Strengthening community system in a developing countries

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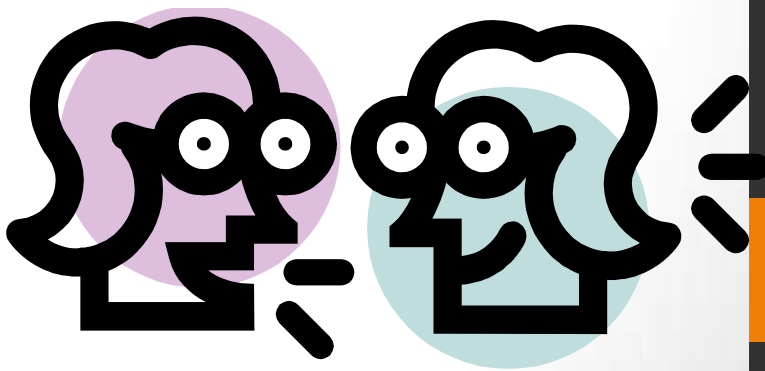
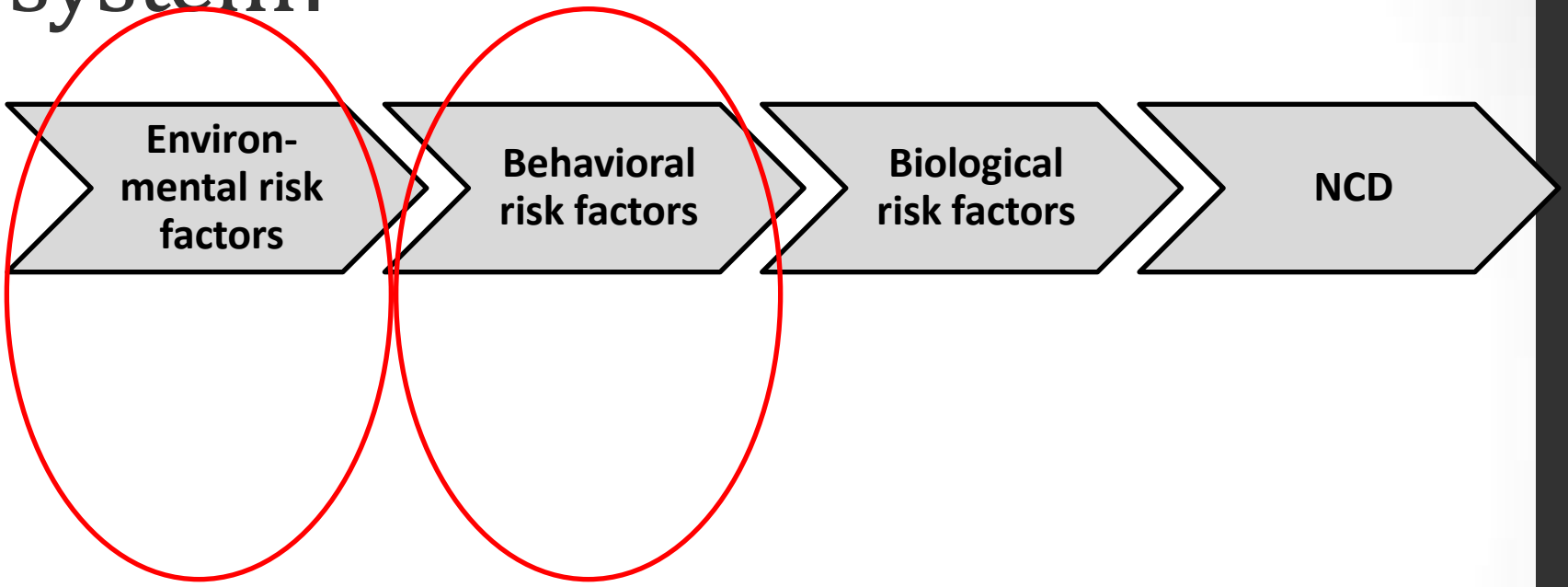
Questions of strengthening community system

- Why strengthening community system?
- What we have learnt?
- How can we strengthen the community?



Why strengthening community system?



