Building cooperative learning to address alcohol and other drug abuse

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Building cooperative learning to address alcohol and other drug abuse in Mpumalanga, South Africa: a participatory action research process

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To cite this article: Oladapo Oladeinde, Denny Mabetha, Rhian Twine, Jennifer Hove, Maria Van Der Merwe, Peter Byass, Sophie Witter, Kathleen Kahn & Lucia D'Ambruoso (2020) Building cooperative learning to address alcohol and other drug abuse in Mpumalanga, South Africa: a participatory action research process, Global Health Action, 13:1, 1726722, DOI: 10.1080/16549716.2020.1726722

To link to this article: https://doi.org/10.1080/16549716.2020.1726722

VAPAR Programme (1)

- **Verbal Autopsy (VA)** levels, causes and circumstances of deaths (*routine surveillance mortality data*)
- **Participatory Action Research (PAR)** local knowledge on avoidable mortality and action (*community engagement*)
- **Learning platforms:** Analyze, plan and act on evidence with range of stakeholders in government different levels and sections, NGOs and communities (*stakeholder engagement*)

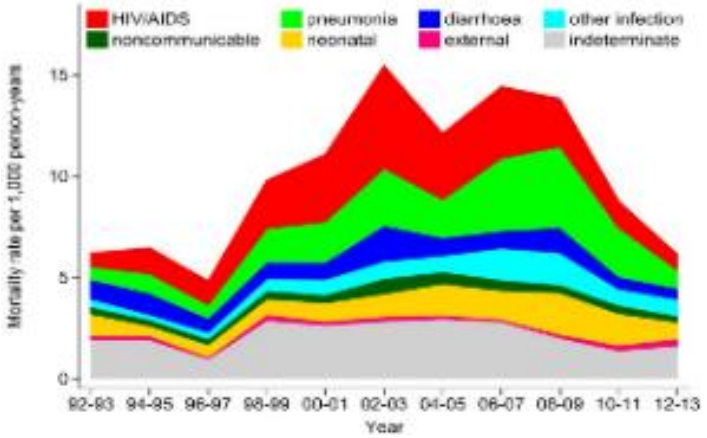


Image credits: Byass *et al*, 2015; VAPAR 2015, 2018

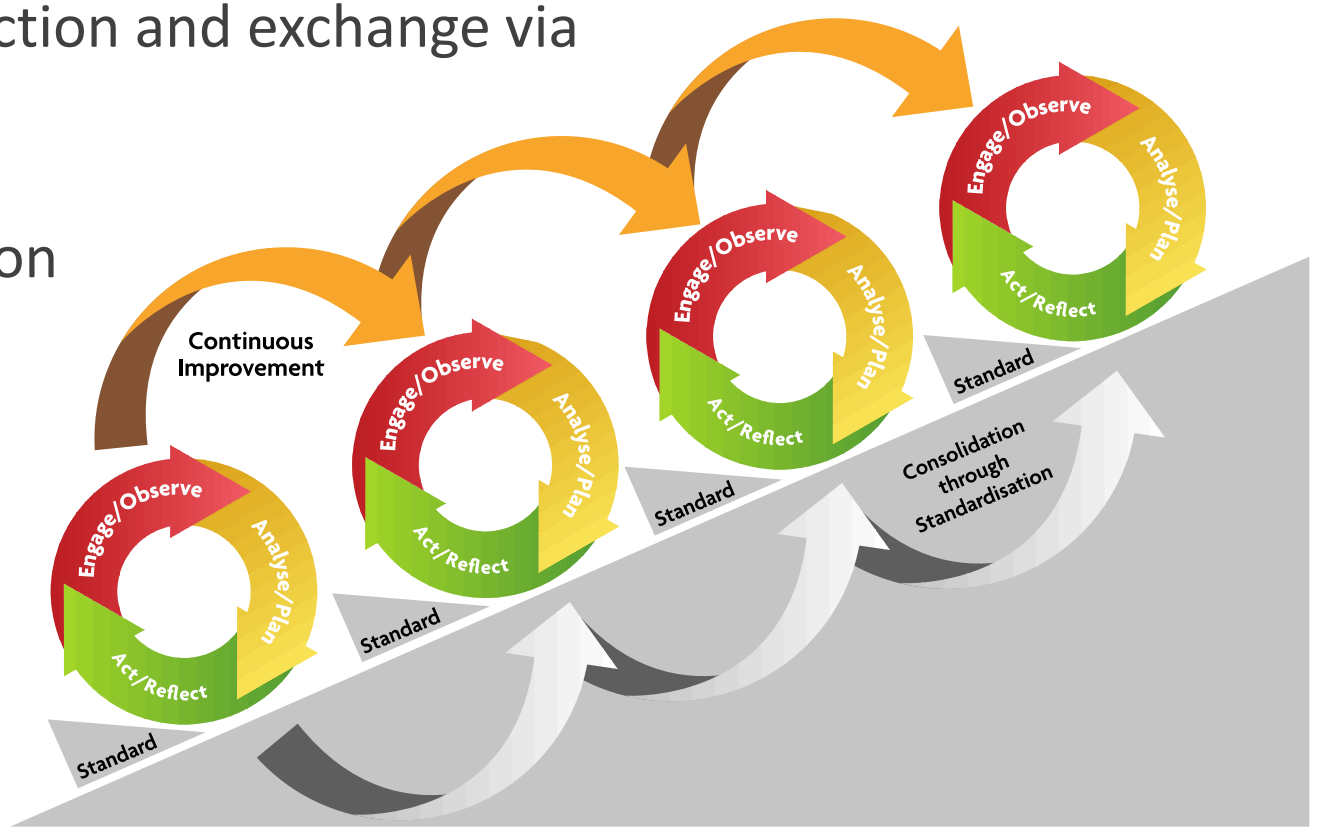
VAPAR Programme (2)

