



Health for All Now!

People's Health Movement

South Africa

PARTICIPATORY SITUATIONAL ANALYSIS FOR ESTABLISHING HEALTH FORUMS:

A PARTICIPATORY TOOL FOR STAKEHOLDER ANALYSIS AND ANALYSIS OF
HEALTH CHALLENGES AND PRIORITIES. DEVELOPED FOR THE PEOPLE'S
HEALTH MOVEMENT SOUTH AFRICA

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1 INTRODUCTION

This tool is for anyone who wishes to establish a health forum or similar structures in their communities. It might be an individual community activist or concerned citizen, a group of community people, an organization, a health committee or similar that seek to address health challenges through a multistakeholder community health forum.

This tool was developed as part of a project conducted by People's Health Movement South Africa (PHM-SA). The project is called the Progressive Health Movement Project and is funded by medico international (www.medico.de), a German human rights organisation. It focuses on supporting the emergence of a progressive health movement where community participation is central. One of the project's aims is to establish health forums in seven sub-districts (Manenberg, Witzenberg, Botshabelo (Mangaung Metro), Phokwane, Ga-Segonyan, King Sabata Dalindyebo, and Mbhashe). PHM believes that community participation is key to improving health. If community activists are informed, they can change health outcomes by demanding accountable quality health services and improving social and economic conditions that result in ill health, often called the Social Determinants of Health. If people and organisations work together in health forums, they have a better chance of solving problems and having influence. The health forums established through this project would aim to impact health in several ways: 1) identifying key local health priorities for their community, 2) through advocating and lobbying for improved health care services, 2) through addressing Social Determinants of Health, and 3) through influencing policy at provincial and national levels.

We envision health forums will be composed of many different actors. These include community health workers who have intimate knowledge of their communities. It also includes health committees, which are linked to the clinic and represent communities in the health services. In addition, there may be NGOs, CBOS or health activists in the communities focused on health which would be important actors in a health forum. For instance, activists from TAC could be part of health committees. But it is not only organizations directly

focused on health and health services that could be involved. Health is not just a question of getting proper health care when sick. Health is also about preventing illness and the conditions that lead to ill health - the Social Determinants of Health (SDoHs). For instance, pollution, lack of access to water, and food insecurity all play a role in people's risk of becoming ill. Hence, we also think a health forum might attract other community actors than those dealing directly with health care. This could be an organization dealing with environmental issues, a youth or disability organization, or a CBO focusing on bettering people's economic situation. Other community actors that could potentially be part of health forums are traditional healers, traditional leaders, ward councillors etc.

The PHM project will run for three years (2022-2024). It will start with this situational analysis, consisting of a participatory stakeholder analysis and an analysis of health challenges and priorities. This situational analysis will prepare for the establishment of health forums. After the situational analysis, the PHM will conduct a four-day training programme with people interested in establishing health forums, covering issues such as how to establish a forum, Social Determinants of Health, Accountability, Human Rights, advocacy, and leadership. After the training, the health forum will be established. The People's Health Movement will assist the health forum by providing additional training if needed. The PHM also links health forums to a mentor with many years of experience as a health activist being a member of both a health committee and a health forum. She will provide guidance, advice, and assistance throughout the project.

This situational analysis tool is the first step in the process of establishing strong and efficient health forums. Our approach to conducting a situational analysis is participatory. This means that the potential stakeholders – people considering being part of the forum - are involved in the analysis. Commonly, when people do situational analyses, it is done by a few people who make judgements about other stakeholders. In our approach, we ask people themselves to reflect on strengths and weaknesses and identify and prioritise health challenges. We think a participatory approach is essential for the success of any project because it views people as co-creators and experts in their own situation.

Our approach is also based on what is called an asset-based approach. This approach to development focuses on people's assets: their skills, experiences, and talents. We hope that this project will galvanize these assets to improve people's lives in our communities. For us,

an asset-based approach does not mean that we do not see the challenges faced by many people and communities and the inequality that persists both regarding resources such as financial resources, educational resources etc. It means that while we identify these challenges and needs, we also consider the strengths, resilience and skills of communities and people. This project aims to build on community assets to enhance people's agency and use this agency to improve conditions rather than solely waiting for the government. Importantly, our approach does not mean that the government should not fulfil its obligations toward its citizens. Rather, we believe that people's agency should also be used to hold government and health services accountable.

Finally, a guiding principle for this project is that health is a human right. All people residing in South Africa have a constitutionally enshrined right to health care and living and working conditions that promote their health and wellbeing. We also believe that all people have a right to participate in decision-making that affects their lives.

The situational analysis aims to understand the potential stakeholders and the community. This understanding is a vital part of preparing for establishing health forums. We have divided the situational analysis into two main sections.

1. The first part is a stakeholder analysis, which is used to identify people interested in being part of a health forum. An essential part of this analysis is understanding their willingness, readiness, preparedness, resources etc.
2. The second part is called a participatory analysis of health challenges and priorities, and issues related to health. Here we want to explore the local context and ask stakeholders to reflect on the main problems that should be dealt with and the local assets. Once we have jointly identified and prioritized these issues, we have an idea of what would be important for the health forum to tackle and how to use the assets within and beyond the health forum to address these. We can base our mission, vision, goals and planning on this.

Before we get started, let us recap some of the words we have used in the introduction and that we will use throughout this tool:

Key terms:

Health Forum: A health forum is a forum for people interested in improving community health either through improving health service delivery or by impacting conditions that result in ill-health.

Health committee: In South Africa, health committees are legislated structures that are supposed to exist at all clinics. They consist of community members, the facility manager, and a ward councillor. They are also called clinic committees.

Stakeholder: A stakeholder is a person, a group of people or an organization that has an interest in, is impacted by, or influences a particular issue, project, programme, or entity.

Situational Analysis: A situational analysis analyses a specific context, such as a community and its stakeholders at a given point in time.

Social Determinants of Health: When we speak about Social Determinants of Health, we talk about non-medical factors that either promote health or cause to ill health, such as poverty, poor housing, poor sanitation, food insecurity or violence, political decisions, environmental factors.

Participatory: Involves people in analysing, decision-making and taking action.

Asset-based approach: Focuses on the local community assets when developing programmes and projects.

Human Rights: A right that people have because they are human. It can never be taken away.

2 THE PROCESS

2.1 The process of conducting a situational analysis

This tool combines what is usually considered a stakeholder analysis with an analysis of the context, such as health challenges and other challenges to health, such as Social Determinants of Health. At the end of the process, you should clearly understand the stakeholders and the context. With that knowledge, you will be prepared to establish a health forum.

Before we start, let's look at the entire process. The process in this tool is characterized by being participatory. That means that potential stakeholders are part of identifying and analyzing stakeholders and conducting a situational analysis. However, the first three parts of this process – identifying stakeholders, contacting stakeholders, and planning a workshop – are done by the people who take the initiative to establish a health forum. This could be a single person, but preferably a small group of people. All interested stakeholders participate in the last two components (printed in green in Figure 1).

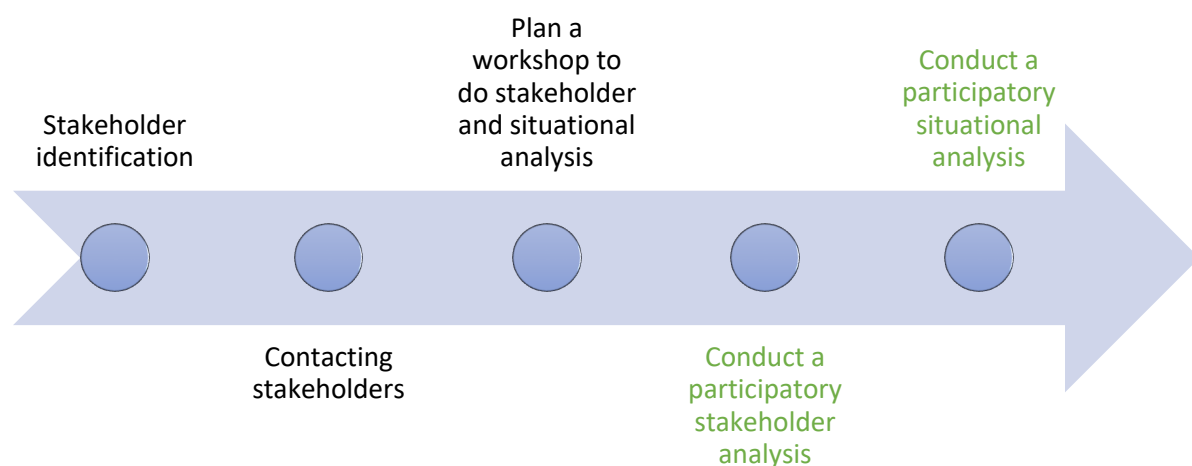


Figure 1: The process of conducting a participatory stakeholder and situational analysis.

