Experiences in Community Participation within District Health Services in Bophirima District: Health Leaders’ Perspectives
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Abstract: South African health legislation ushered in democratic reforms within the District Health Systems (DHS) in 2003. Prior to this development the North-West province, under the leadership of the Member of Executive Council for Health (MEC), had already legislated the establishment of governance structures in 1997. These structures were meant to give effect to the notion of community participation. To my knowledge, no studies have examined the utility of these structures in the North-West province. In order to appreciate the role of governance structures as a platform for community participation, it may be helpful to discuss how participants felt about their existence and the experience of being part of governance structures. This paper examines how community participation had been for senior health care leaders as the decentralisation project evolved in Bophirima District in between 2008 and 2010. The objective of this study was to describe the experiences of senior health care leaders towards community participation. Descriptive exploratory research design was adopted for the study. The research site was Bophirima District, in Vryburg. Non-probability sampling techniques were used to purposively select research participants. Face-to-face interviews were conducted with participants in the naturalistic settings. Data were analysed following the modified Giorgi’s qualitative method. Permission to undertake the study was obtained from the University of South Africa and individuals who participated in the study. The research observed community participation, as part of the evolution of DHS in the North-West province, provided opportunities for participation and empowerment for individual participants. Although there are no financial incentives, active participation in the community structures has enhanced the growth of the self and importance of community participation in local service delivery settings.

Keywords: South Africa, North-West, health Legislation, governance structures, community participation, qualitative study

I. Introduction
The South African democratic breakthrough in 1994 presented unique opportunities for the passage of new policies and laws. The breakthrough resulted in three spheres of government that are distinctive, inter-dependent and interrelated to ensure a transparent government for the country. In the health sector, the transformation culminated in the development of District Health System (DHS) on the back of decentralisation project in 1995 and legally endorsed in 2003. The establishment of the DHS in 1995, through a national policy, was based on eleven pillars; namely; decentralisation, overcoming fragmentation, access, equity, efficiency, comprehensive services, inter-sectoral collaboration, community participation, integrated and development-orientated [1]. This development catapulted North-West province into setting up a legislative framework for community participation and the framework took the form of governance structures in 1997 across levels of care such as hospital boards and clinic committees [2]. Fewer studies examined the experiences of individuals with regard to their participation in these structures. This article describes these experiences and the importance of participation in community based structures of engagement and consultation.
The investigation into the experiences of community participation in health service delivery was significant because it underpinned the extent to which ordinary people take part in structures and processes governing health service planning at the local levels.

II. Literature Review
Community participation is a popular phenomenon in developing and developed worlds. According to [3] community participation (CP) spans decades and well-grounded in health service delivery in South African since 1940s in South Africa and 1960 in the United States. CP involves having a sense of belonging and collective perception of needs and priorities and is therefore the ability to assume collective responsibility for community decisions. Also, CP is regarded as a dynamic process which enables local people, through
involvement and experience, to access and control to health care resources, as it relates to empowerment. It is thus a way of giving people power over their health choices. [4] states active participation in community development activities often leads to the empowerment of local community members. Increased levels of empowerment allow members to have some influence over issues that matter and obtain more power over decisions. It is through these processes that empowerment represents a constant process of enabling individuals and groups to take part in collective action. Parsons conceptualized power in society as a variable form and that power is not fixed. He argues that it is possible that power can be increased and achieved in society by empowering the powerless without significant effects on the power of the powerful. Against the backdrop of structural adjustment programme, a neoliberal approach contends that CP should be …to ensure that communities must be involved in cost sharing/cost reduction for the public sector to increase contributions in their voluntary effort or unpaid labour. CP must also contribute to economic development to ensure that economic growth benefits the poor [5].

Historically, ordinary members of communities were not allowed to participate in democratically elected structures. The North-West provincial legislation presented opportunities for community expression and dialogue in 1997. CP is a process of interaction between people to achieve specific goals. CP gives people the right and opportunity to be involved in decisions that affect their future existence [6]. In addition, the policy framework prescribes that communities should be involved “in the various aspects of the planning and provision of health services” [7]. Further, Department of Health in the North-West province, as an implementing agency, was directed to establish governance structures in the form of district health forums, committees and hospital boards. The relevant law describes the role, function, composition and term of office for these governance structures.