Purpose and aims:

- To address exclusion from health systems by connecting service users and providers to generate and act on research evidence.
- To embed a system of knowledge production and exchange via partnerships approach

Process: Build collective dialogue and action through iterative reflection/action learning cycles:

1. Build community capacity and voice
2. Connect to decision making structures
3. Embed in community health systems

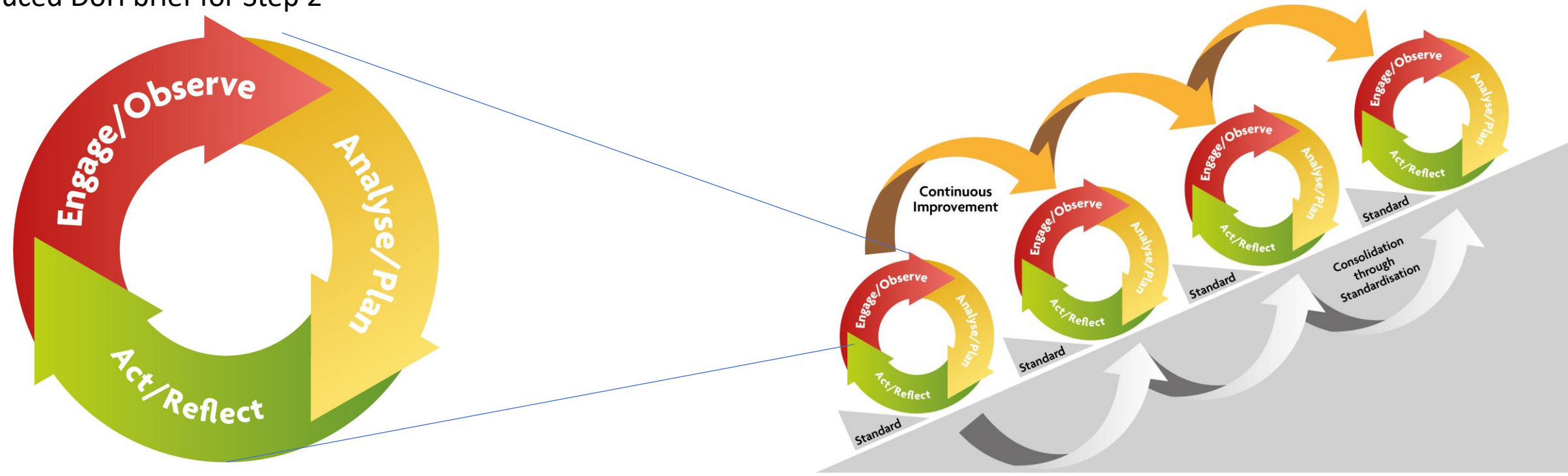


Cycle 1: Analyse/Plan

Step 1 Engage/observe

Stakeholders : 48 community stakeholders from 3 villages. Workshops facilitated by VAPAR research team.

