



PEOPLE'S HEALTH MOVEMENT

Sixth South African People's Health University

Report

10-14 June 2019

Durban

KwaZulu Natal



Health for All Now!

People's Health Movement

www.phmovement.org

Table of Contents

The Team	4
Community Health Workers (CHWs) and Community Care Givers (CCGs) by district.....	4
Representation of CHWs/CCGs on Map of KZN Districts.....	5
Group Photos	6
DAY ONE: Introductions and presentation of case studies and PHC	7
Preparing for the arrival of the CHWs and Introductions.....	9
Report for Day 1:.....	9
Common themes for case presentations (as identified by team):	10
Common themes based on pyramid activity	10
History on roots & emergence of PHC and crucial missed opportunities including present NHI	11
PHC triangle –break into groups -: Share experiences of working or living in your health district, referral system, (refer to PHC triangle) re-engineering – any experience of pilot sites.....	12
Community participation (relate as much as possible to case studies).....	13
SAPHU Evaluations – Day 1.....	14
What did you learn? What did you like about today?	14
Community Participation	14
Workshop Style	14
Case Presentations/Learning from Other CHWs	14
Primary Health Care (Including the Pyramid)	15
Louis’s presentation.....	15
Miscellaneous	15
What can be improved?.....	16
What can be improved in the Workshop.....	16
What can be improved in the system	16
Topics of Interest for Future Learning	16
What are some questions that you have?	17
Questions about the content.....	17
General Questions	17
DAY TWO: Case presentations and social determinants of health.....	18
Report for day 2:	19
The “But, why?” activity.....	19
SAPHU Evaluations – Day 2.....	20
What did you learn? What did you like about today?	20
Portia’s Story (Causes of the Causes).....	20
Learning from other CHWs (Case Presentations)	21

Making changes in the community.....	21
What can be improved?.....	22
In the healthcare system.....	22
What I will take back to my community	22
What can be improved in the lessons.....	22
What questions do you have?	23
Questions about the content [Social determinants of health, Community participation, PHC] ..	23
Political Questions	23
General Questions [HIV, Training]	23
DAY THREE: Activism, advocacy and networking	24
Report for Day 3:.....	24
Group Work for Homework Activity	25
SAPHU Evaluations – Day 3.....	25
What did you learn? What did you like about today?	25
Activism and Advocacy	25
Bending the Arc Film	26
What can be improved?.....	26
What can be improved in the lesson	26
What can be improved in the system	26
What are some questions that you have?	27
Questions about the content [advocacy, community participation, social determinants]	27
General questions [communicating the content, political questions]	27
DAY FOUR: Planning cycle for developing action plans	28
Report for Day 4:.....	29
Working on the presentations and plans.....	29
Presentations from some of the CHWs	30
SAPHU Evaluations – Day 4.....	30
What did you learn? What did you like about today?	30
What can be improved?.....	31
What are some questions that you have?	31
Day Five: From Theory to Action	32
Report for Day 5:.....	32
SAPHU Evaluations – Day 5.....	33

The Team

Melanie Alperstein	PHM
Louis Reynolds	PHM
Tinashe Njanji	PHM
Nhlanhla Madlala	Sinani
Cayla Lee	Intern
Nicole Daniels	Intern

Community Health Workers (CHWs) and Community Care Givers (CCGs) by district

<u>District</u>	<u>CHW or CCG</u>
Zululand	<ul style="list-style-type: none">• Phumzile Mtungwa• Nonhlala Madlopha
Amajuba	<ul style="list-style-type: none">• Sibongile Thabethe• Phumzile Buthelezi
Umzinyathi	<ul style="list-style-type: none">• Zanele Mokoena
Uthukela	<ul style="list-style-type: none">• Dumisani Nsimbini• Sombu Maphalala
Umgungundlovu	<ul style="list-style-type: none">• Nokwazi Nzimande• Ntombelanga Baraza
Harry Gwala	<ul style="list-style-type: none">• Nontsikelelo Zuma• Victoria Chule
Ugu	<ul style="list-style-type: none">• Thobile Cele• Busiswe Gcude

Ethekwini	<ul style="list-style-type: none"> Balindile Mbengane Smangele Ndobe Noluthando Mhlongo
Ilembe	<ul style="list-style-type: none"> Jimmy Myeni Nontokozo Phewa
Uthungulu/King Cetshwayo	<ul style="list-style-type: none"> Sindisiwe Shoba Thembi Luthuli
Umkhanyakude	<ul style="list-style-type: none"> Nokulunga Dlamini Ntombizonke Nyawo

Representation of CHWs/CCGs on Map of KZN Districts



Group Photos



People's Health Movement
SOUTH AFRICAN PEOPLES' HEALTH UNIVERSITY (SAPHU) 2019
PROGRAMME

Monday 10 June

DAY ONE: Introductions and presentation of case studies and PHC

Outcomes

By the end of the day participants should be able to

- Explain the roots of the PHCA in South Africa and where we are today
- Explain the comprehensive PHC approach within a socio-political context (as envisaged at Alma Ata. (The revolutionary nature of PHC for equity, social justice and health for all))

Registration: 08.30 – 09.00

Session One: 09.00 – 10:30

TIME	ACTIVITY	FACILITATOR
09.00 – 10.00	Opening and Welcome	Tinashe
	PHMSA welcome	
	Ice breaker: Break up into seasons and buzz in two. Each participant find out: name, thing you like most about yourself and most important expectation from the course.	(25 min) Tinashe
	Introduce 'partner' to the whole group. (1 minute each) PHM and others introduce themselves	(30 min)
10.00 – 10.20	Outline of the programme, intended outcomes & course methodology, use of case studies	Melanie
10.20 -10.30	Questions, announcements	
10:30 – 10.50	TEA	

