



Community Systems Strengthening Project

Activity Report

to be completed within 5 days of the activity completed

Date of Activity: 30&31 August 2017

Organised by:

TFT	UCT	WFP	BHC	GHC	Other: _____
	X				

Venue:

Ikhaya Loxolo Home, Gugulethu

Participants

Age ranges

0-12y	13-22y	22-60y	61y-
		10	
		26	4

Level of Participation

Male	10
Female	30

(attach attendance sheet)

X	Community member
	Youth Leader
	Political Leader
	Government Official
	Other _____

Type of Activity

Duration:

Hour	Day	Week
	2days	

Focus Area

	Meeting
	Workshop
	Dialogue
X	Training

	Child Protection
	Food and Nutrition
	Peace Building
x	Health
	Other

Activity Work package No

4.1 Health Promotion

Activity Description

4.1 Identify health committee members to be trained as Health Educators

Reason for/Objectives of the activity:

1. To train participants in hypertension to promote health in the community
2. To promote interventions that address and promote adherence to hypertension treatment
3. To build a supportive environment for people with hypertension and their families in community

Short Narrative summary on the outcomes of this activity

Training started with highlighting the eating habits that might contribute to the risk of hypertension. Participants could not think of anything that good in their daily diets except for bread and other diets that are available in the community. Describing how their eating habits might put them at risk of hypertension, it was clear that availability, accessibility and affordability of these foods is the key influence. Participants stated that hypertension is very common in their communities, but their description of what hypertension is was based on myths and incorrect information. For example the majority cited that sweating and rise in temperature as 'hi-hi' (short for hypertension). Some thought everybody has 'hi-hi' and that it sometimes hides itself although not everybody is on treatment. It was the first time that participants heard about the governments' Salt Reduction Regulations that limits salt levels in some of the most commonly used foods such as bread, breakfast cereals, margarines and fat spreads, potato crisps, ready-to-eat snacks, processed meats and raw processed meat sausages, dry soup, gravy powders and stock cubes, and dry savoury powder for instant noodles. At this point participants were shocked and felt that they were failing their children in feeding them these foods, now that they also found out that hypertension can affect the children. Most female participants mentioned that they are working with limited budgets in their families, but despite all of that, they have vowed to take more responsibility to avert illness in their families and communities..

Recommendations or Actions to be taken forward: Participants felt that health promotion activities must reach out to the schools, and a strong message must be conveyed to the vendors at school, especially those selling fat cakes, chips and sweets. Participants strongly recommended that 'we (participants) need to build a relationship with life orientation teachers in different schools to advocate for healthy food that are sold at schools and invite the governing body and parents to also participate in these discussion. They expressed that the Gugulethu community dialogue must combine health promotion in which community members will be given an opportunity to test for these health conditons. Health participants were given a fieldwork task to do need analysis of what health programmes exist in the community. This was to add to baseline information and identify areas with gaps.

Name and Signature of person Submitting Report:



Date of Submission

2-Nov-17

Attached to this report

1. Attendance sheet
2. Photographs
3. PowerPoint presentations
4. Any other material used/presented