As mentioned, this tool aims to involve people interested in being part of a health forum in the stakeholder analysis and the analysis of health challenges and priorities. We believe that involving your stakeholders in a participatory process can have many advantages. Some of these are listed below:

2.2 Reasons for doing a participatory stakeholder and context analysis:

- It puts more ideas on the table than would be the case if the development and implementation of the effort were confined to a single organization or to a small group of like-minded people.
- It includes varied perspectives from all sectors and elements of the community affected, thus giving a clearer picture of the community context and potential pitfalls and assets.
- It gains buy-in and support for the effort from all stakeholders by making them an integral part of its development, planning, implementation, and evaluation. It becomes their effort, and they'll do their best to make it work.
- It's fair to everyone. All stakeholders can have a say in the development of an effort that may seriously affect them.
- It saves you from being blindsided by concerns you didn't know about. If everyone has a seat at the table, concerns can be aired and resolved before they become stumbling blocks. Even if they can't be resolved, they won't come as surprises that derail the effort just when you thought everything was going well.
- It strengthens your position if there's opposition. Having all stakeholders on board makes a huge difference in terms of clout.
- It creates bridging social capital for the community. Social capital is the web of acquaintances, friendships, family ties, favors, obligations, and other social currency that can be used to cement relationships and strengthen community.

Bridging social capital, which creates connections among diverse groups that might not otherwise interact, is perhaps the most valuable kind.

- It increases the credibility of your organization. Involving and attending to the concerns of all stakeholders establishes your organization as fair, ethical, and transparent. It makes it more likely that others will work with you in other circumstances.
- It increases the chances of the success of your effort. For all the above reasons, identifying stakeholders and responding to their concerns makes it far more likely that your effort will have both the community support it needs and the appropriate focus to be effective.

Adapted from: The Community Tool Box: Chapter 7. Available: ctb.ku.edu.

3 STAKEHOLDER ANALYSIS

3.1 Objectives:

By the end of the stakeholder analysis, you should:

- 1) Be familiar with how to do a stakeholder analysis.
- 2) Understand who your internal stakeholders (people interested in being part of the health forum) are.
- 3) Have a sense of the health forum's external stakeholders (people who can influence the health forum's success).
- 4) Understand the internal stakeholder group assets.
- 5) Be familiar with how to do a SWOT analysis.
- 6) Know the Health Forum's strengths, weaknesses, opportunities, and challenges.

3.2 What is a health forum?

Before we consider our stakeholders, it is essential to have an idea of what a health forum is or can be. In the introduction, we defined a health forum as a forum that aims to improve health in the community either through improving health service delivery or through impacting on issues that result in ill-health – such as Social Determinants of Health. The description below of the Gugulethu Health Forum is helpful to consider when thinking about what a health forum can do.

Gugulethu Health Forum

There are few health forums in South Africa. But in Gugulethu, a township in Cape Town, residents have formed a health forum. The forum has existed for many years. It was established by a group of concerned residents, some of them health committee members. The reason for the establishment of the health forum was that the health committee's mandate was restricted to the health services, the clinics. The people who established the health forum felt that there were many issues not related to health services that needed their attention. The forum has intervened in drugs being sold to children, in addressing safety concerns related to delivery of medicine, improved health care access for disabled people, and made submission to legislation on health committees and the National Health Insurance Act.

As you can see, the Gugulethu Health Forum is concerned with Social Determinants of Health (drug, security), health care access and health policies. PHM shares this idea of a health forum as a forum concerned with these three aspects necessary to improve health.

Activity 1: Roles of a health forum

Purpose: To develop an understanding of the roles of a health forum.

Method: Brainstorm individually or in groups.

Material: Pen and paper.

Time: 1 hour.

Process: Based on your knowledge of your community and the description of the Gugulethu Health Forum, what do you think are some of the issues a health forum in your community could address. Note your thoughts in the box below and discuss them in the plenary. This exercise is only meant as a brief exercise in thinking about a health forum. During the training we will discuss this in much more detail.

Notes:

3.3 What is a stakeholder analysis?

A stakeholder analysis is an analysis of people, groups, organizations, and other entities interested in, impacted by or able to influence a project, programme, or activity. In other words: they have a 'stake' in what you are doing. Another way of identifying a stakeholder is someone who has something to gain or lose from your project. In the case of a health forum, stakeholders are people, organizations, groups, or entities interested in, impacted by or able to influence how successful the health forum is in achieving its goals. A stakeholder analysis aims to understand stakeholders better to either recruit them or manage your relationship with them. It is important to understand your stakeholders because they can make or break your project. The most important reason for identifying stakeholders for a health forum is that by identifying them and developing an understanding of them, you can recruit them to your project, organization, or campaign.

Stakeholder identification: The process of determining who your stakeholders are and how they can affect your project. It is critical to identify the stakeholders in the early phases of a project and manage them through the entire project's life cycle.

3.4 Categories of stakeholders

All stakeholders are not the same or have the same role in your project. Firstly, some stakeholders can benefit from the project; others can be negatively impacted. Some stakeholders can ensure the project's success, while they may not gain from it. It is essential to consider that stakeholders can be both positively and negatively impacted by a project, activity, or programme. Similarly, stakeholders can positively or negatively impact the project.

There are different ways of categorizing stakeholders. Some of these categories are useful to know:

3.4.1 Primary, secondary, and key stakeholders:

Primary stakeholders	Secondary stakeholders	Key stakeholders
<ul style="list-style-type: none">• People or groups that are directly impacted by the project.• a. beneficiaries - positively impacted• b. non-beneficiaries - negatively impacted.	<ul style="list-style-type: none">• All other stakeholders or groups who have a stake or interest in the project or are indirectly impacted by the project.	<ul style="list-style-type: none">• People, groups or institutions who can significantly influence or are particularly important to the success of your project (negative or positive).

Figure 2: Primary, secondary and key stakeholders

(From How to do a Stakeholder Analysis for Community Development)

3.4.2 Internal and external stakeholders

Another way of categorizing stakeholders is to divide them into **external and internal**. A common way of doing this is to identify internal stakeholders as people groups or institutions who can significantly influence or are particularly important to the success of your project. External stakeholders are, in this categorisation, seen as people and groups who are not directly involved in project design but influence its success or are impacted indirectly, such as NGOs or government agencies.

However, this manual identifies internal and external stakeholders differently, and we will present a stakeholder analysis for both internal and external stakeholders.

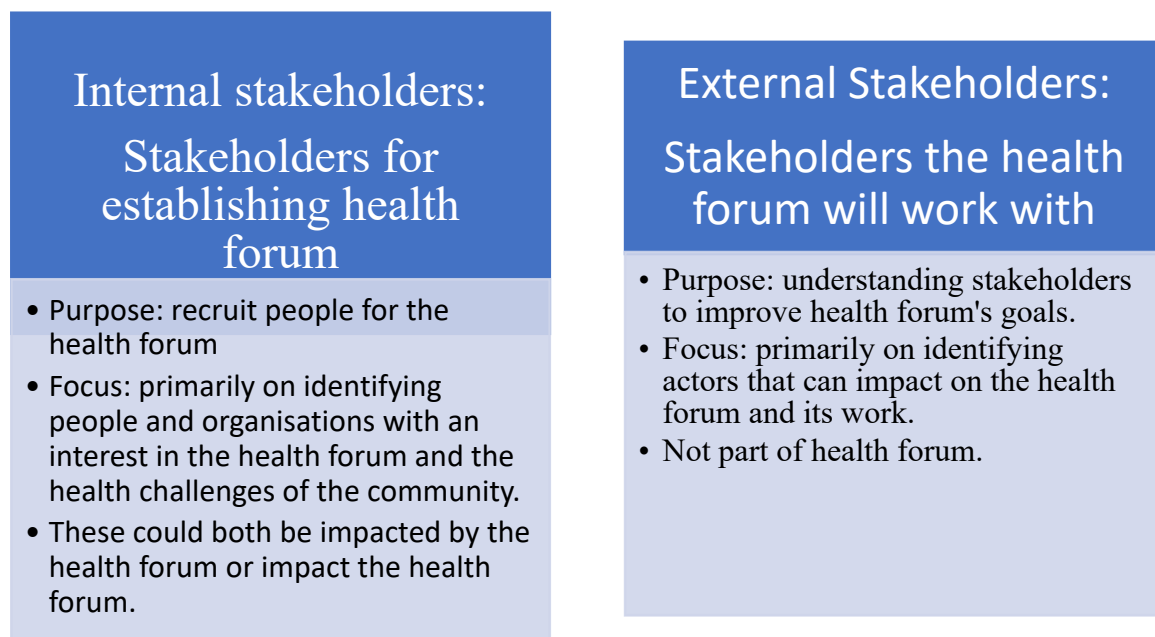


Figure 3: Internal and external stakeholders.