Session Two: 11:00 – 13:00 (20 min presentation; 5 min questions and comments)

Chairperson: Melanie

10.50 – 10.55	Energiser	
10.55 – 11:20	Case presentation 1	
11:20 – 11.45	Case presentation 2	
11.45 – 12.10	Case presentation 3	
12.10 – 12.35	Case presentation 4	
12.35– 13.00	Case presentation 5	
13.00 – 13.15	Reporting on common themes drawn from case presentations – especially related to PHC (health systems), social determinants of health, organizational and civic activities for Health for All	Prof Louis Reynolds/ Tinashe/Cayla and Nicole
13.15– 14.00	LUNCH	

13.45 – 16.00 Session Three

Chairperson: Melanie

14.00 – 14.05	Energiser	Tinashe/Melanie
14.05 – 14.20	History on roots & emergence of PHC and crucial missed opportunities including present NHI	Prof Louis Reynolds
14.20 – 15.30	PHC triangle –break into groups -: Share experiences of working or living in your health district, referral system, (refer to PHC triangle) re-engineering – any experience of pilot sites.	Prof Louis Reynolds
15.30 – 15.50	TEA	

15.50 – 17.30 Session Four

15.50 – 17.15	Community participation (relate as much as possible to case studies)	Melanie
17.15 – 17.30	DAILY EVALUATION	Nicole and Cayla

Preparing for the arrival of the CHWs and Introductions



Report for Day 1:

The day starts off with introductions from the team members. Everyone in the room (including the team) is paired with someone they don't know and is tasked with finding out a few things from their partner, namely: their name and where they are from, what they like most about themselves and what they hope to learn/gain from the workshop. The main expectations from the group was:

- Learning more/gaining more knowledge
- Knowing about the rights of CHW/CCG
- Learn more about peoples' lives and PHM
- Learn how to make a difference in the community
- Take back to the community what is learnt from the workshop
- Learn more about CHWs and what they are doing in the community
- Learn more about dealing with sick patients
- Learn how to deal with young people
- How to approach the community
- How to work with CHWs and the challenges they face
- More about PHC

CHWs were given a template beforehand to give them an opportunity to prepare for their case presentations regarding the demographics and healthcare in their communities and districts. Case presentations were presented individually. As each CHW presented the team worked to identify common themes. The common themes that emerged from the case presentation can be found below:

Common themes for case presentations (as identified by team):

Industry	Traditional healers
<ul style="list-style-type: none"> • Environment • Social impacts 	Chronic clubs – Who drives them?
Water	Health promotion activities
Limitations of health education	<ul style="list-style-type: none"> • Elderly • Children
Limits of one home one garden	Children’s health
Youth unemployment	Rural vs Urban
<ul style="list-style-type: none"> • Drugs • Crime • Pregnancy 	Housing
School dropouts	Stigma for taking medications, such as ARVs or Anti-TB drugs
DoH campaigns	Orphans/child-headed households
	Sex workers’ health

Note: Templates used for the case presentations are attached in Appendix 1

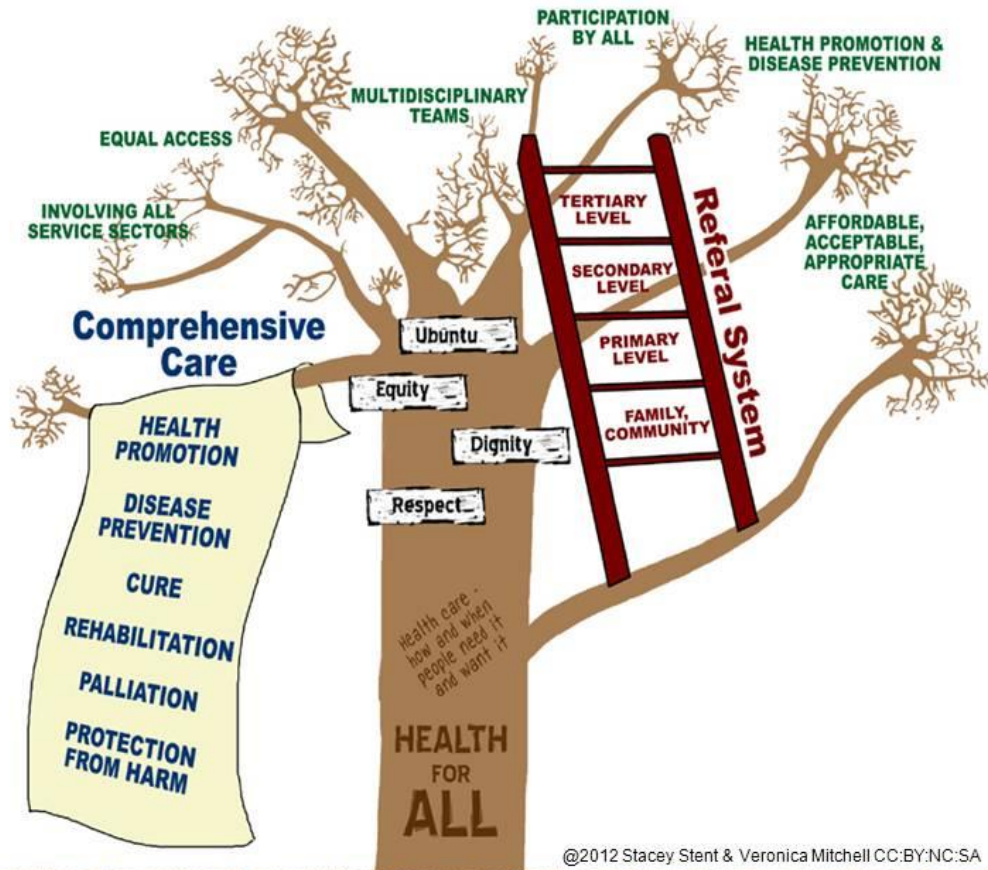
The PHC pyramid teaching was presented by Louis. The CHWs were asked to take their communities/districts into consideration and place the themes identified in their communities into the different tiers of the pyramid. Once they identified themes specific to them, they were divided into 5 groups where they combined their themes and identified common themes that affect health. 5 Pyramids were submitted and presented by a group representative. The team compared the pyramids to identify the common themes for the province across all districts. The common themes according to PHC pyramid can be found below:

