THE COMMUNITY HEALTH WORKER AS
"EMPOWERMENT AGENT"

Applying The Teach For Health Model of Community Development

Overview

- Introduction

- The Fog of International Development

- Community Health Workers

- Empowerment Research

- The Teach for Health Model
  - Research on Empowerment

Teach for Health

Some Basic Vocabulary

- **Community:** a group of people that share some common organizing factor (often geography) *and* that are capable of taking action together.

- **Health Promotion:** the process of enabling people to increase control over, and to improve their health. (WHO 1986 – Ottowa Charter for Health Promotion)

- **Community Health Workers:** auxiliary health professionals that live and/or work in communities but lack advanced professional training.

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Development's Weakness

- Development fails particularly at addressing "adaptive problems"—ones that can be solved only if people in the community or organization change their values, attitudes, or behaviors.

- Weakness with non-technical problems, or problems of community engagement or delivery.

- Weakness with maintenance and sustainability of technical development programs.

(Matta & Morgan 2011)

The Fog of Development

## OLPC To Start Pre-Pilot For Helicopter Deployments In 3 Weeks

Ever since Nicholas Negroponte started announcing that OLPC would parachute XOs into remote villages many people have asked whether he could possibly be serious about this. It seems like we now have an answer thanks to an interview he did with New Scientist (registration required to access the full article, at the moment the full text is also available here).

When asked when OLPC will start with its helicopter deployments Negroponte responds:

> A pre-pilot will start on 1 January 2012. Pre-pilot means that it will be small and there will be modest human intervention just to see children's reactions in order to better design the real, hands-off, dropping-out-of-the-sky format.

He continues to explain that for this pre-pilot villages in Sierra Leone, Tanzania, and Liberia are being considered on top of a project that will take place in India.

In terms of the hardware it's not quite clear which version of the XO OLPC will use though there is a reference to "tablet computers" in the article's introduction. As such I'm guessing
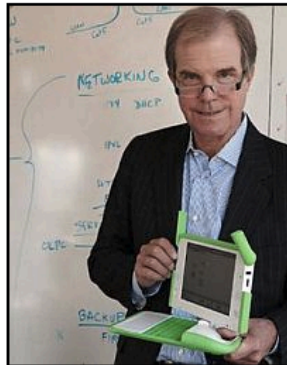
Nicholas Negroponte

Education in Peru

Error message

A disappointing return from an investment in computing

Apr 7th 2012 | LIMA | from the print edition

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eyevine

GIVING a child a computer does not seem to turn him or her into a future Bill Gates—indeed it does not accomplish anything in particular. That is the conclusion from Peru, site of the largest single programme involving One Laptop per Child, an American charity with backers from the computer industry and which is active in more than 30 developing countries around the world.