Mechanisms and outputs: Weekly, village-based workshops to identify priority health issue(s) ; PAR tools (problem trees, Venn diagram, action pathways, Photovoice) to develop evidence on the problem and action to address it. VA data on levels and causes of mortality**.** Produced DoH brief for Step 2



Verbal autopsy

	Related to alcohol and other drug abuse?			
Cause of death	**Very likely**	**Likely**	**Possible**	**Probably not**
HIV	42			
Traffic accidents	23			
Assault and other external causes	32			
Pregnancy related	10			
Suicide	2			
Drowning	2			
Liver problems	1			
Non communicable diseases like cancer, cardiac problems and stroke		10		
Unknown			30	
Other			27	
Respiratory illnesses including TB				371
TOTAL	**112**	**10**	**57**	**37**

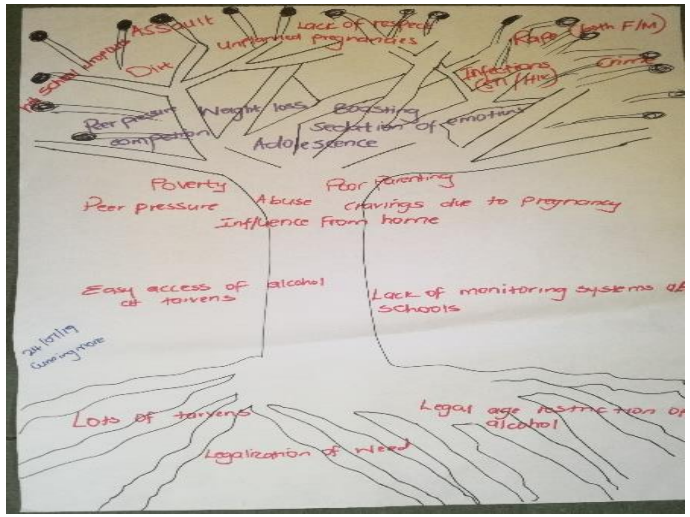
Half of the 216 adolescent deaths during 2012-2016 could have been avoided if there had been avoidance of AOD abuse.

