

Case Study: A Training Model to Build the Capacity of Clinic Committees to Support Community Engagement in Promoting Maternal, Neonatal and Child Health

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Audience:	Those involved in the promotion of maternal and child health and strengthening accountability mechanisms in the health system
Development Date:	October 2014
Purpose of the Document:	To highlight the lessons learnt from developing a training model to build the capacity of clinic committees to promote maternal and child health

Background

Community engagement and accountability mechanisms such as *clinic committees (CCs)*, have been recognised for their value and potential in engaging the community and healthcare workers to collectively identify ways to improve Maternal, Neonatal and Child Health (MNCH) issues. As South Africa faces one of the highest maternal and child mortality rates globally, the UK government funded the RMCH programme, a catalytic program that seeks to test innovative approaches to address maternal and child mortality. Two health sub-districts namely: uMgungundlovu in KwaZulu-Natal and OR Tambo in the Eastern Cape were selected to test an approach to strengthen the capacity of CCs in this regard. This intervention aimed to address the challenges and issues relating to MNCH within these communities by exploring ways to engage both health workers and community members to collectively address jointly identified key issues.

An initial situational analysis conducted in these two health districts highlighted the limitations in the current functioning of CCs as well as the MNCH challenges experienced. Furthermore, CC members felt that previous training and capacity building efforts had been inadequate in preparing them to manage their roles and responsibilities. In response, a training model was designed and developed, to strengthen the capacity of CCs to facilitate community-level dialogue between the users and suppliers of MNCH services with an emphasis on their shared rights and responsibilities.

The key beneficiaries of the training were the Bruntville Community Health Centre Committee (uMgungundlovu) and Port St John's Community Health Centre Committee (OR Tambo). These two CCs joined in partnership with other representatives from local civil society organisations, multi-stakeholder forums and health workers (including community health workers and care givers) to form the *RMCH Action Group*. The RMCH Action Group was formed to lead and facilitate community dialogue and monitoring

¹ Black Sash Trust (BST) a non-profit organisation focussing on Human Rights and community participation was supported by the RMCH Programme (funded by DFID) to provide support to increase community engagement in addressing maternal and child health issues, focussing on both demand and supply elements.

processes to address MNCH. District-level representatives from the Department of Health (DoH) were also invited to ensure buy-in and sustainability of the training process and future application thereof, as well as to provide technical suggestions to refine the training content.

Training Objectives:

The training programme is supported by a Toolkit which includes a Facilitator's Manual, Participant Workbook, and MNCH Health Rights and Responsibilities Pamphlets. The toolkit was developed in response to the identified need to strengthen the capacity and functioning of CCs. It also aimed to encourage dialogue with other community structures such as civil society organisations, service users and healthcare workers, with a specific focus on the promotion of maternal and child health. The model therefore includes information to enhance:

- Clinic committee's functioning, roles and responsibilities within the health system
- An understanding of key maternal, neonatal and child health challenges
- Rights and responsibilities linked to the supply and demand of maternal and child health services
- The potential value of individual and collective agency (including healthcare workers) that encourages positive MNCH outcomes
- Multi-stakeholder engagement through a proposed community scorecard methodology² to jointly monitor MNCH challenges and develop an action plan to resolve identified challenges

Training Design:

The training design draws strongly on participatory adult learning methodologies. It focuses on strengthening CC members' communication and facilitation skills, to better address MNCH. There are six modules in which simple exercises are included to provide information and generate discussion about the rights and responsibilities of both users and providers of MNCH services, as well as to identify related and common challenges. These modules build sequentially on each other and can also be used as stand-alone modules, allowing for the specific training needs or gaps of the target audience to be met.

The Participant Workbook which provides relevant information on CCs, MNCH services as well as the community scorecard methodology has been designed as a supplementary resource that may be used beyond the training for further reference and support. The Participant's Workbook and MNCH Rights and Responsibilities Pamphlets have been translated into the local languages of isiXhosa and isiZulu.

Implementation of the Training Model:

After completing the development of the Facilitator's Manual and Participant Workbook, the training was tested with staff internal to the Black Sash. This 'Training of Trainers' aimed to build internal capacity of Black Sash staff to facilitate the training with the RMCH Action Groups and familiarise staff with the training content. The training took the form of a two day national workshop after which further follow-up training was held at the provincial level with the Black Sash implementation teams in the Eastern Cape and KwaZulu-

² The community score card methodology has been developed, tested and documented in other African community settings

Natal. The training programme was then delivered in the two focus districts to the relevant RMCH Action groups which included the pilot clinic committees, healthcare providers, and other civil society organisations.

