Community Participation and Empowerment in Health: Turning Theory into Practice

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A Tale of Two Theories

• The Spidergram: A Tool to assess community participation in health programmes
• CHOICE: A Tool to link equity and empowerment to health outcomes
Background

• In the field of health, the bio-medical paradigm dominates.
• This paradigm values outputs/outcome indicators over process indicators; thus, quantitative measures over qualitative assessments.
• For health planners and managers, tools that measure outcomes are the preferred evaluation instruments.
As a result

- Social scientists struggle to find a valued role in health evaluations.
- In the past decades, since the World Health Organisation members accepted Primary Health Care (1978) acceptance has been easier because equity and community participation were identified as key principles.
- In the past three decades, financial constraints for health care provision and the HIV/AIDS epidemic has provided more space for the contributions of economists and behavioural scientists. The Social determinant paradigm is gaining recognition for a contribution to health improvements.
The Spidergram: A tool for assessing community participation

- What is a Spidergram?
- It is a visualisation to help us assess participation in a specific programme.
- It provides a tool to examine how change has taken place in a programme and why.
- It also helps us to examine participation as a process rather than only as an outcome.
What does the Spidergram Tell Us?

• How Wide or Narrow participation is
• How participation has changed over time
• How to view participation as a process rather than only an outcome
A challenge to health planners

• No “gold standard”-situation dependent
• Too subjective-where is the “scientific rigour”?-rejected by epidemiological peer reviewers for Social Science and Medicine on a Swedish example
• Is it replicable and credible? The Tanzanian experience
References to Using the Spidergram


CHOICE: Linking Equity and Empowerment to Health Outcomes

- C  Capacity Building
- H  Human Rights
- O  Organisational Sustainability
- I  Institutional Accountability
- C  Contribution
- E  Enabling Environment
Sen “Development as Freedom”

• Oppression and deprivation are result of constraints on opportunities to develop individual capacities.
• Lack of freedom limits choices people can make in their own interest and in the interest of society.
• Choice allows people to realise their potential.
• Choice is limited now because of inequities in resources and opportunities and lack of mechanisms to exercise choice.
CHOICE Questions

• **Capacity Building:** Can local people obtain and act upon new skills and knowledge to improve their health?

• **Human Rights:** By exercising their rights, can the poor influence circumstances that produce poverty?

• **Organisational Sustainability:** Can organisations be developed and maintained to ensure sustainability of health gains for the poor?
CHOICE Questions

• Institutional accountability: Can mechanisms be developed to ensure resource allocation and decisions benefit those most in need?

• Contribution: How can the contribution of a programme’s intended beneficiaries reflect its development?

• Enabling Environment: What is the contribution of the existing environment to pursuing equity and empowerment for health improvements?
Value of CHOICE to planners and managers

• CHOICE highlights the need to consider the **process** as well as the **outcome** in health improvements.

• The assessment framework reflects universal issues but within specific situations.

• The framework enables planners and managers to set and evaluate specific objectives and relate them to health improvements.
Work in Progress: The Challenges

• This is a literature review. How does it become a practical tool?
• Retrospective studies in Kenya show the value of in the tool. However, these studies were not designed using the tool as an objective.
• How can the tool be made “user friendly”?  
  – Make simple and clear indicators?
  – Make a visualisation?
• Can we design a project using the framework as the objectives to expand the tool and give it credibility?
• Is it too much theory in its present form?
Lessons from Experience

• In health planning and management, the dominance of the bio-medical paradigm defines the way in which a social determinant paradigm is applied.
• People trained in one paradigm have difficulty accepting let alone shifting to another paradigm.
• There is a struggle to find both a common language and expectations for research design and contribution. (Equity means service access to health staff; distribution to economists and empowerment to behavioural scientists.)
• The researcher’s scientific observations is some person’s real life experience. (Patton, 1990) How do we reconcile this in health research, particularly for the poor and marginalised.
References


- Bjaras, G. B., Haglund, and S. Rifkin "A new approach to community participation assessment" in Health Promotion International Vol. 6, No.3, 19