Reinforcing factors

- Choice
- Voluntary

Tools for well being: Health system and community (Minkler, 1997)

HEALTH SYSTEM:

Shape: Organizational chart

Capacity: Control work many people

Uses: Produce standardized outcome

COMMUNITY:

Shape: Active consent of people

Capacity : Expression of care

Uses: Power in democracy from citizens

3 A. Common models in Community Interventions: Community participation vs. community action (Kemm & Close)

Community participation model

- Standardized program, almost no flexibility to accommodate
- Resources fulfilled by health system
- Among people: Low sense of belonging of the program
- Less sustainable program
- Less possibility to lead to behavior impact

Community action model

- Flexible program to follow what people want, difficult for standardization
- Resources fulfilled by the people
- Among people: High sense of belonging to the program
- More sustainable program
- More possibility to lead to behavior impact

3 B. Trying to find a balance between community participation and community action: Community Empowerment

Community participation

Health professional dominant

Community Empowerment (mix between system and people based on negotiations)

Community action

People dominant

- Auxiliary of a primary health center (Community participation-Kemm & Close)
- Activities defined by primary health center
- Reports defined by primary health center

- Community-based organization (community action – Kemm & Close)
- Fulfilled by voluntary workers
- Fulfilled by community facilities
- Fulfilled by the community infrastructure

The key to empower the community

- Developing critical consciousness
- Role of community leader: animator (to stimulate), facilitator
- Issue selection: affect lots of people, possible resolution

A case of community empowerment:

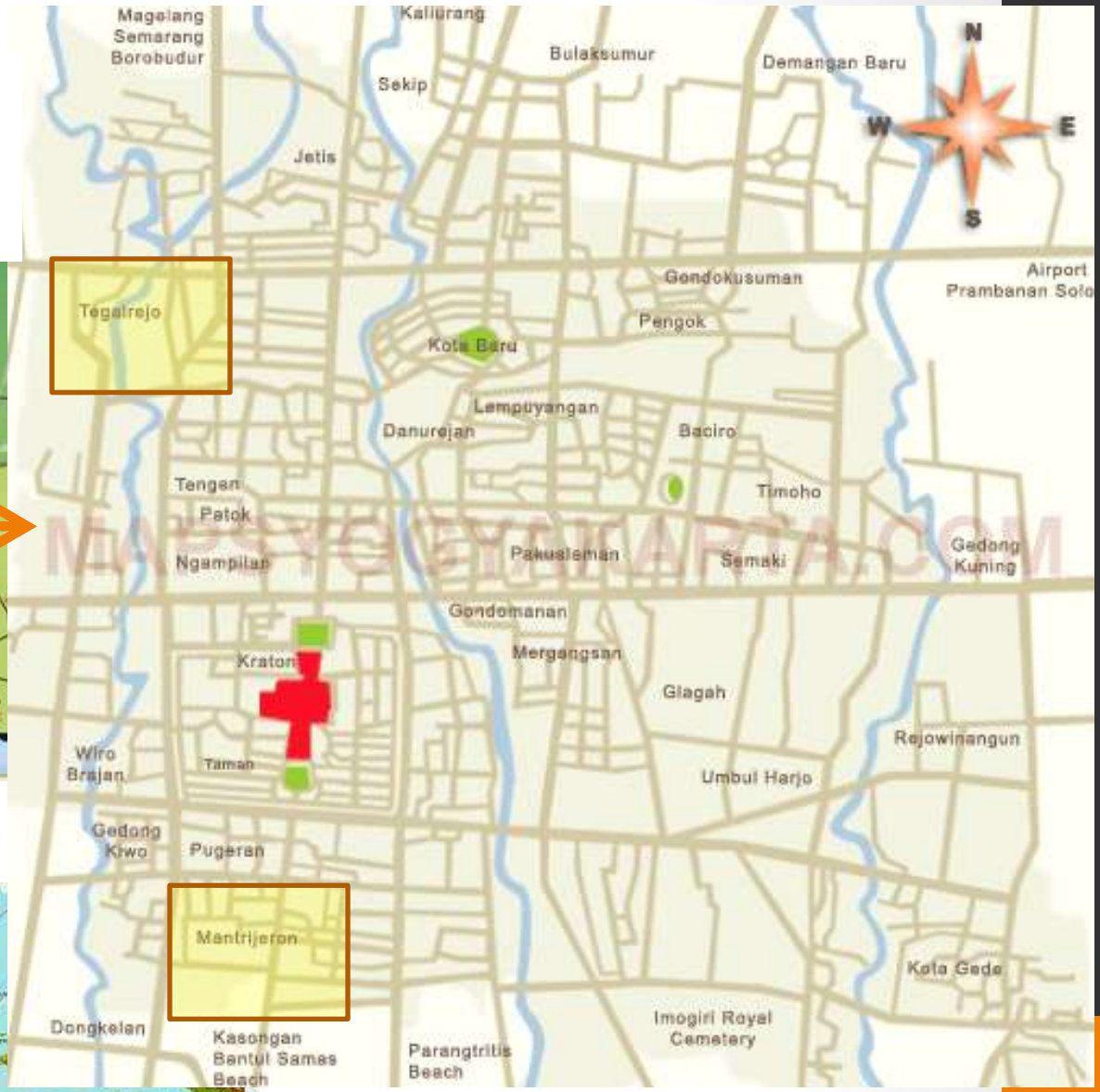
Community empowerment approach to prevent Non-communicable disease:
An experience in an urban area of a developing country (Yogyakarta, Indonesia)

