORY PROCESSES FOR COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE

- Are the objectives of the committee feasible and relevant and does the committee need support?
- Is there a system for the CHW to report to clinic nurses? What is the relationship between CHWs and the committee and do they cooperate?
- Are there community development projects in which nurses are involved and have the nurses arranged training for those involved and is this training done locally?
- Is the community aware of other disciplines and departments involved in health, such as Departments of Water Affairs and Forestry, Social Welfare, and Housing.
- Are support services provided by communities to clinics, such as the supply of water, assistance with transport, or providing watchmen for clinics?
- Are changes in clinic services or new policies shared and explained to the community?
- Are new staff introduced to the community?

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THREE TOOLS FOR INCREASING COMMUNITY HEALTH COMMITTEE CONTRIBUTION TO IMPROVE PHC

CHECKLIST 1

Roles and Activities of Community Health Committees

In meetings held with existing community health committee, committee members expressed a desire for guidance on their role and so a checklist for this was designed by the EQUITY Project. The checklist includes the following key points: the committee should discuss each point with the clinic as a partner; then indicate which roles they accepted, which they could not or would not accept, and which ones should be considered for the future. Comments should also be included for future reference. After completing the exercise, the committee should inform the community members of the roles they have accepted. The tool is shown in the Annex.

CHECKLIST 2

Rapid Situation Assessment by Community Health Committee

This checklist is intended for use in discussions between the community and the clinic staff leading to community action to address identified problems. The checklist answers should form the basis for further discussion. These discussions should include an analysis of what was found, the reasons for the finding followed by the development of a plan of action to improve matters. (This is the "Triple A Cycle" of assessment, analysis, and action). Periodic review of the key issues identified will also serve to document progress and identify further action for joint work and improvement.

CHECKLIST 3

Community Health Committee Assessment of Community-Based Health Care for different Life Stages

At each stage of life, critical aspects of health determine present and future well being. This checklist identifies important aspects of health in the community at each life stage:- pregnancy, delivery, infancy, preschool, school, adolescent, adult and elderly. This tool is long. Committees using it need to understand the importance of life stages and how each can strengthen or weaken an individual for subsequent stages. For example, it is easy to understand that what happens in utero during pregnancy and what happens during delivery are two critical stages that can lead to a healthy or a damaged infant. Discussion of the stages of life can establish connections. For example, unsafe sex in adolescence can lead to infection with HIV and death from AIDS as an adult, or passing the infection to the next generation during childbirth. As the checklist is so long, it is suggested that one or two stages be covered in each meeting. Also it is suggested that in each life stage only one or two items be prioritised for community health committee action. Prioritisation should be based on urgency of problem, number of people affected, the serious consequences for health if the problem is not addressed, the committee's ability to tackle problem with existing resources, and sustainability of action.

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CHECKLIST 1

THE ROLE AND ACTIVITIES OF THE COMMUNITY HEALTH COMMITTEE

HEALTH COMMITTEE	
DISTRICT	DATE

[✓] Tick if already included if not or if it could be included and add comments as appropriate

1. To facilitate working together of existing community based health activities (eg NGO, CBO, Health, other Sectors such as Education, and private enterprises)
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

2. To identify felt needs for more health/work such as recruiting volunteers for DOT S
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

3. Guiding the clinic on how to be more accessible and meet more of community felt needs, for example, possible changes in clinic hours.
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

4. Initiate health and environment related projects and activities with community participation eg, periodic collection of rubbish and plastic bags, or water/sanitation project
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

5. Attend periodic meetings with health staff to discuss mutual concerns
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

6. Initiate and support nutrition projects (eg for schools and old people)
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

7. To provide a channel for a flow of health information from the clinic to the community
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

8. Assist by providing "grassroots" information on needs for planning the health services for the community.
- | | | |
|-----|----|----------|
| Yes | No | Could be |
|-----|----|----------|
- Comments

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CHECKLIST 1

THE ROLE AND ACTIVITIES OF THE COMMUNITY HEALTH COMMITTEE

[✓] Tick if already included if not or if it could be included and add comments as appropriate

9. To be advocates for positive behaviour change to improve health in the community – even on sensitive issues eg, not drinking alcohol during pregnancy, giving up smoking, safe sex and use of condoms.

