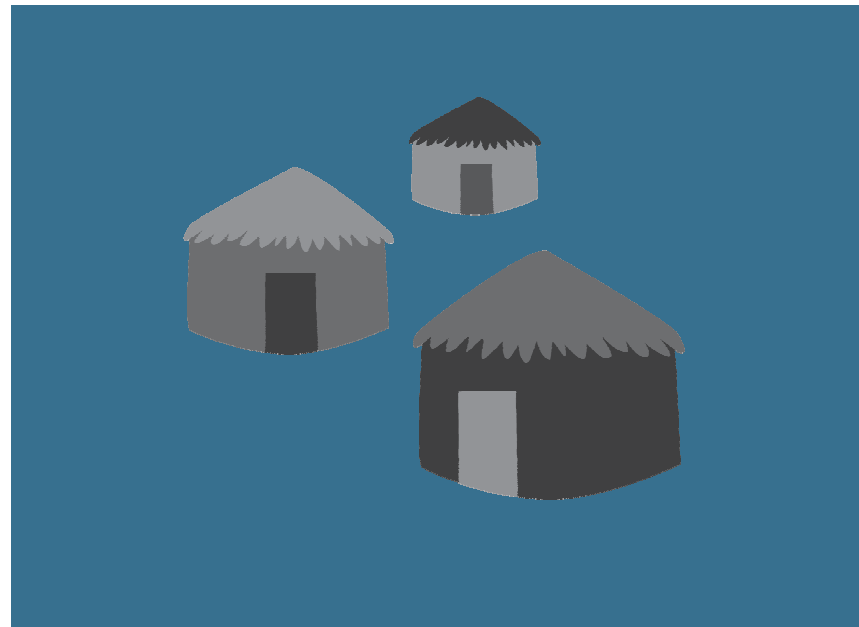# Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa

#HealthForAll
ichc2017.org

Measuring Community Participation and Empowerment:
Potentials and Challenges

Susan B. Rifkin, PhD.

Distance Learning Tutor, London School of Hygiene and Tropical Medicine

March 29, 2017

Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa

The challenge: Methodologies for assessing participation not well developed

1. The gold standard of replication, representiveness and validity does not apply.

2. There is no standard definition of "community" or "participation" .

3. There is no standard agreement on desired outcomes.

4. There is a dominant view in the health field to examine community participation as an intervention.

# From Community Participation to Empowerment

- Empowerment is
  - Creating opportunities and inspiration for those without power.
  - Creating environments where the powerless have the opportunity to gain skills, knowledge and confidence to make choices about their own lives.
  - Empowerment cannot be given. It must be taken.
  - It is not mobilization but active choice.

Critical Differences between Participation and Empowerment

- Participation does not have to be challenging.
  - People can accept health interventions such as participating in mass vaccination campaigns without changing fundamental attitudes and behaviors.
- Participation does not have to transformative with clear objectives of action leading to "liberation".
  - People do not need to struggle with their thoughts and actions concerning issues around social justice, equity and commitment to behavior change.
- Participation does not have to deal with issues of power and control.
  - People can continue to participate in health programs without wanting to or challenging the programs concerning their own wants and needs.