Common themes based on pyramid activity

Community mobilisation	Intersectoral Action	Community healthcare
CCMDD	Education/Schools	Phila Mntwana Centre
Chronic clubs and support groups	Agriculture – One home One garden	Screenings
War rooms	Food – Nutrition	CHWs/Home visits
Campaigns	Housing	Mobile Clinics
Health education	Water and Sanitation	
	Environment/Pollution	
	Transportation/Roads	
	Drugs/Crime/Violence	

**Community-Based
Primary Health Care**

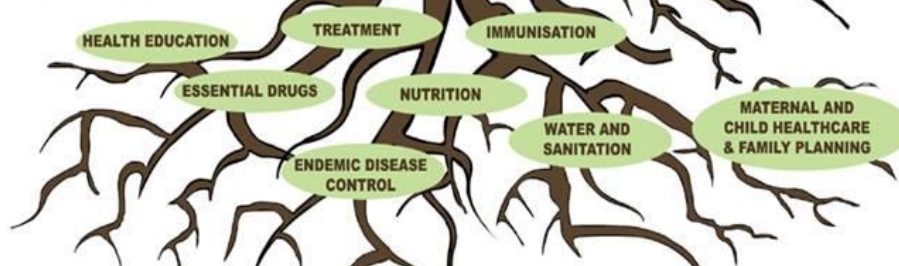
Principles



©2012 Stacey Stent & Veronica Mitchell CC:BY:NC:SA

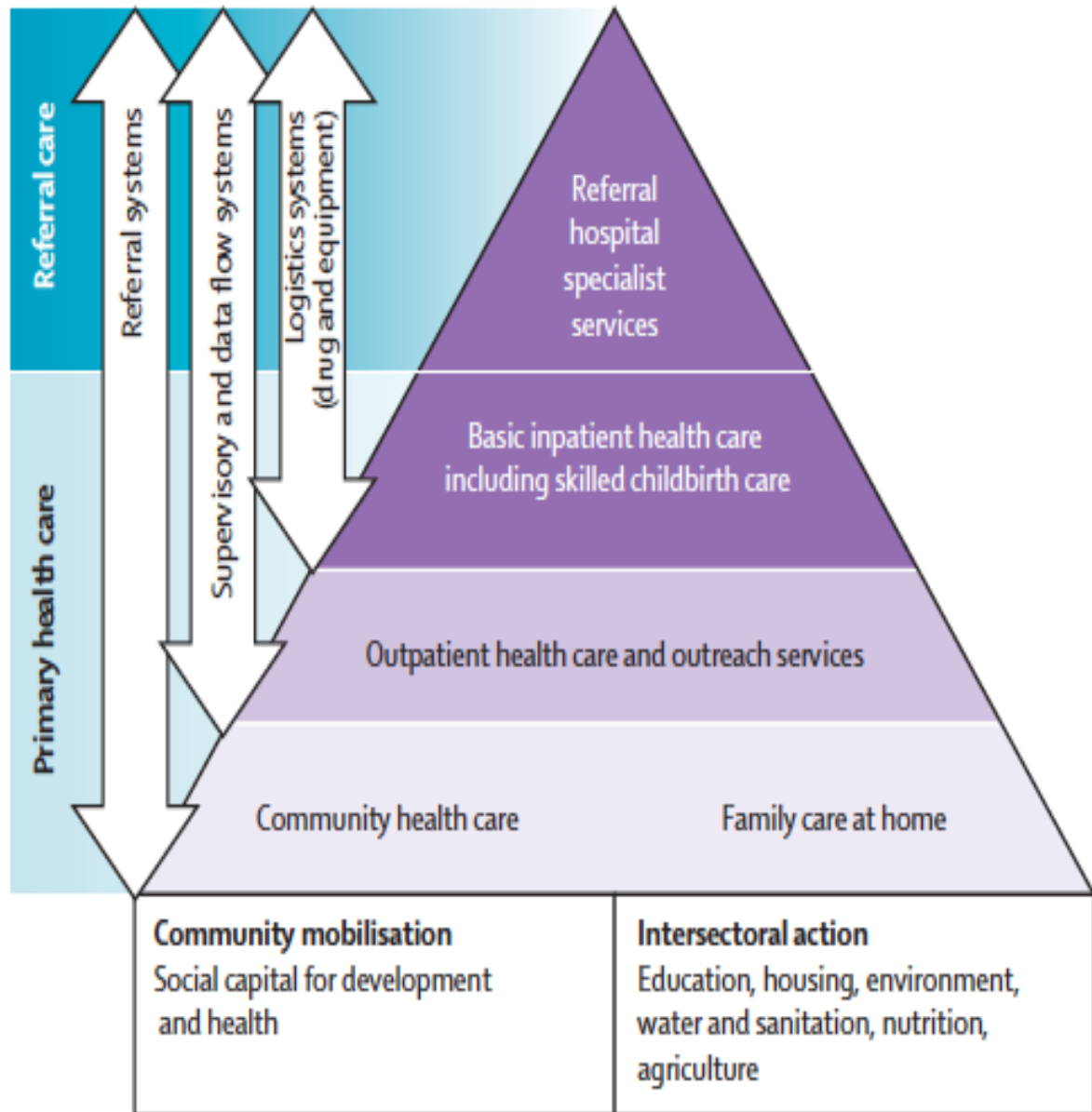
PRIMARY HEALTH CARE

Elements



PHC triangle –break into groups -: Share experiences of working or living in your health district, referral system, (refer to PHC triangle) re-engineering – any experience of pilot sites.

Community mobilisation & intersectoral action as the foundation of PHC



Lawn, Rohde and others (2008). Alma Ata 30 years on: revolutionary, relevant, and time to revitalise. *The Lancet*, vol 372, page 917 - 927.

Community participation (relate as much as possible to case studies)

Community participation

What do we mean by community participation?

Why is community participation important?

What strategies have you used to promote and sustain community participation?

iap2 public participation spectrum

developed by the international association for public participation

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and issues are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
EXAMPLE TOOLS	<ul style="list-style-type: none"> • Fact sheets • Websites • Open houses 	<ul style="list-style-type: none"> • Public comment • Focus groups • Surveys • Public meetings 	<ul style="list-style-type: none"> • Workshops • Deliberate polling 	<ul style="list-style-type: none"> • Citizen Advisory committees • Consensus-building • Participatory decision-making 	<ul style="list-style-type: none"> • Citizen juries • Ballots • Delegated decisions

<http://nicokoenig.com/communityparticipation/>

Approaches to community participation		
Approach to participation	Community supportive	Community oppressive
Decision making	community takes part in decisions	community appears to take part but has no real say
Planning of projects	flexible, allows room for discussion and change	closed and predefined, no room or discussion and change

Attitudes of professionals	Patient, caring, willing to listen	participation bought with gifts, money or threats
Sharing of knowledge and skills	community and health professionals share knowledge and views freely with each other	health workers hold back knowledge
Community input	new ideas and improvements valued, no matter from whom	rigid rules set by professionals or und donors in other nations

Source: Adapted from the 1998 National Progressive Primary Health Care Network training manual

SAPHU Evaluations – Day 1

What did you learn? What did you like about today?

Community Participation

What I like is sharing our knowledge with my colleagues and about a health committee. I learned that there mustn't be a professional thing only we must involve the community mostly. Another thing is that I must involve someone when I'm doing something, I must not take decisions for them. I must involve them and ask them if it's okay if we do such thing so that we get along.