Levels of Training:

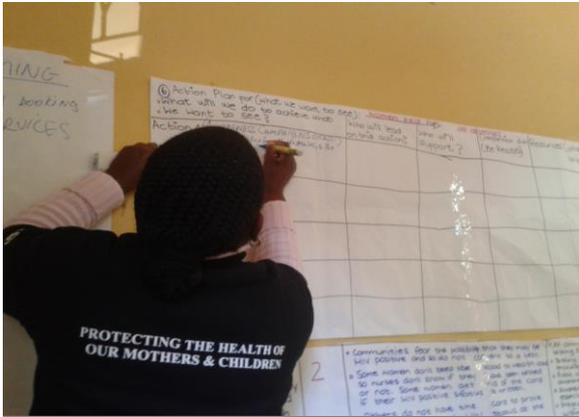
Demographics		Training Audience	No. trained	Outcome of training
National level	Black Sash National and Regional Offices	Training of Trainers for national and regional management staff and field workers (Cape Town, Port Elizabeth, Durban and Johannesburg)	22	Key senior staff and Regional Managers trained to manage and oversee fieldworkers' training with clinic committee members and other multi-stakeholders Fieldworkers trained to facilitate training with clinic committee members and other multi-stakeholders
Provincial level	Black Sash Port Elizabeth and Durban offices	Follow up Training of Trainers for implementation offices (Port Elizabeth and Durban)	9	Regional Managers trained to manage and oversee fieldworkers' training Fieldworkers trained to facilitate training with clinic committee members and other multi-stakeholders
District level	Eastern Cape: OR Tambo: Port St Johns	RMCH Action Group: Clinic committee members and representatives from civil society organisations, health workers, DOH and other multi-stakeholders	27	Clinic committees and other multi-stakeholders trained RMCH Action Group ³ established and trained. RMCH Action Group able to facilitate community scorecard process (with support from Black Sash)
	KwaZulu-Natal: uMgungundlovu: Bruntville	RMCH Action Group: Clinic committee members and representatives from civil society organisations, health workers, DOH and other multi-stakeholders	24	Clinic committees and other multi-stakeholders trained RMCH Action Group established and trained. RMCH Action Group able to facilitate community scorecard process (with support from Black Sash)

Application of the training

The community scorecard process was led by the RMCH Action Groups in each focus district (supported by Black Sash staff), who had been selected from the training and thereafter led and applied the community scorecard model accordingly in:

- Planning and facilitating a community scorecard meeting, resulting in a scorecard which captures a list of prioritised MNCH challenges to be addressed
- Planning and facilitating a health facility scorecard meeting, resulting in a scorecard which captures a list of prioritised MNCH challenges to be addressed

- Planning and facilitating a multi-stakeholder meeting (including service users and providers, civil society organisations, DoH and other relevant government structures, traditional and religious leaders etc) where the two scorecards are presented and a *Joint Action Plan* is developed focussing on MNCH issues that will be monitored and reported on by the RMCH Action Group



Member of Port St Johns RMCH Action Group facilitating a focus group discussion to draw up a MNCH Action Plan



Bruntville RMCH Action Group & Black Sash Prioritising MNCH Indicators during a Community Scorecard Meeting

Number of Stakeholders involved in the Community Scorecard Process:

Province	District	Health Facility	RMCH Action Group	Number of service users who attended the community scorecard meeting	Number of facility staff who attended the service provider scorecard meeting	Number of stakeholders who attended the Multi-stakeholders meeting
KwaZulu-Natal	uMgungundlovu (Mpofana Sub-District)	Bruntville Community Health Centre	16	69	26	54
Eastern Cape	OR Tambo (Nyandeni Sub-District)	Port St Johns	19	79	27	69

Outcomes of the Training

- The training package was designed in a manner that met several objectives as it:
 - Allows for *generic training* focussing on strengthening the functioning and agency of clinic committees, and provides a tool for facilitating community engagement by way of a community scorecard process
 - Provides *information regarding MNCH*, as well as an opportunity to discuss and understand the key challenges experienced by both the demand and supply side
- The training package has been received as relevant and needed in both pilot sites in which training took place. Members of CCs reflected on the usefulness and relevance of the information regarding

their role and functioning, as most were not aware of the scope of these, as indicated in respective provincial policies.