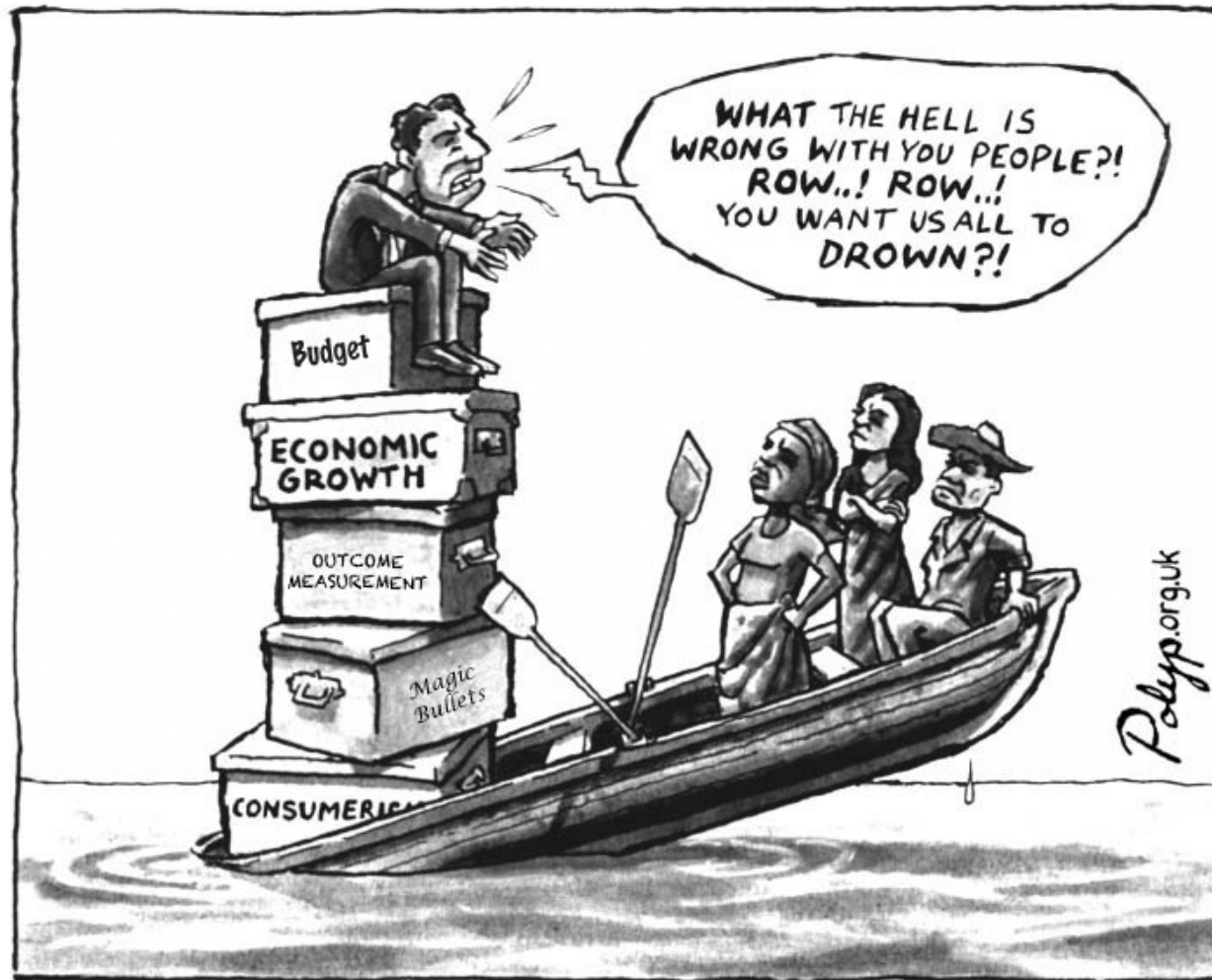# Development Gone Awry

- Unmaintained water treatment center
- Refrigerators in health posts with no electricity
- Vaccinations with no record keeping
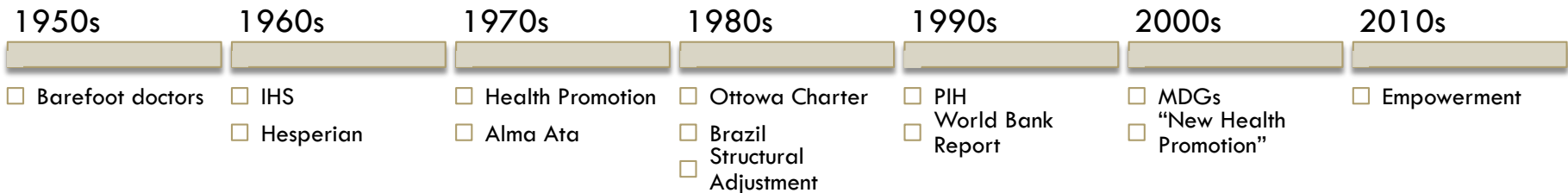- Repeated "community surveys" by countless NGOs without sharing of data

Top down vs bottom up approaches, each with unintended solutions, inefficiencies, politics.

Mutual cynicism between outside organizations and communities

'THE SAME BOAT'

Community Health Worker Timeline

1950s	1960s	1970s	1980s	1990s	2000s	2010s

- ☐ Barefoot doctors

- ☐ IHS
- ☐ Hesperian

- ☐ Health Promotion
- ☐ Alma Ata

- ☐ Ottowa Charter
- ☐ Brazil Structural Adjustment

- ☐ PIH World Bank Report

- ☐ MDGs "New Health Promotion"

- ☐ Empowerment

Many community programs, "while invariably giving lip-service to…community input, are fundamentally authoritarian, paternalistic or are structured and carried out in such a way that they effectively encourage greater dependency, servility and unquestioning acceptance of outside regulations and decisions, and in the long run cripple the dynamics of the community" (David Werner, 1981)

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Categorizing Community Health Workers