The first stakeholder analysis concerns the **establishment of a health forum**. Here, the purpose of identifying stakeholders is to find people that could be interested in forming a health forum. In this case, the stakeholder analysis forms the basis for recruiting people to the health forum. People who become part of the health forum are **internal stakeholders**.

The second stakeholder analysis is an analysis of the **health forum's stakeholders**. We call them **external stakeholders**. We view these stakeholders as people and organizations that are not part of the health forum but have an interest or influence on the work of the health forum. Understanding them is an integral part of ensuring that the health forum and its work is successful.

3.5 Identifying stakeholders with an interest in forming a health forum

The first step in a stakeholder analysis is to identify stakeholders. We first focus on analyzing stakeholders interested in forming a health forum. The people we identify will be invited to the one-day situational analysis workshop and hopefully many of them will become part of the health forum.

When you identify stakeholders to establish a health forum, you are looking for people interested in health and possibly interested in advancing this through being part of a health forum. These stakeholders can be both primary stakeholders that would be direct beneficiaries of the activities of a health forum, or they could be secondary stakeholders. Similarly, not all primary stakeholders will be interested in the health forum. The primary stakeholders include many people in the community who may benefit from a health forum. But they may not necessarily be interested in the health forum, let alone be part of the forum. It is essential to consider who your key stakeholders are: who in your community can significantly improve the chances of establishing a successful health forum?

Though you may have a good sense of who your stakeholders are, it is important to consider the process of identifying stakeholders carefully. For some, this may seem like an easy task. Still, you risk overlooking and excluding important stakeholders if you just use your immediate knowledge of the community and organisations you know. This could be detrimental to your aims.

Using some of the methods below will compel you to consider different stakeholders. This could help you identify stakeholders you have overlooked or were unaware of.

Below are some methods to identify stakeholders:

1. Consider project documents, vision, and mission. If your health forum was already established, you might have some documents such as a constitution or a mission statement that could be useful to consider. The same would be the case if you identified clear goals and objectives. Based on what these documents tell you about the project, you could ask yourself:
 - A. Who would benefit from your project? In this case: from a health forum?
 - B. Who could influence it?

In the absence of such documents, you could consider your brainstorming activity of what you think your health forum should do in activity 1. This would help you get a sense of your health forum's purpose, leading to identifying stakeholders. Gugulethu Health Forum's constitution can be used as an example of a document that can get some ideas for stakeholders (See Appendix 1).

2. The second method is brainstorming. You can do that as an individual or as a group. Ask the same questions as in method 1 Who would benefit and influence a health forum?
3. The third method is sometimes called snowballing. This means that you ask stakeholders already identified if there are other stakeholders that they think would be essential to include.
4. A fourth method is to speak to organizations and people in the community and ask them who they think would be interested in a health forum.
5. Fifth, you could recruit interested stakeholders through social media and advertising through local newspapers and radio stations. You could also put up notices in the local clinic, library, shops etc. The advantage of this method is that it is more inclusive as it is transparent and open.
6. Finally, you may want to consider the skills and resources needed by the forum. Are there any community members or organisations that have these and could be interested in being part of the health forum?

Gugulethu Health Forum's composition

The Gugulethu Health Forum consist of clinic committee members, community health workers, a representative for an NGO working with disability, and a representative for the NGO Sonke Gender Justice. Have I included everybody?

In general, since you want to find people interested in impacting health through improved health services and improving social conditions that lead to ill health, you may identify stakeholders from many sectors. These could be health, social and educational NGOs, health committees, traditional leaders, community health workers, unions, community leaders, street committees, traditional health practitioners, and development forums.

Activity 2: Internal Health Forum Stakeholders.

Purpose: Identify potential stakeholders for the health forum.

Material: Flipchart paper (or just paper) and pen.

Method: Brainstorming. If more than one person is part of initiating the health forum, do this together.

Time: 1 ½ hour

Process: Using the box below or a flipchart, brainstorm who you think are stakeholders for a health forum in your area. Use the methods above. Discuss why they are stakeholders by answering the following question:

1. Does this person or organization have an interest in the health forum? Why?
2. Does the work of a health forum impact this person or organization? How?
3. Can this person or organization contribute to the health forum achieving its goals?

Notes:

Bear in mind that a list of stakeholders is not a static list. It can – and is likely to change over time. This could happen after the health forum is established and some people and organizations become aware of it or see what it does. It is important to be open to new stakeholders.

3.6 Stakeholders' interest and influence

Depending on how well you know your stakeholders, you may want to do a preliminary analysis of their interests and influence. A common tool for this is the Influence/interest grid like the one below.

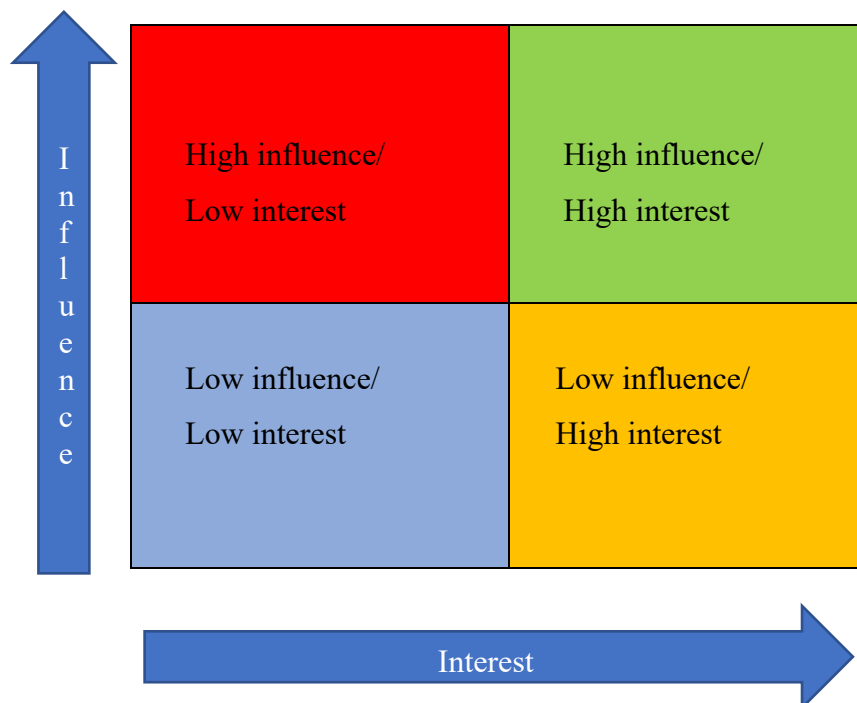


Figure 4: Interest/influence matrix.

Our take on the interest/influence matrix is slightly different because of our asset-based approach. In particular, we think everybody can have influence. The question is how and where that influence comes from and how you work with stakeholders to surface and enhance it. We also believe an important way of working with this matrix is to consider how you can get people to move to a higher interest and influence level. By placing stakeholders in this grid, you become aware of which stakeholders are important and which might be less important. You can use it to develop strategies for improving interest and influence. You get

a sense of who your key stakeholders are, who you could easily get on board and who is a bit more sceptical and would need convincing. Understanding this can form a basis for developing strategies to ensure that important stakeholders are on board.

In the matrix, there are four squares. Let's begin with the blue square. In the blue square are stakeholders that have low interest and low influence. They will be difficult stakeholders to recruit if they are not somehow swayed or convinced. When you consider these stakeholders, you need to consider the effort or energy you would need to put into getting their interest (and influence) to improve. In the red square are stakeholders with little interest but much influence. They are important to consider because they have influence, but as they have little interest, you would have to convince them somehow to make them interested. Often, the key stakeholder may have limited interest but a lot of influence. In this case, your strategy should be to convince the stakeholders of the value of a health forum and thus get them to move from low interest/high influence to high interest/high influence. In the yellow square are people with low influence but high interest. They can be good to work with because of their interest. And as we have argued in our approach, we believe everybody has assets, skills etc. The question our approach entails will be to consider how to harness their assets to increase their influence. We will discuss this more in our training manual. The last square is the red square, where interest and influence are high. These will also be key stakeholders who can drive the project by virtue of their interest and influence.

It is important to bear in mind that some stakeholders may have a lot of influence on the overall objective of the health forum but have little interest in the health forum or its aim. When such a stakeholder is identified, the health forum needs to consider if it is possible to change this.

Below is a very illustrative way of identifying stakeholders according to their interests and influence. Here, you can see that the high interest/high influence stakeholders are people that 'make things happen.' The high interest/low influence stakeholders are supportive and helpful. The high influence/low interest stakeholders are stakeholders where you will need to remove roadblocks if you want them on board. In contrast, the low interest/low influence stakeholders have 'little to nothing' to contribute. However, remember that stakeholders' interest and influence can change.



Figure 5: Stakeholder matrix.