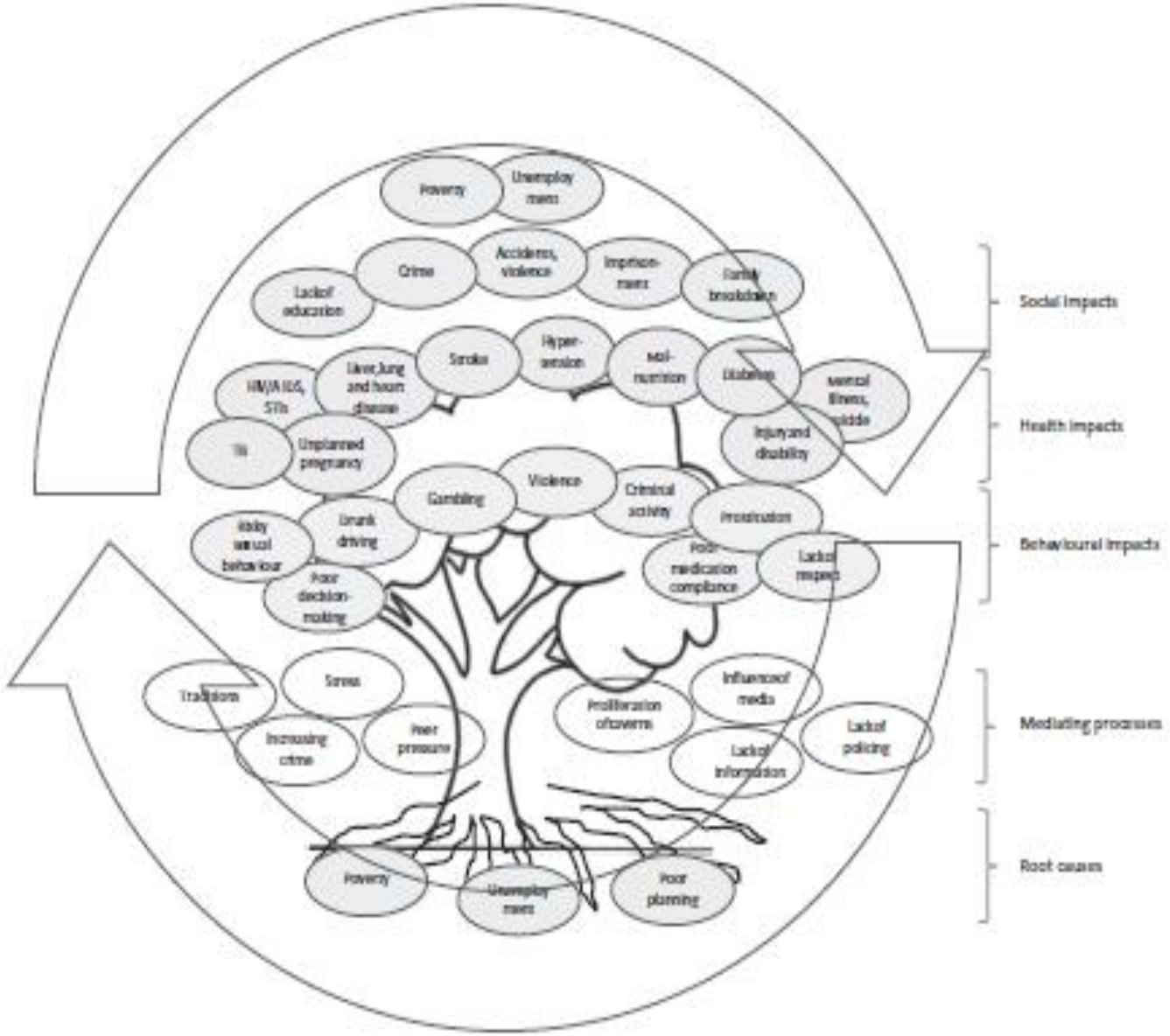
Deaths linked to drug/alcohol abuse (Agincourt HDSS 2014-15)		
Road traffic accident	42	***
Self-harm/suicide	22	***
Assault	21	***
HIV-related	185	**
Lung cancer	36	**
Liver damage	24	**
Other transport accident	17	**
Other injury	4	**
TB	104	*
Stomach cancer	70	*
Heart attack	47	*
Heart disease	44	*
TOTAL	513	**

* May be related to substance abuse
** Likely to be linked to substance abuse
*** Very likely to be linked to substance abuse