Yes	No	Could be
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Comments

10. Identify under served groups in the community and areas, which have difficult access to the clinic services.

Yes	No	Could be
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Comments

11. Identify high risk families in the community e.g, unemployed widows with small children

Yes	No	Could be
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Life types

12. Organize health days relevant for community and participate in them (eg AIDS day)

Yes	No	Could be
-----	----	----------

Comments

13. Keep register of disabled children or people needing periodic home visits by community health workers (Nompilo) or nurses

Yes	No	Could be
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Comments

14. Liase with health groups, NGO and other committees, eg District council, Hospital board, District health forum

Yes	No	Could be
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Comments

15. Notify outbreaks of disease or unusual conditions (eg Dysentery)

Yes	No	Could be
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Comments

16. Work with other government sectors to improve environment eg Department of Water and Forestry, Agriculture

Yes	No	Could be
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Comments

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CHECKLIST 1

THE ROLE AND ACTIVITIES OF THE COMMUNITY HEALTH COMMITTEE

[✓] Tick if already included if not or if it could be included and add comments as appropriate

17. Provide certain types of non-professional support to local clinics eg

Cleaning service	Yes	No	Could be
Guard service	Yes	No	Could be
Ground improvement eg garden	Yes	No	Could be

Comments

18. Manage minor repairs and maintenance

Yes	No	Could be
Yes	No	Could be
Yes	No	Could be

Manage or supervise CHW (administrative supervision)

Contribute to directly observed treatment of TB, follow-up of chronic cases

Comments

19. Other: does the committee know about the National Patients Rights Charter and does it help to see that it is observed? (There should be a poster and pamphlet about this charter in every clinic).

Yes	No	Could be
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Comments

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CHECKLIST 2

FOR RAPID SITUATION ANALYSIS BY COMMUNITY HEALTH COMMITTEE

Note: This rapid situation analysis should be participatory with all members of the committee taking on active part assisted where necessary by the clinic staff. This checklist is only an indication of the possible questions and investigations and it should be altered and expanded as necessary by the committee.

COMMUNITY NAME CLINIC NAME		DISTRICT DATE	
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Number and names of villages served by clinic: *(add distance in Km and/or minutes walking and also population estimate)*

Committee helped clinic construct map YES NO

Usual opening time of clinic _____

Usual closing time of clinic _____

Variations within week on times open _____

Problems in reaching clinic _____

THE CLINIC PROVIDES DAILY		
Health education	Yes	No
Child prevention and promotive care (immunization, nutrition)	Yes	No
Child curative care	Yes	No
Adult curative care	Yes	No
Antenatal care	Yes	No
Maternity care delivery	Yes	No
Family planning	Yes	No
Mental health	Yes	No
Chronic disease care	Yes	No
A good supply of health information pamphlets and posters in Xhosa is always available	Yes	No
Other (specify)	Yes	No

Attitude of clinic staff *(give example)*

Attitude of community members to health care facility and the staff *(give examples)*

Comment on cleanliness of clinic

Can condoms be easily obtained without embarrassment at this clinic? Yes No

The committee is always informed about staff changes at the clinic Yes No

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CHECKLIST 2

FOR RAPID SITUATION ANALYSIS BY COMMUNITY HEALTH COMMITTEE

Are nurses always there during clinic hours? Yes No
 Are nurses always there after clinic hours? Yes No
 Is staff quarters available? Yes No
 Can a patient see the same nurse each visit? Yes No

Waiting time before being attended to: _____

Total time usually spent on one visit: _____

Time taken for an ambulance to be called in an emergency: _____

Services needed but not offered at clinic:

The clinic is practising Ba thö Pele: Yes No
 There is a complaints box at the clinic: Yes No
 Complaints are dealt with promptly: Yes No
 Is there a poster or are pamphlets available on the National Patients Rights Charter? Yes No
 Does the clinic provide a healthy and safe environment? Yes No
 Are the health care providers known by their names? Yes No
 Are patient-held records in use? Yes No
 Is counselling available on reproductive health and HIV/AIDS? Yes No
 Are patients treated with dignity and respect? Yes No