Dewi FST, Stenlund H, Marlinawati UV, Öhman A, Weinehall L.

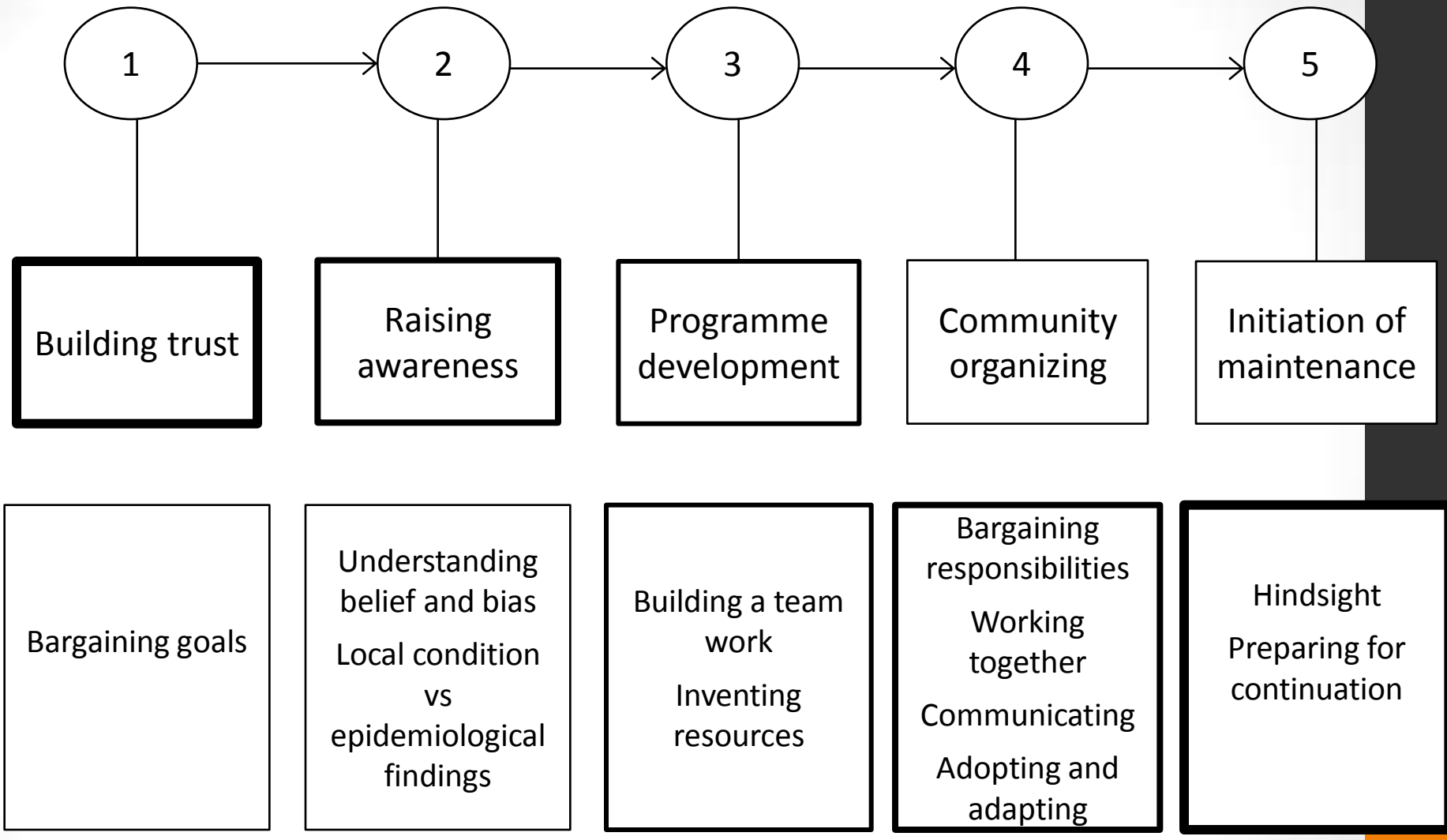
PRORIVA (Program to Reduce Cardiovascular Diseases in Yogyakarta, Indonesia): A Small-scale community intervention study

