SURE
Supporting the Use of Research Evidence

SURE Rapid Response – April 2010

How can Community Health Workers be used to empower communities?

Background

Empowering a community enables the people to increase control over their lives and decisions they take for them, it implies ownership and action that explicitly aim at personal and collective social and development change. The most effective empowerment strategies are those that build on and reinforce authentic participation ensuring autonomy in decision making, sense of community and local bonding, and psychological empowerment of the community members themselves. Communication too, is vital in ensuring community empowerment.

The World Health Organization's defines community health workers (CHWs) is that: they are members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers. Community health workers are well placed to be a pivotal point in community empowerment. They are involved in the day to day lives of the community and are usually trusted members of the population.

Key messages

Community Health Workers are a vital entry and defining point for some of the medical interventions introduced to communities as has been shown in several studies. With the same skillfulness, they may be vital to empowerment efforts; once they are equipped with the necessary information and skills, they may be able to steer the community towards self reliance and empowerment through strategies that include community mobilization and participation, behavioral change and advocacy among others, since they are trusted members of the community, and since they are a part of it and are well versed with what skills and capabilities the population has, and how it is organized.

REACH
Regional East African Community Health Policy Initiative

EVIPNet
EVIDENCE-INFORMED POLICY NETWORK

Who requested this rapid response?

Ms Robinah Kitiritimba

! This summary includes:

Key findings from research
Considerations about the relevance of this research for health system decisions in Uganda

X Not included:

Recommendations
Detailed descriptions

What is a SURE Rapid Response?

SURE Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

SURE – Supporting the Use of Research Evidence (SURE) for policy in African health systems - is a collaborative project that builds on and supports the Evidence-Informed Policy Network (**EVIPNet**) in Africa and the Regional East African Community Health (**REACH**) Policy Initiative (see back page). SURE is funded by the European Commission's 7th Framework Programme.

www.evipnet.org/sure

Glossary of terms used in this report:
www.evipnet.org/sure/rr/glossary

Studies have shown that through developing greater levels of trust at the community level, citizens can actively become involved in improving health practices.

Summary of findings: Strategies to use CHWs to empower communities

Community mobilization

This is a process of enabling people to organize themselves, recognize opportunities, identify their collective potential and utilize available resources to realize a shared goal through unified action. Community mobilization is a strategy for involving community members in the process of defining and transforming social problems. Community mobilization builds a sense of collective empowerment and efficacy (the expectation and belief that the community has the knowledge and ability to get the job done). Community mobilizing through efforts that are consensus-seeking to create change uses interventions that educate and motivate the given population. Actions are usually based on achieving goals consistent with a larger shared vision that leads to social change and development. The nature of this process is that it is usually long and involving requiring patience, perseverance, and respect for individuals and the process itself.

A systematic review of literature has shown that CHWs are well placed to help mobilize the communities. Once armed with the skills and able to understand the objective of mobilization, they are able to steer the community towards a point where they are well organized to be able to identify what they are capable of and use the resources available to them to achieve their goals. Below is a table showing a summary of findings for the primary objective of a study to assess the effects of CHW interventions in primary and community health care on maternal and child health and the management of infectious diseases.

LHWs to promote immunisation uptake in children compared to usual care

Patient or population: patients with improving immunisation uptake among children <2 years whose vaccination is not up to date
Settings: USA(3), Ireland(1)
Intervention: LHWs
Comparison: usual care

Outcomes	Illustrative comparative risks (95% CI)		Relative effect (95% CI)	Number of studies	Quality of the evidence (GRADE)
	Assumed risk	Corresponding risk			
	Usual care	LHWs			
Immunisation schedule up to date Interviews with mothers, record reviews Follow-up 6.5-24 mths	**Low risk population**		**RR 1.22 (1.1 to 1.37)**	**3568 (4 studies)**	⊕⊕⊕◯ **moderate**
	340 per 1000	**415 per 1000 (374 to 466)**			
	High risk population				
	550 per 1000	**683 per 1000 (616 to 767)**			

The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI). **CI:** Confidence interval; **RR:** Risk ratio

GRADE: GRADE Working Group grades of evidence (see bar on the right)

Community participation

Community participation is critical not only for ensuring cultural and local sensitivity, but also for reducing dependency on health professionals. Its principles are based on facilitating capacity and sustainability of change efforts, enlisting community stakeholders in program improvement, enhancing the productivity, effectiveness and efficiency of programs and enhancing health in general. With participating communities, citizens are well informed about the community's work and about their opportunities for personal involvement in meaningful roles. With increased community participation there is increased cooperation, consultation, collaboration, and collective action which lead to sustainability of programs and actions and also mean lesser ‘outside’ control. Communities with high rates of participation have been noted to apply for, and receive, more funding than communities with less collective participation. In addition, participating communities achieve greater citizen satisfaction with their community.

