found to be at the centre of the development of innovative services and health promotion in primary health care (Neuwelt *et al.*, 2005). Through the evaluation of the facilitation of eight health promotion projects and the piloting of four health promotion projects, this study found that the existing systems and processes of community participation can be used to strengthen health promotion in the KwaZulu-Natal PHC system. This finding is further illustrated in the following outputs of the health promotion projects:

5.4.1 LESSONS FROM THE ASSESSMENT OF HEALTH PROMOTION PROJECTS IN THE HEALTH FACILITIES

Through health promotion projects, health professionals in KwaZulu-Natal were able to foster closer relationships and partnerships between health facilities and communities. Some degree of consultation of communities by health workers, was noted in most of the health promotion campaigns and this indicated the potential consideration of community inputs in the planning and engineering of health services. Although it was limited in some cases, the engagement of other sectors and stakeholders, such as NGO's and CBO's during health promotion, was a demonstration of the positive role that inter-sectoral collaboration can play in improving the efficiency of health promotion by health facilities. In almost all health promotion projects that were assessed during the situational analysis phase of the study, patients were empowered with health knowledge and they were screened for health conditions that required further management. These efforts improved access to health care as well as community interest in their health affairs. It can be deduced, therefore, that the community participation principles and approaches used by health professionals in KwaZulu-Natal, did add some value to their health promotion efforts.

5.4.2 LESSONS FROM PILOT HEALTH PROMOTION PROJECTS

As shown by the findings of the pilot projects during phase three of this study, community participation approaches did assist in the strengthening of the pilot health promotion projects. Although this study did not assess the effect of community participation on specific health outcomes, the findings from the evaluation of the pilot projects did contribute to the understanding of the processes and strategies through which community involvement could be used to improve the effectiveness and efficiency of health promotion in the primary health care system. There is some evidence that stakeholder involvement, combined with empowerment and participatory approaches, had a positive effect on the health promotion projects. Some of the benefits were only of perception, and were not necessarily reflected in any health outcome. The improved knowledge of participants who participated in some pilot

projects, however, was indicative of a generally positive impact of empowerment on the health education program.

(i) The Clinic Committee Training Project

The clinic committee capacity-building project addressed the need to improve the effectiveness of the Luwamba clinic committee members as partners and advisors to their health facility. Other researchers support the view that, unless they are familiar with the health industry, the advisory committees are not effective as advisors and they add little value to the health institution (Ford-Eickhoff *et al.*, 2011). The training of the Luwamba committee members on the structure and functions of the department of health was in line with this view and this is shown by an improvement in their knowledge and understanding of their roles as committee members after training. The study of the status of clinic committees in South Africa (Padarath & Friedman, 2008), suggested that governance structures were made vulnerable by limited capacity, lack of training and confusion over mandates and areas of functioning. The researchers concluded that there was a need for long term support and capacity building of community members who were elected onto governance structures. This pilot project contributed to the understanding of factors which limited the functioning of the clinic committee, and through formal empowerment and engagement of the committee members, the role of the committee in health promotion was clarified.

(ii) The Anti-teenage Pregnancy Project

The Sexuality and Pregnancy Education, Surveillance and Support ("X-Press") project was a collaborative effort among health professionals, NGO, learners, educators and the school governing body to address the high rate of teenage pregnancy in Velangaye High School. Teenage pregnancy is global public health concern. The consultative approach used in the "X-Press" pilot project is related to the approach used by the public health practitioners in the Community-based Abstinence Education Programme (CAEP) in the United States of America (USA). Realizing that, despite the high rate of teenage pregnancy in the USA, some parents were reportedly reluctant to have sexual issues taught in schools, the researchers conducted a survey of learners, parents and teachers to obtain their inputs on possible approaches to this public health problem (Kaizer Family Foundation, 2000). The survey found that most parents, teachers and learners themselves would like sex education and curriculum in schools. In the South African context, consultation of relevant stakeholders, as demonstrated in the X-Press project, may be useful in identifying specific underlying causes

of teenage pregnancy, and to assist affected learners and parents with medical and other support services.

The approach used during the X-Press pilot project is also related to the intervention implemented by researchers to assess the effects of community participation on improving uptake of care for maternal and newborn health (Marston *et al.*,2013). In their systemic reviews, researchers identified the public health value in increasing the knowledge of reproduction, contraceptive use and danger signs in pregnancy among women. The studies also showed improved newborn care and increase in the uptake of women receiving skilled childbirth care. Although the anti-teenage pregnancy pilot project in KwaZulu-Natal could not be implemented over enough period of time, through the empowerment of learners the project improved the understanding of the strategies necessary for the prevention of unwanted pregnancies and other sexually transmitted infections. The project evaluation team agreed that the empowerment of learners, teachers and learners on sexuality and pregnancy-related issues was a potentially good investment in the community by health professionals. The participation of the educators and the school governing body in the project was also seen by the participants as the example to demonstrate how health promotion could be developed and sustained by community-based stakeholders.

The rate of teenage pregnancy in Velangaye high school was not accurately known at the beginning of the anti-teenage pregnancy project. The impact of the project could not therefore be evaluated using the number of teenage pregnancies avoided or reduced. Also, the project did not run throughout a full academic year, as previously planned. However, through the promotion of partnerships among health professionals, NGO, educators and communities, the anti-teenage pregnancy project laid the foundation for exploring the use of community participation approaches in the fight against teenage pregnancies in the schools.

(iii) The Diabetes Health Awareness Project

Diabetes is a condition of multiple medical and social aetiology. Like most other public health problems, diabetes management requires the participation of various stakeholders in the promotion of prevention and treatment efforts for the disease. This health promotion project complements many other projects that have been implemented by health professionals and researchers in order to assist patients in dealing with their chronic diseases in other settings. The success of the community empowerment project depends on the quality of the project as well as its effect on the specific needs of the target patients. In the synthesis of nine qualitative studies, Yin Kwa Ho *et al*, investigated what patients perceived as being an

effective empowerment strategy for diabetes self-management (Yin Kwa Ho *et al.*, 2010). Four central metaphors that influenced empowerment were identified as trust in nurses' competences and awareness, striving for control, a desire to share experiences and nurses' attitudes and ability to personalize. The study emphasized the fact that health professionals needed to understand and address modifiable behaviour-specific factors affecting their participants or target communities. Apart from the education of communities on diabetes, the KwaZulu-Natal diabetes awareness project managed to mobilize communities and patients to make healthy choices and to take better care of their health. Through screening and referral services, the health promotion project encouraged the health-seeking behaviour by the affected members of the community. Had the project been conducted in collaboration with CBO's, the chances of the project sustainability and co-ownership could have been improved.

(iv) The Patients' Support Group Project

The support group encourages advocacy for services and it improves partnership between health professionals and their patients. Similar to the observations of previous researchers of support group projects, the KwaZulu-Natal support group project was a major empowerment initiative for the diabetes patients. In their systemic review of public health studies, Crawford and co-researchers (Crawford *et al.,* 2002) identified several benefits of involving patients in the planning and development of health care. The review found that patients who participated in health initiatives welcomed the opportunity to be involved and that their self-esteem improved as a result of their participation. Among the most frequently reported effects of involving them was the production of new or improved sources of information for patients. The involvement was reported to increase accessibility to services, advocacy and general effect on organizational attitudes. Several papers on community participation have commented that patients who participated in support group initiatives derived more than just medical benefits. The evaluation of support groups for women with breast cancer in Canada, found that the support group produced various emotional, informational and practical support benefits (Till, 2003).

Chronic diseases contribute significantly to the workload in all health facilities. In many cases, the attending health professionals struggle with the problems of drug compliance, non-adherence to medicine collection schedules and disease complications. The support group concept is one of the strategies to bridge the gap between health professionals and the target groups of patients. The diabetes support group is a potentially useful intervention to address the challenges associated with the management of diabetes patients in the

primary health care facilities. The members of the support group have access to ongoing empowerment by health professionals and their interaction with their health service providers is useful in addressing their needs and for co-operative problem solving. Through the patient support group, patients also learn from each other and they can derive inspiration and motivation from expert patients and role models.

The high patient satisfaction rate, obtained from the evaluation of the KwaZulu-Natal support group project, indicates the potential for the project to positively influence patients' behaviours as well as the attitudes of health professionals towards their patients. The limitation of the project, however, was lack of dedicated budget to provide the support group with such incentives as transport and food. Because of this constraint, the attendance and participation in the project by some patients may not be sustainable in the long run. There was also lack of sound output indicators to monitor the impact of the support group interventions on treatment outcomes.

5.5 THE IMPLICATIONS OF THE STUDY FINDINGS FOR THE COMMUNITY PARTICIPATION MODEL

The third objective for phase three of this study was to finalize the development of the community participation framework, guidelines for its implementation as well as performance indicators for community participation.

As has been shown by the findings of this study, there are adequate and scientifically appropriate systems and processes of community involvement in the KwaZulu-Natal PHC system. The ideal community participation requires the identification of stakeholders, profiling of communities as well as clear strategies and activities for involving communities. Direct partnerships with communities or indirectly through appointed forums is needed at all levels of the primary health care system. Although these initiatives were in place, they were not being implemented to their full potential, partly because of the lack of an instrument or framework to guide health professionals and to monitor their implementation.

The gaps identified during the situational analysis of community participation as well as the inputs from the health professionals suggest the need for a community participation model for the KwaZulu-Natal primary health care system. The inconsistencies and lack of standardization with regard to the involvement of communities and facilitation of health promotion projects by various health facilities, was related to the inadequate understanding of community participation processes by health professionals and by representatives of

communities in KwaZulu-Natal. This was one of the main messages from the focus group discussions. The importance of the understanding of community participation by health professionals has also been highlighted in previous studies of community participation in other developing countries. During their intensive dialogue with health workers in Philippines, Dr Laleman and co-researchers found that there was a lack of clear understanding of the concept of community participation by health officials (Laleman & Annys, 2000).

Because of its complexity, community participation requires a model and guidelines to improve its implementation and hopefully its effectiveness as a strategy for strengthening health promotion. A review of seven community participation models during this study, showed that community participation frameworks are often designed to highlight one or two aspects of participation, commonly the broad activities and the degree of community involvement. Most models lack specific activities through which health professionals can involve communities and, in most instances, stakeholders are often not described. The information derived from the consultation of PHC professionals and from the piloting of health promotion projects in this study, allows for the application of key components of the community participation in the design of the model of participation for the KwaZulu-Natal PHC system.

The community participation model presented in the following section, therefore, builds on the foundations of previous models whilst considering the existing systems, processes and challenges of community participation in the KwaZulu-Natal's PHC system.

5.6 THE COMMUNITY PARTICIPATION MODEL FOR THE KWAZULU-NATAL PHC SYSTEM

5.6.1 THE OBJECTIVE OF THE MODEL

The community participation model improves the understanding of community participation processes by health professionals and community representatives. It provides health managers and policy makers with systematic guidance on how to effectively integrate community participation into the PHC programmes, to monitor the degree of its implementation and to assess its effect on health promotion programmes.