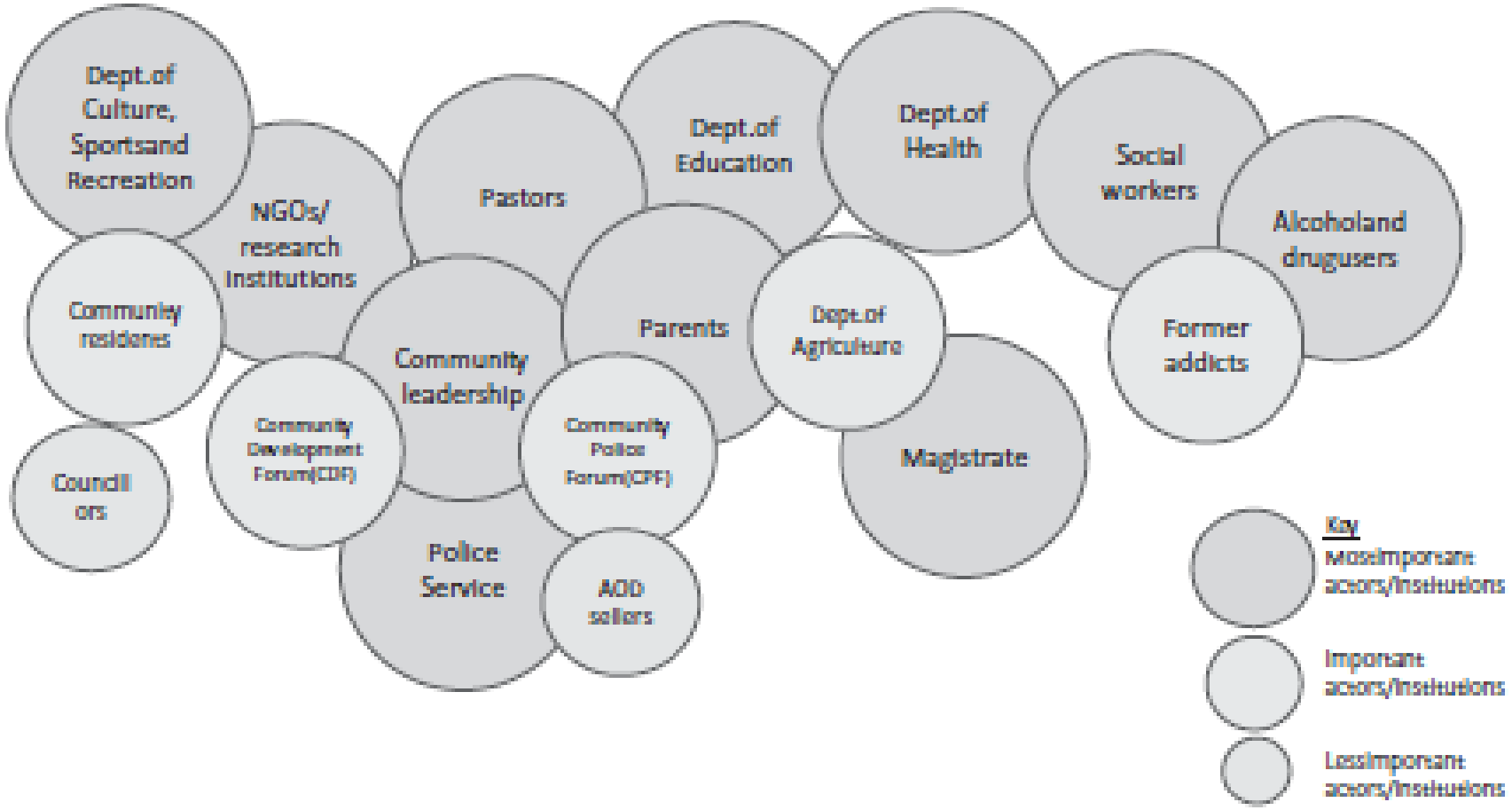
Of 1,524 deaths >500 may have been due to/influenced by, AOD abuse.

Problem tree





Venn diagram (actors)



Action agenda

Overall goal: reduce rates of AOD abuse

Supply reduction	Demand reduction			Harm reduction
Action: Reduce opening hours in taverns, ban sale of alcohol to children Actor: Police When: Daily Monitoring: Taverns close earlier	Action: Organise awareness campaigns working with Induna Actor: Councillor When: Weekly Monitoring: Improved relationships between leaders	Action: Teach people about the dangers of AOD abuse Actor: DoH / clinics When: Daily Monitoring: Register of people taught	Action: Offer recreational activities (drop-in centre) Actor: DSD When: Daily Monitoring: number of youth attending after school	Action: Ensure counselling and rehabilitation for addicts/families Actor: Social workers When: Once or twice weekly Monitoring: Behaviour change among addicts
Action: Ensure drug dealers are arrested Actor: Induna, Police and CDF When: Weekly Monitoring: Reports of people arrested	Action: Ensure children do not use AOD, strict house rules Actor: Parents When: Daily Monitoring: Search school bags and rooms to make sure no AOD	Action: Raise awareness about AOD harms with health education Actor: DoH (district) When: Monthly Monitoring: Attendance register	Action: Create sports facilities Actor: Dept. Culture, Sports and Recreation When: Before end 2018 Monitoring: Visible sports grounds	
Action: Give long sentences to drug dealers Actor: Magistrates When: Consistently and as necessary Monitoring: Recorded sentences	Action: Pray and teach word of God Actor: Pastors When: Every church service Monitoring: Increased number of church goers	Action: Develop curriculum on the dangers of AOD abuse Actor: DoE / national When: Before end 2018 Monitoring: Subject in the 2018 curriculum	Action: Issue seeds to residents to develop community gardens Actor: DoH When: Every season Monitoring: Regular visits to community gardens	