I learn that if you are CHWs you are not allowed to take decision for the people. You need to be a good listener. Create support groups to avoid many problems like teenage pregnancy and drugs.

Workshop Style

I liked the setting for the workshop, and we were about to ask questions from the facilitators.

I know different person's names and surname.

Nice teachers and today I learn how to make community mobilization. I learn more about thing happens in community and colleagues encourage me to be the part of it.

Case Presentations/Learning from Other CHWs

I like this workshop because I gained more information. People face with many challenges in the community. If patient want to go to the clinic for medication sometimes no money for transport because our clinics is far away.

The thing I like yesterday is to present my district. And to share with our colleagues about others in their districts.

The thing I like yesterday is to present about my district. To share with our colleague about other problems that they face in their district and others.

Someone gets tested and get voucher. Other provinces have got enough provinces, but others have no hospitals. Other province has a lot of TB.

I will to improve my knowledge and learn to work as a team and sharing my knowledge with other people.

To learn from others.

I'm approved share knowledge other CHW.

I liked to hear about challenges faced by my colleagues on the other parts of KZN. I gave strength that compared to my place of work. I shall overcome more of my challenges in the future.

Primary Health Care (Including the Pyramid)

I like to learn more about Primary Health Care

I like a triangle for educating all clinics work in a community.

I learn about a PHC. It starts in the foundation so that the foundation is a CHW's. Everything starts with them up to the Regional Hospital and then I learn about if you are working with the community to communicate with them don't take a decision with your own. Talk to them from the beginning up to the end.

Primary Health Care

I have learnt about Primary Health Care

What change has happened through PHC in the country that will have positive impact in the country.

I like a triangle because he/she explain about my work in my community.

Community mobilization and intersectoral action as the foundation of PHC.

To know more about Primary Health Care.

What I liked yesterday was Pyramid Topic. I learnt about how to do my work like how to mobilize the community.

Louis's presentation

I like that from the graph we and it shows that there is a need for CHW's, they can make a difference in people's life and economy. By having CHW's is an investment for the country at large.

If our government can improve the system of CHW's, more money because they are the backbone of primary health care. There will be no more long queues in hospitals and clinics.

The government can improve CHW's so that he can save more money by investing in CHW's so that

Miscellaneous

To throw our neighbour wool // continue to assignment // new chapter

What can be improved?

What can be improved in the Workshop

Time/Concentration

Maybe time can change. We learn long hours and our minds cannot concentrate until after 5. Maybe 4:45 is better.

