Community Participation

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Primary health care in support of community development

A community development approach has been adopted in the outreach component of the work of the Alexandra Health Centre in South Africa. The importance of local township organizations has been recognized and the Centre is seen not only as providing technical solutions but also as helping people to achieve improved living conditions. This requires clear motivation, rigorous management, purposeful action by teams of health staff, and planning in conjunction with the community.

The basic elements in integrated community development can be regarded as educational and organizational. Success demands that regional and national policies embrace the participation of local people and the evolution of supportive and mobilizing institutions: the people need to be organized in voluntary associations backed by health professionals and communicators based at health centres.

Alexandra, a township with 200,000 inhabitants, is 15 kilometres from Johannesburg. The Alexandra Health Centre and University Clinic is its major provider of comprehensive health care. This institution is required to serve the poor in a way that empowers the community and contributes to the development of a model of health care that could help similar communities in other areas of the Third World. It evolved from being an essentially clinic-based service to one providing primary care with a strong outreach component. An effort is now being made to adopt a community development methodology.

The aims of outreach are to increase accessibility to health care, improve compliance with treatment for chronic diseases, and ensure the proper working of preventive and promotive care programmes, including early attendance at clinics. As the services have improved, attendance by residents of neighbouring areas has increased. People are never turned away, but
the outreach system ensures that the focus remains on the residents of Alexandra in general and the township’s disadvantaged people in particular, such as squatters, the elderly and the disabled.

The outreach and community services can be categorized as: promotion of community participation; support of community organizations; outreach services; community education; and research and information-gathering. To some extent the outreach services provide, nearer to people’s homes, what is available at the health centre. The outreach services cover maternal and neonatal health, child health, workers’ health, geriatric and chronic care, and community-based rehabilitation and education. The research and information-gathering function includes the establishment of a health information system and the performance of research with a bearing on outreach and community services.

**Community development approach**

Until recently the picture was clouded by weak management, unstable teams, a shortage of skills, and ad hoc rather than planned interaction with other health care providers and the community. However, discussion has led to an awareness that health care is a key element in the strengthening and empowering of communities. Primary health care should be seen as helping people in their struggle for lasting improvement in the quality of life. Community organizations, supported by institutions with technical expertise, are working towards this end.

At present, township organizations in South Africa do not have the time, the infrastructure, or the skilled personnel to cope with the evaluation of development projects. They need access to and control over a body that can provide administrative backup and expertise.

The Alexandra Community Development Agency, formed in 1991, is funded and controlled by township organizations. Its work requires support from institutions such as the Alexandra Health Centre which can provide training, advice on technical matters, assistance with planning, and so on.

The success of the community development approach depends on:
- an ability to identify real needs;
- the linking of identified need with organizations that can help families and individuals.

A community-based network of health extension workers could be developed in order to meet these requirements. The workers could be selected, employed and trained by the Alexandra Health Centre. Training would cover primary health care, local community resources, communication and education techniques and community-based information systems. The workers would be based in health units, each covering some 2000 families and having an office from which many outreach services could be provided. The tasks would include home visiting, environmental supervision and community organization and education. With the consent of the people, information would be shared with community
organizations and local health teams. Efforts related to family and environmental matters could be coordinated by the local health extension workers.

Each group of workers would report to a community liaison officer, who in turn would report to the scheme’s manager. The

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health extension workers would be bound by the same ethical precepts as other health workers. A project of this kind, called a community health information programme, was started a few months ago.

Community participation

The community and the Alexandra Health Centre accept each other as partners in making and implementing decisions. Traditionally, community participation in primary care has usually meant that people give time, labour and money to their health service, but a broader view is now being taken. At the Alexandra Health Centre, community participation involves the following elements.

- Stable structures are created for planning together and for the regular exchange of information between health workers and community leaders, to coordinate and control the implementation of the agreed plan of action. This happens at board level, where most of the members are elected annually at a general meeting of residents. There is also participation of community leaders in monthly outreach meetings and of health workers in management meetings of community organizations.