5.6.2 THE KEY COMPONENTS OF THE MODEL

The approach used in the design of the community participation model was informed by Dr Soumya Sahoo's description of the public health model (Soumya, 2015). According to Dr Soumya, the public health model addresses health or social problems e.g. health promotion and it targets policies in order to improve health interventions. As opposed to a mathematical model, for example, the public health model of community participation described in this section, is intended to illustrate graphically, the relationships between stakeholders and it proposes evidence-based activities that are essential for effective community participation.

Born out of the assessment of community participation and consultation of health professionals in the KwaZulu-Natal PHC system, the community participation model (figure 12) is unique, as it illustrates the major principles of participation, namely inter-sectoral collaboration, empowerment and partnership. In terms of this model, stakeholder engagement at various levels of the primary health care system (figure 13), is key to building mutually beneficial and sustainable relationships between healthcare providers, governmental departments, non-governmental sectors as well as community stakeholders. Various community stakeholders, shown in the model, represent the interests of different groups of people and, as beneficiaries of PHC services, they must be recognized and engaged in the planning and delivery of health services.

Power inequalities often exist between providers and communities with respect to decision-making process, control of resources and equitable provision of services. In order to achieve meaningful community participation, it is essential to recognize these power inequalities and to address them through formal empowerment programmes.

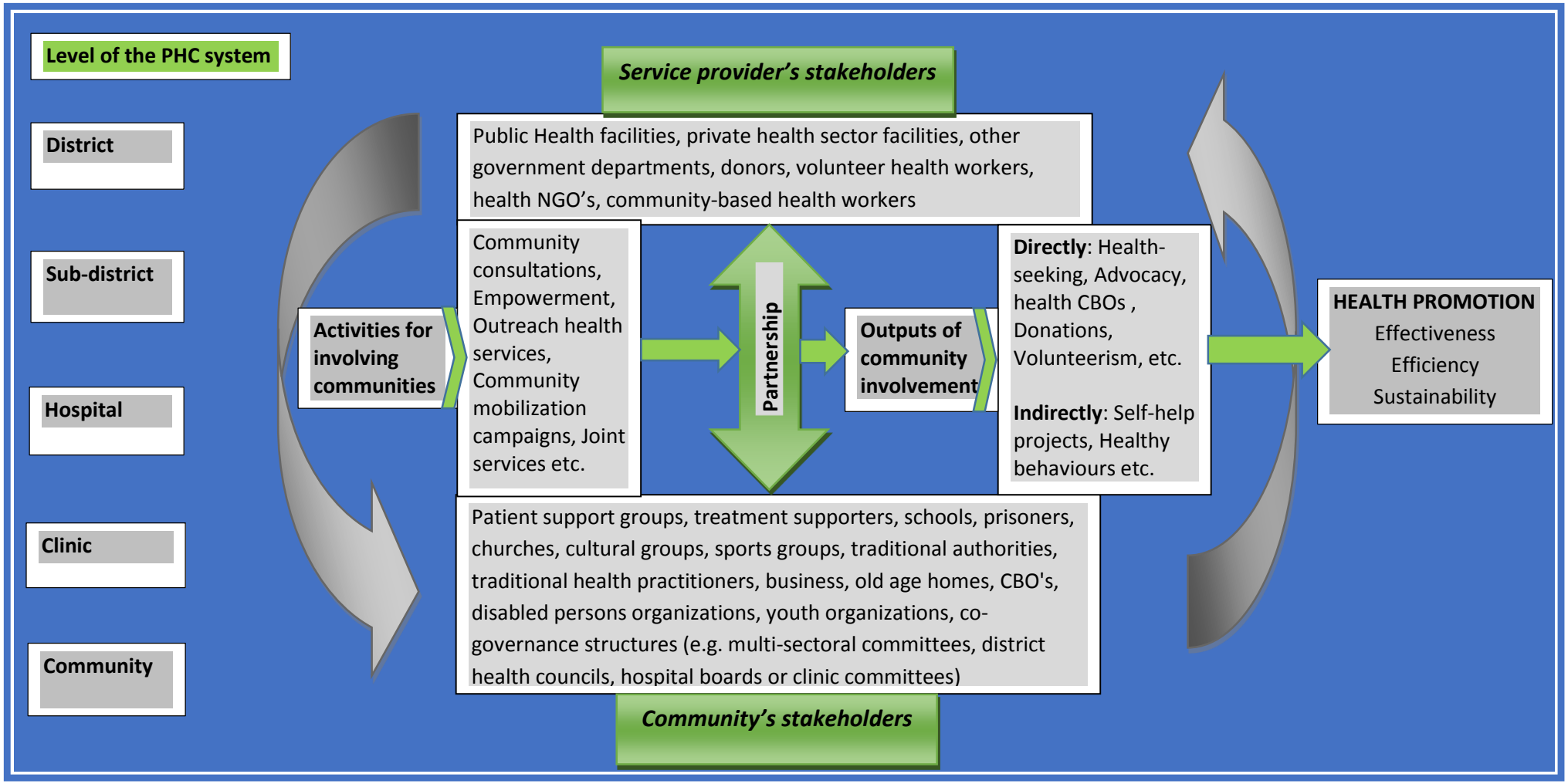

Figure 12: The Community Participation Model for the KwaZulu-Natal's primary health care system

The model recognizes key stakeholders and outlines essential activities through which health professionals can involve communities. The activities through which communities can partake in health affairs, are also proposed. The model has two possible implications for healthcare. First, the model predicts that the greater the extent of involvement of communities by health professionals, the better are the prospects of participatory activity by various sectors and representatives of the communities. For example, consultation of communities can encourage direct participation through improved health-seeking behaviours or indirectly through the establishment of self-help health projects. The second assumption is that adequate involvement of communities through empowerment and mobilization can strengthen the health promotion efforts of the health system.

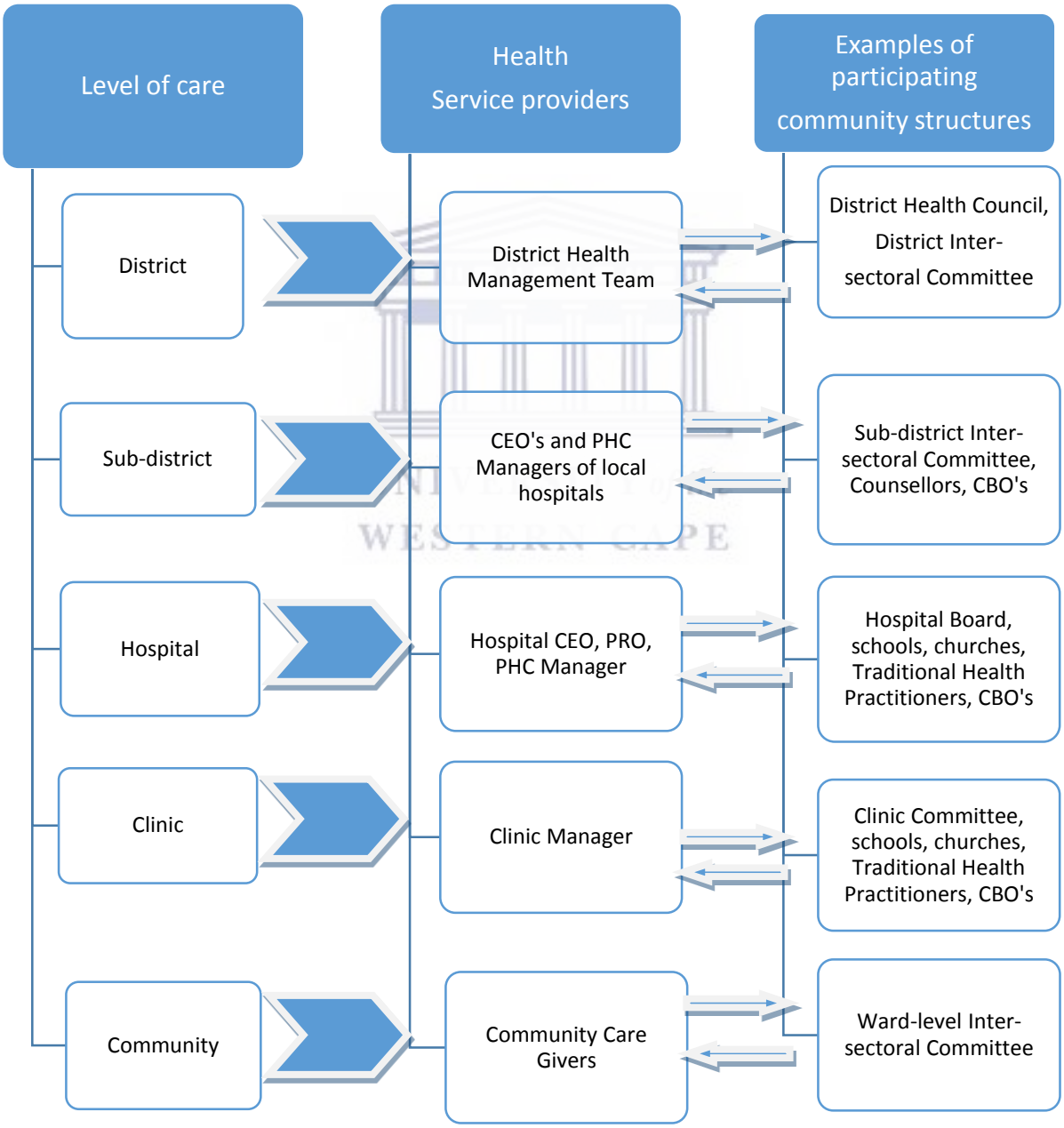

Figure 13: Providers and participating community representatives at different levels of PHC

5.6.3 THE ENABLING SYSTEMS FOR COMMUNITY PARTICIPATION

The usefulness of the proposed public health model will depend on a variety of enabling systems for community participation such as political, social, health and professional systems. The vibrant political systems at all levels of governance in KwaZulu-Natal promote human rights and democratic structures which create conducive environment for community participation in public services. The government and the people continually endeavour to improve the health and wellbeing of communities through allocation and sharing of human and material resources. The media also plays an important role in the social system by empowering communities with information and by promoting social dialogue. In the health system, co-governance structures such as hospital boards and clinic committees have traditionally been used as platforms of communication between health professionals and communities. With proper training and empowerment, the hospital boards and clinic committees have a potential to contribute meaningfully to governance of health institutions and to the promotion of the health of the communities.

The South African government implements policies and mechanisms to encourage public participation at different levels of governance. The health facilities are expected to implement the patients' rights charter through which both managers and communities can monitor the provision of health care to the patients. In addition to the health system measures, the communities have access to various other professional bodies which protect and promote the health of the public. Professional bodies such as the Health Professions Council of South Africa (HPCSA), South African Nursing Council (SANC) and the South African Pharmacy Council (SAPC) are open to the views, feedback and complaints from the public, and they also offer opportunities for the members of the general public to influence health policy and service delivery.

5.6.4 THE COMMUNITY PARTICIPATION GUIDELINES

As the main drivers of community involvement, health professionals should understand the activities they should implement at least on monthly basis in order to encourage community participation in their catchment areas. Standard indicators should be used to guide the implementation and monitoring of the participation activities by health professionals at different levels of the primary health care system. Community participation in the health system should also be seen as the co-responsibility of both the health professionals and communities. Considering the existing systems of community participation in the KwaZulu-Natal PHC system, there are various methods through which communities can promote their participation and thereby contribute to the functioning and development of the health system.