The Participation Continuum

- From information to transformation

Increasing empowerment

Information sharing ▶ Consultation ▶ Collaboration ▶ Empowerment
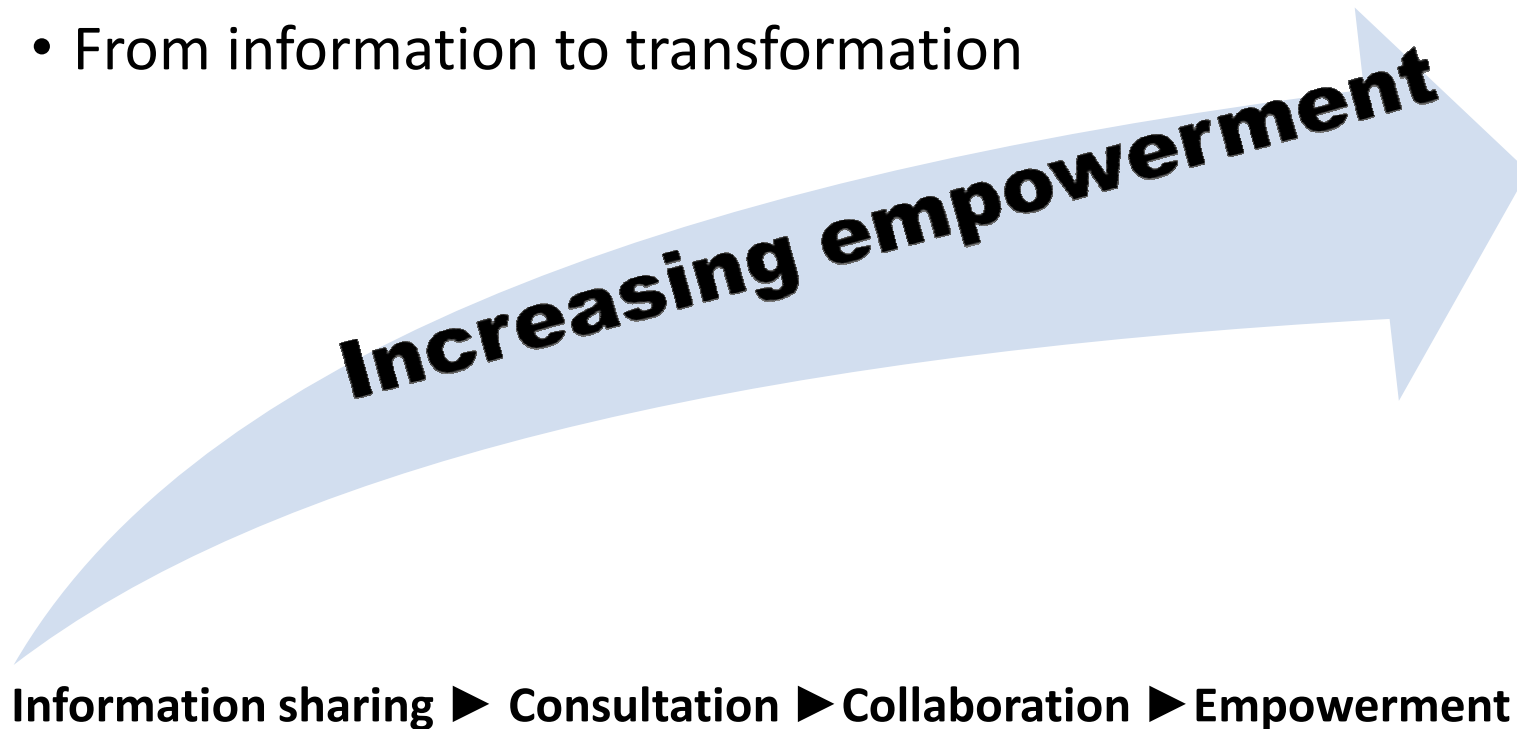
Evaluating and Measuring Participation:
A Participatory Process Using Participatory Tools

- Participatory M&E is:

  - It is M&E undertaken with the intended beneficiaries in which they are fully involved in the design, data collection and analysis.

  - It is focused on the outcome of the project and the process of empowerment.

  - It therefore is concerned with attitudes and power as well as skills.

Objectives of Participatory M&E

- To gain greater insight into a social problem by allow those with the problem to contribute to the research process (**outcome)**

- To provide opportunities for those on which the research is focused to become empowered by their participation **(process)**

# Differences in conventional and participatory M&E

- **Conventional**

- Professionals/outside plan and manage

- Beneficiaries only give information

- Success measured (quanitative information)

- Approach predetermined

- **Participatory**

- Intended beneficiaries helped by facilitator plan and manage

- Beneficiaries involved at all stages

- Indicators internally defined (often qualitative)

- Approach adaptive

A focus on process: Using a "spidergram"

- 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.