Downloaded from: batimes.com

Tip: The influence/interest matrix can also be a helpful tool once the health forum is planning to address issues and need to identify and get external stakeholders on board.

Activity 3: Stakeholder interest and influence.

Purpose: Learn to identify stakeholders according to interest and influence.

Material: Stakeholder matrix.

Method: Discussion.

Process: Look at the stakeholder matrix below.

- Where would you put yourself?
- Why?
- If you have positioned yourself in the blue, red, or yellow square, consider what it would take you to move to the green.
- How would you engage stakeholders in the red, blue, and yellow squares to increase interest and influence?

Notes:

3.7 Develop a stakeholder register

Once you have identified stakeholders, you need to list them. This list is sometimes called a stakeholder register. It is important to include contact details and a brief description of their core role and activities. It could also be helpful to make notes about their interest/influence. This could be based on your previous analysis and your conversations with them when you contact them. You will use the stakeholder register to invite stakeholders to be part of the health forum and to be part of the workshop to conduct a stakeholder analysis and the situational analysis. Below is an example of a stakeholder register

Name of organization	Contact person	Contact details	Core activity	Interest/influence on health forum
People's Health Movement	Nowhi Mdayi	012345678	Advocacy, awareness, health movement building	Very interested. She has a lot of experience and influence.

Activity 4: Stakeholder register.

Purpose: Compile a register with relevant information on potential stakeholders.

Material: Pen and paper.

Process: Fill out the register below.

Time: 1 hour. This may take place over some time as your stakeholder identification will be an ongoing activity.

Name of organization	Contact person	Contact details	Organization/ area	Interest/influence on health forum

Table 1: Stakeholder register

3.8 Contacting stakeholders

For this project, establishing a health forum, we have decided to involve stakeholders as early as possible. That includes being part of the stakeholder analysis and analysing the context: the health challenges and the community we are working with. This work is envisioned to take place in a workshop. But first, we need to contact the stakeholders. The purpose of the first contact with stakeholders is to introduce them to the idea of establishing a health forum, get a sense of their interest in being part of the process and invite them to a workshop to do a participatory stakeholder analysis and a participatory situational analysis. You may want to use your assumptions about their interest and influence in preparation for contacting them but be open to listening to them first. If they are not interested, but you think they are key stakeholders, you may want to try to convince them, at least to be part of the workshop. However, in this context we will focus on interested stakeholders.

Before you contact them, you may need to prepare. How you contact them may depend on your knowledge of them, your relationship with them, and previous experiences of working with them.

The first step you need to consider is what information they need. What do you want to communicate to them, and how will you do it? You may want to consider writing a brief description of why you think forming a health forum would be a good idea. You can send this to them in advance via email or WhatsApp, or you can ask them in person or on the phone if you can send this to them. You can also use this description as a blueprint for what you want to say if you contact a person/organization telephonically or speak to them in person.

Checklist for Contacting Potential Stakeholders:

- a) Introduce yourself.
- b) Explain why you are contacting them.
 - a) Explain the idea of starting a health forum?
 - b) What issues would the health forum address?
 - c) Who should be part of a health forum?
 - d) Why are you contacting the organization/person?
 - e) What do you expect from them?
- f) Invite them to the workshop.

If you need ideas on how to write such a description, see Appendix 2 at the end of this tool. This is an example of how such a description could look.

Remember that the aim at this stage is not to get them to commit to being part of a health forum but to explore the establishment of a health forum. At this point, you are asking them for their time to be involved in a workshop to explore establishing a health forum and do a stakeholder analysis and analysis of health challenges.

Be prepared to answer questions and give them time to consider this. They may need time to think about it and have questions. Be clear on what you expect from them.

If they have access to the internet, you may also want to suggest that they watch the video on the Gugulethu Health Forum, available here:

Play video 1 with Gugulethu Health Forum

Before you contact stakeholders, you also need to consider how to contact them. This, again, depends on the context and your knowledge of them and your relationship with them. It may also depend on physical distance. Consider phoning, whatsapping, emailing or contacting them face-to-face. Try to contact them at a time you know will be suitable for them, and if it's not, ask if you can call back at a later stage.

3.9 Planning a workshop to conduct stakeholder analysis and situational analysis

Once you have a commitment from stakeholders to be part of the workshop, it is time to plan the situational analysis workshop. In the following two chapters, we describe the tools we suggest you use. In this section, we list some practical aspects.

- **Time:** You need to decide on a date and time. Do this in consultation with your stakeholders, if possible, to make sure everybody can attend.
- **Venue:** You need to find a suitable venue to hold the workshop. This could be a place you usually use for these kinds of meetings. If you can't identify a place, ask your stakeholders. Some may have access to a venue. You can also ask your local clinic or library to provide a venue. Please consider adequate social distancing in your choice of venue, in a time of COVID-19.
- **Material and Equipment:** What do you need to conduct the workshop, and do you have access to the equipment material. For the exercise in this manual, you will need flipchart paper/big pieces of paper and, if possible, a flipchart—pens and Koki pens, paper etc. If you do not have this and none of your stakeholders does, you may ask

participants to bring their own pens and papers. Please ensure that people bring or are provided with adequate personal protective equipment (masks, hand sanitizer etc.)

- **Printing:** The tools below require that you print surveys beforehand, so you have handouts to give participants.
- **Video facility:** If you plan on showing the Gugulethu video, you need to consider if you have the equipment to do so or how you will get access to it.
- **Programme:** You may also want to develop a programme that you can send to participants in advance and/or hand out at the start of the session. See Appendix 3 for a proposed programme.
- **Refreshments:** If you plan to do a full-day workshop, it would be good to provide refreshments. Consider if any stakeholders would be able to do so. You may also want to ask a local business if they could sponsor you. If you do not have funds for refreshments, you may want to split the workshop into two or ask participants to bring their own food and beverages. Please ensure space for social distancing during refreshment times, as this is a time of high risk when people do not usually wear masks. You could consider having refreshments outdoors if the weather is good.
- **Roles and facilitation:** If you are more than one organizer, it is important to agree on who does what. Discuss the programme and your respective roles.
- **Icebreaker and introduction:** Depending on whether people and organizations know each other, it may be good to start the workshop with an icebreaker and with an introduction. You could also ask all participants what they expect from the workshop from the start.

Participatory Workshop on situational analysis

3.10 Conducting a participatory stakeholder analysis

The remaining activities are meant to take place in a workshop setting with the participation of all the potentially interested stakeholders. We will explore establishing a health forum by mapping their interest and motivation, assets and strengths, weaknesses, opportunities, and threats (a SWOT analysis). Together we call this a participatory stakeholder analysis. Below are the three phases of the analysis.

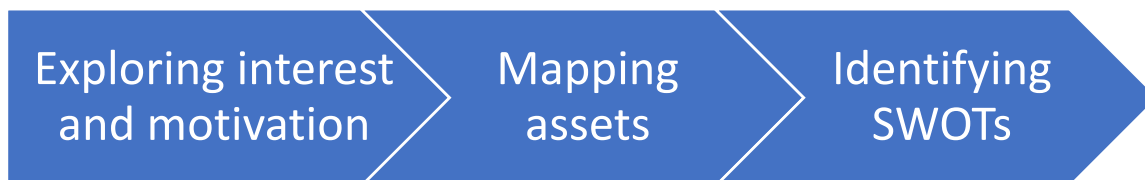


Figure 6: Participatory stakeholder analysis phases.

A participatory stakeholder analysis is the process of developing an understanding of your stakeholders together with your stakeholders. In many cases, stakeholder analyses are done by experts who analyze stakeholders' interest, influence and power over a programme or a project. We are doing it differently as we believe that it is important that stakeholders work together from the start of this project, even before the health forum is formed. There are many reasons for this. Firstly, by involving stakeholders, we believe that you get a more accurate sense of them, their interests, experiences, and 'stake' in the project. Secondly, by working together, you begin laying the foundation for a health forum and develop relationships that will carry the forum forward, you build social capital and create ownership.

In the interest/influence matrix, we gauged stakeholders' interest. Here, we involve the potential stakeholders in exploring their interest and motivation. We believe that it is crucial for potential stakeholders to discuss this together. Such a discussion can generate interest and

motivation in the group and clarify why stakeholders want to form a health forum. The debate is an important first step in defining what a health forum can and should do.

Below you will find some tools that you can use in this process.

Tip: A focus group discussion is a discussion about a specific topic. Normally, there will be a facilitator who manages the discussion and has a list of topics/questions to steer the discussion.

3.11 Understanding stakeholders' interest and influence

Activity 5: Stakeholder interest and motivation.

Purpose: Explore stakeholder interest in and motivation for being part of a health forum.

Material: Pen and paper

Methods: Focus group discussion.