Due to the potentially beneficial effect of community participation in health promotion, participatory approaches should be enforced during the facilitation of health promotion projects. Participatory approaches encourage partnerships and co-ownership of health by health professionals and communities. As shown in figure 14, a health promotion project requires proper planning, resources and effective facilitation of health promotion messages. As far as possible, the evaluation of the project's outputs should be conducted in order to assess its effectiveness and to identify areas requiring improvement.

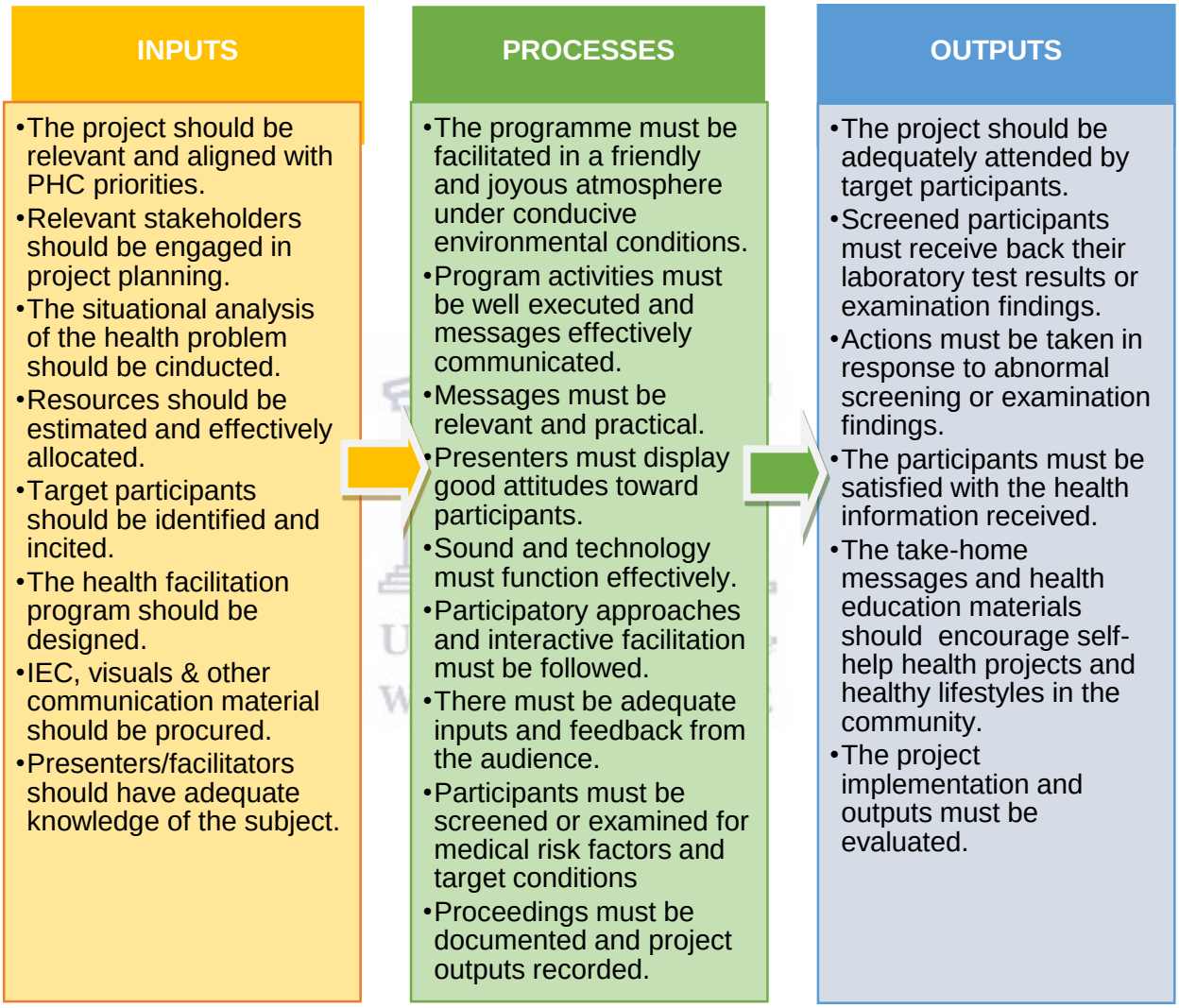

Fig. 14: Proposed inputs, processes and target outputs for the health promotion projects.

The activities and indicators for guiding the implementation of community participation as identified during this study's consultative process, are shown in appendices 25 - 34.

5.7 LIMITATIONS OF THIS STUDY

Although the objectives of this research were met, some limitations were noted during data collection. The qualitative data used in the assessment of community participation and in the development of the model is based on observations, records reviews, participant interviews and perceptions of PHC professionals. Some of the findings of the study may therefore contain biases normally associated with qualitative research methods. During the observation of health promotion campaigns, for example, some of the facilitators were aware that they were being observed by the researcher and they might have made extra efforts to meet the expectations of the observer. Some of the qualitative data obtained during the situational analysis did not add value to the study. For example, the information obtained from certain respondents, such as the community care givers, reflected their work-related frustrations which were beyond the scope of this research. Record keeping in certain health facilities was not up to date, and this might have compromised the quality of some record-based data.

Another limitation of the study was the lack of outcome-based measures for evaluating the impact of the pilot community participation projects on major public health targets. Certain aspects of the pilot projects could not be evaluated by the community members, and the investigator relied mostly on the perceptions and observations of health professionals. The findings from the evaluation of pilot projects, in particular the training of the clinic committee and the establishment of the patient support group, could have been biased due to the fact that the evaluation participants were beneficiaries of the projects. The duration of the implementation of most pilot projects was not adequate enough to allow for the effective assessment of the effects of the project interventions on the key health outcomes. Although the study was implemented in four sub-districts of the KwaZulu-Natal province, the sample sizes for some of the categories of participants were small. Because of the structure of the primary health care system, the number of target participants was, in certain cases limited. This is because the researcher had access only to appointed officials for each of the target category of participants. For example, every district has only one health district manager and every sub-district has one director for community services.

5.8 MAIN CONTRIBUTIONS OF THE STUDY TO THE EXISTING BODY OF KNOWLEDGE

This study has assessed and analysed the systems and processes governing community participation in the KwaZulu-Natal primary health care system. The implementation and evaluation of the four pilot projects in this study showed that stakeholder engagement, participatory approaches and empowerment, to a large extent, contributed to the strengthening of health promotion.

According to the USAIDS' sponsored project (PHR*plus*, 2004), pilot projects have a potential to improve efficiency or to increase coverage to services. Pilot projects may be used:

- To generate a demand for the service
- To investigate empirically, the advantages and disadvantages of alternative program designs
- To develop or refine the health system design
- To demonstrate how the new system would work and to demonstrate its feasibility
- To build capacity among implementers and perhaps fine-tune the implementation process.

In line with the above benefits of pilot projects, this study has demonstrated the relationship between community participation processes and positive outputs of health promotion. The evaluation of pilot projects further showed that the empowerment of communities during health promotion should include both health information and basic health skills in order for the communities to understand their role in health as well as to encourage community-driven health interventions.

The KwaZulu-Natal study of community participation was conducted across various levels of the primary health care spectrum, namely district, sub-district, hospital, clinic and community level. Using data from both service provider and from community perspectives, the study found that the degree and extent of community participation varies according to the level of the PHC system. Community participation should therefore be planned and implemented according to the systems that are in place at different levels of the health care system. The study has improved the context-based understanding of inter-sectoral collaboration by identifying the stakeholders and various categories of communities that are necessary to support community participation in the PHC system. Considering that community participation is a joint responsibility of both health professionals and communities, the design

of this study has contributed to the understanding of community participation from both the health professionals and community perspectives.

The study produced some evidence that the extent of involvement of communities by health professionals determined the outputs of community participation such as the level of the understanding of community participation by communities. The study established that community members saw their involvement beyond mere representation by municipal counsellors, hospital boards or clinic committees in the health system, but as participation in activities which promote health. Direct participation by communities include health-seeking behaviours, advocacy for health, attending health promotion campaigns etc. Indirect participation, on the other hand, includes healthy behaviours and various self-help initiatives through which communities can participate in the promotion of their health and development of the health system.

This study culminated in the development of the evidence-based community participation model which will hopefully improve the understanding of, and implementation of community participation in KwaZulu-Natal and in South Africa. The guidelines and indicators for the implementation of the model were developed to facilitate the measurement and monitoring of community participation in the primary health system.

5.9 CONCLUSION AND RECOMMENDATIONS

The study of community participation in the KwaZulu-Natal's primary health care system has provided useful information for the understanding of the methods and challenges of community participation. The pilot projects that were implemented as part of this study showed that the combination of inter-sectoral collaboration, empowerment and community mobilization have a positive effect on health promotion outputs.

The existing systems and processes of community participation in the KwaZulu-Natal PHC system proved sufficient in shaping the design of the community participation model. The model has its roots in the principles of participation as well as in the existing systems and processes in KwaZulu-Natal. It builds on real world phenomena such as collaboration, consultation and empowerment. The model is intended to encourage engagement of stakeholders as partners in the delivery and governance of health services. The activities and outputs of the model need to be institutionalized and monitored using the community participation indicators that have been proposed in this study.

Considering the findings of this study, the following recommendations can be proposed for the future efforts to improve community participation in the KwaZulu-Natal's health system:

1. The district health councils should be established in the health districts in order to encourage consultation and community participation in line with the National Health Act (Act 61 of 2003).
2. The health facilities should continually profile their catchment communities in order to identify various community structures and stakeholders with which they must work closely in addressing their specific health needs.
3. The hospital boards and clinic committees should be trained on both their governance and service delivery roles in order to increase their effectiveness as partners and advocates for service delivery.
4. The role of the hospital boards and clinic committees should be extended to health promotion and self-help health programmes in their respective communities.
5. Patient support groups should be revived and strengthened through empowerment and support, in order to ensure that they play a meaningful role in community involvement and treatment programmes.
6. Health facilities should intensify and integrate health promotion programmes for the ongoing empowerment of communities on health knowledge and skills in line with the

national health calendar. The empowerment should include health skills and should encourage the implementation of self-help health promoting projects by the communities.

7. Health districts should allocate dedicated health promotion budgets for the implementation of the health calendar at sub-district and health facility levels.
8. The lack of consultative forums and outreach services for District Managers responsible for Emergency Medical Services (EMS), necessitates the introduction of such initiatives in order to improve the effectiveness of this critical service. Alternatively, the existing consultative structures should be more effectively utilized to engage communities in EMS services and to involve communities in the planning and monitoring of the service.
9. Emergency Medical Services should establish the health promotion component which should include basic first aid training for communities, community organizations and volunteers.
10. The facilitation of health promotion campaigns by health professionals should be well planned, be participatory in approach, and be used to address the medical needs of the participants and target communities. Extra efforts should be made to improve follow-up care for screened participants and for persons who require further medical treatment.
11. The members of co-governance structures, in particular hospital boards and clinic committees, should be involved by their health facilities in service planning as well as in the monitoring of services through quality programmes such as complaints mechanisms and client satisfaction surveys.
12. Community participation should be included as one of the key job responsibilities in the job descriptions and performance agreements of PHC managers and other relevant officials.
13. The policy on community participation should be developed and implemented to support health facilities and to monitor community participation in the health care system. The model (fig.12) and guidelines (appendices 25 -34) can be used as a reference or toolkit for the management of community participation at various levels of the primary health care system.