I can improve my willingness to be here and to learn everything including community.

Louis's Presentation

Mr. Louis must increase his voice because I can't hear him clear when he teaches. But I hear him when he does one on one.

Louis must talk loudly because if he talks, we feel sleepy and loose concentration. We learn more hours that lead us sick and tired. At the same time, we lose interest.

Language

To improve equal language English and Zulu.

Please speak equally English and Zulu.

What can be improved in the system

To have more CHW in our community to have more stuff and mobile clinics in hard to reach areas.

The government should invest more on PHC. This will help in cutting down the long queues at the clinics.

To improve share knowledge other CHW's districts.

We to implement and mobilize more CHWs and mobile clinics.

To make the community more aware that their health is more important and it's in their hands to live a healthy living. To have more CHWs because there many grey areas in my community. Emphasize more in family planning and voluntary testing of TB and HIV/AIDS.

We can improve the organization in the community like ploughing the vegetables, selling the chicken to help the people in the community. About the youth we must have a ground, the place where keep them gym to avoid the phera's and a lot of crime.

Topics of Interest for Future Learning

I want to improve my knowledge about the lifestyle because the community need the lifestyle improvement. The government need to improve the mode of transport so that they

I want to improve to my knowledge to learn Primary Health Care

I want to learn more about PHC in the community and to get more knowledge about the healthy lifestyle of the community

What are some questions that you have?

Questions about the content

More information about community participation

More information about Alma Ata

More information about the PHC triangle – seems some information may have been lost

More information about Phila Mntwana?

What happened to Dr Kark?

Requires more information on why South Africa is so unhealthy, even though the government is trying to reduce the number of ill people?

General Questions

Are there any other special initiatives from the DoH?

MWK – Needs more knowledge and information about kits to use them

How can I encourage people to go to the clinic for screening and when they are ill?

Will there be a cure for HIV/AIDs?

Tuesday 11 June

DAY TWO: Case presentations and social determinants of health

[Social determinants of health related to the case studies

The comprehensive PHC approach and re-engineering of PHC related to the case studies

Appropriate policies related to PHC, CBHWs and case studies]

Outcomes

By the end of the day participants should be able to

- Explain the causes of ill health and what promotes good health (Social determinants of health)

08.30 – 11:00: Session One

Chairperson: Prof Louis Reynolds

08.30 – 08.45	Ice breaker/(songs)	Tinashe
08.45 – 09.10	Case presentation 1	
09.10 – 10.35	Case presentation 2	
10.35 – 11.00	Case presentation 3	
11.00 – 11.20	TEA	

11.20 -13.00 Session Two

Chairperson: Prof Louis Reynolds

11.20 – 11.45	Case presentation 4	
11.45 – 12.10	Case presentation 5	
12.10 – 12.35	Case presentation 6	
12.35 – 13.00	Adding common themes from today's case studies to yesterday's	Melanie/Tinashe Cayla/Nicole
13.00 – 13.45	LUNCH	

13.45 – 15.30: Session Three

13.45 – 13.50	Energiser	
13.50 – 14.45	Exploring key issues from Day 1 presentations – Finding the causes and the causes of the causes: the “But why?” game	Melanie/Louis/ Tinashe
14.45 – 15.30	Social determinants of health	Melanie
15.30 – 15.50	TEA	

16:00 – 17:30: Session Four

15.50 – 15.55	Energiser	Tinashe
15.55 – 16.30	Using 'Force-field analysis' for solutions – Moved to Friday morning	Melanie Alperstein
16.30 – 17:00	DAILY EVALUATION	Cayla and Nicole

Report for day 2:

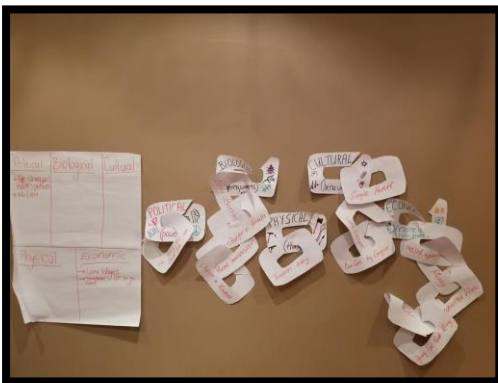
The day started with addressing most of the questions from day 1. Questions were divided by content, general questions and questions that could be answered by fellow CHWs. These questions were identified accordingly. Questions regarding the content were answered using the PHC pyramid, PHC tree and the tables for community participation along with practical examples to ensure a deeper understanding of the content. Most participants seemed satisfied and seemed to have a better understanding of PHC and community participation.

Presentations were causing us to run over time, thus opted to move the force-field analysis to Friday morning.

The social determinants teaching was presented before the “But, why?” exercise to give the CHWs a better understanding thereof, before starting the group exercise that was based on the social determinants of health. The “But, why?” group assignment was enjoyed by all and was used as a way to deepen the understanding of the social determinants of health. The groups were split in 2 groups of 10-11 people using Portia’s story. Both groups thoroughly enjoyed, and all members of the group engaged well with this activity.

The “But, why?” activity





At the end of the day, the CHWs were asked to identify a common problem that affects health in their communities and to play the “But, why?” game to identify the social determinants for the identified health problem. A worksheet was used to help them group the social determinants according to the biological, cultural, economic, political and physical factors.

SAPHU Evaluations – Day 2

What did you learn? What did you like about today?

Everything was fantastic.

Portia’s Story (Causes of the Causes)

I like Portia’s story and it opened my eyes about the child being abandoned by the mother and it is very important to breast-feed instead of bottle feeding.