Time: 1 ½ hour

Process: People should sit in a wide circle so everybody can see each other and there are no 'heads' at the table. The initiator/facilitator should steer the discussion but keep it relatively loose as the purpose is to allow the debate to unfold and for people to gain confidence in contributing to discussions. If the conversations die out, probe, or start again with new questions. The facilitator should also ensure that all participants contribute to the debate, encouraging quiet participants by asking about their opinions. Another way to ensure that everybody is included in the discussion is to do a robin round where everybody is asked the same questions. The facilitator may also probe specific issues that come up, and they find important. Doing this exercise collectively will help the group start to form a vision of a health forum, get to know each other, and develop relationships. By doing it together, some people that are less certain about their interests may be inspired by others that have a clearer sense of purpose.

Start with the following opening question:

1. Do you think it would be good to establish a health forum in this community/sub-district? This question should generate a lot of discussion. Once it has been covered well and everybody has contributed, follow up with questions such as:
2. Why would it be good to establish a health forum?
3. What do we think a health forum could achieve?
4. Do we have what we need to establish a health forum?
5. Who is committed to being part of the forum?

By the end of this exercise, the group should have a clear sense of interest and motivation for establishing a health forum and the group that will establish the health forum is beginning to form.

In the following two exercises, we want to identify and map assets within this group. As mentioned in the introduction, our approach is to build on existing assets.

These assets include people's skills, experiences, talents, resources, knowledge, links to other organizations' attributes etc. However, we also acknowledge that often people are not always aware of their assets or do not appreciate them or see them as useful. The first exercise aims to surface this awareness and appreciation based on appreciative interviewing. It is an exercise to build confidence, awareness, and appreciation of own and others' strengths and build relationships. As the word indicates, appreciative interviewing is an interview-style where the interviewer 'appreciates' what the interviewee brings to the table. This requires that the interviewer practice active listening, encouraging the person being interviewed through body language and sounds such as 'uhm', 'that sounds interesting', 'tell me more'.

Activity 6: Appreciating assets.

Purpose: To surface participants' skills, talents, experiences, and attributes.

Material: Two participants.

Method: Interviewing in pairs.

Time: ½ hour.

Process: In this exercise, participants are paired up. They can either choose each other, or the facilitator can pair them up. Ideally, they should be paired with someone they do not know very well. This exercise aims for people to get to know each other and the ‘assets’ each person brings to the health forum.

Before starting, the facilitator should explain that appreciative interviewing is about asking questions about the other person to learn about them and appreciate what they bring to the project. It is not the kind of interview where you try to ‘catch them out’. The facilitator could choose to do a role play to show how it is done.

The list of questions below is meant to inspire people, but the person interviewing can choose other questions if it helps her better understand and appreciate the other person.

Questions to ask:

1. Have you been part of successful activities, projects, programmes, or initiatives in this community?
2. How was your experience? What did you learn about the community and yourself?
3. What kind of skills are you known for?
4. What kind of attributes do people appreciate about you?
5. What do you think you could contribute to a health forum?
6. What is the most important thing you have learned about yourself?

If time allows, you could also ask questions about the organisation they represent (assessing its strengths etc.):

1. How well-functioning is the organization?
2. What activities/programmes does it conduct?
3. What is its relationship with health services and other government agencies?
4. Does it collaborate with other organisations?
5. What has it achieved related to addressing health issues at local, provincial, and national levels?
6. What is its interest in a Health Forum?

When one interview has finished, the participants swop roles.

3.12 Making a register of the group's collective assets

In the second part of this exercise, the group is asked to develop an asset inventory. This exercise builds on the previous one, but where the previous exercise focused on individual assets, this exercise focuses on the group's collective assets. The purpose of the exercise is to identify what assets are within the group that is like to form a health forum and what is perhaps lacking.

Activity 7: Health forum asset mapping.

Purpose: To map the collective assets in the group.

Material: A flipchart with the asset register below, pens.

Method: Group exercise.

Time: ½ hour.

Process: The facilitator will have created a flipchart with the table below. All participants are asked to write either their own skills, experiences, attributes, knowledge, associations, time, and commitment or that of the person they interviewed or the organization they represent. At the end of the exercise, the facilitator sums up, and the group discuss their collective assets. They also discuss if anything is missing and, if so, how they could possibly access those assets. Another option could be to ask PHM to address those needs. For instance, if it is training about taking minutes, such skills can be learned.

Skills	
Experiences	
Attributes	
Knowledge and know-how	
Associations and links	
Available time	
Commitment	
What is missing? How do we address this?	

Table 2: Assets

(The last two activities are amended from Ninnette Eliasov: Asset Based and Community Driven Development).

3.13 SWOT Analysis

A very common tool for analyzing stakeholders is a so-called SWOT analysis. A SWOT analysis identifies strengths, weaknesses, threats, and opportunities and plots them in a diagram like the one shown below:

	Helpful	Challenges
Internal	<p>STRENGTHS What are the strengths we can use to establish a health forum</p>	<p>WEAKNESSES: What are our weaknesses in establishing a health forum</p>
External	<p>OPPORTUNITIES: What are the opportunities for establishing a health forum?</p>	<p>THREATS What are the threats to establishing a health forum (this can be people, conditions? structures)</p>

Figure 7: SWOT analysis for establishing a health forum.

A SWOT analysis is a standard tool in project planning, but it can also help analyze the establishment of a health forum. In this case, a SWOT analysis would focus on the collective strengths, which we have already identified, and the weakness, which we have also touched on. In addition, it will analyze the external environment – which can both be the community and the sub-district, the province, or the country. This analysis includes the negative aspect, the threats that could impact the health forum and, the positive aspects, the opportunities conducive to establishing a well-functioning health forum.

Activity 8: SWOT analysis for establishing a health forum.

Purpose: Identify strengths, weaknesses, opportunities, and threats.

Material: A SWOT diagram, flipchart paper and pens.

Methods: SWOT analysis done collectively.

Process: The facilitator copies the SWOT diagram on a flip chart. She starts the discussion going from one square to the next, asking for input on each aspect. Alternatively, all participants write their ideas on the flip chart and the participants discuss the SWOT.

1. **STRENGTHS** (green square): The Health Forum's strengths have to a large extent, been covered by the asset inventory, but there might be additional strengths to include. Think about the people, experiences, qualifications, and resources that people or organizations have and how they can be used in a health forum. Place the strengths in the green square and the weaknesses in the purple square.
2. **WEAKNESSES** (yellow square): Consider what weaknesses the group has. This could be skills and resources already identified in the asset mapping, but it could also be other weaknesses. For instance: consider the composition. Are there important stakeholders missing?
3. **OPPORTUNITIES**: (blue square) Move on to the blue square to consider external opportunities for the work of the health forum. Think about the relationships with other people or groups within the community or the political environment. These could be health committees, health facilities, NGOs and CBOs, Community Police Forums, and local politicians. It could be a local NGO that can help with resources, a new and keen sub-district manager, or a facility manager with a similar interest as the health forum.
4. **THREATS** (red square): The red square is the last to consider. Here you focus on external threats to the health forum. These can be actors that disapprove of what a health forum is trying to do. They may be challenging to identify at this stage, where the focus is on establishing a health forum. But a threat could be a facility manager that does not believe in community participation and is reluctant to cooperate. When the focus shifts to specific work, actors may see the health forum as a threat. For instance, if the health forum plans to intervene in drug abuse, some people selling drugs may become a threat. But things such as community apathy could also be a threat. These are external factors you have little control over.

Once you have done your SWOT analysis, you will have a clearer picture of the health forum's resources, opportunities, and threats. You can then begin to address weaknesses, develop a strategy for how to enhance opportunities, and, if possible, how to minimize threats. You may ask questions such as:

1. How can we best use and leverage our strengths?
2. How can we address weaknesses?
3. How do we best exploit opportunities?
4. How can we mitigate or manage threats?

Activity 9: Health Forum SWOT analysis.

Purpose: Identify strengths, weaknesses, opportunities, and threats.

Material: A SWOT diagram, flipchart paper and pens.

Methods: SWOT analysis done collectively.

Time: 1 hour.

Process: The facilitator puts the empty SWOT diagram on a flip chart. He then starts the discussion going from one square to the next, asking for input on each aspect. If time is short, this activity can be done at a later stage – when the health committee has been established.

3.14 SWOT analysis for a functioning health forum

A SWOT analysis can also be helpful to do for the Health Forum's (external) stakeholders once the forum is established. You may want to identify your external stakeholders, people, or organizations that could be essential to work with. Here, we are not focusing on identifying people who could be part of the health forum but rather on stakeholders with important roles that impact the success of the health forum's activities. The exercise below focuses on this. There will likely be many more stakeholders than those relevant to establishing the health forum. Doing a SWOT analysis may be more complex. Where the stakeholder analysis to identify stakeholders for establishing a health forum focused primarily on stakeholders' interest, the analysis of stakeholders relevant to the work of the health forum has a stronger focus on influence.