There are no anticipated constraints in the implementation of the proposed community participation model and the recommendations of this study. More research work, however, is still needed to determine the association between the degree of community participation and health outcomes in the health system. In the light of this need, better designed studies will be needed to build better knowledge base for community participation in the future.

Monitoring community participation through routine information management or through surveys will assist future researchers in assessing the added value of community participation processes in the primary health care system. The value of community participation in the health system should be seen beyond just positive health outputs and health promotion. Community participation should eventually bring health professionals and communities closer to permanent partnership in which “working together” brings about long-lasting effects such as community’s self-determination and dignity.

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APPENDICES

APPENDIX 1: INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

E-mail: tpuoane@uwc.ac.za

INFORMATION SHEET

Project Title:

Development of the Public Health Model of Community Participation in the KwaZulu-Natal Primary Health Care System.

What is this study about?

This is a research project being conducted by Mbuso Ishmael Mntambo at the University of the Western Cape. We are inviting you to participate in this research project because you are an important stakeholder in the delivery of Primary Health Care services in this health District.

The purpose of this research project is to assess and understand community participation in the KwaZulu-Natal PHC system, as well as to assess community participation challenges for the purpose of developing and testing a community participation model.

What will I be asked to do if I agree to participate?

You will be asked to respond to interview questions for a duration not exceeding 30 minutes. The study will take place in the area of your work or residence, whichever will be more convenient to you. The questions to be asked will include your knowledge, thoughts and experiences about community participation in the health care system. You will also be asked to share the challenges that are experienced by yourself or by the structure that you represent.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, your name will be recorded in a code that will not reveal your identity. The survey is anonymous and will not contain information that may personally identify you**.** Your

name will not be included on the surveys and other collected data. A code will be placed on the survey and other collected data. Through the use of an identification key, the researcher will be able to link your survey to your identity. Only the researcher will have access to the identification key.

All information will be kept in secured storage areas as well as password-protected files in a private computer. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. All participants shall confirm that they will respect confidentiality of information obtained from participating persons and researchers and that they will not share it with anyone else.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

What are the risks of this research?

There are no known risks associated with participating in this research project.

What are the benefits of this research?

By participating in this study, you will be contributing valuable information which may be used by the Department of Health to improve effectiveness of health services at community level. This research is not designed to help you personally, but the results may help the investigator learn more about the role of community participation in health care. We hope that, in the future, other people might benefit from this study through improved understanding of the role played by the communities in health service delivery**.**

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Should you be negatively affected through participating in this study, all effort will be made to assist you with correct interventions such as advocacy for your rights, counselling and referral to appropriate care.

What if I have questions?

This research is being conducted by Mr Mbuso Ishmael Mntambo, School of Public Health at the University of the Western Cape.

If you have any questions about the research study itself, please contact Mr Mbuso Ishmael Mntambo at:

P.O. Box 10466
Empangeni
3880

Contact number: 0834079962; e-mail address: mbusomntambo@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, contact:

Head of Department: Dean of the Faculty of Community and Health Sciences:
University of the Western Cape
Private Bag X17
Bellville 7535

This research has been approved by the UWC's Research and Ethics Committees.

APPENDIX 2: DEPARTMENT OF HEALTH'S LETTER OF APPROVAL

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM 193/12
Enquiries : Mr X Xaba
Tel : 033 – 395 2805

Dear Mr M. Mntambo

Subject: Approval of a Research Proposal

1. The research proposal titled **'Development of the Public Health Model of Community participation in the KwaZulu Natal (KZN) Primary Health Care (PHC) system'** was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for research to be undertaken at eThekwini and Uthungulu Districts for a period of six months. Facilities to be included in the study are listed in appendix D.

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 16/01/2013

APPENDIX 3: **CONSENT FORM FOR INTERVIEW PARTICIPANTS**

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

E-mail: tpuoane@uwc.ac.za

CONSENT FORM

Title of Research Project: **Development of the Public Health Model of Community Participation in the KwaZulu-Natal Primary Health Care System.**

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group discussion.

Participant's name…….....……..
Participant's signature……
Witness…….....
Date…….....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Prof Thandi Puoane

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-2809

Cell: 0827075881 **Fax: (021)959-2872**

Email: tpuoane@uwc.ac.za

APPENDIX 4: **CONSENT FORM FOR THE FOCUS GROUP PARTICIPANTS**

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

E-mail: tpuoane@uwc.ac.za

CONSENT TO PARTICIPATE IN A FOCUS GROUP STUDY

Title of Research Project: **Development of the Public Health Model of Community Participation in the KwaZulu-Natal Primary Health Care System.**

The purpose of the group discussion and the nature of the questions have been explained to me.

I consent to take part in a focus group discussion about my experiences, including some ways to improve community participation in Primary Health Care. I also consent to be tape-recorded during the focus group discussion.

My participation is voluntary. I understand that I am free to leave the group at any time. None of my experiences or thoughts will be shared with anyone outside of this community participation research unless all identifying information is removed first. The information that I provide during the focus group will be grouped with answers from other people so that I cannot be identified.

_____ _____

Please print your name Date

_____

Signature

_____ _____

Witness signature Date

APPENDIX 5: INTERVIEW QUESTIONNAIRE – HEALTH PROFESSIONALS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____
2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____
3. **How old are you?** _____ years
4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____
6. **How long have you been working in this position?** _____

B. GENERAL INTERVIEW QUESTIONS

1. In your professional role, do you consider yourself to be directly, indirectly or not responsible for Community Participation?

Directly responsible	1
Indirectly responsible	2
Not responsible	3
No response	4

2. What do you understand by the term “community participation in health”?

_____

_____

Follow-up: Does the following activity represent:

2.1. Advocacy for health?

Activity	Agree	Disagree	Comment
(i) Community leaders request the number of mobile clinic points to be increased			
(ii) Community volunteers use their own vehicles to transport patients to the hospital			

2.2. Ownership of health by communities?

Activity	Agree	Disagree	Comment
(i) Support Groups for pregnant women			
(ii) Health facilities employ local people to provide security and housekeeping services in the clinics			

2.3. Social mobilization for health?

Activity	Agree	Disagree	Comment
(i) Health professionals promote the Anti-smoking Campaign through television			
(ii) Health managers communicate health information and reports to the communities on regular basis			

2.4. Partnership in health?

Activity	Agree	Disagree	Comment
(i) Health managers involve Community Care Givers in the health strategic planning			
(ii) Hospital Boards and Clinic Committees participate in the planning and monitoring of health services			

2.5. Empowerment (of community) on health?

Activity	Agree	Disagree	Comment
(i) Health professionals train Traditional Health Practitioners on health matters			
(ii) PHC nurses visit the community to assess their health needs			

3. Which strategies are often used by health professionals to involve community members in health matters?_____

Follow-up:

Possible strategy	Used	Not used	Additional information
(i) Through Governance and Participation structures – Hospital Boards and Clinic Committees			
(ii) Consult communities through media, community leaders, etc.			
(iii) Use outreach health campaigns to reach out to communities			
(iv) Empower communities with skills for self care and development			
(v) Implement health promotion as per the Health Calendar			
(vi) Other (explain)			

4. Does your facility or health institution have functional suggestion boxes?

Yes	
No	

Comment (if any) _____

5. Does your facility or health institution have functional complaints/compliments mechanisms?

Yes	
No	

Comment (if any) _____

6. Which of the following empowerment activities does your health institution conduct at least once a year?:

Activities	Yes	No	Comment
(i) Training of Traditional Health Practitioners			
(ii) Training of Traditional Birth Attendants			
(iii) Life skills to major patients Support Group			
(iv) First Aid to citizens or other role players			
(v) Breastfeeding techniques			
(vi) Other:			

7. During the **past 12 months**, which of the following activities were conducted by your health facility in consultation or jointly with your District Council, Hospital Board or Clinic Committee?:

Activities	Yes	No	Comment (if any)
(i) Strategic Planning			
(ii) Operational Planning			
(iii) Imbizo/Open day			
(iv) Major Health Awareness event			
(v) Patients Complaints handling (from suggestion boxes)			
(vi) Patient Satisfaction Surveys			
(vii) Hospital or clinic Rounds			

8. Which of the following health calendar events did your institution conduct during the 2013/2014 financial year?:

Event	Yes	No	Comment (if any)
(i) Nutrition Day/Week			
(ii) Healthy Lifestyles Awareness			
(iii) Tuberculosis Awareness			
(iv) Diabetes Awareness			
(v) Anti-Tobacco Awareness			
(vi) Traditional Medicines Awareness			
(vii) Drug Abuse Awareness			
(viii) Heart and/or hypertension Awareness			
(ix) Women's Health Day (any women's health program)			
(x) HIV/ AIDS Awareness			

9. Which of the following community empowerment resources does your health institution have?:

RESOURCES	YES	NO	COMMENT (if any)
(i) Dedicated Tracer Staff for HIV and AIDS			
(ii) Dedicated Tracer Staff for TB			
(iii) Public Address system (loud speakers or sound system)for health outreach			
(iv) Tent/s for health outreach			
(v) Other (explain):			

10. Which governmental and non-governmental role players does your health facility (or health office) work with in the planning and delivery of health services?

_____

11. Which community structures does your health institution regularly work with?:_____

_____

Follow-up: Does your health facility regularly work with each of the following:

Community structures	Yes	No	Comment/example
(i) Schools			
(ii) Churches			
(iii) Cultural groups			
(iv) Sports groups			
(v) Traditional local councils ("Izinduna", "Amakhosi")			
(vi) Traditional Health Practitioners			
(vii) Business (shops, markets, transport operators)			
(viii) Pension and grants paypoints and old age homes (elderly & disabled)			
(ix) Old age homes			
(x) Support groups			
(xi) Prison			
(xii) Youth or Youth Organization			
(xiii) Community Based Organization			
(xiv) Disabled persons or Disabled Persons Organization			
(xv) District Council, Hospital Board or Clinic Committee			

12. What are the most common challenges of community participation in your health facility?

_____

_____

APPENDIX 6: INTERVIEW QUESTIONNAIRE – COMMUNITY MEMBERS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____

6. **How long have you been working in this position?** _____

B. GENERAL INTERVIEW QUESTIONS

1. What do you think is your role, as a member of the community, in local health services?

_____

_____

Follow-up: Are you a member of any of the following community structure or project?

Community activity or project	Yes	No
(i) Hospital Board or Clinic Committee		
(ii) Patient Support Group		
(iii) Home-based Care Project		
(iv) Community Based Organization		
(v) Nutrition Project		

2. How can you, as a member of the community, participate in health care?

_____

_____

Follow-up: Which of the following processes or activities can be used by the community as part of “community participation”?. Give one example of what you have observed in your community.