	Horizontal Programs	Vertical Programs
Top Down	Indian Health Service Barefoot Doctors Brazil	RCT's (academia)
Bottom Up	Teach for Health Oregon	Local Initiatives (HIV, Malaria)

Paternalism

Empowerment

Teach for Health
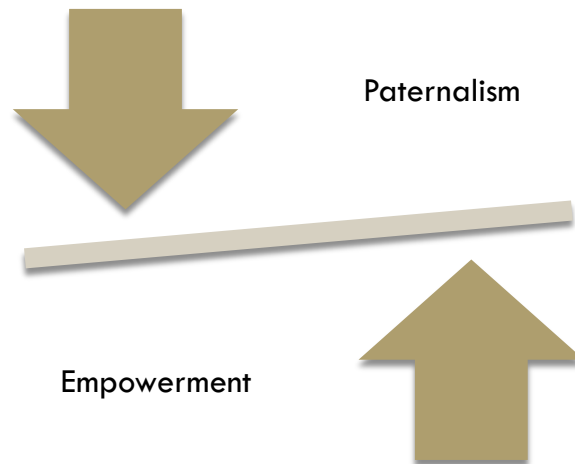
Barriers to an Empowerment Focus

- Lack of evidence
- Health promoter planner proclivities and training
- Giving up control of agenda – mission creep
- Cost effectiveness fears
- Speed
- Lack of clear framework and tools for implementation
- Different retention requirements
- Political elements
- Standardization / technical problems
- Funder requirements
- Proclivities of funders toward "high tech" or "innovative" solutions
- Hierarchical local structures
- Local, regional, national and outside organization turnover
- Public sector vilification

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Parallel Tracking: Reconciling Top Down with Bottom Up

Programme design phase: Identification; appraisal; approval

Disease prevention track — Empowerment track

Programme objectives Improvements in the morbidity and mortality of the population

Empowerment objectives Level of control and choice over health and life decisions

Objectives

Strategic approach Top-down approaches, ie. Social marketing, mass communication, behavioural interventions

Strategic approach How does the strategic approach of the programme link to and strengthen the strategic approach for empowerment?

Strategy

Strategic implementation and management Outside agent to maintain control of the programme at all levels

Community managed How does the implementation of the programme achieve positive and planned changes in community control?

Management

Evaluation of the programme outcomes Collection of epidemiological data to demonstrate improvements in morbidity and mortality

Evaluation How is the programme evaluation appropriate for community empowerment? Participatory evaluation techniques used for community empowerment

Evaluation

Program Objectives

Improve morbidity

Strategic Approach

Top down ie social

Evaluation of Program

Collection of epidemiologic data to demonstrate improvement in morbidity and mortality

Empowerment Objectives

Strategic Approach

Empowerment Evaluation

Participatory evaluation with community. Tracking of empowerment.