Needs assessment

Leadership

Management

5   4   3   2   1

Resource mobilization

Organization
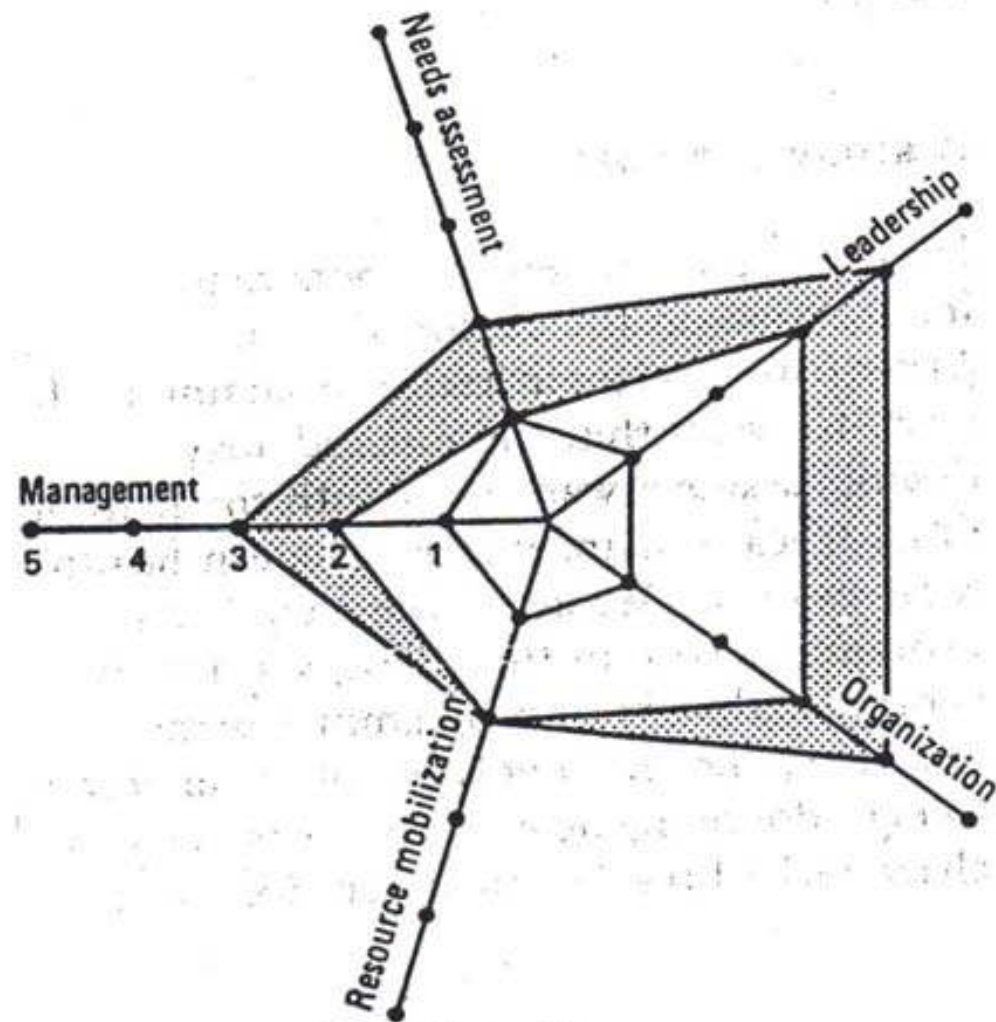
What does the Spidergram Tell Us?