Process or activity	Yes	No	Example
(i) Communities motivate for changes in health policies in order to improve health services			
(ii) Communities take care and responsibility for their own health and for service delivery			
(iii) Communities form community based organizations and Support Groups to solve health problems			
(iv) Health professionals organize ongoing education of community members on health matters			
(v) Communities work together with the health department or health facility in planning and health promotion.			
(vi) Other:			

3. Do you believe that your community is adequately involved by the local health authorities in health issues?

Yes	
No	

Why do you think so? Give your reasons

_____

_____

_____

4. In the past 12 months, has any health promoting event been held in your community?

Yes ☐ No ☐ Comment ☐

5. Do you know the Community Health Care Giver for your village or community?

Yes ☐ No ☐ Comment ☐

6. Are you aware of the Clinic Committee that represents your community in the health affairs of your local clinic?

Yes ☐ No ☐ Comment ☐

7. What do you consider as the most common challenges affecting your participatory role in health care?

_____

_____

_____

_____

Thank you for your time!

APPENDIX 7: INTERVIEW QUESTIONNAIRE – CHAIRPERSONS OF THE HOSPITAL BOARDS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____

6. **How long have you been working in this position?** _____

B. GENERAL INTERVIEW QUESTIONS

1. How many times is your Hospital Board scheduled meet per year? _____

2. How many times did the Hospital Board meet during the last (2013/14) financial year? _____

3. What do you understand by "community participation in health"?

Follow-up: Does the following activity represent:

3.1. Advocacy for health?

Activity	Agree	Disagree	Comment
(i) Community leaders request the number of mobile clinic points to be increased			
(ii) Community volunteers use their own vehicles to transport patients to the hospital			

3.2. Ownership of health by communities?

Activity	Agree	Disagree	Comment
(i) Support Groups for pregnant women			
(ii) Health facilities employ local people to provide security and housekeeping services in the clinics			

3.3. Social mobilization for health?

Activity	Agree	Disagree	Comment
(i) Health professionals promote the Anti-smoking Campaign through television			
(ii) Health managers communicate health information and reports to the communities on regular basis			

3.4. Partnership in health?

Activity	Agree	Disagree	Comment
(i) Health managers involve Community Care Givers in the health strategic planning			
(ii) Hospital Boards and Clinic Committees participate in the planning and monitoring of health services			

3.5. Empowerment (of community) on health?

Activity	Agree	Disagree	Comment
(i) Health professionals train Traditional Health Practitioners on health matters			
(ii) PHC nurses visit the community to assess their health needs			

4. How does your hospital board involve communities in health services?

_____

_____

Follow-up: Which of the following has your Hospital Board organized **in the past 12 months:**

Event/activity	Yes	No	Comment (e.g. date, place, N/A etc.)
(i) Open Day			
(ii) Health Awareness Campaigns e.g. TB, HIV, etc.			
(iii) Community Consultative Meeting/Workshop etc.			
(iv) Visit by Board and Hospital Management to a community structure e.g. school, church, traditional authority structure, sports club, political gathering, social club, cultural club	Specify:		
(v) Health –related community project e.g. vegetable garden, etc.			

(vi) Health-related support group/s established			
(vii) Health-supporting voluntary work			
(viii) Fundraising for health			
(ix) Donation or loaning of capital or other form of resources to support health initiatives			
(x)Any other Health Promoting initiative	Specify:		

5. Which of the following sectors or organizations are represented in your Hospital Board?

Field or Organization	**Yes**	**No**
(i) **Schools or Education** sector (or at least a committee member from/with Education background)		
(ii) **Law or Justice** sector (or at least a committee member with law/justice background)		
(iii) **Finance** (or at least a committee member with finance background)		
(iv) **Disabled Persons Organization** (or at least a committee member who's disabled)		
(v) **Health** (or at least a committee member with health background)		
(vi) **Other**: Please mention any special field or background of any member		

6. What are the most common challenges affecting the community participation role of your hospital board?

_____

_____

_____

APPENDIX 8: INTERVIEW QUESTIONNAIRE – CHAIRPERSONS OF THE CLINIC COMMITTEES

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____

6. **How long have you been working in this position?** _____

B. GENERAL INTERVIEW QUESTIONS

1. How many times does is your Clinic Committee scheduled to meet per year? _____

2. How many times did the Clinic Committee meet this (2014/15) financial year? _____

3. What do you understand by "community participation in health"?_____

_____

_____

Follow-up: Does the following activity represent:

3.1. Advocacy for health?

Activity	Agree	Disagree	Comment
(i) Community leaders request the number of mobile clinic points to be increased			
(ii) Community volunteers use their own vehicles to transport patients to the hospital			

3.2. Ownership of health by communities?

Activity	Agree	Disagree	Comment
(i) Support Groups for pregnant women			
(ii) Health facilities employ local people to provide security and housekeeping services in the clinics			

3.3. Social mobilization for health?

Activity	Agree	Disagree	Comment
(i) Health professionals promote the Anti-smoking Campaign through television			
(ii) Health managers communicate health information and reports to the communities on regular basis			

3.4. Partnership in health?

Activity	Agree	Disagree	Comment
(i) Health managers involve Community Care Givers in the health strategic planning			
(ii) Hospital Boards and Clinic Committees participate in the planning and monitoring of health services			

3.5. Empowerment (of community) on health?

Activity	Agree	Disagree	Comment
(i) Health professionals train Traditional Health Practitioners on health matters			
(ii) PHC nurses visit the community to assess their health needs			

4. How does your clinic committee involve communities in health sercices?_____

_____

_____

Follow-up: Which of the following has your Clinic Committee organized **in the past 12 months:**

Event/activity	Yes	No	Comment (e.g. date, place, N/A etc)
(i) Open Day			
(ii) Health Awareness Campaigns e.g. TB, HIV, etc.			
(iii) Community Consultative Meeting/Workshop etc.			
(iv) Visit by Committee and Clinic Management to a community structure e.g. school, church, traditional structure, sports club, political gathering, social club, cultural club	Specify:		

(v) Health –related community project e.g. vegetable garden, etc.			
(vi) Health-related support group/s established			
(vii) Health-supporting voluntary work			
(viii) Fundraising			
(ix) Donation or loaning of capital or other form of resources to support health initiatives			
(x)Any other Health Promoting initiative	Specify:		

5. Which of the following sectors or organizations are represented in your Clinic Committee?

Field or Organization	**Yes**	**No**
(i) **Schools or Education** sector (or at least a committee member from/with Education background)		
(ii) **Law or Justice** sector (or at least a committee member with law/justice background)		
(iii) **Finance** (or at least a committee member with finance background)		
(iv) **Disabled Persons Organization** (or at least a committee member who's disabled)		
(v) **Health** (or at least a committee member with health background)		
(vi) **Other**: Please mention any special field or background of any member		

6. What are the most common challenges affecting the community participation role of your clinic committee?

_____

_____

_____

APPENDIX 9: INTERVIEW QUESTIONNAIRE – MUNICIPAL DIRECTOR: COMMUNITY SERVICES

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **How long have you been working in this position?** _____

B. GENERAL INTERVIEW QUESTIONS

1. As a Director for Community Services and a member of the sub-district Inter-sectoral Committee, do you consider yourself to be directly, indirectly or not responsible for Community Participation?

Directly responsible	1
Indirectly responsible	2
Not responsible	3
No response	4

2. Which of the following stakeholders or community structures are represented in the service delivery Inter-sectoral Committees for your local municipality?:

Community structures	**Yes**	**No**
(i).Schools		
(ii).Churches		
(iii).Cultural groups		
(iv).Sports groups		
(v).Traditional local councils ("Izinduna, Amakhosi")		
(vi) Traditional Health Practitioners ("Abalaphi bendabuko")		
(vii).Business (shops, markets, transport operators)		
(viii) Youth or Youth Organization		
(ix) Non-governmental Organization (NGO)		
(x) Community Based Organization (CBO)		
(xi) Local health authority (district management, hospital of clinic)		
(xiii) Other:		

3. What do you understand by “community participation in health or social services”?

Follow-up: Does the following activity represent:

3.1. Advocacy for health?

Activity	Agree	Disagree	Comment
(i) Community leaders request the number of mobile clinic points to be increased			
(ii) Community volunteers use their own vehicles to transport patients to the hospital			

3.2. Ownership of health by communities?

Activity	Agree	Disagree	Comment
(i) Support Groups for pregnant women			
(ii) Health facilities employ local people to provide security and housekeeping services in the clinics			

3.3. Social mobilization for health?

Activity	Agree	Disagree	Comment
(i) Health professionals promote the Anti-smoking Campaign through television			
(ii) Health managers communicate health information and reports to the communities on regular basis			

3.4. Partnership in health?

Activity	Agree	Disagree	Comment
(i) Health managers involve Community Care Givers in the health strategic planning			
(ii) Inter-sectoral Committees participate in the planning and monitoring of health services			

3.5. Empowerment (of community) on health?

Activity	Agree	Disagree	Comment
(i) Health professionals train Traditional Health Practitioners on health matters			
(ii) PHC nurses visit the community to assess their health needs			

4. How does your municipality involve communities in health or social services?_____

_____

_____

Follow-up: Which strategies does your Municipality use, to involve communities in health matters?

Possible strategy	Yes	No	Additional information
(i) Governance and Participation structures (Sub-district multi-sectoral Committee) are available and discusses health issues			
(ii) Municipality communicates community issues through media, community leaders, etc.			
(iii) Municipality uses outreach campaigns to reach out to communities			
(iv) Municipality empowers communities with skills for self care and development			
(v) Municipality mostly relies on the Health Department or local health facilities to engage communities in health			
(vi) Other (explain):			

5. What are the most common challenges affecting the community participation role of your municipality's multi-sectoral committee? _____

_____

_____

APPENDIX 10: INTERVIEW QUESTIONNAIRE – MUNICIPAL COUNSELLOR

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **How long have you been working in this position?** _____

B. GENERAL INTERVIEW QUESTIONS

1. As a Municipal Counsellor and as a participant in the sub-district Inter-sectoral Committee, do you consider yourself to be directly, indirectly or not responsible for Community Participation?

Directly responsible	1
Indirectly responsible	2
Not responsible	3
No response	4

2. What do you understand by "community participation in health or social services"?

Follow-up: Does the following activity represent:

2.1. Advocacy for health?

Activity	Agree	Disagree	Comment
(i) Community leaders request the number of mobile clinic points to be increased			
(ii) Community volunteers use their own vehicles to transport patients to the hospital			

2.2. Ownership of health by communities?

Activity	Agree	Disagree	Comment
(i) Support Groups for pregnant women			
(ii) Health facilities employ local people to provide security and housekeeping services in the clinics			

2.3. Social mobilization for health?

Activity	Agree	Disagree	Comment
(i) Health professionals promote the Anti-smoking Campaign through television			
(ii) Health managers communicate health information and reports to the communities on regular basis			

2.4. Partnership in health?

Activity	Agree	Disagree	Comment
(i) Health managers involve Community Care Givers in the health strategic planning			
(ii) Community Based Organizations (CBO's) participate in the planning and monitoring of health services			

2.5. Empowerment (of community) on health?

Activity	Agree	Disagree	Comment
(i) Health professionals train Traditional Health Practitioners on health matters			
(ii) PHC nurses visit the community to assess their health needs			

3. How do you, as a municipal Counsellor involve communities in health or social services?

_____

_____

Follow-up 1: Which of the following strategies do you, a municipal Counsellor use, to involve communities in health matters?

