Tackling Infectious Disease Threats: Prevent, Detect, Respond with One Health Approach

Empowered and Resilient Communities: Need for new perspectives

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Presentation Outline

- Why engage communities?
- Difficulties faced by International NGOs working at community level
- What are the facilitators and barriers to community interaction?
- Effects of current short term funding mechanisms in relation to building empowerment and resilience.
- What can be done differently? Who makes the decisions?
- International NGO and work on community level?
Why Engage communities (1)

• While many communities have the potential, a catalyst is required to ignite it and/or redirect it onto issues that can make the most significant change in tackling infectious disease threats such as TB and HIV epidemics.
• A grassroots-led process requires meaningful participation by all sections of a community and balances the need for equitable distribution of public goods and cost efficiency.
• Community engagement process takes advantage of the local governance structure, bringing communities and health facilities in a “hub-and-spokes” fashion and likely to have a lasting change.
Why Community Engagement (2)

- Although the government and its stakeholders have been promoting HIV/TB prevention and treatment through community-based interventions, most communities in Swaziland do not take responsibility for the response.
- Many of the key drivers are intrinsically linked to community and cultural norms and practices that cannot be changed by outsiders.
- Many communities have a perception of helplessness: but expert top-down approaches focus on awareness-raising and prescriptive messages that do not engage communities to critically reflect on their vulnerabilities to HIV and TB in relation to community norms and culture.
Community Governance Structures in Swaziland

- **Sigodzi**: a sub-unit within a chiefdom.
- **Umphakatsi** (plural: *Imiphakatsi*): an administrative unit administered by a chief, commonly referred to as a Chiefdom.
- **Inkhundla** (plural: *tinkhundla*): a local government structure equivalent to a constituency. Swaziland has 55 *tinkhundla* across 4 regions.
- **Bandlancane** (inner council): advisory board to the chief.
- **Bucopho**: a formal representative of the chiefdom at *inkhundla* level.
- **Indvuna yemcuba**: chairperson of the inner council and a formal representative of the chief.
- **Indvuna yenkhundla**: the elected official who has jurisdiction over an *Inkhundla* constituency; chairs Inkhundla level meetings for **Bucopho**.
Drivers for HIV

- High community viral load
- Gender inequality
- Early sexual debut
- Intergenerational sex
- Gender based violence
- HIV stigma and discrimination
- Low and inconsistent condom use
- Low level of male circumcision (MC)
- Sex work (as well as transactional sex)
- Low levels of HIV Testing and Counselling (HTC)
- Multiple and concurrent sexual partnerships (MCP)

Drivers for Tuberculosis

- High prevalence HIV driving the TB epidemic
- Poverty
- Culture and religion (burden of caring for the sick falls on women)
- Lower literacy levels
- Poor health seeking behavior, especially among men
- Cross border migration labour especially in the mining sector
1. Community-led processes presuppose the existence of a certain level of leadership, organization, technical knowledge and skills at community level.
   - Lack of knowledge and motivation: what is extent of the problem (how many people in the community are affected or likely to become affected if nothing is done?)
   - What is the feasibility of success (likelihood that community members will adopt the recommended response or preventive action?)
   - Commitment (what is the level of commitment to the issue among leaders and community members)?
Difficulties INGOs find Community Engagement in Swaziland (2)

2. Tendency for communities to become dependent on external entities rather than community ownership or leadership to define its response.

3. Once-off engagements because of short term funding and donor priorities with no real follow up do not lead to deep engagement because the focus is on achieving donor targets and deliverables within set timelines.