The broad powers, roles and duties of the governance structures are described in section 4 of the Act as follows: when directed by the responsible member, to investigate and consider any matter referred to it in terms of the Act, and make recommendations with regard thereto; to investigate administrative queries in respect of hospitals, clinics and other health centres within its territorial jurisdiction and make recommendations to the responsible Member; to investigate service delivery problems in respect of hospitals, clinics, and other health centres within its territorial jurisdiction and make recommendations to the responsible Member; to nominate representatives to the District Health and developmental Social Welfare Board and to the Hospital Boards, (a) to investigate, make recommendations and advise the District Health Manager or District Developmental Social Welfare Manager as the case may be concerning: (i) the coordinate Management of all primary health care and social development service programmes and institutions in the province; (ii) the preparations, development and presentations of the budget for recurrent expenditure to the province; (iii) the financial requirements of the district with regard to the recurrent and capital expenditure; (iv) the procurement of pharmaceutical and surgical supplies through the provincial tender systems; (v) the appointment, evaluation, discipline and promotion of staff at district level; and (vi) the purchasing of services from independent providers within the district; (b) to investigate, report and make recommendations to the province on any dispute or grievance by an individual or groups concerning access to health and social development services; (c) to perform and exercise all other such functions, duties and powers as the responsible Member may from time to time entrust to it.

In the North-West province legislation prescribed the role, function and powers of governance structures constituting community participation to ensure that ordinary communities interact with formal structures of government and through such governance structures, their elected representatives raise issues and contribute to development at the local level. In a nutshell, CP is acknowledged as important component of the democratization and legitimisation process in South Africa.

### III. Methods

A research design is the researcher’s plan of how to proceed in the research [7], and is employed to guide the undertaking of a research study [8]. The study followed a qualitative and descriptive approach. The sampling process involves the selection of a portion of the population to represent the entire population [9]. The study used a non-probability sampling technique and five participants were purposively selected on the grounds of existing knowledge and the belief that they would provide information that has been “lived” by participants themselves. As [10] noted, purposive sampling is concerned with the “hand-picking” of individuals by the researcher, based on certain predefined criteria. They are relevant to the topic and possess specific information about which the researcher has sufficient knowledge on the integration of Primary Health Care (PHC) services in their district municipality. These participants had attended several fora where integration of PHC services were discussed and managed.

Face to-face interviews were the main data collection method with five participants and to uncover the participants’ understanding and perspectives of integration of PHCs. It is particularly useful in exploring social phenomena, or as a tool to “gather descriptive data in the subject’s own words so that the researcher can develop insights into how subjects interpret some piece of the world” [11].
The study followed the modified six-step Giorgi method of analysis [12]. These are the transcribing process; reading the entire transcription; the determination of meaning unit; the articulation and transformation of meaning units into psychological expression; and the synthesis of all transformed meaning units. Another important aspect of qualitative data analysis that was added to the Giorgi method was data reduction [13]. The study used the work of Guba and Lincoln in 1985 to address the requirements for trustworthiness, namely, credibility, transferability, dependability and conformability to ensure confidence in the results, and these were employed to enhance the trustworthiness of this study [14], [15].

The research was approved by the Departmental Research Committee to the Department of Health in North-West Province to conduct this study and by the Department of Health Studies at the University of South Africa and approved by the Ethics Research Committee. The criteria of confidentiality, informed consent, privacy and anonymity of the participants were discussed and agreed with participants (Crookes & Davis, 1998:206-218, 320) and no participant was harmed during the data collection process (Bodgan & Biklen, 2007:48-53; Creswell, 2003:62-67; Crookes & Davis, 1998:206-218, 320).

IV. Results

This category refers to data obtained from participants about their collective experiences of the community participation within the district health services. The emerging themes were: community empowerment, sense of possibility, accountability and a sense of ownership will be presented.

Community empowerment

The findings of this article revealed that community empowerment was experienced as community participation. The following narratives provide a description of how participants experienced community empowerment and involvement:

“…Because the committees are not only involved in monitoring on policy – what work nurses or medical staff is doing or health staff is doing – but they also assist in developing new ways of rendering this particular service. And I think to me it has gone a long way, even in conscientising people about their responsibilities within their communities and that they indeed have to take charge of the services rendered in their communities.”

“…the good thing is that there is sort of uniformity in government as a whole – in various departments – as to what the roles of such community forums in relation to their department will have to do.

The above comments revealed that participants felt that through their participation and engagement with communities, they had come to learn and appreciate that communities had developed a sense of responsibility towards themselves and their affairs, such as service delivery. Participants further remarked that they had learnt about the importance of accountability and how relationships between leadership and communities could be strengthened.

Sense of responsibility

Participants indicated that through their participation and engagement with communities, they had come to learn and appreciate that communities had developed a sense of responsibility towards themselves and their affairs, such as service delivery. The following quotes capture their views:

“…the good thing is that there is sort of uniformity in government as a whole – in various departments – as to what the roles of such community forums in relation to their department will have to do. First of all is to promote the sense of responsibility”.