Photovoice

Photo credit:
VAPAR participants

Drivers of AOD abuse

- ***Taverns***: Large and increasing number of taverns with long opening hours (some 24 hours), gambling and dirty environments reported.
- ***Poverty:*** Multiple structural influences: poverty, poor education and low employment.
- ***Modern culture:*** Adult/elder participants noted TV, media and peer pressure as drivers.
- ***Substance abuse***: Widespread use of marijuana, benzene and glue described. 'Nyaupe'
- ***Traditional practices***: Several reported e.g. traditional beer (Xipayoni).
- ***Corruption:*** drug dealers reportedly collaborate with police and community leaders.
- ***Adults/elder distress and anxiety:*** significant distress and anxiety due to behaviours related to AOD abuse, e.g. theft within the household, and sexual assault on relatives.
- ***Lack of planning and leadership:*** in households, communities and the authorities and lack of information, rehabilitation services and recreational facilities for youth.

Impacts of AOD abuse

- ***Behavioural:*** crime to support addiction, drunk driving, gambling, poor decision-making, risky behaviours, unsafe sex, prostitution, loss of dignity, poor medication compliance, violence, road traffic accidents, poor nutrition, self-care and crime.
- ***Health***: assault (including sexual assault), cancer, disability, HIV/AIDS, injuries (including RTAs), malnutrition, mental health, overdose, stress, stroke, suicide, TB, heart, lung, liver and other vital organ conditions and unplanned pregnancy.
- ***Social:*** immediate and long-term impacts on education, employment and ability to lead healthy and productive lives, crime and prison.
- ***Destroys future, destroys communities***: Considering the collective effects, AOD abuse described as wholly destructive of families and communities.

Actions recommended

- ***Regulate taverns:*** reduce opening hours, reduce numbers of taverns, enforce age restrictions, provide fewer youth attractions in taverns (e.g. pool tables), more police presence in taverns, regular inspections of taverns and community patrols, stronger community regulation of taverns including community police forum (CPF) involved in tavern regulation, Indunas to work with owners to improve relationships with communities.

- ***Education and employment:*** Registers to monitor attendance, searches and drug tests in schools, co-parenting between parents and educators. Improve opportunities after matric (e.g. bursaries). Significant employment opportunities via community education, rehabilitation and recreation, local garden farming initiatives etc. (see below). In other settings, NGOs and social enterprises address social needs via service provision delivered through “supported employment and volunteering” to break cycles of addiction and poverty.

- ***Community rehab and drop-in:*** improved referral to existing support services, and building of new rehab facilities, youth drop-in recreation centres with authorities (e.g. Depts. of Health, Education and Social Development, National Council SANCA) and NGOs.

Actions recommended (continued)

- ***Community health education:*** educating people on AOD abuse in schools and clinics critical. Youth reportedly engage in AOD due to lack of guidance/financial support. More teachers, social workers, emotional support, food aid and housing support for people living in poverty.

- ***Community partnerships:*** Indunas with more powers to head AOD action partnerships with ward committees, parents***,*** CPF, community development forum (CDF), pastors, magistrates, community health workers, schools. Councillors to work effectively for community.

- ***Research:*** continuing to collaborate with Wits to understand the burden of avoidable mortality owing to AOD.

Conclusions

Significant willingness and capacity among community stakeholders to work in partnership with authorities to address community health concerns.

Participation can help raise and frame issues, which may help to better inform action and encourage shared responsibility.

Broader understandings of participation require reference to and ultimately transfer of power towards those most directly affected, developing community voice as continuous processes within social and political environments.