4. Limited monitoring and tracking of reach and effects at community level, often treating HIV/TB as a health issue, without consideration of social and economic determinants and consequences.
Definition of Community engagement

- Community engagement: A capacity building process through which community groups or individuals define and prioritize problems and plan, conduct, and evaluate activities on a sustained basis to address those problems. The process may be initiated by the community or stimulated by others, e.g. a catalyst.
Facilitators/Enablers for CE to address the underlying drivers of the HIV and TB epidemics with emphasis on moving from awareness to action:

- The community capacity enhancement approach best engages communities on a sustained basis when:
  - **Recognize** that communities are best placed to address social and gender norms and harmful traditional practices.
  - **Enable** communities to identify the drivers of HIV and TB unique to their communities and address them in context-relevant ways.
  - **Strengthen** the capacity of communities to identify and address pressing needs/issues.
  - **Build** communities’ confidence in their ability to act, and inspires them to make changes that improve their health and wellbeing.
Drivers for HIV

- High community viral load
- Gender inequality
- Early sexual debut
- Intergenerational sex
- Gender based violence
- HIV stigma and discrimination
- Low and inconsistent condom use
- Low level of male circumcision (MC)
- Sex work (as well as transactional sex)
- Low levels of HIV Testing and Counselling (HTC)
- Multiple and concurrent sexual partnerships (MCP)
- Same sex practices, notably men who have sex with men (MSM)

Drivers for TB

- HIV
- Poverty
- Culture and religion (burden of caring for the sick falls on women)
- Lower literacy levels
- Poor health seeking behavior, especially among men
- Migration labour especially in the mining sector
Community Engagement Cycle

Expected Outcomes

1. Effective leadership
2. Degree and equity of participation during the program
3. Shared information within the community
4. Collective self-efficacy to undertake community programs
5. Sense of ownership of program activities and results
6. Social cohesion within the community as a result of the program
7. Social norms that changed as a result of the program
Views on the current short term funding mechanisms in relation to building empowerment and resilience.

- Community engagement can never be a single event, not even a series of discrete events.
- It is an evolving process and, to facilitate such a process is a capacity in itself.
- Thus the DA/EE needs to build its own capacity to facilitate the community engagement process—usually there is not time to do this.
- The DA/EEs strengthen community capacity by stimulating, advising, facilitating, and supporting the work of community members rather than directing.
Does it really work for International NGOs/Development Agencies to work at Community

- International NGOs & DA should
  - Act as catalysts for change, coach and mentor local community actors
  - Train and capacitate community based organizations (CBOs) to improve their skills required networking, problem solving, monitoring and identification and documentation of best practices
  - Ensure capacity of community leaders to supervise, continuously have up-to-date information and evaluate interventions for impact
What should be done differently: The principles that should guide the community engagement process (1)

1. **Gender integration**: conduct all stages of the community engagement process in ways that promote greater gender equity.

2. **Inclusive participation**: The CE process should be non-discriminatory. Special effort should also be made to actively involve marginalized groups of people, such as the very poor and socially isolated.

3. **Integrity and transparency**: Follow an honest and transparent process, clearly stating at the outset the specific objectives, expectations about what can and cannot be achieved or influenced, the constraints or boundaries within which the DA/EE is operating, and the level of commitment that is being asked from the participants, particularly in terms of time. The DA/EE should deliver on its commitments.
The principles that guide the community engagement process (2)

4. **Build sustainable processes**: Understand that sustainability results from identifying and mobilizing community assets and from developing community capacities and resources.

5. **Coordination**: All stakeholders working in a geographical space need to communicate, share information and collaborate with one another to provide consistent and harmonized support and ensure efficient use of scarce resources and enhance impact.

6. **Evidence-based interventions**: Promote interventions that have proven impact. At a minimum, promote interventions that are aligned with national strategies or endorsed by the government.
The principles that guide the community engagement process (3)

7. Leadership involvement at all levels: Community leaders (chiefs, traditional healers, and religious leaders) should be involved in a meaningful way to ensure that the process is inclusive and accessible.

8. Link people to services: Facilitate access to services by, among other actions, identifying and involving local HIV & TB services, and facilitate referral, linkages, and outreach services.

9. Respect and trust: The community engagement and participation thrives on mutual respect and trust between the development agency and the community.

10. Responsiveness and flexibility: This entails being responsive to community needs and flexible to adapt the CEP, using community input as a key source of information and expertise on which to draw for the purposes of decision-making and action.
Vision of community engagement for tackling Infectious Disease Threats

• “Communities finding solutions together and its people working in solidarity to protect each other, their families, children, and young people from HIV infection; and the infected and affected receiving loving, empowering and non-stigmatizing care and support”