Possible strategy	**Yes**	**No**	**Additional information**
(i) You participate in the Governance and Participation structures (the sub-district Inter-sectoral Committee)			
(ii) You consult and communicate with communities through community leaders and meetings			
(iii) You conduct outreach campaigns to reach out to communities			
(iv) You mostly rely on the Health Department or local health facilities to engage communities in health			
(v) Other (explain):			

Follow-up 2: Which of the following have you, or previous Counsellor organized in the local community **within the past 12 months:**

Event/activity	**Yes**	**No**
(i) Open Day		
(ii) Health Awareness Campaigns e.g. TB, HIV, etc.		
(iii) Community Consultative Meeting/Workshop etc.		
(iv) Visit to a community structure e.g. school, church, sports club, social club, cultural club etc.	Specify:	
(v) Health –related community project e.g. nutrition garden,etc		
(vi) Health-related support group/s established		
(vii) Any voluntary work that supports community health and/or welfare		
(viii) Fundraising for health		
(ix) Donation or loaning of capital or other form of resources to support health or welfare initiatives		
(x)Any other Health Promoting or Welfare Promoting initiative	Specify:	

5. What are the most common challenges affecting the community participation role of your hospital board?

_____

_____

_____

_____

_____

Thank you for your time!

APPENDIX 11: INTERVIEW QUESTIONNAIRE – COMMUNITY CARE GIVERS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **For how long have you been working as a Community Care Giver?**

   _____

B. GENERAL INTERVIEW QUESTIONS

1. As a Community Care Giver, do you consider yourself to be directly, indirectly or not responsible for Community Participation?

Directly responsible	1
Indirectly responsible	2
Not responsible	3
No response	4

2. What do you understand by "community participation in health"?_____

_____

_____

Follow-up: Does the following activity represent:

2.1. Advocacy for health?

Activity	Agree	Disagree	Comment
(i) Community leaders request the number of mobile clinic points to be increased			
(ii) Community volunteers use their own vehicles to transport patients to the hospital			

2.2. Ownership of health by communities?

Activity	Agree	Disagree	Comment
(i) Support Groups for pregnant women			
(ii) Health facilities employ local people to provide security and housekeeping services in the clinics			

2.3. Social mobilization for health?

Activity	Agree	Disagree	Comment
(i) Health professionals promote the Anti-smoking Campaign through television			
(ii) Health managers communicate health information and reports to the communities on regular basis			

2.4. Partnership in health?

Activity	Agree	Disagree	Comment
(i) Health managers involve Community Care Givers in the health strategic planning			
(ii) Hospital Boards and Clinic Committees participate in the planning and monitoring of health services			

2.5. Empowerment (of community) on health?

Activity	Agree	Disagree	Comment
(i) Health professionals train Traditional Health Practitioners on health matters			
(ii) PHC nurses visit the community to assess their health needs			

3. How do you, as the Community Care Giver, involve communities or community members in health care?

_____

_____

Follow-up: Which strategies do you, the Community Care Giver use, to involve communities in health matters?

Possible strategy	Yes	No	Additional information
(i) You participate in Governance and Participation structures: sub-district Inter-sectoral Committee or Clinic Committee			
(ii) You consult or keep in contact with communities through community leaders and/or meetings			
(iii) You conduct household visits to reach out to communities			
(iv) You empower communities with skills for self-care and development			
(v) Other (explain):			

4. Which of the following empowerment activities do you conduct at least once a year?:

Activities	Yes	No	Comment
(i) Training of Traditional Health Practitioners			
(ii) Training of Traditional Birth Attendants			
(iii) Life skills to major patients Support Group			
(iv) First Aid to citizens or other role players			
(v) Breastfeeding techniques			
(vi) Other:			

5. Which of the following health calendar events did you organize or participate in, during the last (2013/2014) financial year?:

Event	Yes	No	Comment (if any)
(i) Nutrition Day/Week			
(ii) Healthy Lifestyles Awareness			
(iii) Tuberculosis Awareness			
(iv) Diabetes Awareness			
(v) Anti-Tobacco Awareness			
(vi) Traditional Medicines Awareness			
(vii) Drug Abuse Awareness			
(viii) Heart and/or hypertension Awareness			
(ix) Women's Health Day (any women's health program)			
(x) HIV/ AIDS Awareness			

6. Which of the following community structures do you regularly visit or work with?:

Community structures	Yes	No	Comment/example
(i) Schools			
(ii) Churches			
(iii) Cultural groups			
(iv) Sports groups			
(v) Traditional local councils ("Izinduna, Amakhosi")			
(vi) Traditional Health Practitioners ("Abalaphi bendabuko")			
(vii) Business (shops, markets, transport operators)			

(viii) Pension and/or grants paypoints)			
(ix) Old age homes			
(x) Support groups			
(xi) Volunteers			
(xii) Youth or Youth Organization			
(xiii) Community Based Organization			
(xiv) Clinic Committee			
(xv) Other:			

7. What are the most common challenges affecting your community participation role as a Community Care Giver?

_____

_____

_____

Thank you for your time!

APPENDIX 12: OBSERVATION CHECKLIST – HEALTH PROMOTION PROJECTS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

Background

1. Name of the organization _____
2. District_____
3. Name or theme for the event _____
4. Venue for the event_____
5. Originator or proposer of the event_____
6. Organizer/s of the event_____
7. Date of the Event_____

CRITERIA	YES	NO	REASON OR COMMENT
INPUTS			
(i) Was the timing of the event correct (in line with health calendar or health priorities)?			
(ii) Was the situational analysis of the health problem done?			
(iii) Was the anticipated number of participants (attendance) estimated?			
(iv) Were the following incentives for participation available? • Entertainment • Catering • Other			
(v) Were the following resources available and suitable? • Venue • Transport • Sound System • Other			
(vi) Were the following role players adequately represented? • Community • Stakeholders • Subject matter experts			

CRITERIA	YES	NO	REASON OR COMMENT
PROCESS			
(i)Was the program well designed and organized?			
(ii) Was the atmosphere friendly and joyous, including conducive environment?			
(iii) Did the Program Director facilitate the proceeding in accordance with the programme?			
(iv) Did presenters/ facilitators display adequate knowledge of the subject			
(v) Were program activities well executed? Were messages well presented?			
(vi) Were messages relevant and practical?			
(vii) Did the sound and technology function effectively?			
(viii) Did the participants/presenters display good attitudes toward the audience?			
(ix) Was the audience given the opportunity to participate in the programme through asking questions or providing inputs?			
(x) Were the relevant health screening services adequately provided during the day?			
(xi) Were activities, inputs and tasks properly documented?			

CRITERIA		
OUTPUT INDICATOR	**OUTPUT**	**COMMENT**
(i) Number of participants?		
(ii) Number of participants screened or tested?		
(iii) Number of screened participants who received their laboratory results back from the facility?		
(iv) Actions taken in response to abnormal screening findings		
(v) Was the evaluation of the project conducted by the organizers after implementation?		

APPENDIX 13: RECORDS REVIEW – HOSPITAL BOARDS AND CLINIC COMMITTEES MEETINGS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

HOSPITAL BOARD OR CLINIC COMMITTEE: _____

Review the Minutes of Hospital Board/Clinic Committee to answer the following questions

1. Is the Board/Committee active? Yes _____No_____
2. Explain _____
3. Minutes available _____ Well written _____ Well kept _____
4. Main matters/activities discussed by the Board/Committee: _____

   _____
5. HIV and AIDS matters discusses Yes_____ No_____

   Notes_____

   _____
6. Evidence of achievements _____

   _____
7. Identified challenges _____
8. Other comments _____

   _____

APPENDIX 14: FOCUS GROUP DISCUSSION – DEVELOPMENT OF MODEL BY THE PHC PROFESSIONALS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

FOCUS GROUP DISCUSSION GUIDE

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____
2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____
3. **How old are you?** _____ years
4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

B. INTRODUCTION

(i) The participants are seated comfortably.
(ii) The participants complete the attendance register and record their demographic particulars.
(iii) The participants are welcomed, orientated and invited to get something to eat.
(iv) The Researcher introduces himself as the moderator and also introduces the assistant.
(v) The Researcher discusses the research title and research objectives, as well as the purpose of the focus group discussion.
(vi) The participants' rights are explained and what the focus group will entail.
(vii) Consent forms re completed.
(viii) Ground rules, discussion procedures and time frames are communicated.

C. PROCESS

(i) The Investigator inserts an ice-breaker to increase comfort and levels the playing field.
(ii) The Investigator leads the discussion by asking questions (and probing, if needed) as per the discussion guide.
(iii) The assistant takes notes and records the proceedings on the charts.

D. DISCUSSION QUESTIONS

(i) In your opinion, which stakeholders should health institutions work with, in order for them to effectively deliver health services to the community? And why?

(ii) How do you think health professionals or health institutions should involve communities in health services?

(iii) How do you think health professionals or health institutions should consult the communities?

(iv) What resources are needed by the health institutions in order for them to effectively involve communities in health services?

(v) In your opinion, how should health professionals or health institutions mobilize the communities to take care of their own health?

(vi) In your opinion, how should communities partner with health authorities in order to improve prevention and fight against diseases in the communities?

(vii) Which four community projects do you think can be piloted to demonstrate community participation approaches and strategies in health promotion?

(viii) What process and output indicators should be used to evaluate planned pilot projects? (The group participants brainstorm and agree on quality and efficiency measures to be used)

E. CONCLUSION

(i) The facilitator summarizes the discussions and provide feedback to participants.

(ii) The facilitator confirms whether the summary is a true reflection of what was discussed.

(iii) The facilitator asks if group participants have any questions, and addresses them.

(iv) The Investigator thanks the participants for attendance and for participation.

(v) All recorded information, charts etc. are collected for analysis.