	Helpful	Challenging
Internal	STRENGTHS	WEAKNESSES:
External	OPPORTUNITIES:	THREATS

Figure 8: SWOT analysis template.

Ideally, the health forum should also complete a stakeholder analysis when they start a specific programme, project, or address a particular issue. The process will be like the one described above. There will be different stakeholders and different strengths, weaknesses, opportunities, and threats depending on the issue the forum is addressing. For instance, if the forum decided to address alcohol abuse, there may be resistance from the liquor industry, local wine farmers or liquor outlets. Their resistance may be a significant threat.

4 ANALYSIS OF HEALTH CHALLENGES AND PRIORITIES:

Conducting a participatory analysis of health challenges, priorities, and issues.

By the end of the analysis of health challenges and priorities, you should:

- 1) Be familiar with health challenges in your community.
- 2) Have a list of health priorities.
- 3) Understand health forum members' understanding, knowledge, understanding, priorities, and perceptions.
- 4) Be familiar with how to use community mapping.

4.1 Community mapping

In the previous chapter, we focused on understanding stakeholders. This chapter will focus on understanding the community concerning health challenges and priorities and SDoH. In other words, issues that affect people's health in the community and that the health forum could address. Remember that when we identify these priorities, we view health as a question of access to health services and living conditions that promote health, which we often call the Social Determinants of Health.

Activity 10: Community mapping.

Purpose: To get an understanding of health challenges as well as assets in the community.

Resources: Flipchart sized paper and coloured koki pens.

Method: Mapping.

Time: 1 hour.

Process: Work in groups of four. Each group is given a piece of paper (flipchart size) and a set of Koki pens. They place the paper on a table and start drawing a map of their community, focusing on identifying health challenges and assets. Assets can include the local clinic, a sports field (which promotes healthy living), an NGO offering free services

expands on this knowledge by asking participants to list and prioritize challenges and see what assets they can identify to challenge these challenges.

Activity 11: Prioritisation of health challenges.

Purpose: To prioritise health challenges and assets.

Material: Pens and paper.

Method: Plenary discussion.

Time: 1 hour.

Process: Discuss the challenges identified through the mapping exercise and how the health forum could address these? Prioritize the issues according to importance and urgency by giving each participants 10 colorful stickers and ask them to place their votes. This exercise aims not to have a final plan but to illustrate how challenges can be addressed through the resources that already exist in the community and within the people involved in establishing the health forum and other stakeholders that could be involved. Try to look at the health forum’s assets and community assets to identify ways of matching needs with assets.

Health challenge	Health forum and community assets that could be mobilized to address the issue
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Table 3: Health challenges.

Based on your priorities, you may want to consider if there are any stakeholders that you have not considered, and if so, approach them.

4.3 Conducting a survey

The last part of understanding the community context and health challenges consists of a survey in the form of a questionnaire. The purpose is to develop an understanding of the health forum members' priorities, assessment of health services and health in the community, their knowledge of participatory structures in health, key legislation, perceptions, beliefs, and training needs. In addition to providing an overview of the context, this questionnaire can also be used as a benchmark or a baseline. At the end of the project, we can ask similar questions. We can then compare and see if there are any changes. For instance, are people happier with the health services? The survey to be done at the end of the project is called an exit survey and is a picture of the situation at that point in time. By comparing the baseline and the exit surveys, we can track changes.

Activity 12: Questionnaire.

Purpose: To get an understanding of forum members' knowledge, understanding, priorities, and perceptions related to health and health services. Understand health forum capacity and resource needs to address these.

Material: Questionnaire and pens.

Method: Questionnaire.

Process: Before the workshop, the facilitator should have printed questionnaires for all participants. Each participant should fill out a questionnaire. The best way to do the questionnaire is for the facilitator to guide participants. That means that the facilitator explains each question in the questionnaire before the participants fill it out and answer any questions they may have.

4.3.1 Questionnaire: Health Forum members' knowledge, understanding, priorities and perceptions.

1. What is your gender? (tick one box)

- a) Male
- b) Female
- c) Other

2. What is your age? _____ (insert age)

3. What is your highest level of schooling/education? (Tick one box)

- a) Below grade 7/standard 5
- b) Between grade 7/standard 5, and grade 12/standard 10
- c) Passed Matric
- d) No matric but diploma
- e) Have post-matric qualification
- f) Don't know

4. Occupation/source of income (tick one box)

- a) Employed
- b) Self-employed
- c) Unemployed, looking for work
- d) Not employed, not looking for work
- e) Receiving a social grant
- f) Student
- g) Other

5. Representation/organisational links (tick as many boxes as appropriate)

- a) Health committee
- b) Community health worker
- c) NGO/CBO: Please specify _____
- d) Faith-based organisation
- e) Traditional leader
- f) Traditional health practitioner
- g) Ward councillor
- h) Other. Please specify

6. Please rate the severity of the health issues below on a scale from 1 to 5, with one being not very severe and ten being extremely severe by circling the number. In the empty spaces at the end, write any health issue you feel has not been covered and rate it in terms of severity.

	Health Issue	The severity, with one being the least severe and ten being the worst				
1	TB	1	2	3	4	5
2	HIV	1	2	3	4	5
3	Cancer	1	2	3	4	5
4	Diabetes	1	2	3	4	5
5	Hypertension	1	2	3	4	5
6	Mental Health	1	2	3	4	5
7	Substance abuse (drugs and alcohol)	1	2	3	4	5
8	Teenage pregnancy	1	2	3	4	5
9	GBV	1	2	3	4	5
10	Child health	1	2	3	4	5

7. For each health care service issue, rate how serious the issue is in your community on a scale from 1 to 5, with one being not very severe and ten being extremely severe by circling the number. In the empty spaces at the end, write any health care issue you feel has not been covered and rate it in terms of severity.

	Health care service issue	The severity, with one being the least severe and ten being the worst				
1	Long queues/waiting times	1	2	3	4	5
2	Staff attitude (including no compassion and poor behaviour)	1	2	3	4	5
3	Poor services	1	2	3	4	5
4	Emergency services (coming late or not at all)	1	2	3	4	5
5	Shortage of staff	1	2	3	4	5
6	Overcrowding at facility/facility too small	1	2	3	4	5
7	Privacy and confidentiality	1	2	3	4	5
8	No adherence to Batho Pele	1	2	3	4	5
9	Lack of medicine	1	2	3	4	5
10	Wrong medicine/too little medicine	1	2	3	4	5
11	Distance to clinic	1	2	3	4	5
12	Language barriers	1	2	3	4	5
13	Miscommunication/lack of communication/poor communication	1	2	3	4	5
14	Opening hours	1	2	3	4	5
15	Poor sanitation/cleanliness	1	2	3	4	5
16	Services missing Please indicate which service:	1	2	3	4	5

17	Attitude and service towards elderly and disabled	1	2	3	4	5
18	Missing folders	1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

8. Below is a list of other things in your community that may impact on people’s health (Social Determinants of Health). Please rate them on a scale from 1 to 5 with one being not very severe and five being very severe. Add any issues that have not been listed but that you find important in the empty spaces at the end and rate the issues in the same way.

	Social Determinants of Health Issue	The severity, with 1 being the least severe and ten being the worst				
1	Poor housing	1	2	3	4	5
2	Environmental issues, including dumping	1	2	3	4	5
3	Poor sanitation	1	2	3	4	5
4	Lack of water	1	2	3	4	5
5	Poverty/unemployment	1	2	3	4	5
6	Crime/Safety/security	1	2	3	4	5
7	Violence	1	2	3	4	5
8	Overpopulation	1	2	3	4	5
9	Gangsterism	1	2	3	4	5
10	GBV/trafficking	1	2	3	4	5
11	Substance and alcohol abuse	1	2	3	4	5

12	Drug smuggling	1	2	3	4	5
13	Lack of resources	1	2	3	4	5
14	Abusive households	1	2	3	4	5
15	Child development and children not going to school	1	2	3	4	5
16	Youth delinquencies	1	2	3	4	5
17	No electricity	1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

The following questions are about access to health services in your community. Please tick the correct box

9. In your community, do you have the following and how happy are you with it and why?

Facility/services	Yes	No	Don't know	If yes, please rate the services from 1 to 5 with 1 being poor and 5 being very good
Primary health care (clinic)				
Day hospital				
Hospital for in-patients				
Mental health care				
Trauma unit				
Counselling				
Gender-based violence services				
Other (please specify)				

10. Which health services are lacking? _____

11. Please rate the quality of health services of the different health services on a scale from very good to very poor. Circle or tick the right answer below

	Very good	Good	Ok	Poor	Very poor	Don't know
Clinic						
Day hospital						
Hospital						
Mental health care facility						
Trauma unit						
Counselling						
GBV						

The following questions relate to structures supposed to ensure good and accountable health services in your community.

