



Health for All Now!
People's Health Movement



South African People's University (SAPHU) 2014 and 2016

After the first exciting SAPHU 2013, decision was taken to focus on developing the SAPHU for Community Based Health Workers (CBHWs) to further develop their competence as the most crucial frontline workers in a comprehensive primary health care oriented health system. Here you can read about why we decided to focus on CBHWs, which include Community Health Workers (CHWs) and Community Care Workers (CCWs) for the 2014 SAPHU and particularly the 2014 SAPHU; the extensive evaluation of the 2013, and the radical changes made to the 2016 SAPHU. We will also report on what participants of the 2016 SAPHU have achieved after returning home, and finally the follow up SAPHU in December 2016.

Why the SAPHU should focus on Community Based Health Care Workers (CBHWs) in 2014, 2016 and in future.

SAPHU 2 in 2014 specifically targeted CBHWs, as did the next SAPHU in 2016 as PHMSA feels strongly that CBHWs should be given prominence and decent conditions of service as health workers and major agents of change in a transforming health system to achieve Health for All through re-engineering of PHC.

Re-engineering of PHC requires a strong base of activists as change agents in communities. Activists take advantage of opportunities to raise awareness of socio-political issues which they have critically analysed. Activists will identify social injustices, big or small, and strategies and take action, quietly or militantly, depending on the situation in their context and communities.

Particularly in poor communities where services are severely under-resourced or non-existent, CBHWs form the backbone of the health (and social) services. At present, in all nine provinces in South Africa, CBHWs are either volunteering or are employed under different, uncertain and tenuous conditions of service. There is an urgent need for improvement in their economic, legal and professional conditions of services, and to build on

their competence in a comprehensive Primary Health Care national health system. The aim of the SAPHU is to strengthen the knowledge and skills of CBHWs in policy and political analysis, and in advocacy, mediation and activism. The focus is on both militant as well as quieter forms of activism. Examples are the development of a deeper analysis of social determinants of health that are associated with the challenges faced by individuals, families and communities in improving their health; and the learning of skills such as planning, advocacy, mediation, conflict management that can be used in organisations and communities for developing appropriate strategies to achieve Health for All in the country.

The programme does not duplicate present education and training of CBHWs, but focuses on aspects usually neglected in other programmes. The learning and teaching methodology is facilitatory, encouraging active participatory and critical reflection.

SAPHU 2014.

In 2014, as part of a strategic focus on community-based health workers (CBHWs), including Community Health Workers (CHWs) and Community Care Workers (CCWs), PHM SA partnered with organizations giving psychosocial support to CBHWs and the Community Health Workers Forum for its SAPHU participants. The course was developed jointly by organisations that support CBHWs, namely the SA Community Care Workers' Forum, Sinani, Sophiatown Psychological Services, the Wellness Foundation and the Women on Farms Project. It was conducted over a five day period in an interactive, participatory way and led by local health activists and academics.

A total of approximately 45 participants representing seven of the nine provinces attended the second South African People's Health University at the University of the Western Cape in December 2014.

The aim of the second SAPHU was to promote a deeper understanding of:

- Key issues facing CBHWs in South Africa today including working conditions and psychosocial support
- The principles of primary health care (PHC)
- Developments in health policy in the context of the NHI proposal and re-engineering of PHC
- The social and political factors that cause ill health
- The potential role of CBHWs in PHC with a focus on advocacy around community participation and intersectoral collaboration

The 2015 evaluation – findings and recommendations for changes for 2016 SAPHU.

In 2015, instead of running another SAPHU we decide to evaluate the two previous SAPHUs to see what had been achieved through the SAPHUs and if we were building a movement of activists to achieve Health for All. The evaluation was conducted by an external evaluator and included interviewing participants from the 2014 SAPHU where possible, but focused more on the 2014 SAPHU. Pre and post SAPHU questionnaires were completed by all the participants. Immediately after the 2014 SAPHU, before participants returned home, focus group interviews took place and further individual and focus group interviews later in the year. Key people in all the organisations who were part of designing and implementing the 2013 and 2014 SAPHUs were interviewed, as well as an external expert adult educator. The main findings from the evaluation were that although participants felt that they had learnt a lot during the SAPHU, very few were able to implement any changes, or introduce new approaches and activities at their place of work. They felt isolated and unsupported as they had attended as individuals and not as representatives of their organisations. They felt that they had gained more knowledge, but not enough skills to advocate for change in their places of work and mobilise communities they worked in. Based on these findings, the recommended changes were implemented in for SAPHU 2016.

SAPHU 2016- A radical change to the whole programme.

The evaluation has caused us to consider some radical changes to the curriculum. This year SAPHU was implemented according to the evaluation conducted in 2015. SAPHU evolved from being a 5-day training course to a 5 month training program. This program included a 5 days training course at the start of the program, mentorship to support implementation of activities that arose from the 5-day course and finished with a 3 day course to evaluate and report back on achievements and challenges. SAPHU focussed on 3 provinces: Western Cape, Easter Cape and Gauteng. These are the 3 provinces where PHM already had a significant presence. 24 participants attended the program. Participants were selected based on their capacity to play a leadership role in their community to effect change. Another point of selection was the support participants would receive from the organisation they work for or are involved with.

