Engaging with civil society through parallel-tracking

Glenn Laverack.
World Health Organisation.

- There is evidence that community engagement is an effective method for promoting participation and empowering communities among a wide range of health and other non-health benefits (Rosato, 2008).

- There is evidence that community engagement can improve maternal and newborn health, particularly in rural settings with low access to health services (WHO, 2014).

- Community groups provide a space to identify priorities and solutions, connecting to others and can provide skills, knowledge and a sharing of experience (South, 2013)

Two Types of Programmes

‘Top down’

- Agency/professionally managed (pre-packaged).
- Goals identified by agent based on population data. By far the most common form of programming.
- Lifestyle and behavioural.
- Shorter time-frame.
- Targeted at the individual.

‘Bottom up’

- Goals chosen on basis of unmet community needs.
- Longer time-frame.
- Focus on capacity building, participation and enabling.
- Targeted at the collective.

Rosengård, Malmö

- Rosengård is home to 25,000 of Malmö`s 300,000 population.
- Of 1200 students in the secondary school- 8 were native Swedes in 2013.
- Unemployment is 30% (Herrgården 90%).
- High population of muslim migrants, sharia law is practised.

‘Top down’

- Obesity: Exercise & Diet
- Cancers
- Violence & Injury
- Drug use and alcohol
- Gambling
- Smoking

(Wanless, 2003)

‘Bottom up’

- Low pay;
- Poor housing;
- Unemployment;
- Social exclusion;
- High crime levels;
- Poor access to health and social services.

(Kashefi and Mort, 2004)

Why do we engage top-down?

We want to change peoples behaviour rather than to help to empower people.

We want people to comply with our instructions.

We want people to participate in our programmes.

The Saskatoon 'In Motion' Programme

- A 3-5 year plan to increase physical activity in urban and rural communities in Saskatchewan, Canada.
- Used public awareness, education and motivational strategies targeting individuals for behaviour change.

The Saskatoon 'In Motion' Programme

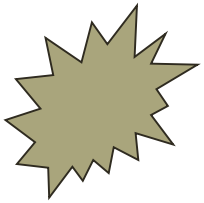
- ✓ In Saskatoon 57% people surveyed said that they had seen, heard or read about the 'in motion' programme.
- ✓ 18% surveyed said that the 'in motion' messages had led to them definitely thinking more about physical activity.

- ✓ 30% said they had become more active. 49% had no change in physical activity and 14% had become less active & 7% unsure.

Failed to reach low socio-economic, adolescents, indigenous people and ethnic minority groups

The Top-Down / Bottom-Up Tension

Top-down agenda



Bottom-up agenda

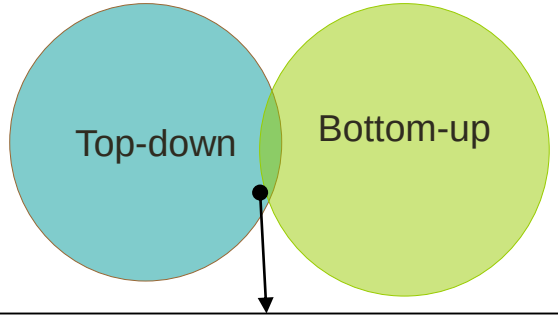
We must be prepared to listen to what the community needs.

We may not necessarily like what we hear, but we must be committed to moving forward and building upon these needs in our programmes.

Parallel-Tracking

- A planning tool that is based on a ‘programme cycle’.
- Allows the needs of CSOs to be better accommodated within top-down programmes by equally emphasising both agendas.
- Does lead to positive outcomes in health literacy, self-efficacy and community capacity and action.

Parallel-Tracking



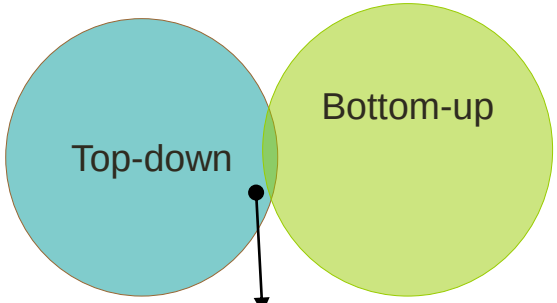
1. Programme design phase: Identification of issues, appraisal and approval stage.

Chronic Disease Prevention Track

Obesity (Exercise - Diet)

Capacity Building Track
Engaging and enabling people to increase control over their health

Parallel-Tracking



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Improvements in the morbidity and mortality of the population.

Capacity Building Objectives.
Increasing skills, knowledge and competencies for greater control over decision-making/ access to resources.