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Expanding the knowledge base through partnerships for action on health equity

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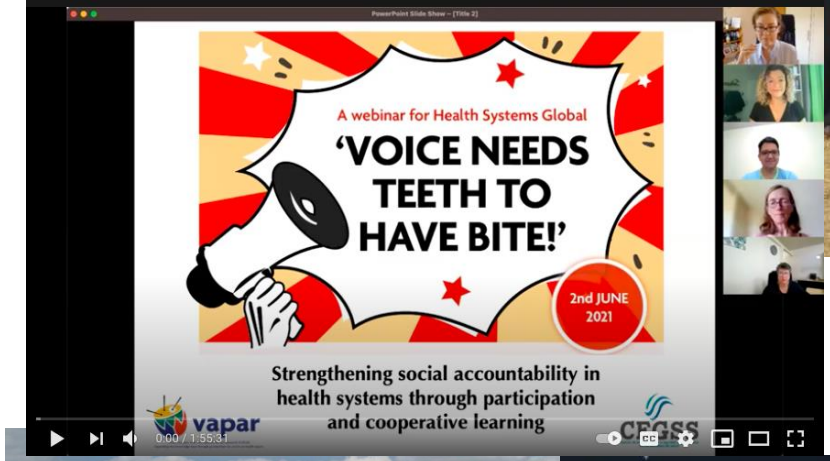

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A conversation with: Lucia D'Ambruoso, Rhian Twine, Denny Mabetha, Jennifer Hove, Maria van der Merwe, Kathleen Kahn, Stephen Tollman, Sophie Witter

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van der Merwe et al. Health Res Policy Sys (2021) 19:66
https://doi.org/10.1186/s12961-021-00716-y

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Collective reflections on the first cycle of a collaborative learning platform to strengthen rural primary healthcare in Mpumalanga, South Africa

Maria van der Merwe[1,2*], Lucia D'Ambruoso[3,4,5,6], Sophie Witter[7], Rhian Twine[5], Denny Mabetha[5], Jennifer Hove[5], Peter Byass[3,4,5,†], Stephen Tollman[4,5,8] and Kathleen Kahn[4,5,8] on behalf of the Verbal Autopsy with Participatory Action Research (VAPAR)/Wits/Mpumalanga Department of Health Learning Platform

Abstract

Background: Frontline managers and health service providers are constrained in many contexts from responding to community priorities due to organizational cultures focused on centrally defined outputs and targets. This paper presents an evaluation of the Verbal Autopsy with Participatory Action Research (VAPAR) programme—a collaborative learning platform embedded in the local health system in Mpumalanga, South Africa—for strengthening of rural primary healthcare (PHC) systems. The programme aims to address exclusion from access to health services by generating and acting on research evidence of practical, local relevance.

Methods: Drawing on existing links in the provincial and national health systems and applying rapid, participatory evaluation techniques, we evaluated the first action-learning cycle of the VAPAR programme (2017–19). We collected data in three phases: (1) 10 individual interviews with programme stakeholders, including from government departments and parastatals, nongovernmental organizations and local communities; (2) an evaluative/exploratory workshop with provincial and district Department of Health managers; and (3) feedback and discussion of findings during an interactive workshop with national child health experts.

Results: Individual programme stakeholders described early outcomes relating to effective research and stakeholder engagement, and organization and delivery of services, with potential further contributions to the establishment of an evidence base for local policy and planning, and improved health outcomes. These outcomes were verified with provincial managers. Provincial and national stakeholders [illegible] between communities and health authorities for collective action. Stakeholders proposed that this could be achieved through [illegible] in routine health planning and review activities and [illegible]. Findings were collated into a revised theory of change.

Conclusions: The VAPAR learning platform was [illegible] tate cooperative learning and community participation

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The research is supported by the Health Systems Research Initiative from Department for International Development (DFID)/ Medical Research Council (MRC)/ Wellcome Trust/ Economic and Social Research Council (ESRC) (MR/N005597/1, MR/P014844/1) and with support from the University of Aberdeen Grand Challenges Research Fund (GCRF), Scottish Funding Council (SFC). The work is a collaboration between the MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, Directorate for Maternal, Child, Women and Youth Health and Nutrition, Mpumalanga Department of Health, South Africa, Queen Margaret University, Edinburgh, Scotland UK and the University of Aberdeen, Scotland UK

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