CHWs among others are well placed to be key facilitators of this process and may be targeted by an empowering intervention to ensure this is achieved. Being a part of the communities and understanding the goals of participation CHWs are able to identify the community skills and identify which individuals or groups are equipped for which roles. They are further well placed to approach these individuals and encourage their involvement.

Change individual behaviour

Empowering communities requires changing the behaviours of individuals in relationship to their participation in decisions. Changing behaviour is complex and may require many inputs over a long period of time to address the knowledge, attitudes, beliefs and motivations of members of the community. However once achieved, a systematic review has shown that behaviour change leads to better health outcomes.

In this systematic review, CHWs were involved as facilitators for the behaviour change. They may be used as facilitators of the process at every one of the stages. Lessons from the BRAC National ORT Promotion Program showed that lay health workers are effective conveyers of health information to change behaviours. Being trusted members of the community, they are able to move individuals from one stage of change to another and ensure that those relapsing through the stages are helped progress forward. The fact that this is a long gradual process, for sustainability and later maintenance of the change achieved, CHWs are well placed in the community to do this.

Development of support groups and empowering of special or marginalized groups

In many societies in the low and middle-income countries, special or marginalized groups or people in the societies have not received any recognition in the past. In fact in many rural communities they are discriminated against and are not considered during decision making processes or

implementation of interventions. Empowering these groups may take a long and gradual process involving changing of attitudes in the general community; furthermore there is need to change the individuals' attitudes too. To sustain the process of change needs people understand the community and its attitudes and norms because these are sensitive and critical areas that can make or break an intervention or program.

CHWs are able to lead this change in attitude, they are able to help develop groups that are supportive to the individuals and so changing their attitudes and helping increase their spiritual, social, economic and political strength, they are able to realize and develop confidence in their own capacities. With this attitude they are able to engage in community activities more and make decisions for their lives.

Advocacy efforts

Health advocacy encompasses direct service to individuals and families as well as activities that promote their health and access to health care within the community and public at large. It promotes and supports the rights of the individual or community in the health care arena, helps build capacity to improve community health and enhance health policy initiatives focused on quality care. Health advocates work in direct patient care environments, collaborating with other health care providers to facilitate positive change and as educators to empower these patients.

CHWs are health advocates. Furthermore, the fact that they are individuals who are well respected and trusted by the communities to represent their views, something that these CHWs advocate for is seen to be in the best interests of the people. Subsequently for advocacy of a program or an intervention, once CHWs are seen to be positive about it, engaging in and advocating for it, the chances of it being accepted and approved by the population are much higher than if it was someone else doing so. Furthermore CHWs act as advocates on behalf of the community, advocating for improvements in access to and the quality of health services that the community agrees are needed.

Educational opportunities and increase in collective knowledge

CHWs once trained and equipped with knowledge and skills vital for the development of a community can be a source of dissemination of this knowledge. Being influential members of the community, and knowing well the characteristics of the population, their schedules and more,

CHWs are in a better position to educate the community than a person from 'outside' the community. Because of their position in the community, they may be better able to tailor the methods and package information or advice for the given community.

Financial strategies

Many communities have been engaged in setting up microfinance structures and community based health insurance schemes. Many of these have not been sustained because of several reasons. Some were ideas introduced, run and managed by 'outsiders' while others did not blend in well with the culture and norms of the population they intended to serve.

A systematic review of the evidence on Community-based health insurance in low-income countries shows strong evidence that community-based health insurance provides some financial protection by reducing out-of-pocket spending for communities. CHWs may be used to engage the community, help them come up with ideas of financial strategies, how they will run them and how they will engage with ‘outsiders’ who want to help or collaborate with them. With this sense of ownership and guidance from a trusted person or people, communities may be able to come up with sustainable financial strategies that will lead to improved health conditions and socio-economic status in the end.

Conclusion

CHWs can potentially play an important role in approaching communities, engaging them, equiping them with knowledge and skills, and empowering them to make and implement their decisions. However, for CHWs to be used effectively requires that they are trained and have the teaching, training and leadership skills needed to engage and empower their communities,.

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SURE collaborators:

The **Regional East African Community Health-Policy Initiative (REACH)** links health researchers with policy-makers and other vital research-users. It supports, stimulates and harmonizes evidence-informed policymaking processes in East Africa. There are designated Country Nodes within each of the five EAC Partner States.

www.eac.int/health

The **Evidence-Informed Policy Network (EVIPNet)** promotes the use of health research in policymaking. Focusing on low and middle-income countries, EVIPNet promotes partnerships at the country level between policymakers, researchers and civil society in order to facilitate policy development and implementation through the use of the best scientific evidence available.

www.evipnet.org

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Conflicts of interest

None known.

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