APPENDIX 15: – IMPLEMENTATION OF HEALTH PROMOTION PILOT PROJECTS

Project inputs and processes	**Training of the clinic committee**	**Anti-teenage pregnancy campaign**	**Diabetes health promotion project**	**Establishment of the patient support group**
Date	08 August 2013	January – July 2014	14 January 2014	14 March 2014
Venue	Luwamba clinic	Velangaye high school	Oakland	Osindisweni hospital
Sub-district	Umhlathuze	Nkandla	Ethekwini	Ethekwini
Target community	Members of the clinic committee	School learners	General members of the community	Diabetic patients
Stakeholders	Clinic nurses Members of the community	School educators Members of School Governing Body Dept. of Health midwife NGO	Dept. of health hospital professionals Local sugar industry Community leaders Community care givers Expert patients	Dept. of health hospital professionals Community leaders Community care givers
Key inputs	The original training and resource guide was developed	The "Sexuality and Pregnancy Education, Surveillance and Support" ("X-Press") Tool was developed	The health promotion event implementation tool was developed	The guidelines for the establishment and facilitation of the patient support group were developed
Consultation	The researcher convened one consultative meeting with the PHC manager of the clinics in uThungulu district. The meeting culminated in the identification of Luwamba as the clinic where the project would be implemented	The stakeholders were identified and consulted individually to mobilize them for the project and to discuss their roles in the project	The planning of the project was conducted in consultation with the eThekwini district management, the management of Osindisweni hospital and representatives of the community	A consultative meeting was held with hospital management to plan the project. The health workers (mainly PRO, nurses and care givers) participated in the recruitment drive for membership of the support group

Empowerment	The training workshop was co-facilitated by the researcher and the clinic manager according to the handbook for the training of clinic committees. Knowledge and skills were communicated in English and isiZulu. Practical examples and experiences of participants were used to illustrate the role of the clinic committee	Monthly visits by the multi-disciplinary team were conducted to the school. Health education focussed on knowledge and skills necessary for prevention and management of sexually-transmitted infections, HIV and pregnancy. Learners were given information about referral centres for further health and social assistance	The participants were given information on prevention, treatment and life skills related to diabetes. The expert patient (popular radio presenter) shared his experiences and insight into diabetes management	During orientation and training, the members of the support group were empowered on diabetes management and life skills necessary for them to participate in effective management of their condition
Key health promotion messages	*Legislative and policy framework for governance structures *Procedure for the appointment of clinic committees *The structure and organization and objectives of the department of health *The legislative and policy framework *Human resources management *Principles of financial management *National Core Standards for health establishments *Duties, responsibilities and activities of the committees *The role and guidelines for the clinic committee in the governmental capacity building project *Procedure for meetings	*Knowledge about fertility *Knowledge about ante-natal care *Knowledge of the dangers and complications of teenage pregnancy *Knowledge about the prevention of sexually transmitted infections *Knowledge about family planning and emergency contraception *Knowledge about termination of pregnancy *Knowledge about "statutory rape"	*Knowledge on signs, symptoms and complications of diabetes *Information on diagnosis and treatment of diabetes *Life skills and lifestyle issues for diabetes patients *Management of social issues for diabetes patients	*Role and responsibilities of the patient support group *Benefits of participating in the patient support group *Health information that would be shared during the support group meetings e.g. drug information, healthy life styles, management of complications etc. *Importance of compliance to treatment *Procedures for the support group meetings

Other processes	Resource guides were issued to the participants for future use and for reference	The surveillance system for monitoring teenage pregnancy was implemented	The health screening services were provided by the professional staff	The members were encouraged to advocate for their health needs and to implement self-care projects
Participatory approaches	The empowerment and capacity building of the committee members was participatory in approach. The training was interactive and participants were given the opportunity to ask questions and to contribute their ideas	During health education, the team worked with the educators and members of the SGB in addressing the needs of the learners. The presenters also afforded the learners the opportunity to ask questions and to share their experiences and opinions	The presentation of health promotion messages was participatory in approach and it focussed on the practical needs and expectations of the participants. Enough time and attention was given to the questions, inputs and experiences of the participating audience	The meetings of the support group was participatory and it encouraged cooperative problem solving and collaboration between members and the health professionals
Key outputs	The workshop was attended by committee 12 committee members	505 learners attended at least 6 X-Press education sessions at the school	The event was attended by 180 community members. Of the 63 persons screened, 10 cases of high glucose levels were referred for further care	Forty eight (48) patients were recruited to join the support group.
Evaluation	The knowledge of participants was assessed before and after training. The project was further evaluated through perception survey of committee members	The knowledge of learners was assessed before and after training. The project was further evaluated by members of SGB, educators and through focus group of PHC nurses	The project was evaluated by a team of health professionals and through focus group of PHC nurses	The project was evaluated by members of the support group. The project was further evaluated through focus group of PHC nurses
Major findings	The members gained additional knowledge, confidence and motivation from the training project	Broad inter-sectoral collaboration was used to address a public health problem. The knowledge of learners on sexuality and pregnancy was improved	Multi-professional approach was used to health promotion. The community and patients were educated on diabetes. New cases of the disease were identified	Advocacy for better health care was encouraged. Patients were encouraged to get involved in decision making.

APPENDIX 16: EVALUATION – TRAINING OF THE CLINIC COMMITTEE

Modeling Community Participation in Primary Health Care – a KZN Study

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PRE AND POST-ASSESSMENT OF COMMITTEE KNOWLEDGE BY COMMITTEE MEMBERS

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____

B. QUESTIONS

(i) Give 5 duties of the Clinic Committee

- _____
- _____
- _____
- _____
- _____

(ii) Why and how are patients referred by your clinic to other health institutions?

_____

_____

_____

(iii) What do you understand by Levels of Health Care in the Department of Health?

_____

_____

_____

(iv) What was the budget of your clinic during the last financial year? _____

(v) Briefly explain the procedure for the appointment of staff (employees) in the clinic or Department of Health) _____

_____

(vi) Have you been informed about the National Core Standards for ensuring quality of care in health facilities? **Yes** _____ **No** _____

Explain: _____

_____

(vii) What is the role of the Clinic Committee in promoting healthy lifestyles in the community? _____

_____

APPENDIX 17: EVALUATION – TRAINING OF THE CLINIC COMMITTEE

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

EVALUATION OF THE TRAINING PROJECT BY COMMITTEE MEMBERS

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____

6. **How long have you been a member of the Clinic Committee?**_____

B. EVALUATION QUESTIONS

Using “good”, “average” and “below average” as measures, how would you rate the following aspects of the Clinic Training project?

Activities	Good	Average	Below average
(i) Your satisfaction about the process followed during the facilitation of this training?			
(ii) The knowledge and information received in this training?			
(iii) What comments or recommendations do you have regarding the training of Clinic Committee members?			

APPENDIX 18: EVALUATION – "X-PRESS" ANTI-TEENAGE PREGNANCY CAMPAIGN

Modeling Community Participation in Primary Health Care – a KZN Study

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PRE AND POST-ASSESSMENT OF LEARNER KNOWLEDGE

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____
2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____
3. **How old are you?** _____ years

B. QUESTIONS

(i) From what age can a boy can make the girl pregnant? _____

(ii) From what age can the girl can fall pregnant? _____

(iii) What three family planning methods are you aware of? _____

_____

(iv) What is the benefit of "ante-natal care? _____

(v) At what stage or date of pregnancy must a woman start attending the clinic?_____

(vi) What are the risks (dangers) and/or complications of teenage pregnancy?

_____

_____

(vii) What are the three ways in which sexually transmitted infections and unwanted pregnancies be prevented? _____

_____

(viii) What do you understand by emergency contraception or "morning after pill"?

_____

(ix) Are you aware of the "termination of pregnancy" service at the hospital?

Yes _____ **No** _____

Explain _____

(x) What do you understand by “Statutory Rape”? _____

APPENDIX 19: EVALUATION –"X-PRESS" ANTI-TEENAGE PREGNANCY CAMPAIGN

Modeling Community Participation in Primary Health Care – a KZN Study

CAMPAIGN EVALUATION BY EDUCATORS AND MEMBERS OF SGB

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____
2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____
3. **How old are you?** _____ years
4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4

5. **Occupation**: _____

B. <u>QUESTIONS</u>

(i) Using “good”, “average” and “below average” as measures, how would you rate the following aspects of the Anti-Teenage Pregnancy project?

Project aspect	**Good**	**Average**	**Below average**
The planning of the project			
The engagement of various stakeholders			
The relevance of information to school learners			
The quality of information transfer by presenters			

(ii) Do you believe that the “X-Press Anti-Teenage Pregnancy Campaign” has a potential to reduce the rate of teenage pregnancies in the future?

Yes ☐ No ☐ Comment ☐

APPENDIX 20: EVALUATION – FACILITATION OF THE DIABETES HEALTH PROMOTION PROJECT

Modeling Community Participation in Primary Health Care – a KZN Study

EVALUATION OF THE PROJECT BY THE PARTICIPATING HEALTH WORKERS

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____

2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____

3. **How old are you?** _____ years

4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____

B. QUESTIONS

Using “good”, “average” and “below average” as measures, how would you rate the following aspects of the Diabetes Health Promotion project that you participated in?

Project aspect	**Good**	**Average**	**Below average**
Attendance of the event by target community			
Availability of health promotion resources			
Quality of information provided			
Attitudes of facilitators to community members			
The use of information, communication and education aids			
Recording and documentation of proceedings			
Interaction or participatory approaches used			
Screening services provided			
Follow-up care for screened participants			

APPENDIX 21: EVALUATION –ESTABLISHMENT OF THE PATIENT SUPPORT GROUP

Modeling Community Participation in Primary Health Care – a KZN Study

EVALUATION OF ESTABLISHMENT OF THE SUPPORT GROUP BY MEMBERS

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____
2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____
3. **How old are you?** _____ years
4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

5. **Occupation**: _____

B. QUESTIONS

(i) Using “good”, “average” and “below average” as measures, how would you rate your satisfaction about the following aspects of the Patient Support Group project?:

Project aspect	**Good**	**Average**	**Below average**
Orientation and training you received			
Education and information you received during the support group meeting			

(ii) Do you believe that your membership to the Support group will improve the management of your disease?

Yes ☐ No ☐ Comment ☐

APPENDIX 22: FOCUS GROUP DISCUSSION – EVALUATION OF ALL PILOT PROJECTS BY THE PHC PROFESSIONALS

Modeling Community Participation in Primary Health Care – a KZN Study

_____

District: _____: Date _____: Unique ID _____

FOCUS GROUP DISCUSSION GUIDE

NAME OF THE PILOT PROJECT: _____

A. SOCIO-DEMOGRAPHIC INFORMATION

1. **Gender**: Male _____Female _____
2. **Ethnicity**: African ____ Coloured _____White ____Indian _____Other ____
3. **How old are you?** _____ years
4. **What is your highest educational qualification?**

None	1
Primary	2
Secondary	3
Tertiary	4
Other	5

B. INTRODUCTION

(i) The participants are seated comfortably.
(ii) The participants complete the attendance register and record their demographic particulars.
(iii) The participants are welcomed, orientated and invited to get something to eat.
(iv) The Researcher introduces himself as the moderator and also introduces the assistant.
(v) The Researcher discusses the research title and research objectives, as well as the purpose of the focus group discussion.
(vi) The participants' rights are explained and what the focus group will entail.
(vii) Consent forms re completed.
(viii) Ground rules, discussion procedures and time frames are communicated.

C. PROCESS

(i) The Investigator inserts an ice-breaker to increase comfort and levels the playing field.
(ii) The Investigator starts the group by presenting the whole process that was followed during the piloting of each pilot project. The presentation includes planning, stakeholder involvement, consultations, educational methods, community empowerment, participatory approaches used as well as the outputs of the project.
(iii) The Investigator leads the discussion by asking questions (and where necessary, follow-up questions) as per the discussion guide.
(iv) The assistant takes notes and records of the proceedings.

D. DISCUSSION QUESTIONS

(i) For each project, identify positive aspects of the project do you think best illustrated:
- Inter-sectoral collaboration
- Consultation of communities and other stakeholders
- Empowerment of the target community
- Participatory approaches
- Mobilization of communities to take care of their own health

(ii) What aspects of the project could have been implemented, or improved in order to better illustrate:

- Inter-sectoral collaboration
- Consultation of communities and other stakeholders
- Empowerment of the target community
- Participatory approaches
- Mobilization of communities to take care of their own health

E. CONCLUSION

(i) The Investigator thanks the participants for attendance and for participation.