Labonte & Laverack 2000
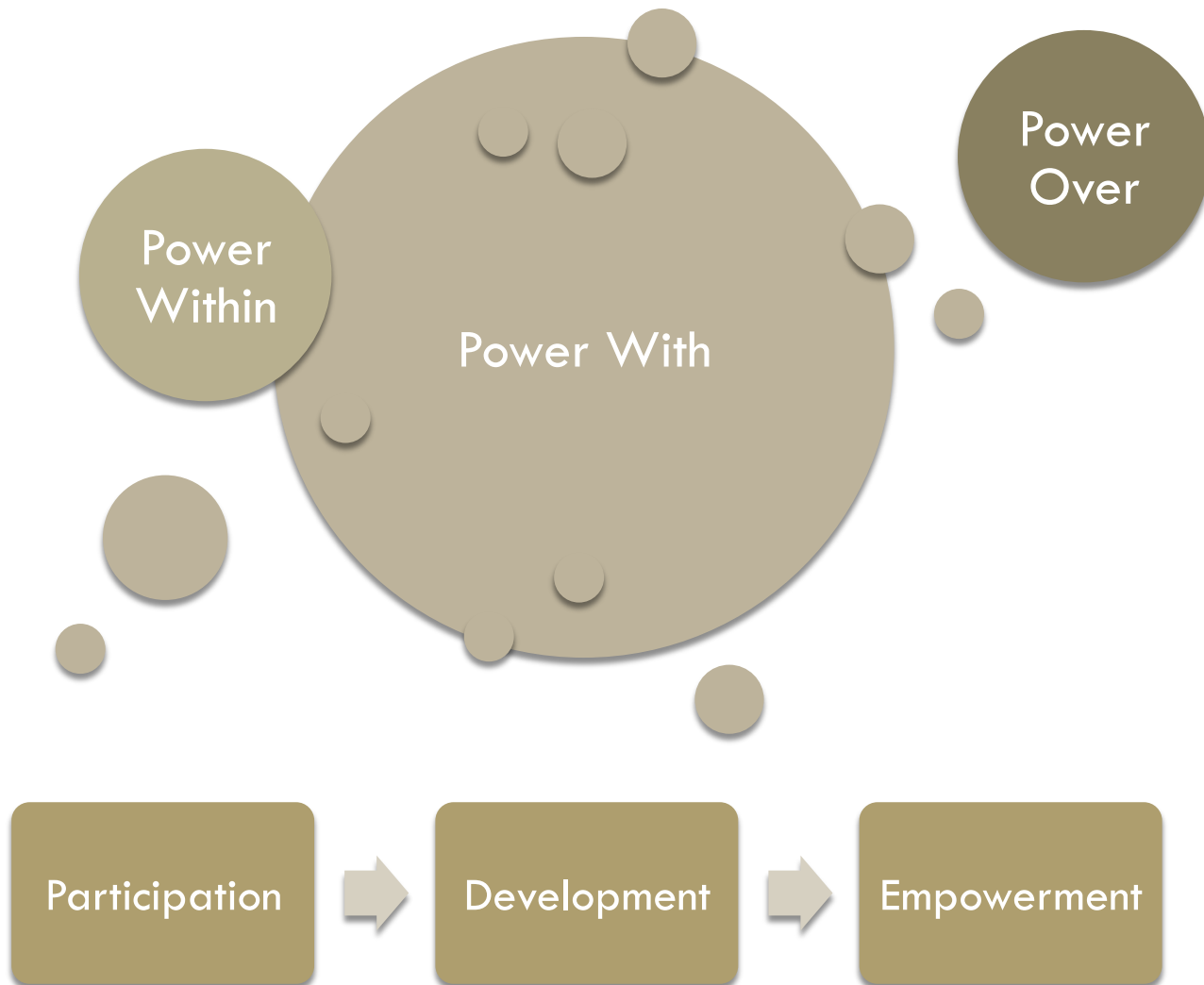
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Empowerment Tools

Community Murals, PhotoVoice, Microfinance, Program Planning Workshops, Branding the program, Committees, Project Visits

Empowerment (Ramon & Litman-Adizes 1986, Laverack 2007)

Power Over

Power Within

Power With

Participation → Development → Empowerment

Literature review - Measurement

- Multidisciplinary
- Qualitative
- Non-comparative cross-sectional studies
- Individual empowerment
  - Psychological (Wallerstein 1992, Haswell 2010, Sprague & Hayes 2000, Speer 2000, Hyung Hur 2006)
- Usually measure end recipients

- Collective empowerment
  - Social cohesion (Peterson et al 2005)
  - Community engagement (Zaldin 2004)
  - Leadership competence and political control (Zimmerman & Zahniser 1991)
- Societal empowerment
  - Human Development Index
  - Gender Empowerment Index

CHWs as Empowerment Agents

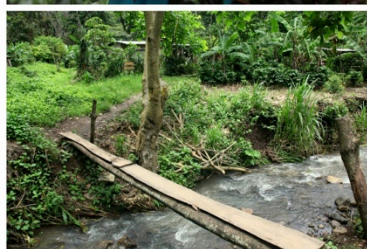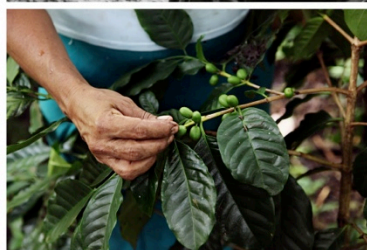|			
Participation	Leadership	Organizational structures	Problem assessment
Resource mobilization	Role of outside agents	Program management	Specific disease-targeted campaigns