Causes of Portia’s death

I like the story of Portia

Social and community networks, individual lifestyle factors, general socioeconomic, cultural, and environmental conditions.

I liked everything about today. I liked the participation of everyone according to groups. I also learnt that most of our problems and illnesses starts from economy and lead after one thing to another.

I will learn know more about why people get sick.

Causes of Portia's death.

What I like is the need of CHW in our community.

I like public health problem and why cause of causes and the term of why, why, why.

Portia's story—techniques on how to take care for young babies.

The lessons for today give us a clear information how to identify Portia and her child and teach me how can I see the child in situation for the children in the community.

I like the case of Thandi and her baby because it is an eye opener to CHWs.

The story of Portia.

I liked knowing about why-why from the story of Portia. It was clear that the community still need more help and CHWs are needed.

I like a chain because she/he opened my mind. I like a story of Portia.

I like it because it opens my mind about what can we do to take care of a young child because the life of child depend to his/her guardian.

Learning from other CHWs (Case Presentations)

I like the presentation comes from one of the CHW supervisor and I learnt a lot of things from my colleagues keep me and I learnt about the important of CHW in the community.

Presentation by Ntosh

I like to work as a team to share knowledge with others.

Today I'm happy because yesterday I was lost about how to use MUAC but today I get full clarity about using.

Presentation by Ntosh.

Presentations—I've learnt a lot and gained a self-esteem.

Making changes in the community

The government needs to lure more CHWs in order to eliminate the death of infants in our community.

Learnt more about how to improve our country impact.

It improved how to work in the community. It improved to how make change in community.

It can improve my knowledge in our community to education the community about the importance of a daily routine of a young child.

Learn more about HIV and AIDS

What can be improved?

In the healthcare system

CHW in the community are too scarce.

Sharing of knowledge and skills and decision making.

Government should do something about bridging the gap between rich and poor and reduce the illnesses that attack most the poor population e.g. building houses to reduce squatter camps, pay worker a living wage, produce the chances of employment, produce more free education.

To fight inequality and people should learn to accept and come out about what they need, like more based-on stigma and status also to accept that we all need one another to live.

What I will take back to my community

I will improve why people of my community get HIV status. I will improve to keep more information with people about sharing knowledge with other.

We need to improve health education in our community so that they will know more and understand about their healthy lifestyle.

What can be improved in the lessons

Time management in our colleagues. Yesterday there come late after lunch so Tinashe said we can't move on with the lesson because we need to do group work. We need person who is going to monitor time in and out.

Facilitators should use volume 100% during sessions.

To speak louder.

More exercises needed to avoid sleeping.

Time

I'm improving to learn with small group because everyone talks in small group.

What questions do you have?

Questions about the content [Social determinants of health, Community participation, PHC]

Determinants of health

Explain the graph that was presented in the social determinants of health.

Community participation

Community mobilisation and intersectoral action as the foundation of PHC

Political Questions

Why do the politicians give us problems in the world?

What can we do in order to get people to understand that people's lives are always at risk, because of politics?

How do we get our government to listen to the people at the ground level?

How to improve the economical [factors]?

Why are we here, because there are some rumours that our work is being demoted?

Can you help remain in supervisor [position]?

General Questions [HIV, Training]

Why do people deny getting tested for HIV, if in the end knowing your HIV status will be a good way forward?

Do we get a certificate after this training?

What are we going to do about the denial situation in our community?

What can I do to keep my bundle of joy [baby] healthy and happy?

Wednesday 12 June

DAY THREE: Activism, advocacy and networking

[Advocacy , activism, mediation, conflict resolution, leadership, networking, campaigning linked to case studies and building organizations and social movements for Health For All].

Completing plans for implementation back at work

09:00 – 11:00: Session One

Chairperson: Melanie

09:00 – 9:15	Ice breaker	Melanie
09:15 – 11:00	Activism, advocacy, mediation, conflict resolution	Tinashe
11:00 – 11:30	TEA	

11:30 – 13:00 : Session Two

11:30 – 13:00	Leadership, networking, campaigning linked to case studies; building organisations and social movements for Health for all	Tinashe
13:00 – 14:00	LUNCH	

AFTERNOON – Movie: Bending the Arc

Report for Day 3:

The day starts off by looking at the homework in groups. The CHWs are divided into groups of 4, with representatives from different districts forming groups. Each member of the group is given an opportunity to discuss the health problem identified with by them, which allows them to fully understand the social determinants of that health problem.

The teaching on activism and advocacy was presented by Tinashe. Practical examples were used to describe how a community can be mobilized to come together to raise awareness about a health problem in their community. Each CHW was tasked with creating plan to address the demotion of CHW supervisors in KZN and how they would approach this problem that they are currently facing. Using a practical example allowed people to engage with content as well as coming up with practical and realistic ways in which they could address this issue as it affected everyone attending the workshop. The report back and sharing of ideas further provided ideas as to how to approach the issue.

A feedback session on the teaching was conducted through using a ball of wool and tossing it around eventually creating a network where everyone was connected – This was used to show the CHWs the importance of forming connections and networking.

The movie, *Bending the Arc*, was screened in the afternoon session. The movie was enjoyed by all and allowed the CHWs to see the importance of having them in the healthcare system and the critical role they play in primary care as well as PHC. The team spirit and confidence in the CHWs and the work they do was lifted after the screening of the movie.

Group Work for Homework Activity



SAPHU Evaluations – Day 3

What did you learn? What did you like about today?