“…We are also implementing some of the policies like Batho Pele, like patient right to community, and community is being made aware that even though they have rights that does not mean that they must be disrespectful because also if you have rights, you must also be able to know that they also carries responsibility. First of all is to promote the sense of responsibility. Because it tries to promote accountability. You know people always say that with freedom there are obligations and that is what happens with all development. There are obligations that people will have to meet and ensure that they keep to that. It is out of the sense of ownership as well.”

Sense of accountability

Accountability is regarded as an important matter of governance. An accountable person is deeply obliged to act in a manner that ensures that the other agent does not consider his or her actions profligate, impulsive and aggressive. Participants remarked that they had learnt about the importance of accountability. The following narratives indicate how conscious participants were with regard to accountability:

“…Because it tries to promote accountability. You know people always say that with freedom there are obligations and that is what happens with all development.
Sense of ownership

The results of the study showed that involved individuals develop a sense of ownership thus taking responsibility for development. The following quotes suggest that participants felt that individual community members developed a sense of ownership through participating in policy implementation. Here is what they have to say regarding a sense of ownership:

“...Towards a situation where communities will be able to take charge of their own destiny in terms of health services.”

“...while representing the community at the level of the municipality, we were then able to raise some of the things that comes directly from the community to the department. We were also able to come with the brief/report back also to the community and through this thing of participating in the department, ended the trend that the community are cry-babies every now and then when the department visits they will be complaining about this and that in our presence as their representatives, we take the complaint from the community and also get the feedback to the community. This has brought an end to the trend that now and then community will always complain to the department. This issue has ensured that, you know, at some stages we had structures where the community also they are part of other structures, the government structures, district health council, so they are so doing we are also to, so that the community must be part of the everything that is taking part.”

The above comments showed that when people are involved they develop a sense of ownership and do not feel isolated because there is communication between the municipality and themselves. In addition, the participants maintain that when they communicate with members of the community they receive feedback regarding their services. Communication creates a culture that encourages concern and interest for others thus enabling people to work through their differences thus reducing complaints among individuals.

V. Discussion

Several markers of empowerment were observed and a greater sense of responsibility, accountability and ownership emerged. Empowerment has been described as an on-going and continuous process in which improvements in community capacity help communities to manage local resources in a self-sufficient manner. Empowerment also enables communities to influence the decisions made by local institutions that affect their lives [17]. Although North-West province legislation was driven by the provincial sphere of government, health care leaders' involvement with their communities has provided these opportunities for empowerment. The present study has asserted the value of community participation as an empowering process through the creation of various governance structures such as district health fora, clinic committees and hospital boards.

According to [18] responsibility as a marker of empowerment focusses on the need for fulfilling a task while accountability is a higher level of activity than responsibility concerns the ability of a person given a specific task to account for the action taken with regard to task execution. [19] asserts that accountability is an important component of governance which refers to the responsibility and ability of one group to explain their action to another. Implicit in the concept of the accountability the relationship between community representatives and their leaders is the moral expectation that the partnership there is mutual trust and benefit. Further, accountability allows for a framework to map out power relations between communities and formal health structures of governance.

[20] cited a study by Massoi and Norman (2009) which argued for the need to institute community involvement in the planning process as such degree of involvement would lead to increased ownership of processes, accountability, sustainability, effectiveness and efficiency of the development process. [21] warns that such development process can be realised if the capacity of community members is built over time so community members can comprehend issues pertaining to planning and budgeting as the current study demonstrated. The effectiveness and empowering effects of CP depends on the need for health planners and leaders to engage with rank and file members of communities in dialogue about service provision, where local knowledge is taken seriously as expert knowledge as attested [22].

VI. Conclusion

In the North-West province, the establishment of District Health System provided an essential foundation to ground democratisation within community based governance structures to ensure community participation and involvement. Their roles, functions and functions are defined. In exercising these responsibilities, health care leaders in dialogue, planning and budgeting with their communities have experienced certain degrees of empowerment. In this respect, by being involved in community structures, trustful relationships are built...
between health care leaders and their communities. By participating in community based structures, participants indicated their communities were able to realise the importance to taking responsibility in the various roles that the provincial legislation provided. And it is through empowerment that communities are able to develop their skills in areas challenging their positions in society. Through the interaction between communities and the environment, communities are able to generate their knowledge, awareness and develop a deep sense of consciousness about actions to be taken to determine, change and control their lives.

References