This year the program continued to focus on health activism for Community Health Workers and the participants worked with a localised, relevant, self-chosen community issues they would like to be involved with.

The participants, with support from their organisations and identified mentors developed a case study over a two month period from their area as preparation for the five day residential SAPHU course. The case studies were used for critical analysis of the social determinants of

health and for planning strategies for community mobilisation and intersectoral campaigns. These case studies were sent to Cape Town two weeks prior to the SAPHU and used to focus the content of the input and discussions thus making the inputs more relevant. We introduced more skills and practice in planning community based activities and mobilisation and advocacy campaigns related to the social determinants of health as this was identified as a weakness in the evaluation.

We identified mentors to help selected participants prepare a case study from their area as preparation for a 5-day SAPHU. Mentors supported participants for a further 5 months after the 5- day course, until the follow-up session in Cape Town at the beginning of December 2016. Participants returned to Cape Town for a two day follow up workshop to evaluate their progress, add to their knowledge and skills and possibly develop a longer term plan. Therefore the programme has been extended over approximately a nine month period. Mentorship started prior to the short course and continued afterwards and hopefully is informally ongoing as needed. We decided to start with three provinces, and hope to repeat and improve on the process with the other 6 provinces in 2017 and 2018, depending on available funding. The intention is to develop depth of knowledge and skills and a critical mass in each province, which will over time expand the process in each province.

Who attended SAPHU 2016?

The five day residential programme was held from 20 – 24 June 2016. The three provinces chosen for 2016 were Gauteng, the Eastern Cape and Western Cape, where PHM SA has had the most activity in the past. Each province recruited two CBHWs from four different organisations or clinics. Gauteng was represented by CBHWs from Kaya Sands, Jeppestown, Orlando and Chiawelo clinics, eight participants in total and one mentor from the province. The Eastern Cape was represented by CBHWs from the Advice Centre and Creative Young Women in Port St Johns, two community health worker organisations in Mdantsane, and from the Small Trust Foundation in Pot Elizabeth. Because of the great distances in the Eastern Cape there is a mentor in Port St Johns and East London, therefore ten participants in total. The Western Cape was represented by the Women on Farms Project, Kheti Mphilo and a volunteer who is starting an organisation that focusses on the health of the elderly. Unfortunately, participants from two organisations in the Western Cape withdrew at the last minute due to unforeseen circumstances. The PHMSA co-ordinator and the SAPHU educationalist are filling the role of mentors in the Western Cape, assisted by other steering committee members.



2016 SAPHU group



Small group work



Presentation by Port Elizabeth group

The new process for the whole programme, which included recruitment through organisations, rather than as individuals, the development of the case study, the support from mentors as well as the organisation in implementing planned activities, and the follow-up at the end of the year, was all positively evaluated. The achievements will now be reported on.

In the **Western Cape** there were two groups. The Women on Farms Project (WFP), Kheti Mpilo.

WFP is situated in the winelands near Worcester, regarded as rural Western Cape and about an hour and thirty minutes drive from Cape Town. PHMSA has worked with WFP for a number of years. The project identified was that a mobile clinic was needed in the area. It had existed before, but the service was discontinued. Farm workers in the area were struggling with the cost of attending the clinic in the nearest town (Rawsonville). Apart from the distance to the clinic, which could be anything between 5 – 20 kilometers, the service at the Rawsonville clinic was poor and farmworkers were being humiliated and discriminated against. Many could not afford transport and therefore walked the distance to Rawsonville. The main impact of this situation is on the health of children, pregnant women and those with chronic diseases. Once this problem had been identified, a plan of action for an advocacy campaign for the return of the mobile clinic was drawn up during the first SAPHU programme

in June 2016. Achievements reached by the time of the follow up SAPHU programme at the beginning of December were as follows: After the sister at the clinic refused to meet with the farm workers, a follow up meeting with PHM took place to explore who else to involve and the next meeting with PHM, WFP included more farmworkers as well as the Legal Resources Centre (LRC). The LRC has prepared a draft letter to use in the campaign focussing on the Rights of the Child to Basic Health Care in the constitution. The farm workers are gathering testimonies from their community to strengthen their campaign and planning further meetings with local doctors and health district management.



Follow up meeting with Women on Farms

Kheti Impilo, based in Khayelisha, with one of the biggest informal settlements in the metro area and about 26 kilometres from central Cape Town. Kheti Impilo's Community Based Care Workers (CBCWs) focus mainly on TB prevention and care and HIV. The plan drawn up at the SAPHU in June 2016 was to bring the service closer to the community of elderly people who are bedridden or not mobile enough to attend centres for the elderly in the area for recreation, rehabilitation and medical care. The plan was to involve retired nurses who would voluntarily assist the CBCWs with the elderly. Achievements by SAPHU follow-up in December 2017 was the employment of one retired nurse in the organisation. They are working further on more volunteers.

