

The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that concentrates on issues pertaining to rural health in South Africa. We seek to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.



The role of civil society in improving rural health care

(Summary of a presentation made to the HST Equity Gauge Project Civil Society Meeting on 20 February 2003)

It is acknowledged that there is a crisis in rural health care around the country. The loss of health care professionals - both doctors and nurses - is a major problem. Attempts to address the issue have been patchy and inadequate. Ultimately it is difficult to say whether rural health care is better or worse than it was 10 years ago. It seems that it may be better in some areas and worse in others but overall there is no sign of the steady improvement we have hoped for; rather there are signs of deterioration despite many advances.

What role can civil society play in assisting to improve rural health care and supporting health care professionals who are working for a better system? This article presents some of my personal ideas, put together with input from a number of colleagues, regarding the role civil society can play. It is intended to initiate discussion and spark ideas, because there are certainly many other actions that civil society could take.

Civil society in this article is defined as community based organisations, faith based organisations, NGOs, trade unions and social movements.

1. Pressure

Civil society has an important role to play in pressurising government at all levels (national, provincial and local) to improve the service that is delivered to the communities they are part of. This is particularly true in terms of getting management problems sorted out, which are the cause of many of the problems. Officials like to hide behind staff shortages, which are real, but often it is the poor management of the hospitals

which is in fact responsible for the appalling conditions in these hospitals, e.g. lack of water, lack of linen, lack of adequate supplies, etc. Pressure from the community can make a difference in this, as in many other areas.

2. Hospital boards

Members of civil society must get involved in hospital or clinic boards. These have been legislated as part of the district health system. Each hospital should have a Hospital Advisory Board and each clinic a Clinic Committee. It is very easy for these boards to be taken over by people with vested interests. Alternatively boards are established and members do not bother to attend. However these boards can play a very important role in ensuring that the standards of the hospitals and health services are improved. As with school boards, these boards are responsible for governance rather than management, but this input at an oversight level can certainly have a major benefit. It is a frustration of many hospital managers that civil society does not take up this opportunity as much as it should.

Many such boards and committees are totally ineffectual. Civil society can provide training and input to members of these in order to equip them for their tasks, helping them to fulfil their intended function and ensuring that they have become more than token representatives of their communities.

3. Consumerism

Civil society needs to play a role in demanding good service and educating community members about good service - advocating for consumer

rights. Where good service is not being delivered, members of the community should be assisted in laying complaints to the health service authorities, reporting to the Health Professions Council of S.A. and even, when necessary, taking appropriate legal action against the hospitals concerned. At the same time it is important that this is balanced with complimenting hospitals that are doing well, congratulating the health workers on positive achievements, etc. Better service and better satisfaction cannot be achieved by a negative process of constantly criticising and cajoling staff members to perform better. Instead, they perform better when they are encouraged, respected and recognized. The community can play a role in this.

4. Support

Similar to this, civil society can play a role in supporting doctors and their families, and indeed all health care professionals and their families. These health care workers can be helped to feel part of the community, making them feel wanted and valued. Working for better conditions for health care professionals ultimately benefits the community as a whole because the improved facilities will be to the benefit of everybody. This particularly relates to issues such as recreational and educational facilities.

The support a community can provide for health care professionals is well demonstrated by an incident in a clinic in Northern KwaZuluNatal where a family wanted to take legal action against a newly qualified nurse who made an error of judgement because of inexperience. The community pres-

surised the family to drop the legal suit, because the community had been working for many years to get the clinic and it had only recently opened. Although it would have been good for the legal action to proceed, to put the system in the dock in terms of lack of support and training for newly qualified nurses, the community action demonstrated significant support for that nurse and ensured that nurses were willing to continue working in that community.

5. Local role models

A particular kind of support needs to be given to local people from the communities around a hospital who have managed to get training and have returned to work as qualified health care professionals. Often unfair demands are placed on such professionals who are from the community they are working in; they are immediately expected to take a lead in a whole range of issues and to be at the beck and call of everyone. Civil society can take action to support them and to protect them so that they are encouraged to continue their service. Local graduates are vital role models and they need to be nurtured and held up as examples to communities.

6. Scholarship schemes

One way to ensure that there are local role models is to support the development of scholarship schemes for local students. There are a number of such schemes which are now being developed on a pilot basis, with the vision of training students from local communities in the health care professions. Funding from private sources has enabled a number of students to gain access to training and to further their studies in this way, with a commitment to return to the local institution to work on completion of their studies. However

they are also committed to working during their holidays and the community plays an important role in supporting them in these vacation periods. Furthermore civil society is involved in selecting which students go for training, and can support the fundraising. Thus these pilot scholarship schemes demonstrate a vital way which civil society can be involved in ensuring that there is development of health care professionals for local needs.

7. Information network

It is important that information that is available to civil society is shared with health care professionals and vice versa. Too often we work hard to gain information which is already out there in one way or another, but lack of communication means we do not discover that it is there.

8. Positive Examples

There are good examples of rural health care around the country. However, newspaper reports and programmes such as the recent Special Assignment report on SABC, focus on the negative. Why can an investigative journalist not spend time researching such successful processes? Civil society can assist in ensuring that some of the positive examples are also communicated. This will encourage health professionals to work there. I was recently involved in a project on the management of district hospitals where, instead of looking at those that went wrong, we went to a couple of hospitals that were functioning well and tried to understand what was the reason for their successes. There were some very powerful lessons that came out of this¹.

9. Nursing Training

One of the things that existed in the past

was access for rural people, especially women, to training in the health care profession through going into nursing. As nursing schools have been centralised and rural hospital schools have been closed down, this opportunity is not as easily available as it was in the past. There needs to be an ongoing commitment to finding ways of encouraging people to be involved in health care in this way. The modern equivalent, possibly, is being involved as home based care workers for the HIV/AIDS epidemic or as volunteer lay counsellors. Certainly HIV/AIDS is an area around which the community can mobilise and civil society can take a strong lead in assisting this. Indeed HIV/AIDS may be a catalyst for improving rural health care in general.

Working together

Too often, health care professionals are isolated from the communities they serve. For good rural health care co-operation in the form of working together as a team is essential. Health care professionals need to learn that they have nothing to fear from civil society but rather see the community and its organs as a significant place for support. Civil society on the other hand needs to approach health care professionals in a positive way, not putting them on a pedestal but seeking to offer support and finding ways of working together.

Together we can win.

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1. Couper I, Hugo J. Management of District Hospitals - Suggested Elements for Improvement. Durban: Health Systems Trust, 2002. (Available for download at <http://new.hst.org.za/pubs/index.php/511/>)