- How Wide or Narrow participation is

- How participation has changed over time

- How to view participation as a process rather than only an outcome

The original "spidergram"

- Using a "spidergram" (Rifkin, et. al (1988)
  - Identified 5 factors influence participation contributions base on review of 200 case studies and developed continuum to show how narrow or wide factor is
  - Factors are
  - **Needs Assessment**-Who made the Assessment?
  - **Leadership**-personal or community interests?
  - **Management-**who manages—community or professionals
  - **Organization**-linking with existing program?
  - **Resource Mobilization**-outside or community?

Indicator	Narrow	Restricted	Mean	Open	Wide
Needs Assessment	Identified or imposed by experts	Experts define, community collects information	Community consulted	Community involved in design	Community plans and carries out work
Leadership	Self interest	Community elites	Consults outside elite circle	Consults with leaders of other community groups	Involves all especially the marginalized
Organization	New organization created	Organization limited cooperation with other organizations	Wider cooperation with existing groups	Beginning to integrate with other groups	Program integrated into existing organization
Resource Mobilization	Resource from outside	Locals provide limited contributions	Locals provide equal resources	Locals provide majority of resources	Only local resources used
Management	Run by outside experts	Experts consult elites	Experts co-opt local leadership	Experts and local leadership co manage	Locals run program using experts for information

We connect all the marks.

- We connect all the marks to each other at a center point.

- We do not mark any factor at the end point of the connection because there is no community without any participation.

- We label gradients of the mark along the continuum at equal distance from each other.

Moving from participation to empowerment

- Original spidergram assesses participation.

- However evidence suggests that participation can be merely mobilizing people to take action and does not necessarily create a change in attitudes and behaviours.

- Focus today is on empowerment.

Modifying the Spidergram:

- Draper, A.K. et al redefine the continuum by placing mobilization (decisions defined by professionals/externals) at one end and empowerment (decisions defined by intended beneficiaries) at the other with collaboration at mid point

- Also define new critical factors for participation based on program situation
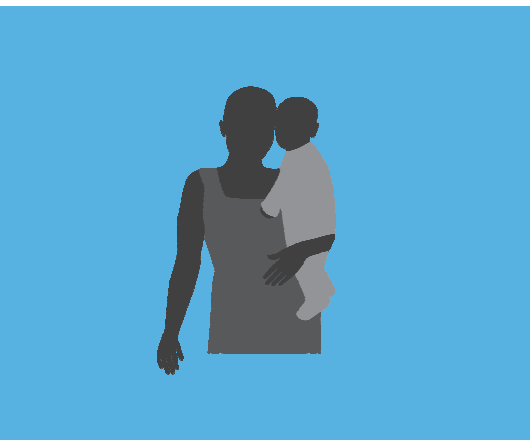
Table 1: Process Indicators of Participation