12. Health committee functioning (please note that health committees are also known as clinic committees)

	Yes	No	Don't know
There is a clinic committee/health committee in my community.			
I know at least one clinic committee member.			
The clinic committee does a good job of holding the facility accountable.			
The clinic committee does a good job of improving health service delivery.			
The clinic committee addresses social determinants of health.			
The clinic committee is our voice.			
The clinic committee represents our community well.			

13. Hospital Board functioning

	Yes	No	Don't know
There is a hospital board at the hospital.			
I know at least one member of the hospital board.			
The hospital board does a good job of holding the facility accountable.			
The hospital board does a good job of improving health service delivery.			

14. District Health Council

	Yes	No	Don't know
There is a District Health Council in my district.			
I know at least one member of the District Health Council.			
The District Health Council does a good job of holding the facility accountable.			
The District Health Council does a good job does a good job improving health service delivery.			

15. Complaints mechanisms

	Yes	No	Don't know
I know how to complain about health services in my community.			
I know the procedure for complaint management.			
There is a complaint box in my local clinic.			
I know about the health ombudsman.			

16. Knowledge of key legislation

	Yes	No	Don't know
I am familiar with legislation on health/clinic committees.			
I am familiar with the Ideal Clinic.			
I am familiar with the National Health Insurance Bill.			

The following questions relate to your understanding and perception of community roles and rights.

17. Perceptions of community role

	Yes	No	Don't know
I think communities/people can play a role in improving health in their communities.			
I think communities/people can play a role in improving health services in their communities.			
I think communities/people can play a role in improving health services in their communities.			
I think communities/people can have an impact on policies.			
I think communities/people have a right to have a say in how health services are delivered.			
I think communities/people have a right to health.			
I think communities/people have a right to quality health services.			
I believe communities/people have a right to living conditions that promote health.			

18. Assessment of health services

Please indicate whether you agree with the following sentence by marking the correct answer:

a. In my community Gender based violence is being addresses sufficiently.

Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
----------------	-------	------------------------	----------	-------------------

b. In my community Maternal health (woman's health and well-being before, during, and after pregnancy) is being addresses sufficiently.

Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
----------------	-------	------------------------	----------	-------------------

c. In my community sexual and reproductive health is being addresses sufficiently.

Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
----------------	-------	------------------------	----------	-------------------

d. In my community, services for children are sufficient.

Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
----------------	-------	------------------------	----------	-------------------

The last section focuses on identifying training needs and the need for resources and support.

19. Training needs

Please list the most important training needs your health forum needs to function efficiently.

	Training
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

20. Support

Please list other forms of support your health forum would need

	Support
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Once all participants have filled out the questionnaire, the facilitator collects them. Later, they analyze them (if need be, with the help of PHM) and use the results when writing up the situational analysis.

Next steps: planning for training and establishment of a health forum

Before the workshop concludes, the final step is to plan the next steps. By now, people should have a clear idea of whether they would like to be part of a health forum. The facilitator should ask people directly for an indication and make a list of committed people. A health forum does not need to have a specific number of members, but for it to be viable, we suggest that at least six people – preferably more - should be interested in forming a forum. The People’s Health Movement as created a four-day training programme for health forums. The next steps can be to do the training or formally constitute the health forum.

Appendices

Appendix 1: Gugulethu Health Forum's Constitution

CONSTITUTION

1. NAME AND MISSION

- THE ORGANISATION SHALL BE KNOWN AS THE GUGULETHU HEALTH FORUM HEREIN REFERRED AS THE "GHF".

MISSION

To improve the quality of life of all community members living in Gugulethu by empowering them to have a say in the decision making process and all other aspects of the development of the health services in all areas in the Western Cape

2. OBJECTIVES

2.1 To form a strong lobby in the community to enable the health committee to have a say in the decision making process and the development of health services and primary health care.

2.2 To assist and guide the community to identify and prioritize their needs and present them to the relevant authorities for action.

2.3 To develop a culture of self reliance and self help in the community to enable them to do things for themselves.

2.3 To ensure that the community live in a healthy environment free of hunger, poverty and disease.

2.4 To take part in the activity of the Western Cape Metro Health Forum and make contributions regarding health needs.

2.5 To ensure that health related services are equitable, affordable, appropriate, user friendly and make available according to greatest need.

2.6 To raise funds in order to promote community development projects.

3. Body Corporate

The organisation shall:

3.1 Exist in its own right, separately from its members.

3.2 Continue to exist even when it's membership changes and there are different office bearers.

3.3 Be able to own property and possessions.

3.4 Be able to sue and be sued in its own name.

4. Income and property

4.1 The organisation will write down and keep record of everything it owns.

4.2 The organisation may not give any of its money or property to its members or office-bearers. The only time it can do this is when it pays for work that a member or office bearer has done for the organisation. The payment must be a reasonable amount for the work that has been done.

4.3 A member of the organisation can only get money back from the organisation for expenses that she or he has paid for on behalf of the organisation.

4.4 Members or office bearers of the MHC do not have rights over things that belong to the MHC.

4.5 If the organisation has funds that can be invested, the funds may only be invested with registered financial institutions. These institutions are explained in Section 1 of the Financial Institution (Investment of Funds) Act, 1984. Or the organisation can get securities that are listed on a licensed stock exchange as set out in the Stock Exchange Control Act, 1985. Organisations can go to different banks to seek advice on the best way to look after their funds.

5. Membership

5.1 Membership shall be open to all people living and/or working in Manenberg. New members shall subscribe to the aims and objectives of the MHC and membership shall be subject to the approval of the executive committee.

5.2 Membership of the MHC will terminate if a member resigns. He/she will do so in writing. If the executive committee is of the opinion that the conduct of a member brings the MHC in disrepute and the interest of the organisation so require it shall take steps as considered necessary to investigate the matter and if it concludes that the interest of the organisation so require the members may be suspended for a stipulated period or expelled. A member so affected will have 14 days to appeal the decision. The appeal will be heard by the executive committee, or a sub — committee comprising at least two (2) members to hear and respond to the reasons for the proposed suspension or expulsion.

5.3 No resolution concerning suspension or cancellation of membership will be of force or effect unless adopted by two thirds (2/3 rds) majority of members represented at a duly convened and quorate general meeting.

6. Meetings

6.1 Annual Meetings

6.2 Notice of the Annual General Meeting (AGM) shall be given 21 days before such meeting and shall include an agenda.

6.3 Proposals for discussion to be placed on the agenda should be submitted 3 weeks before the general meeting.

6.4 Only the executive members of the affiliated health committee can vote on any resolution.

6.5 Any Other member of the affiliated health committee can attend the meeting but only make a contribution to the meeting, through the appointed spokes person of the health committee.

6.6 A simple majority vote is necessary for the acceptance of a resolution.

6.7 In a case of a tie, the chairperson holds a casting vote.

6.8 The executive committee shall deal with the following business, amongst others at the Annual General Meeting. The following will be dealt with: o Members will agree to the items to be discussed on the agenda

- Write down who is present and who has send apologies because they cannot attend.
- Read and confirm the previous meeting's minutes with matters arising.
- Chairperson's report
- Secretary's Report
- Treasurer's Report
- Audited Financial Report
- Changes to the policy that members may want to make
- Elect new office bearers
- Changes to the constitution of the organisation.
- The budget for the next year will be approved.
- Elect new office bearers
- General
- Closureofthemeeting

6.9 All members of the organisation who are eighteen (18) years and over of age will be allowed to vote at the annual general meeting.

7. Executive Committee

- 7.1 The administration of the affairs of the health committee will be carried out by an executive committee, appointed by the vote at the Bi - Annual General meeting. The executive committee will be made up of not less than 11 members. They are the office bearers of the organisation. They will comprise of: a chairperson, vice — chairperson, secretary, treasurer, and seven (7) additional members.
- 7.2 The tenure of office of the executive committee is two (2) years.
- 7.3 An executive committee member shall be deemed to have resigned with immediate effect if: He or she is absent from three consecutive meetings without a written, verbal or telephonic apology or unless such absence is for reasons considered satisfactory by the executive committee or unless leave of absence has been applied for by the member and granted by the executive committee. Vacancies occurring on the executive committee, may be filled by an open election before the Bi - Annual General Meeting.
- 7.4 The executive committee will meet at least once per month. More than half of the members need to be at the meeting to make decisions that are allowed to be carried forward. This constitutes a quorum.
- 7.5 Minutes will be taken at every meeting to record the executive committee's decisions. The minutes of each meeting will be given to executive committee members at least two weeks before the next meeting. The minutes shall be confirmed as a true record of proceedings, by the next meeting of the executive committee, and shall thereafter be signed by the chairperson.
- 7.6 The executive shall deal with routine matters and other urgent matters in the absence of the general meeting.
- 7.7 The executive committee have the power to appoint sub committees for the purpose of furthering any interest of the health committee.