In the **Eastern Cape (EC)** there were four organisations from three different areas. There were CBCWs from Creative Women's Organisation and The Legal Resources Advice Office from

Port St. Johns (North-east EC), Small Trust Foundation in New Brighton in Port Elizabeth (PE, South-west EC) and from Mdantsane township in East London (EL, South-east EC).

Port St Johns is a beautiful coastal village and a main tourist attraction on the Wild Coast. Behind the beauty is extreme poverty and high unemployment. The two organisations in Port St. Johns worked together and their project plans drawn up at SAPHU in June focused on conduct Social Behavioural Change sessions create awareness about and to reduce the spread of teenage pregnancy, HIV/AIDS, Drug and Substance Abuse in local schools. The target audience are the children ranging from 12 to 20. Since SAPHU in June they have visited schools, setup meetings and engaged with school teachers. They established focus groups in schools to do the 12 sessions with students and have involved the relevant stakeholders such as the teachers and the social workers. They used the planning cycle from SAPHU to minimise challenges. Their main achievements so far have been the number of the students reached through our programme, 445 students in our local schools and the positive response received from the teachers and students.



Community meeting in a village in Port St Johns when recruiting for SAPHU

PE and EL are harbour towns in the EC. The townships of New Brighton and Mdantsane in PE and EL, respectively have poor living conditions, high unemployment and the resulting health and social problems.

In New Brighton, PE the CBCWs planned to improve their prevention, counselling and care of HIV by building a closer relationship with the community through meetings involving local council leaders and traditional health practitioners. Their achievements were severely hampered by tensions from the local elections, ill-health of both CBCWs and organisational support withdrawing at a late stage. By the SAPHU follow-up they had managed to meet the new local councillors and had some individual meetings with traditional health practitioners.

In Mdantsane, EL the two organisations, Sakhisizwe Community Based Organisation and Lina home based care's project focussed on problems affecting school going children such as lack of food for school going children, children of single parent families, assistance with homework and giving psychosocial support to all CBCWs in their organisations and referring adults to relevant offices for different social support. Their achievements are starting a soup kitchen with assistance from the community and the department of social development. To be inclusive they called a meeting with the local NGO forum and they have also started having awareness meetings with teachers regarding inclusive education for children living with disabilities. The comment from this group was what has changed since SAPHU was that before they "worked in the community and now they work with the community".

In **Gauteng** there were four groups of CBCWs. Two from Soweto from Orlanda and Chiawelo clinics, one group from Jeppetown Clinic in the Johannesburg CBD, and one from Kaya Sands, a huge informal settlement approximately half way between Johannesburg and Pretoria. All groups in Gauteng were initially severely affected in starting their plans due to the Gauteng Department of Health outsourcing the payment of CBCWs to a private company, SmartPurse. This resulted in CBCWs strike action against the outsourcing. Despite this, some achievements were made. Both Groups in Soweto worked together and separately in their area focussing on drug addiction, teenage pregnancy, HIV & AIDs, and male circumcision with high school learners, Grade 8 – 11 being the target. They first did research with their target group and then approached school principals and life orientation teachers for their support. They met with community stakeholders in their communities for any additional support. They held dialogues with school children in the Chiawelo and Orlando areas attended in total by over 1000 learners. Further achievements are that more young people are wanting to start their own forums so that they can be able to share their difficulties in life, parents are wanting to get involved and a follow-up school programme has been requested from the school, students, stakeholders/community and parents.

In Kaya Sands the main focus is on the problem of teenage pregnancy including preventing adolescent pregnancies as well as safe care for pregnant students. The target group is youth between the ages of 10 – 19 years. From the planning in the first SAPHU achievements have

been discussions with learners at schools and in youth groups, formation of youth groups and involvement of educators, parents and community members. Through this the youth are developing a positive attitude to their lives.

Jeppestown clinic has focused on improving the prevention and control of chronic diseases including diabetes, hypertension and HIV. Their achievements have been to meet with and involve those with power in the area such as local councilors, church leaders, social workers, school principals, all health personnel and NGOs to work together and raise awareness of the prevention, screening and management of chronic diseases. conducting awareness campaigns in the community which include testing for HIV, TB, Diabetes and hypertension have been implemented in the community rather than waiting for community members to present at the clinic.



Jeppestown Clinic



Setting up for screening and awareness campaign in the park – taking services to the community.



To end off this report, a few statements from the evaluations that were expressed frequently at the end of the follow up SAPHU:

“I learn how to tackle problems in our communities, analyse and how to involve other stakeholders and solve challenges we encounter”

“We gained strengths from other CCWs and learnt a lot from each other”

“I learnt that as a caregiver I have the right to know what is happening at the clinic and to know the people who are in charge”

“I have learnt a lot of things I didn’t know before, like when you have a problem you need to find the cause of the problem and dig deep and find the causes of the causes. Now we know how to deal with the problems”

“I have learnt to talk for my community and to use advocacy”

“I have learnt the importance of the planning cycle, not to work alone and involving the community and other stakeholders”

“Communication and teamwork is best”

“Networking”

Before we worked in the community, now we work with the community