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TFH Nicaragua

Health Promoter's Collective

Health Promotion: Building the System

New Intake

- Teach community assessment skills
- Leadership
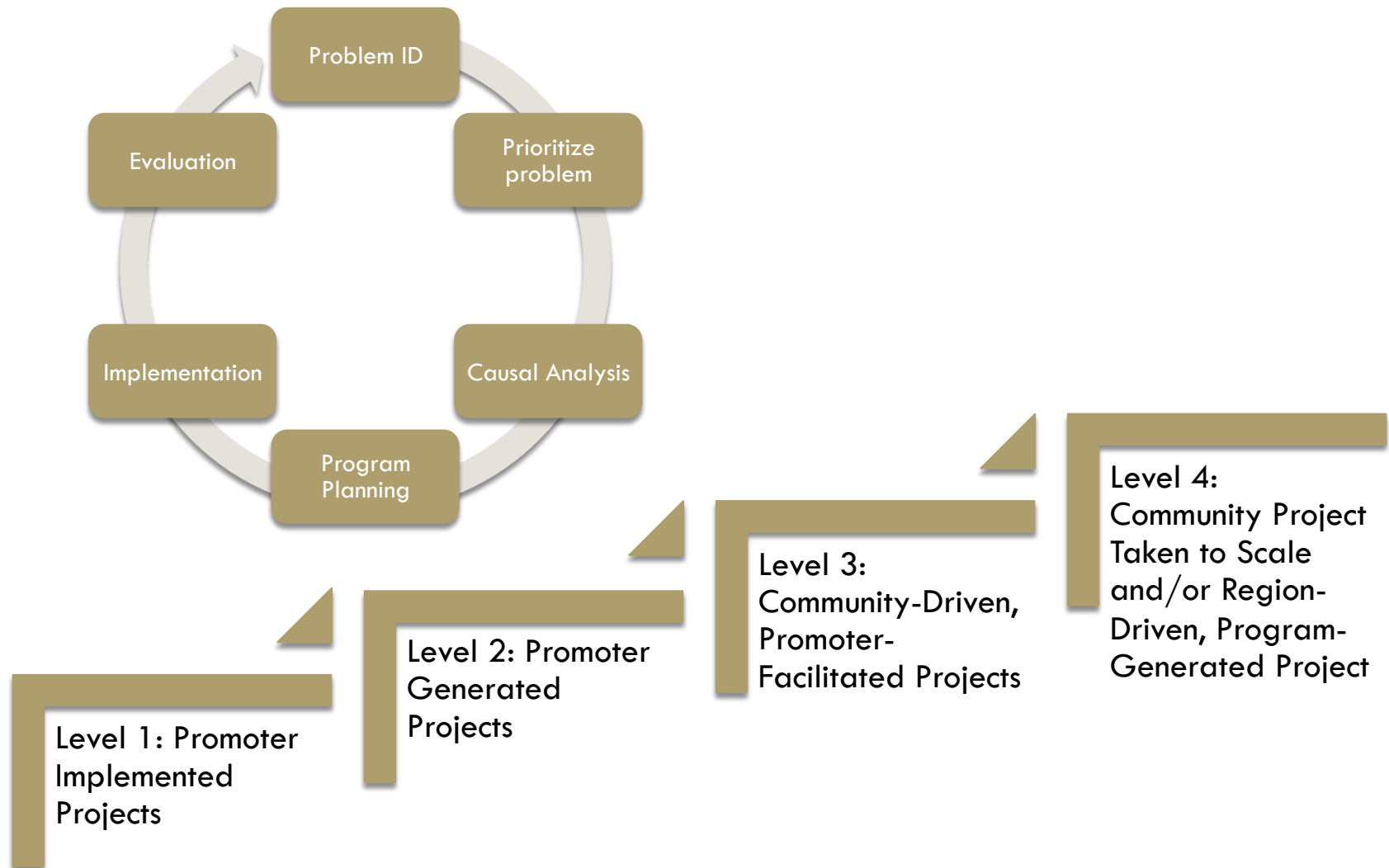- Community organizing
- Common health topics