7.8 All decisions taken by the executive committee shall be ratified and confirmed by the general meeting.

7.9 The executive will act against members in misconduct who bring the committee in dispute.

7.10 Meetings of the executive committee shall be held monthly or more frequently whenever urgent matters demand attention.

8. Meetings and Procedures of the Executive Committee

8.1 The executive committee must hold at least 2 ordinary meetings each year.

8.2 The chairperson, or two members of the committee, can call a special meeting if they want to. But they must let the other executive committee members know the date of the proposed meeting not less than 21 days before it is due to take place. They must also tell the other members of the committee which issues will be discussed at the meeting. If however, one of the matters to be discussed is to appoint a new management committee member, then those calling the meeting must give the other committee members not less than 30 days notice.

8.3 The chairperson shall act as the chairperson of the executive committee. If the chairperson does not attend a meeting, then the vice — chairperson should chair the meeting.

8.4 There shall be a quorum whenever such a meeting is held. More than half the members of the executive committee must be present to constitute a quorum. For example if there are 11 members on the committee then at least six (6) members must be present to constitute a quorum.

8.5 When necessary, the executive committee will vote on issues. If the votes are equal on an issue, then the chairperson has either a second or a deciding vote.

8.6 The executive committee may take on the power and authority that it believes it needs to be able to achieve the objectives that are stated in point number 2 of this constitution.

For example, it needs the power and authority to raise funds. It needs to be able to invite and receive contributions. But in raising funds, it may not start doing big ongoing trading activities that would change the organisation from being nonprofit in its work. Its activities must abide by the law. The executive committee does, however, have the power to buy, hire or exchange for any property that it needs to achieve its objectives.

8.7 If the executive committee thinks it necessary, then it can decide to set up one or more sub — committees. It may decide to do this to get work done quickly. Or it may want a sub — committee to do an inquiry, for example. There must be at least three (3) people on the sub — committee. The sub — committee must report back to the executive committee on its activities. It should do this regularly. By agreeing to decisions the executive committee ratifies them.

8.8 Minutes of all meetings must be kept safely and always be on hand for members to consult.

8.9 Duties of office bearers

Chairperson

- The Chairperson, as the leader of the committee, chair the meetings of the committee that he or she attends. He or she must:

- See that members stick to the rule and guidelines that are in the constitution.
- Chair meetings in such a way as to keep good order.
- Sign minutes of meetings after members have agreed that the minutes are accurate.
- Check that accounts show correct spending of the committee's money and agree to the accounts being paid.
- Sign the committee banking account and accounts.
- Sign all funding agreements

- Generally, supervise and keep a check on the committee's affairs.
- Do other duties that the committee's expect of it's chairperson.
- Make sure that all officials and committee's complete what tasks they have agreed to, and within the time it was agreed to.
- Makes sure that meetings takes place regularly, asset down in the constitution. Use his or her power to ask other officials and members of the committee and it's members to do certain duties and tasks if needs be.
- Work in a team spirit with other members of the committee.
- Serve as ex — officio on all sub ~ committees. Being ex — officio means, he or she can attend all of the committee's meetings and take part in discussions. But when it comes to voting on the issue in the sub - committee, he or she may not vote.
- Run Annual General Meetings
- See that the Annual Report is written

Vice – Chairperson

- The Vice — Chairperson takes over the chairpersons tasks and duties when he or she is not there. The Vice — Chairperson should keep in close contact with the Chairperson. The Vice — Chairperson must:
- Take on duties and functions that have been passed on to him/her.
- Serve as an ex ~ officio on all committees.

If both the Chairperson and the Vice — Chairperson do not attend a meeting, the members of thecommittee must elect a chairperson from amongst themselves for that meeting.

Secretary

The secretary is responsible for making sure the committees administration runs smoothly. He or she must work closely with the Chairperson and the Vice — Chairperson. The Secretary must:

- Keep proper records and minutes of all meetings.
- Deal with letters and other correspondence that the committee receives and send.
- Prepare and send out notices of all meetings of the committee.
- Do other duties that he or she may be asked to do from time to time.
- Prepare the venue for the meetings
- In the absence of the secretary the assistant secretary will fulfil the duties of the secretary.

Treasurer

The treasurer keeps a record of all the money that comes into the committee's account. This includes, for example, donation or monies raised from fund raising. The treasurer also keeps a record of all monies spend by the committee. The Treasurer must:

- Keeps a record of what the committee receives and what it spends.
- Keep a proper list of the names of members and sponsors.
- Write out sign, sign, keep a copy of, and give receipts for all the monies that the committee receives.
- Pay the committee's accounts.
- Make sure that the committee does not spend more money than it has.

- Prepare monthly financial statements to present to the Executive Committee.
- Prepare the committee's Annual Financial Statement to the Executive Committee.

9. Finances

8.1 An accounting officer shall be appointed at the Annual General Meeting. His or her duty is to audit the finances of the organisation

8.2 The executive committee will take full responsibility for the financial affairs of the organisation. All funds shall be kept at the appointed bank as been agreed in the meeting at

8.3 The chairperson, secretary and treasurer shall be signatories to the MHC banking account. Whenever money are taken out of the account any two (2) out of the three (3) signatories can sign the withdrawal.

8.4 The financial year of the organisation ends on 28 February of each year.

8.5 The funds of the MHC must only be used in the furtherance of the mission and aims and objectives of the MHC unless otherwise decided by the Eli — Annual General meeting.

8.6 The organisation's accounting records and reports must be ready and handed to the Director of Nonprofit Organisations within six months after the end of the financial year.

10. Powers and Functions of Community Health Committees

- Community Health Committees will have advisory powers on the community health management team and to the district health committee in respect of their community area, in accordance with personnel codes of the employing authority.
- To make recommendations to management with regard to disciplinary measures in respect of personnel within the community area, in accordance with the personnel codes of the employing authority.
- To make recommendations to management with regard to the evaluation of personnel within the community area, in accordance with the personnel codes of the employing authority.

Service Provision and organisation

- To determine the hours of service of facilities within the community area, subject to approval of the district health committee.
- To determine the service rendered within the community are, in accordance with local needs and provincial and national guidelines.
- To ensure the maintenance of assets as facilities within the community area.
- To take part in the processfor the award of tenders with regard to the specifications advertising and award of tenders for renovations, additions, security, maintenance and equipment.
- To facilitate community participation and educations with respect to health and health services within the area.

Planning

- To set health and health care goals and objectives for the area within national, provincial and district guidelines.
- To review regular reports from area management personnel with respect to health

monitoring, health service provided and finances.

- To participate in the planning of new services and facilities in the area in accordance with needs assessments and provincial and district guidelines.

Community Health Committee

- It is proposed that each community health committee will have between 8 to 12 elected members, that committee serve in a voluntary capacity, and that they be refunded for any personal; expenses related to their duties as members. Community area managers will serve on the community health committee in an ex-officio capacity. Their role will be one of support and advice. Providing the necessary technical / professional information which will be necessary for the committee to take it's decisions.
- Members of the community health committee who have any direct or indirect financial interest in a matter to be considered by that committee will be required to excuse themselves from any deliberations of the committee on that matter.
- Health personnel will be precluded from serving on a community health committee in the capacity of community representatives where such personnel area employed in the area concerned or where they have any line management responsibilities in respect of such area
- Health personnel will be precluded from serving on a community health committee in the capacity of community representatives where such personnel area employed in the area concerned or where they have any line management responsibilities in respect of such areas.
- The Provincial Health Department (or the District Health Authorities when established) will be responsible to provide the necessary administrative infrastructure for community health committee's and to provide or ensure the training of community health committees in the area of organisational development and understanding of primary health care, such training to be provided in collaboration with non — governmental organisations.

11. Dissolution

The GHC may close down if at least two ~ thirds of the members present and voting at a meeting convened for the purpose of considering such a matter are in favour of closing down.

In the event of dissolution of the GHC any funds, assets, equipment or property remaining after all debts have been paid shall be disposed of by way of a donation to any organisation with similar aims and objectives

12. Debt and Liabilities

Individual members and office bearers shall not be responsible for the debt or liabilities incurring by theGHC.

Such debt and liabilities shall be payable solely out of the property of the funds of the GHC.

13. Changes to the Constitution

The constitution may be amended if two thirds of the members at an AGM are in favour of changingit. Written notice of the amendments must be given to the secretary at least thirty days prior the date of the AGM, and shall bear the name of the proposer and seconder.

All intended amendments should be circulated together with the notice of the AGM to all members.

14. Adoption of the constitution

This constitution was approved and accepted by members of the GUGULETHU HEALTH COMMITTEE at a Special General meeting held on.....

SIGNED _____

Appendix 2: Description of a health forum.

Appendix 3: Suggested programme