Clinic Health Committee

Complete table

AGE	WOMEN	MEN
16 - 25		
26 - 45		
46 - 65		
66 +		
Chairperson		

Community structures represented

Frequency of meetings _____

Do clinic staff attend meetings _____

Major community-based activities in which committee participates:

ACTIVITY	Yes	No
Work with clinic staff on measles/polio campaigns	Yes	No
AIDS/STD/Sexuality Education	Yes	No
Community mobilization for DOTS	Yes	No
Dealing with conflict/violence/rape/child abuse/substance abuse	Yes	No
Community initiated water and sanitation projects	Yes	No
Child weighing and feeding	Yes	No
Community Gardens	Yes	No
Environmental cleaning	Yes	No
Poultry	Yes	No
Drainage and tree planting	Yes	No
Pig keeping	Yes	No
Youth health projects	Yes	No

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CHECKLIST 2

FOR RAPID SITUATION ANALYSIS BY COMMUNITY HEALTH COMMITTEE

IF THERE ARE COMMUNITY HEALTH WORKERS (NOMPLO) COMPLETE FOLLOWING SECTION

Community health workers (CHW) (Nompilo) Yes No
Name each village and give number of CHWs in each

Trained by

Selected by community: Yes No

Acceptance by community, describe:

Consultation with CHW after hours possible: Yes No
Remuneration through community: Yes No
Details of remuneration or incentives

Clinic staff regularly support to CHW includes following:

Major activities and achievements of CHW:

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CHECKLIST 3

FOR COMMUNITY HEALTH COMMITTEE TO ASSESS *COMMUNITY BASED* HEALTH CARE FOR DIFFERENT LIFE STAGES IN THE COMMUNITY

COMMUNITY NAME CLINIC NAME		DISTRICT DATE	
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[✓] Tick relevant column

PREGNANT WOMEN	Yes	No	Could be
Are pregnant women provided with information on warning signs of serious complication (headache, bleeding)?			
Are they provided with education on breast feeding and foods needed in pregnancy?			
Do community Health Workers (CHW) refer pregnant women to clinic and keep a list of expected births?			
Do traditional healers and traditional birth attendants refer pregnant women to clinic for blood test and injections (Tetanus Toxoid)?			
Does the community have arrangements for emergency transport of women in labour and about to deliver?			
DELIVERY	Yes	No	Could be
Do traditional leaders, traditional healers, CHW and mothers report home deliveries to nearest clinic?			
Are women who delivered at home visited by health workers?			
Are traditional birth attendants able to get training at clinic if they have been delivering many babies?			
Is there a breast feeding support group in the community?			
Are still births or deaths of baby shortly after delivery reported to the clinic?			
If any abnormal babies are born are they recognised quickly and referred to clinic?			
INFANCY	Yes	No	Could be
Are immunization campaigns done with community involvement and well publicised?			
Have Health Surveys on Nutrition or other health matters been done with community involvement?			
Do the health committee or CHW checks immunization cards of infants in village/area and refers those not up to date to clinic?			
Has the community been educated about polio, measles and neonatal tetanus and need for reporting and immunization?			
Does a nurse from clinic visit homes of mothers with newly born twins or very small newborn babies?			
Is there some system for care of orphans or fostering children from families where parents died?			
Has the clinic arranged some training for mothers with disabled children?			
Does a team from the clinic, health centre or hospital visit the families with disabled children?			
Does the community collect mother and infants under 2 every month for weighing and promoting good growth?			

