'Voice needs teeth to have bite'! Expanding community-led action-learning in rural South Africa

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Overview

- 1. Background
- 2. Context, approach
- 3. Learning, reflection



1/ Background: participation in health systems

- Those affected involved in decisions, actions over health care
- Goals of radical transformation, social and political change / justice
- Long policy support. Renewed interest (coproduction, CEI, CAs)
- Many interpretations. Risks of elite capture. Policy ≠ practice

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care **WHO**, **1978**

...community participation policies can become regressive, imposing greater risks and responsibilities upon more disadvantaged communities in return for lower levels of power **Rolfe**, **2018**



2/ Context, approach

- Complex burden of disease, entrenched inequalities
- District health system revival.
 Limited community voice
- Established surveillance system.
 120,000 popn, 420km2
- HIV/AIDS, maternal and child mortality reductions, external mortality, chronic illness increasing



MAVERICK CITIZEN

Fear and loathing: Patients battle with the hardships of Mpumalanga's health facilities

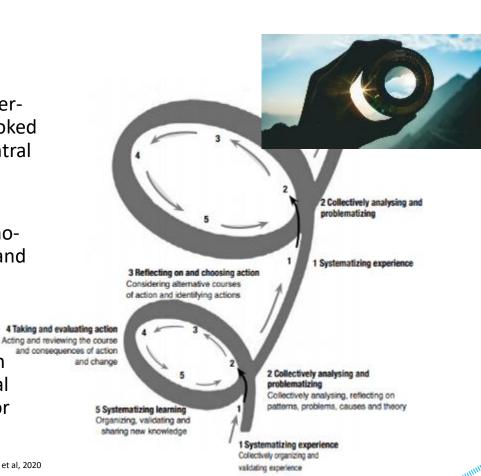




Analytical lens: 'voice needs teeth to have bite'

Emancipatory Power (Popay)

- Power vastly undertheorized/overlooked despite being central category
- Inward gaze:
 community psycho social capacities and
 proximal
 neighbourhood
 conditions vs.
- Outward gaze: on political and social transformation for greater equity



Social Accountability (Fox)

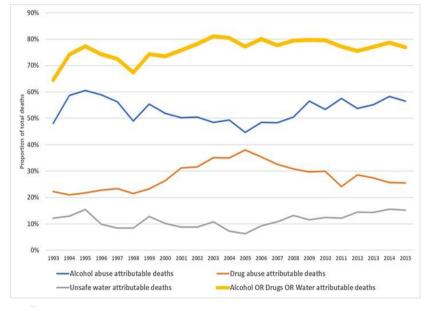
- Evidence on promoting citizen voice for improved public sector performance
- Tactical: assumes problems are local and information is power vs.
- Strategic: enabling collective action support state capacity to respond

Sources: Loewenson et al 2014; Fox 2015; Popay et al, 2020

3/ Learning



Shared concerns: connected health to other sectors, revealed major issues, initiated community voice



Visual evidence on lack of clean, safe water, and alcohol and drug abuse, Sources: Hove et al, 2019; Oladeinde et al, 2020 Proportions of total deaths attributable at least in part to alcohol and/or drugs and/or water 1993–2015. Source: Matilla et al, 2020

Expanding who participated and sharing control built collective capabilities, **amplified community voice**



Regular learning spaces built new relationships and trust, gave voice teeth



Multisectoral action planning workshop 2019

"There have been a lot of service delivery protests in communities, but they did not accomplish *much* – *everyone* realized that it is time to shift our ways of thinking and initiate dialogue, unite and collaborate and create sustainable partnerships to solve community problems"

Community stakeholder

Embedding in the health system giving voice teeth to have bite



Community mentors and CHWs, November 2020

health

Mpumalanga Health Policy and Systems Learning Platform

Community Health Workers Community Mobilisation TRAINING MANUAL

Verbal Autopsy with Participatory Action Research (VAPAR)

vapar

Summary: "Voice needs teeth to have bite"

- 'Safe spaces': credible, actionable evidence, inclusive, informed, adaptive process
- Enabling togetherness: raising community voice for action and learning, with authorities
- Formal recognition: combining 'claimed' and 'invited' spaces
- Long term engagement: with higher levels: problems aren't just local



Reflection: "Radical potential, with pitfalls"

- Epistemological challenge: Researchers navigate conflicting worlds/worldviews
- Risk of tokenism/ commodification. Undertheorization of power, risks dislocation from radical politics
- Relationalities: mutual respect, dignity and connectedness.
 Researcher competencies
- Sustainability, reconstituting spaces to rework agency in more empowered ways



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www.vapar.org

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