- Intervention: Working together with community
  - Location:
    - Intervention areas: 2 *kelurahan* (≈village of high and low SES group)
    - Referent area: 1 *kelurahan*
- Quasi-experimental with pre and post-test survey
  - Aims: Significant difference of CVD risk factors
  - Data: 995 respondents intervention and referent areas, pre and post-test
- Qualitative data
  - Aims: What people's motives and responses to Proriva are
  - Data collection: Free-listing, in-depth interview, FGD, meeting minutes

The Map of Yogyakarta City



Stages of community empowerment



Adopted from: Beeker et al., 1998

Health education

Aerobic dancing

Sunday Walking

Cooking Competitions

Activities in the intervention

1.Building trust

Community leader meeting: Program socialization, agreement

2. Public awareness

Regular Public Meeting: Program socialization and Health education

3. Program development

Team works meetings: PRORIVA team, key person and health workers to design program

4. Community Organizing

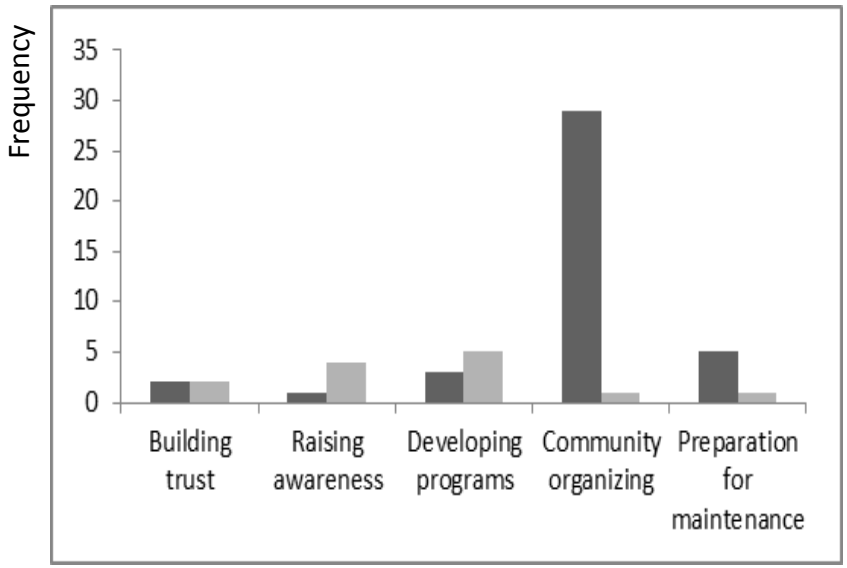
CVD information posts: CVD risk factors screening, health counseling	Sunday Walking: health speech, risk factors screening, walking for 30 minutes	Exercise Group: Aerobic dancing groups