- According to the CC members the training had also increased their confidence levels in communicating with other stakeholders including health care workers.
- The specific information and training content on MNCH issues, especially available services, increased participants' knowledge of pertinent issues.
- The training served as an important foundation for participation in the community scorecard process. This was confirmed by the successful facilitation of the scorecard process by the RMCH Action Groups, with the support of the Black Sash staff. Furthermore, participants who led the community engagement process successfully completed all the stages of multi-stakeholder dialogue as trained, resulting in a Joint MNCH Action Plan for addressing key maternal and child health issues for the respective communities.
- The scorecard methodology facilitated effective communication between service users and providers, and some significant shifts were observed. In particular, it was noted that service users and health workers were able to obtain a greater understanding of the others' challenges. This served as a foundation for joint recognition that both shared responsibilities and rights in addressing MNCH issues.

Feedback comments:

"The training made me aware that it is really important for different stakeholders to work together for health."
[CC trainee]

"Now I understand why my sister and her baby died and I can teach others" [Community Care Giver trainee]

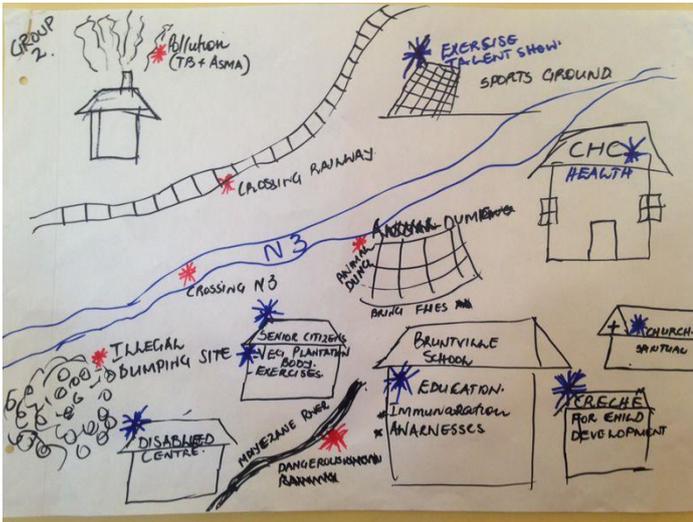
Organisational Development:

- The same training was also first implemented within the Black Sash. Various staff members' levels of capacity within this content and methodological area were developed: fieldworkers and programme implementers were trained as facilitators of the training curriculum and programme, and key national and regional managers were also trained to function as coordinating and support staff to the community engagement processes undertaken in both the provinces.
- The content area of MNCH provided a training opportunity for the organisation to expand its knowledge base and programme focus with the possibility of future integration and engagement on MNCH issues.
- The methodology of the community scorecard process was also new to the organisation, and may be replicated in the future as a tool to facilitate communication between service users and service providers.

Recommendations:

The following are key considerations:

- For maximum impact as effective accountability mechanisms, CC members require on-going training and support which would enable them to engage in and facilitate meaningful community engagement processes.
- The focus of MNCH needs to be included by the Regional Training Centres, when developing training programmes for CCs, to strengthen their potential contribution to optimising community participation in MNCH health outcomes, together with other health training needs.
- In order for the content and learning objectives to be achieved, facilitators should ideally have experience in working with adults in group processes.
- The emphasis (during the training) of the ownership of both rights and responsibilities by communities and service providers is a fundamental underlying tenet to encourage shifts in health seeking patterns



Community Map of Bruntville (uMgungundlovu District) drawn by trainees: Mapping is one of the 'Participatory Research and Action' techniques that are used to discuss MNCH challenges and opportunities

Port St John's (OR Tambo District) RMCH Action Group with their certificates after completing the BS Training. Members include the CC, civil society organisations, CHWs, Health workers and community leaders.

Acknowledgement and Disclaimer:

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RMCH is committed to helping reduce the high number of avoidable maternal and child deaths in South Africa by strengthening the primary health care system. The programme provides technical assistance to the South African National Department of Health (NDoH) and the Districts to improve the quality of, and access to, reproductive, maternal and child health services for women and children living in poorer, underserved areas in South Africa.