Factors of Participation	Continnum of Community Participation				
	Process Indicators for Mobilization	↔	*Process Indicators for Collaboration*	↔	*Process Indicators for Empowerment*
Leadership •*of professionals introducing intervention* •*of community of intended beneficiaries*	Health professionals assume leadership. Local leadership does not necessarily try to widen the decision-making base in the community.		Collaborative decision-making between health professionals and community leaders. Local leadership tries to present the interests of different groups.		Programme is led by community members who are selected through a representative process. Health professionals give leadership training if necessary. Local leadership ensures that the interests of various groups are represented in decision-making.
Planning and Management *How partnerships between professionals and the community are forged*	Health professionals tell the community how they may participate. They decide the programme's focus, goals and activities and provide the necessary resources.		Collaboration instigated by health professionals. Community invited to participate within a predetermined remit. Activities reflect community priorities and involve local people and existing community organizations. Both professionals and community members provide resources. Some transfer of skills occurs.		Partnerships between communities and health professionals created and institutionalised. Professionals' facilitate; the community defines priorities and manages the programme. Local people learn skills they need for management and evaluation.
Women's involvement	The inclusion of women is not specifically sought outside their traditional roles and their active participation is not a programme objective.		Women actively participate in some aspects of the programme, but they have minor decision making roles.		The active participation of women in positions of decision-making and responsibility is a programme objective.
External support for programme development *In terms of finance and programme design*	Funding comes from outside the community and is controlled by health professionals. Programme components, including community participation, designed by health professionals to address health outcomes they prioritise and in ways they deem appropriate.		Majority of funding is from outside the community, but local people are asked to contribute time, money and materials. Professionals allocate resources, although they may consult community members. Programme is designed by health professionals in discussion with community representatives. Role of each in the programme, including women and minority groups, is negotiated.		Community members work towards finding ways of mobilising resources, including through external funding and with their own resources, e.g. micro-financing. Programme is designed by community members with technical advice from professionals on request. The design is flexible and incorporates wide community participation, including women and minority groups.
Monitoring and evaluation *How intended beneficiaries are involved in these activities*	Health professionals design M&E protocols, choose the outcomes and analyse the data in ways to suit their information needs. Approach is mainly one of hypothesis testing and statistical analysis of health-related outcomes. Communities may not be made aware of the findings.		Health professionals design mixed method M&E protocols and perform analyses, but community members are involved in data collection. A broad definition of 'success' is used. Responses to monitoring findings are jointly decided and community feedback is both sought and given.		Communities do a participatory evaluation that produces locally meaningful findings. A variety of data collection methods are used and the community chooses the indicators for success. Professionals assist at request of community. Communities actively involved in participatory monitoring and in deciding how to respond to monitoring findings. Communities contribute to any wider external evaluations.
Score given	1	2	3	4	5

Ways in which we can use the Spidergram

- We can use it as baseline to map participation.

- We can compare the baseline with a period afterwards to see changes in participation to allow us to analyze possible causes for these changes.

- We also can compare participation in different areas and analyze causes.

- We can ask community people to assess participation in the program and together put it to the uses identified above.

- And we can identify different indicators depending on the context of the program and on how we see empowerment.

References to Using the Spidergram

- Barker, M. and H. Klopper, (2007) *Community participation in primary health care projects of the Muldersdrift Health and Development Programme.* Curationis,. **30**(2): p. 36-47.

- Chilaka, M.A., (2005) *Ascribing quantitative value to community participation: A case study of the Roll Back Malaria (RBM) initiative in five African countries.* Public Health.

- Draper, A., Hewitt, G and Rifkin, S.B (2010). Chasing the Dragon: developing indicators for the assessment of community participation in health programmes *Social Science and Medicine Social Science & Medicine* _**71** (6) :1102-1109
.

- Eyre, R. and Gauld,R.(2003) Community participation in a rural community health trust: the case of Lawrence, New Zealand. *Health Promotion International* 18(3):189-197.

- Falisse, J.B., Meessen, B.. Ndayishimiye, J. and Boussuy, M. (2012) Community participation and voice mechanisms under performance-based financing schemes in Burundi *Tropical Medicine and International Health* 17: 5 pp 674–2012

- Jacobs, B. and Price, N. (2003) Community participation in externally funded health projects: lessons from Cambodia *Health Policy and Planning* 18(4): 399-410.

- Naylor, P.-J. (2002) Evaluating the participatory process in a community-based heart health project. *Social Science and Medicine,* 55(7):1173-1187

- Perez,D. et. al. Augmenting frameworks for appraising the practice of community-based health interventions (2009) *Health Policy and Planning* doi: 10.1093/heapol/czpo28

- Rifkin, S., F. Muller, and W. Bichmann (1988), *Primary Health Care: On Measuring Participation.* Social Science & Medicine, **26**(9): p. 931-940.

- Toledo, M.E., et al., (2007) *Towards active community participation in dengue vector control: results from action research in Santiago de Cuba, Cuba.* Transactions of the Royal Society of Tropical Medicine and Hygiene. **101**(1): p. 56-63.

Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa

#HealthForAll
ichc2017.org