(ii) The Investigator and the assistant conduct the debriefing.

(iii) All recorded information, charts etc. are collected for analysis.

APPENDIX 23: RESULTS FROM THE HEALTH PROFESSIONALS WHO PARTICIPATED IN THE FOCUS GROUP DISCUSSION DURING SITUATIONAL ANALYSIS

Discussion question	Quoted responses	Thematic interpretation
Which stakeholders should health institutions work with, in order for them to effectively deliver health services to the community?	"schools", "other government departments", "NGO's", "CBO's", "community leaders", "traditional healers", "sponsors", "funders", "donors"	The PHC system requires broad participation by providers and community representatives
How should the health professionals or health institutions involve communities in health?	"through hospital boards and clinic committees", "outreach health services", "visits by CCG's", "patient support groups"	Health professionals have a duty to use various systems and processes to involve communities in health care development
How should the health professionals or health institutions consult the communities?	"feedback from CCG's and other outreach workers", "community leaders", "hospital boards and clinic committees"	Consulting communities generates inputs and feedback necessary for health improvement
What resources are needed by the health institutions in order for them to effectively involve communities in health?	"transport", "first aid kits and first aid medicines for outreach workers", "public address equipment"	Health institutions require dedicated resources for community participation and social mobilization
How should the health professionals or health institutions mobilize the communities to take care of their own health?	"implementation of health calendar", "empowerment with relevant life skills", "support of community health initiatives by health institutions", "media campaigns"	Empowerment is an essential aspect of community participation
How can communities partner with health authorities in order to improve disease control and fight against ill-health?	"through functional and effective boards and clinic committees", "CBO's", "other community health projects"	Communities are equally responsible for their health in partnership with health professionals

APPENDIX 24: RESULTS FROM THE HEALTH PROFESSIONALS WHO PARTICIPATED IN THE FOCUS GROUP DISCUSSION DURING THE EVALUATION OF PILOT PROJECTS

Discussion item	Quoted statements	Thematic interpretation
Which aspects of the projects, in general, illustrated Inter-sectoral collaboration	"involvement of different professionals", "private and community sectors", "better relationships between health workers and communities"	There was adequate collaboration among relevant stakeholders
Which aspects of the projects, in general, illustrated consultation of communities and other stakeholders	"involvement of community leaders", "participation by various health sectors"	Stakeholders and participants were consulted
Which aspects of the projects, in general, illustrated the empowerment of the target community	"sharing of valuable information", "encouragement of healthy lifestyles"	Communities were empowered with relevant health information
Which aspects of the projects, in general, illustrated good participatory approaches	"questions and inputs from participants were addressed"	The target participants were involved in the health promotion program
Which aspects of the projects, in general, illustrated mobilization of communities to take care of their own health	"projects should include practical skills and training for self-care", "inadequate resources for health promotion"	There was inadequate practical component in the education package

APPENDIX 25: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR SERVICE PROVIDERS AT DISTRICT LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Participate in the district inter-sectoral committee and district health council.	Record of attendance and participation in the inter-sectoral committee.	District manager Manager: PHC
Consultation	Community profiling and analysis of community health needs.	There must be an updated district health profile and records of other consultation activities.	District health management team (DHMT)
Empowerment	Conduct health education and promotion campaigns.	There must be a functional and integrated district-based health promotion programme.	DHMT
Outreach services	Conduct district-based outreach health services.	Monthly report on district outreach services.	DHMT
Allocation and utilization of community participation resources	Procure and supply communication, facilitation as well as operational equipment and supplies for community based health promotion.	There must be adequate and suitable resources for community involvement.	DHMT Finance manager

APPENDIX 26: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR SERVICE PROVIDERS AT SUB-DISTRICT LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Participate in the sub-district inter-sectoral committee.	Record of attendance and participation in the inter-sectoral committee.	Hospital CEO's Managers: PHC
Consultation	Community profiling and analysis of community health needs.	There must be an updated sub-district health profile and records of other consultation activities.	Hospital CEO's Managers: PHC CCG's
Empowerment	Conduct health education and promotion campaigns.	There must be a functional and integrated sub-district health promotion programme.	Managers: PHC PHC professionals CCG's
Outreach services	Conduct sub-district outreach health services.	Monthly report on sub-district outreach services.	Managers: PHC PHC professionals CCG's
Allocation and utilization of community participation resources	Procure and supply communication, facilitation as well as operational equipment and supplies for community based health promotion.	There must be adequate and suitable resources for community involvement.	Hospital CEO's Managers: PHC Finance managers

APPENDIX 27: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR SERVICE PROVIDERS AT HOSPITAL LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Involve other service providers and community representatives in the planning, implementation and monitoring of health service.	Record of inter-sectoral activities and projects for the hospital.	Hospital CEO Manager: PHC
Consultation	Community profiling and analysis of community health needs.	There must be an updated community health profile and records of other consultation activities.	Hospital CEO Manager: PHC CCG's
Empowerment	Conduct health education and promotion campaigns.	There must be a functional and integrated hospital health promotion programme.	Hospital CEO Manager: PHC PHC professionals CCG's
Outreach services	Conduct hospital outreach health services.	Monthly report on hospital outreach services.	Hospital CEO Manager: PHC PHC professionals CCG's
Allocation and utilization of community participation resources	Procure and supply communication, facilitation as well as operational equipment and supplies for community based health promotion.	There must be adequate and suitable resources for community involvement.	Hospital CEO Manager: PHC Finance manager

APPENDIX 28: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR SERVICE PROVIDERS AT CLINIC LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Involve other service providers and community representatives in the planning, implementation and monitoring of health service.	Record of inter-sectoral activities and projects for the hospital.	Clinic manager
Consultation	Community profiling and analysis of community health needs.	There must be an updated community health profile and records of other consultation activities.	Clinic manager CCG's
Empowerment	Conduct health education and promotion campaigns.	There must be a functional and integrated clinic health promotion programme.	Clinic manager CCG's
Outreach services	Conduct clinic-based outreach health services.	Monthly report on clinic outreach services.	Clinic manager CCG's
Allocation and utilization of community participation resources	Procure and supply communication, facilitation as well as operational equipment and supplies for community based health promotion.	There must be adequate and suitable resources for community involvement.	Clinic manager

APPENDIX 29: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR SERVICE PROVIDERS AT COMMUNITY LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Involve other service providers and community representatives in the planning, implementation and monitoring of health service.	Record of inter-sectoral activities and projects for the hospital.	PHC professionals CCG's
Consultation	Household profiling and analysis of health needs.	There must be an updated household health profile and records of other consultation activities.	PHC professionals CCG's
Empowerment	Provide ongoing life skills and health promoting education.	There must be a sustainable and holistic health education programme.	PHC professionals CCG's
Outreach services	Conduct regular household visits.	Monthly report on household visits	PHC professionals CCG's
Allocation and utilization of community participation resources	Procure and supply communication, facilitation as well as operational equipment and supplies for community based health promotion.	There must be adequate and suitable resources for community involvement.	PHC professionals CCG's

APPENDIX 30: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR COMMUNITIES AT DISTRICT LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Participate in the district inter-sectoral committee.	Record of attendance and participation in the inter-sectoral committee and health council.	Appointed community representatives.
Advocacy	Communicate the community's health needs to health managers and motivate for improvement in health services.	Record of health services and projects established in response to community proposals.	Members of the inter-sectoral committee.
Co-governance and partnership	Participate in the district health council.	There must be a functional district health council.	Appointed community representatives.
Community's control over their health	Participate in health education campaigns and implement self-help health projects.	Record of attendance at the health education campaigns and self-help community projects.	Members of the communities. CBO's.

APPENDIX 31: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR COMMUNITIES AT SUB-DISTRICT LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Participate in the sub-district inter-sectoral committee.	Record of attendance and participation in the inter-sectoral committee.	Appointed community representatives.
Advocacy	Communicate the community's health needs to health managers and motivate for improvement in health services.	Record of health services and projects established in response to community proposals.	Municipal counsellors. Community representatives.
Co-governance and partnership	Participate in the sub-district inter-sectoral committee, integrated development planning and the local AIDS council.	Record of community participation in the inter-sectoral committee, integrated development planning and the local AIDS council.	Appointed community representatives.
Community's control over their health	Participate in health education campaigns and implement self-help health projects.	Record of attendance at the health education campaigns and self-help community projects.	Members of the communities. CBO's.

APPENDIX 32: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR COMMUNITIES AT HOSPITAL LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Participate in the hospital strategic planning and other consultative forums.	Record of participation in the hospital strategic planning and other consultative forums.	Appointed community representatives.
Advocacy	Communicate community's health needs to hospital management and motivate for improvement in hospital services.	Record of health services and projects established in response to community proposals.	Community representatives.
Co-governance and partnership	Participate in the hospital board, strategic planning and quality improvement.	There must be a functional hospital board.	Appointed community representatives.
Community's control over their health	Participate in health education campaigns and implement self-help health projects.	Record of attendance at the health education campaigns and self-help community projects.	Members of the communities. CBO's.

APPENDIX 33: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR COMMUNITIES AT CLINIC LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Participate in clinic committee and other consultative meetings.	Record of participation in clinic committee and other consultative meetings.	Appointed community representatives.
Advocacy	Communicate community's health needs to the clinic management and motivate for improvement in clinic services.	Record of services and projects established in response to community proposals.	Community representatives.
Co-governance and partnership	Participate in the clinic committee, clinic strategic planning, quality improvement and health promotion campaigns.	There must be a functional clinic committee and record of collaboration in health services.	Appointed community representatives.
Community's control over their health	Participate in health education campaigns and implement self-help health projects.	Record of education campaigns and self-help community projects.	Members of the communities. CBO's.

APPENDIX 34: PROPOSED COMMUNITY PARTICIPATION ACTIVITIES FOR COMMUNITIES AT COMMUNITY LEVEL

ELEMENT OF COMMUNITY PARTICIPATION	MONTHLY OUTPUTS/ ACTIVITIES	INDICATORS FOR MONTHLY MONITORING	RESPONSIBLE OFFICIALS
Inter-sectoral collaboration	Participate in the ward inter-sectoral committee.	Record of attendance and participation in the inter-sectoral committee.	Appointed community representatives.
Advocacy	Communicate the community's health needs to the inter-sectoral committee and motivate for improvement in health services.	Record of health services and projects established in response to community proposals	Community representatives.
Co-governance and partnership	Participate in the ward inter-sectoral committee and health committees.	There must be a functional ward inter-sectoral committee and health committees at community level.	Appointed community representatives.
Community's control over their health	Participate in health education campaigns and implement self-help health projects.	Record of attendance at the health education campaigns and self-help community projects.	Members of the communities. CBO's.

APPENDIX 35: UNIVERSITY ETHICS APPROVAL LETTER

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

05 December 2012

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:
Mr I Mntambo (School of Public Health)

Research Project:	Development of the Public Health Model of community participation in the Kwazulu-Natal Primary Health Care System.
Registration no:	12/10/21

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

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