Continuing Education

- Monthly meetings for networking and exchanging ideas
- Skill building & certifications
- 1 on 1 support for community programs
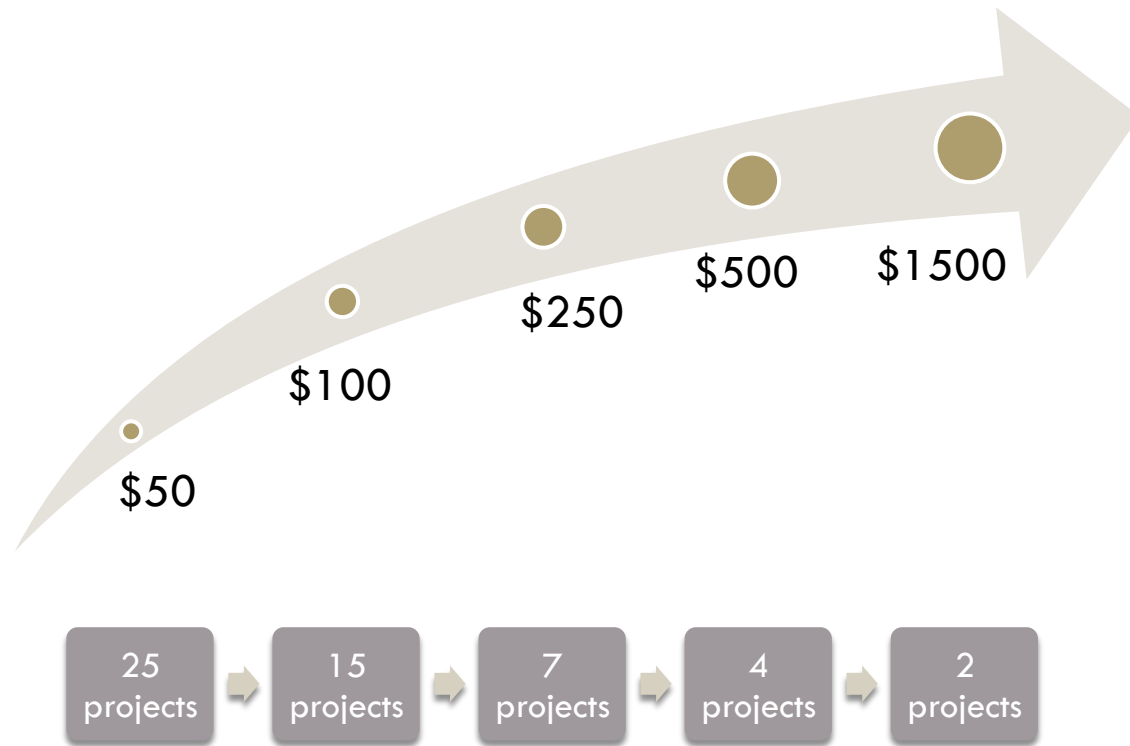- Linking resources

Community Programs

- Escalating levels of involvement and complexity
- Low cost, volunteer driven
- Health as an entry point for community development

Health Promotion: Building the Process

Problem ID

Prioritize problem

Evaluation

Causal Analysis

Implementation

Program Planning

Level 1: Promoter Implemented Projects

Level 2: Promoter Generated Projects

Level 3: Community-Driven, Promoter-Facilitated Projects

Level 4: Community Project Taken to Scale and/or Region-Driven, Program-Generated Project

Microgrants

$50

$100

$250

$500

$1500

| 25 projects | 15 projects | 7 projects | 4 projects | 2 projects |

* Community matching funds required for projects $500 and under

53 projects $9,500

- A catalyst empowering cost effective community-led initiatives

- Training a committee to secure, allocate, and manage resources

- Momentum + sustainable infrastructure

Empowerment Study

- Measuring individual empowerment, approximating community empowerment
- 2 study arms
  - Qualitative focus groups
  - Quantitative longitudinal surveys
- 2 study groups
  - New health promoters
  - Existing health promoters

- Track domains of empowerment individually, and as aggregate measurement

Participation	Leadership
Organizational structures	Problem assessment
Resource mobilization	Role of outside agents
Program management	Specific disease-targeted campaigns

Qualitative Study Results

- 2 focus groups each for new promoters and established promoters (31 promoters from 16 communities)

- Follow-up interviews with 2 promoters from each focus group

- Tools least accurate/ difficult with new promoters

- THEMES: Divisions within communities, massive heterogeneity in community organization and decision making, and differences in relationships with outside agents between communities that see themselves as organized and those that do not.

Towards an "Empowerment Index"

- Capturing the unintended costs and benefits of development
- Empowerment index,
  - Survey Tools
  - Checklists
  - Empowerment Performance Measures
- Keeping research and development empowering and not oppressive

Teach for Health

25 communities

100 promoters

15,000 served

↓

Training Workshops

CDAP

Microgrant Empowerment Initiative

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Health Promotion

Capacity Building

Community-Directed Development

Participating Communities and Goals for Future Involvement

Elaborado por Enseña por Salud, Nov 2011