- Community activities are facilitated by the provision of venues at the Alexandra Health Centre, and people living in nearby shacks are offered the use of its toilets and water supply. Consequently, many healthy people increasingly regard the Centre as their community organization.

- There is involvement in social and political events.

- The setting up of voluntary associations, in which health workers and residents work together, is facilitated.

- The work of established voluntary associations is supported.

- Priority is given to local residents when posts are being filled.

The Centre encourages and quickly reacts to informal feedback from community residents and leaders; this is an essential factor in the strengthening of community participation.

Support for community organizations

The Alexandra Health Centre also gives support to community projects and programmes that it does not run itself. The board of management and the management committee of the Nokuthula Centre for Mentally Handicapped Children includes representatives of the Alexandra Health Centre, which provides assistance with financial management and offers the services of a doctor and physiotherapists.

With regard to the sexual abuse of children, the Alexandra Health Centre provides clinical care and social welfare support and
has tried to encourage the formation of a community association to address the problem. More recently, however, it has been decided to try and include action in this field among the priorities of community organizations that already exist.

The Centre became aware that its rehabilitation programme did not adequately reach out and meet the needs of people who had limited access to community support structures, including health care, because of physical or mental disability. A community-based rehabilitation programme was devised with the help of a physiotherapist and the University Speech and Hearing Department, and a rehabilitation coordinator was employed in early 1990. Emphasis is placed on measures taken at community level, the use of local resources, and the involvement of the whole population, including disabled people. There are four components: mobilization of the community; education and training; clinical work; and research (1).

The aims of community mobilization are to empower disabled people to heighten public awareness of their problems, bring local resources into play, and assist the work of the Alexandra Health Centre. An important priority of the community-based rehabilitation programme is therefore to constitute a voluntary organization, together with members of the community and representatives of the community organizations working in the field of disablement. Education and training take place at several levels, the formal component including an intensive one-year course for facilitators in urban communities.

Basic rehabilitation services have been provided at the Alexandra Health Centre for many years. They include physiotherapy, speech and hearing therapy, podiatry, optometry, psychology and psychiatry. There is a strong commitment to outreach work, continuity of care, cost-effectiveness and support from referral centres. Professional staffing at the primary care level should be viewed in the context of appropriate care in secondary hospitals. Until such hospitals are clearly defined the development of professional teams is bound to be difficult. A survey was carried out to determine disability rates, common handicaps and unmet needs, with a view to guiding the development of the community-based rehabilitation programme.

Squatters account for about 20% of the Alexandra population. They live in poor conditions, are threatened with eviction, and are uninformed about local resources. In consultation with the Alexandra Health Centre a group of squatters negotiated the provision of rainwater drainage and the installation of rubbish bins and their regular emptying. The squatters were able to resist being moved to sites far from their work and they negotiated their transfer to an improved site where water and sanitation were available and health services and transport were closer to hand.

The community development approach requires recognition of the importance of township organizations.

A community liaison officer has listed local organizations and leaders, and is currently assessing school health needs and working with a group planning a clean-up campaign.

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Further development of outreach work should be based on at least the following measures:
— adoption of a community development methodology;
— strengthening of management of primary health care;

**Success depends on a continuing learning process among health workers and members of the general population.**

— support for the development and differentiation of voluntary associations in the community;
— introduction of a category of health extension workers;
— expansion into new areas of work, including a community health information system.

The community development approach requires recognition of the importance of township organizations. Furthermore, rather than being regarded as a provider of technical solutions, the Alexandra Health Centre should be seen as supporting efforts to achieve better community life. This will require clearer motivation, more rigorous management, more purposeful teamwork, and jointly planned interaction with the community. Success depends on a continuing learning process among health workers and members of the general population sharing the aim of the Centre: continuing improvement in the quality of life.

Reference