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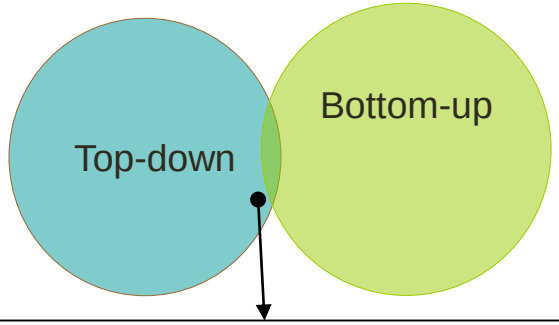

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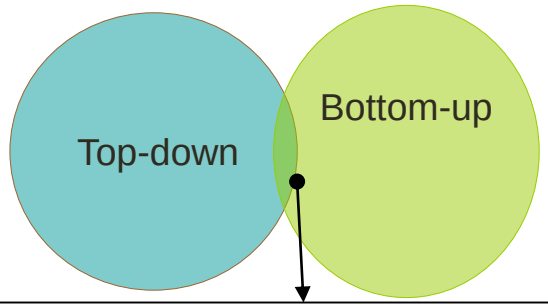
3. Strategic Approach.
Top-down approaches employing social marketing, health education, motivational and behaviour change interventions.

Strategic Approach.
Builds on successful local initiatives and capacities (skills training, mentoring, domains approach).

Parallel-Tracking



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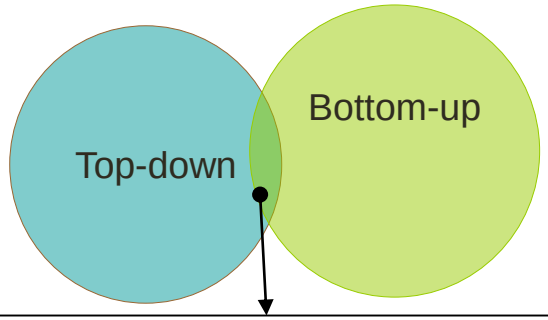
4. Management. Pre-packaged , implemented and controlled by an outside agent.	**Management** Community is involved in the management of the programme in a systematic way that also builds capacity.

Parallel-Tracking



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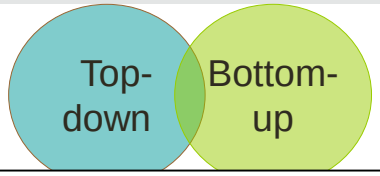
5. Evaluation Epidemiological and quantitative data to measure the success of the objectives.	**Evaluation** Evaluation uses participatory, qualitative techniques that are also empowering.

Parallel-Tracking chronic disease prevention



1. Programme design phase: Identification; appraisal; approval.

Chronic disease prevention track

Obesity (Exercise - Diet)

Bottom-up track
Engaging and enabling people to increase control over their health.

2. Programme objectives.
Improvements in the morbidity and mortality of the population.

- Reduce body mass index by X% in X% of the population before end of year XXXX;
- Bring blood pressure readings into normal range for X% of the population before end of year XXXX;
- Bring cholesterol levels into normal range for X% of the population before end of year XXXX.

Bottom-up objectives.
Level of control over health and life decisions within the community.

- To assist the community to establish vegetable gardens in 20 locations in South and West Auckland before end of year XXXX.
- To assist the community to establish five walking groups for Polynesian men and women in South and West Auckland before end of year XXXX;
- To conduct 30 seminars on diabetes at pacific community centres in South and West Auckland before end of year XXXX.

3. Strategic approach.
Social marketing, health education and motivational and behaviour change interventions.

Strategic approach.
Community capacity building: Community groups and partnerships.

4. Management and implementation
Professional control of planning, organising and implementing the programme objectives.

Management
Implementation of the programme achieves positive and planned changes in community capacity and control.

- Setting up a demonstration vegetable garden and the provision of skills training to encourage others to start their won community gardens.

5. Evaluation
Epidemiological and quantitative data to measure the success of the objectives.

- The% level of body mass;
- Blood pressure and cholesterol levels reduced in the population group within a specified period of time.

Evaluation
Evaluation uses participatory, qualitative techniques such as focus groups.

- The number of active vegetable gardens that were established;
- The number of active walking groups that were established.

The Safer Parks Scheme New Zealand

- Started by the City Council following complaints about crime in public parks – low patronage.
- Employed park wardens and honorary rangers to patrol the areas and installed exercise equipment.
- In collaboration with the Dept of Conservation the MoH and City Council encouraged public participation through its ‘adopt a park’ initiative.
- Volunteers helped to raise money and to report any problems that they encountered to the park rangers.
- As a result park patronage and exercise levels greatly increased-leading to improved health.

Working with citizens and services to improve health

- 15,000 + health champions recruited in the UK.
- Roles vary in intensity from talking to people as part of their daily lives through to organising community activities.
- Help to recruit other volunteers.
- (www.Altogetherbetter.org.uk)