5. Initiation of maintenance

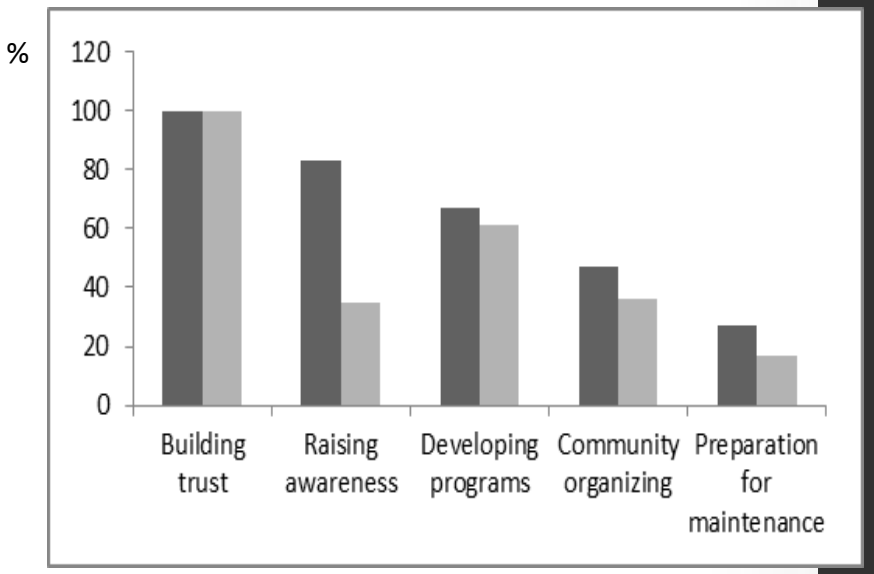
Cooking Competitions	Aerobic Dancing Competitions	Health Speech Competitions	Healthy Walking Competitions	Public festival

Program acceptance by health promotion actions

Number of activities



Average of participation



$$Average\ of\ participation\ (\%) = \frac{\sum \frac{Number\ of\ participants\ participated}{Number\ of\ eligible\ participants} \times 100\%}{Number\ of\ events}$$

Reflections of key concepts in community organizing (Minkler in Glanz, 1997):

1. Participation and relevance
   - Creating own agenda based and shared power
   - Working together with people in decision making
2. Empowerment
   - Citizens expand their power from within
   - Organize CVD post to monitor NCD risk factors and NCD information
3. Critical consciousness
   - Dialogue links the causes and action
   - Identify the risk factors of NCD and decide what to do
4. Community competence
   - Community works on problems, create consensus and strategies
   - Consensus: No smoking during public meeting
5. Issue selection
   - Identify issues as part of larger strategies
   - Self-identification of NCD cases → as a community's agenda

1. Different views between people and system...

	Perspectives of people	Perspectives of health system
About NCD	•NCD is dangerous •Misidentification of heart attack •Biomedical and destiny causes	•NCD is a potential threat
About actions	Prevention is not important •No need for prevention •Health is women's domain	Prevention is less important than treatment •Prevention is less important •Treatment is more important •Gradual anticipation program
About orientation of activities	Different preference action •Individual action (high SES) ◦Self directed ◦Community leader insignificant •Collective action (low SES) ◦Sense of belonging of members ◦Community leader dominant	Quick accomplishment •Accessary from other stakeholders •People as the objects •Concern about outcome indicators •Heavy workload

Lesson learnt:

- Local conditions:
  - Expected role of community leader: active vs passive
  - Type of action among People: collective vs individual
  - Women actively supported the program
- Opportunities:
  - To reach the low SES group
  - To combine with top-down approach

What we can do to support community system:

1. Committed leaders and policy makers
2. Develop a guidance for community organizing
3. Assess local strength (culture), demand
4. Enough flexibility of a program to accommodate community's demand
5. Community involvement starts from issue selection
6. Assignment of health officers as facilitator
7. Next?

Principles of intervention to overcome SDH (Blass, Sommerfeld, Kurup, 2011)

1. Tailor the program into stages:
    1. Phase I- Try our and redefining the program
    2. Phase II-Translate the small scale into up-scale
    3. Phase III- Up-scaling the program
2. Managing policy change: politic heroes, building alliances
3. Managing multi sectors collaboration: emphasize the process → trust-building
4. Program adjustment: Adjusted to the demand of population and time of implementation
5. Maintain sustainability: Financial and institutional sustainabilities

Some strategic intervention to solve SDH (Blass, Sommerfeld, Kurup, 2011)

1. Policy/legislation: Intervention to regulate the availability of service, resources, commodities
2. Norm modification: Modify what is good or bad practice
3. Community empowerment: Share the power partial/full from government to community
4. Community development: Enhance the potency within a community so the community is able to take control over their own problem
5. Commodities access: Ex: fruit, cigarette, subsidize, tax increase
6. Service access: Subsidize, provide closer services


Alone we can do so little;
together we can do so much
Helen Keller