Activism and Advocacy

As a CHW Supervisor, I learn a lot of things like if you want to do something don't take your own decision and now and forever, I am an advocate in my community.

I gained more information. Starting now I know that I'm advocate in my community because I fight for my CHWs if there is someone who treat unfairly. Don't do it alone. Mobilise.

I like today to learn about advocacy. To know my right and communication.

I like to work with a small group, and I learn how to communicate with others.

I like tool and processes.

That I can be an advocate.

Learn more about networking and I'm advocate.

I have learned that I'm an advocate.

I will learn about advocacy in the community and work as a team to share ideas.

I learn to communicate with others and sharing ideas.

4 Ps of CHWs

I learnt how to work as a team and now I know my rights and responsibilities.

To learn that I am advocate of the community

Bending the Arc Film

The lesson that I learn in the movie about the importance of PHC.

What I liked about the movie is that at the end the patients were better or cured and the community had the clinic.

I did like to see the doctors and CHW's serving hope to the poor community.

I loved that they had every material to make us understand the training more about PHC.

To watch the video of Mr. Jimmy try to make PHC successful.

Today I learnt about the importance of a CHW in the community and health facilities. I learnt a lot about advocacy and learnt more about community participation and enjoyed a film more. It was sad but very successful in the end. The main thing is a support from the community and doctor were so kind.

I was not around during the day but what I like in the afternoon when I came back is that movie that I saw. I learned a lot about us as CHW that we need to work very hard to change people's lives.

What can be improved?

What can be improved in the lesson

The movie was too long

I don't like to learn more hours because if we take a break, we take break for it only. We can't get time to go outside to get fresh air because this leads us to lose focus and concentration.

Nothing I did not like but I am very sensitive when it comes to see people suffering. I felt bad when I saw people dying in the movie.

They need to minimize the time of the movie

The movie is too long

What can be improved in the system

Building of clinics and hiring more CHWs in our country

I want to improve my advocacy bigger than before. I want to build an organization in my community.

I'm improved I'm an advocate.

Improve working as a group.

More training towards CHWs, more CHWs, health education.

The strategy of a healthy style must be improved as Dr Jimmy do in his community.

Together it improved. All things happen easily.

What are some questions that you have?

Questions about the content [advocacy, community participation, social determinants]

What are my rights?

More information about Advocacy

More information about Lobbying

More information about community participation

More information about social determinants

What happened in other countries [in the movie]?

General questions [communicating the content, political questions]

How can I pass on the message about the principles of PHC when I return home?

Will the government ever be able to help the poor of South Africa? Will CHW be considered?

Why does the government not put more money into building clinics?

I want to know more about my right and how to work when community does not accept their education I will deliver.

I would like to have the movie, Bending the Arc, so that I can share with colleagues.

I will like to learn more about CCG human right.

More about HIV, TB, and Ebola.

Please explain deeper in social determinants of health

I want to know about my rights.

As we get demoted, what will Sinani help with to prevent demotion?

Thursday 13 June

DAY FOUR: Planning cycle for developing action plans

[Using the information gained in the previous days, case studies and the planning cycle for developing action plans for implementation for the next five months;

Introduction of two-day workshop to be held in November – set date and programme]

09.00 – 10:30 Session One

08.45 – 09.00	ICE breaker	Tinashe
09.00 – 09.45	Whole group: The planning cycle – introduction and example	Melanie
09.45 - 10.30	Case study groups: Using the information gained in the previous days, case studies and the planning cycle for developing action plans for implementation for the next five months	Groups, Mentors and PHM volunteers
10:30 – 11:00	TEA	

11:00 – 13:00 Session Two

11:00 – 13.00	Continue working on case studies and plans	Groups, Mentors and PHM volunteers
13:00 – 14:00	LUNCH	

1400 – 15:30 Session Three

14.00 – 15.00	Back to plans	Groups, mentors and PHM volunteers
15.00 – 15.30	Review of two day workshop to be held late November or early December	Melanie Alperstein
15:30 – 16:00	TEA	

16:00 – 17:30: Session Four

16:00 – 16.30	EVALUATION of Day 3 and 4	Cayla and Nicole
---------------	----------------------------------	------------------

16.30 – 17:30	Practicing for presentations the next day	Groups, Mentors and PHM volunteers
---------------	---	------------------------------------

Report for Day 4:

The timetable had to be readjusted due to the CHWs having to leave by 12pm on Friday, 14 June. All presentations took place on the Thursday, 13 June, with 3 hours preparation time in the morning. These presentations were for the CHWs to identify a health problem in their own communities that they would like to address and use the resources and the teaching presented in the week to formulate a plan to address the health problems identified.

The morning session consisted of Melanie presenting the teaching on the planning cycle and addressing questions from the evaluations that arose daily. Community participation, social determinants of health and PHC principles were discussed again but included videos to deepen the understanding of the content. The CHWs were asked to discuss some of these questions among themselves and we found that the CHWs had a good understanding of the content.

Each CHW was tasked with creating a presentation for their communities that would incorporate the knowledge gained from the workshop. Although, there were 2 CHWs from each district, it was important that each one develop their own plans as they work in different communities. Each person then presented their plans to the rest of the group. 5 minutes of questions and comments time was left after each presentation, so that input from the team or the CHWs could be given, should any gaps have been identified in the presentation. Most CHWs formulated plans that were new, but others identified gaps in their current initiatives and planned to address and approach those health issues in another manner. The importance of the time frame was emphasized and all CHWs were informed of the workshop in November 2019, where they will present how successful their initiatives were and report back on the implementation thereof.