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FOR COMMUNITY HEALTH COMMITTEE TO ASSESS *COMMUNITY BASED* HEALTH CARE FOR DIFFERENT LIFE STAGES IN THE COMMUNITY

[✓] Tick relevant column

PRESCHOOL AGE	Yes	No	Could be
Do the health committee and environmental health officer or clinic nurse inspect preschools?			
Are homes where orphans live visited periodically?			
Are there community feeding projects in preschools and for preschool age children?			
In the last year has there been a round of immunization for measles and polio?			
Are all disabled children referred periodically to the clinic for review?			
Do all preschools have community parents committee that consider health aspects?			
SCHOOL AGE	Yes	No	Could be
Does the community or some group encourage packed lunches for schools in order to improve nutrition and school performance or are there school feeding programmes?			
Are school inspections of environment (eg toilets, water) done by community committee with nurse and environmental health officer?			
Do school nurses screen school children and discuss with parents?			
Do the teachers in this community attend health workshops?			
Do the environmental health officers check buildings and grounds of schools and reports to committee?			
Are there adequate sports facilities and coaching for both boys and girls of school age to decrease sports injuries?			
Does the committee discuss the problems of children in the street and living in the street?			
Has life skills teaching been introduced in all schools?			
Are there community feeding projects in preschools and for preschool age children?			
In the last year has there been a round of immunization for measles and polio?			
Are all disabled children referred periodically to the clinic for review?			
Do all preschools have community parents committee that consider health aspects?			
ADOLESCENT	Yes	No	Could be
Has the community arranged for mature approachable women or women teachers to act as someone to whom sexually harassed school girls can go for help and support?			
Are there peer group health educators for schools and out of school youth?			
Can contraceptives and condoms be obtained by adolescents in the community easily at the clinic?			
Are there youth group activities for recreation and health for male and female youth?			
Is there available to youth: health education on smoking, drugs, alcohol and safe sex and dangers of STD/HIV/AIDS			
Do adolescents (girls and boys) receive nutritional guidance from nutrition works?			
Does the environmental health officer check on sport and play facilities to ensure safety?			
Is there a community based mental health programme?			
Has circumcision been made a safe procedure in the community?			

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FOR COMMUNITY HEALTH COMMITTEE TO ASSESS *COMMUNITY BASED* HEALTH CARE FOR DIFFERENT LIFE STAGES IN THE COMMUNITY

[✓] Tick relevant column

ADULTS	Yes	No	Could be
Has there been health worker participation in community-based planning, eg for water points, toilets, siting of clinics, telephones?			
Does the community have members trained in early TB diagnosis and daily Direct Observed Treatment (DOTS)?			
Does the community have group work for men and women related to health?			
Are there Non-government or Community-based Organisation activities for health and welfare in the community?			
Do nurses help with the reintegration of mentally ill into their families after discharge from mental hospitals?			
Have the committee and community members done their own health surveys?			
Has the committee participated with health staff investigating outbreaks of disease (eg dysentery)?			
Is there a committee concerned with violence/dispute/conflict resolution?			
Is the health in occupational situations eg factories, plantations, workshops, bus/taxi ranks, bars/hotels monitored?			
Has there been community education for adults on TB, HIV, AIDS, STD and condom use?			
Are the mentally ill returning from hospital visited by health staff (and committee members if relevant)?			
Does the community arrange for rapid emergency transport in cases of accidents, violence or for maternity emergencies?			
Does the environmental health officer (EHO) check new buildings, rubbish collection and toilets in the villages?			
Does EHO also advise on keeping pigs and on inspection of home slaughtered animals?			
Can an adult who is HIV positive get confidential counselling from the clinic or lay counsellor?			
Has the committee has taken steps to decrease the stigma of mental illness, epilepsy, AIDS and TB?			
ELDERLY	Yes	No	Could be
Does the committee or the CHW "nompilo" keep a register of chronic disease (high blood pressure, diabetes, asthma, mental illness)?			
Does the committee arrange for home visits of the chronically ill?			
Has the community some arrangements for care of the elderly?			
Are old people or disabled people in the community assisted in getting pensions or grants processed?			
Are some arrangements made with community workers or nurses to help with terminal care of the extremely ill?			
Are there community volunteers who help with the aged and bedridden?			

Having gone through the checklist first, list those activities, which can be started now. Then by consensus agree on a prioritised small number which

- affect most people
- have the most serious health consequences if not done
- can be tackled with existing resources
- are activities which can be sustained