The plans formulated by the CHWs have been attached in Appendix 2.

Working on the presentations and plans



Presentations from some of the CHWs



SAPHU Evaluations – Day 4

What did you learn? What did you like about today?

I liked the presentation. It gave us a change to our minds.

I like to present my plan

I like the way I present my project.

I loved everything I did today. I like presentation and learning about things the other colleagues are doing at their place of work.

Project and plan.

The presentations. We were motivated.

I learned with planning project and structure is important to involve if you are planning a project.

Presentation of planning cycle.

Presentation

I like to learn as a good by discussion and presentation about community problems.

I like the project that I will do at my ward

Presentations. Especially Mrs. Sombu's presentation (the last presenter)

I like the way I trained by the plan. Teachers was very good in this presentation.

I liked everything about this workshop.

I like work as a group and an advocacy.

Social determinants and community mobilization.

I learnt a lot for social determinants because when I want to start to do something, I know what can I do now so I want to say thanks so much to all of my lecturers.

I'm a advocate. I know how to communicate with others.

What can be improved?

I will improve to discussion and learn more about problem solving.

Nothing can be improved so far. Everything was perfect.

More time.

Nothing for today. Everything was clear.

Well done in all lesson.

What are some questions that you have?

When does the next training take place? What is the way forward?

Friday 14 June

Day Five: From Theory to Action

08:30 – 13:00 Session One

Chaired by Louis, Melanie or Tinashe

08:30 – 13:00	Presentation of plans (how you will present them on return to work) 20 minutes for each presentation	
	Important outcomes: <ul style="list-style-type: none">★ Clear action plans for next five months★ Identify support needed from mentors and other★ Identified organizations to network with<ul style="list-style-type: none">○ Building a community of practice<ul style="list-style-type: none">✚ contacts, communication and collective work.	
13.00 – 14.00	LUNCH	

14:00 – 15:30 Session Two

14:00 – 15:30	Comments to groups; unanswered questions; way forward/ closure	
Depart for home.		

Report for Day 5:

The morning starts with all questions and concerns raised for the workshop. Melanie, Tinashe and Madlala address the questions and concerns. The way forward and the plan for November is discussed with CHWs.

Videos, concerning the content that was discussed during the week, is used to consolidate the knowledge. Since the CHWs presented their health concerns and plans on Thursday, 13 June, the force-field analysis teaching is presented by Melanie in the morning.

The group is asked to think about things they enjoyed about the course, what they will be sharing in their communities and how and finally, they were asked what they felt could be improved. The responses of the members are recorded under the evaluation for Day 5.

The way forward:

1. To implement the plans discussed on Thursday, 13 June in each community
2. Madlala will visit each CHW in their district

3. WhatsApp group to be set-up by the CHWs and the team to answer any further questions that there may be about any of the content discussed in the workshop or general questions
4. Date for November follow-up to be set at a later stage

SAPHU Evaluations – Day 5

1. Was confused at first but learnt a lot. Previously, I was doing some of the things discussed, but now I have been shown the best way to do them. I learnt about advocacy from the movie, Bending the Arc, and learnt about the link between disease and poverty, e.g. that TB can be caused by living in an unhealthy environment and because people are living too close to one another. I learnt that CHWs play an important role and that they are able to do community development, community support and can get the co-operation of the community. They can play a role in the transport to clinics and can provide follow-ups and support.
2. If you start a project, involve the community and engage the people by consulting with them. I learnt about the challenges from other districts in KZN. From the movie, I saw that being a doctor is a calling and that means that our work is a calling too and that we are important for providing emotional support. Rwanda is improving.
3. I learnt about the PHC tree and the principles of PHC and social determinants. I learnt about the PHC pyramid and how important the community is for PHC.
4. Advocacy – mobilize others to get involved. I realized how important it is to know your strengths.
5. I am grateful to those who connected us, like Sinani and PHM. I learnt about my rights, advocacy and how to get the community involved.
6. I learnt about the social determinants of health. At first, I did not know about advocacy, but now I want to educate those at home and advocate for my colleagues. I learnt how to get others to participate.
7. Networking is what stood out most to me.
8. I now understand PHC much better and how to involve my community. I learnt about advocacy.
9. I learnt about the importance of safe and clean water. The demotion was discussed, and I feel that no one should be demoted.
10. I learnt about the role I play in my community, advocacy and my rights. I learnt how to work better as a team and that CHWs are very important in the community.

11. I learnt about the PHC triangle. I learnt about the planning cycle and how to make the causes and the results clear.
12. I learnt about involving the community and how to make their voices heard.
13. We should work for self-praise and personal glory, but we must get the community involved.
14. I learnt about my rights and constitution. It is very important to network, which I learnt from the rope exercise. Important to use the “but, why?” approach to look at health problems. I loved the PHC work.
15. The workshop was an eye opener where we had to critically think about everything. I liked the process of coming up with projects and learnt that it should have clear objectives.
16. I learnt that CHW cannot work alone and that we must involve others. We must plan for projects.
17. There were many things that opened my eyes. We are very important in the communities even when we are undermined by facilities from the community and council. We are VERY important.
18. I noticed that I am very important as a CHW in community. I learnt about the PIE system for planning.
19. We must co-operate and be supportive of each other.
20. I learnt about networking with others. After this experience, I can confirm that I am important in my community. Let’s continue to share and work with each other.
21. I am an advocate of disabled people and children. I learnt about the PIE-system.