



## Gender, Disability AND Vulnerable Groups

Environmental Literacy Level 6 (Equip Africa College of Medical and Health Sciences)



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## **CHAPTER 14: MANAGEMENT OF GENDER, DISABILITY AND VULNERABLE GROUPS/MANAGE GENDER, DISABILITY AND VULNERABLE GROUPS**

### **Introduction**

Manage gender, disability and vulnerable groups is a unit of competency offered in the TVET level 6 for community health. The unit covers knowledge, skills and behaviors required to manage gender, disability and vulnerable groups. It involves identifying vulnerable groups, conducting health needs assessments, carrying out civic education, providing health care and social services linkages and managing support groups. The significance of management of gender, disability and vulnerable groups to TVET level 6 curriculums is to help the learners to have an oversight of what vulnerable groups undergo in the society and the way they can help them to become successful in their life.

The critical aspects of competency to be covered include identify health problems, establish and develop vulnerable population tool, conduct situational analysis, design and train civic education, provide health care and service linkages based on scope of any existing structures and existing population. The basic resources required include workstation, stationery, and computer among others. The unit of competency comprises five learning outcomes. Each of the learning outcome presents; learning activities that cover performance criteria statements, therefore creating in trainee's a chance to demonstrate knowledge and skills within the activity standards and content in curriculum. Information sheet provides; definition of key terms, content and illustration to guide in coaching. The competency may be assessed through case study, observation, third party reports and oral questioning. Self-assessment is provided at the end of every learning outcome. Holistic assessment with other units relevant to the industry sector is recommended.

### **Performance Standard**

Establish vulnerable groups, develop assessment tool, identify health problems, conduct situational analysis, design and train civic education, provide health care and service linkages and supporting group based on community health activities, prevailing situation and disasters, hazard approach and group identification procedures.


### **Learning Outcomes**

#### **List of learning outcomes**

- a) Identify vulnerable groups
- b) Conduct health needs assessments
- c) Carry out civic education
- d) Provide health care and social services linkages
- e) Manage support groups

## Learning Outcome No 1: Identify Vulnerable Groups

### Learning Activities

Learning Outcome No 1: Identify vulnerable groups		
	Learning Activities	Special Instructions
<p>Apply census data and GPS mapping according to vulnerable group identification procedures</p> <p>Identify, record and quantify vulnerable groups (children, elderly people, pregnant women, malnourished people etc.) in the community based on prevailing situation and disasters</p> <p>Determine vulnerability contributing factors (destitution, ignorance, religious and cultural beliefs among others) based on community support program</p> <p>Make interventions based on health needs and available resources.</p> <p>Involve stakeholders and partners based on identified health intervention.</p>		<p>Chart with presentation of data and writing materials may be provided.</p>

### Information Sheet No14/LO1: Identify Vulnerable Groups



#### Introduction

This learning outcome covers various ways of identifying, recording and quantifying vulnerable groups in the community based on prevailing situations and disasters and according to vulnerable group identification procedures.

#### Definition of key terms

**Census:** Is a complete enumeration (count) of all persons in a country at a special time. It is the primary source of benchmark statistics on the size, distribution, composition and other social and economic characteristics of a population.

**GPS:** Global Positioning System is a constellation of approximately 30 well-spaced satellites that orbit the earth and make it possible for people with ground receivers to pinpoint their geographic location.

**Vulnerable groups:** This defines any group or sector of society that is at a higher risk of being subjected to discriminatory practices, violence, natural or environmental disasters or economic hardships than other groups within the state. For example, people living with disability, women and children

**Stakeholders:** A stakeholder is a person, group or organization that has interest or concern in an organization. A stakeholder can affect or be affected by the organization's actions, objectives and policies.

**Health:** Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.

**Disasters:** A disaster is a serious disruption occurring over a relatively short period of time that causes widespread human, material, economic or environmental loss which exceeds the ability of the affected community or society to cope on a timely basis using its own resources.

### **Content/Procedures/Methods/Illustrations**

#### **Census data and GPS mapping are applied according to vulnerable group identification procedures**

The use of GPS in disease surveys and reporting is becoming increasingly routine, enabling a better understanding of spatial epidemiology and the improvement of surveillance and control strategies.

In turn, the greater availability of spatially referenced epidemiology data is driving the rapid expansion of group mapping methods with vigorous handling of uncertainties.

Where risks are heterogenous across the population groups, spatial data on human population distribution and demography is required to estimate infections, disease risks, burdens and dynamics.

Disease impact in terms of morbidity, mortality and speed of spread varies substantially with demographic profiles so that identifying the most exposed or affected populations become key aspect of planning and targeting interventions. In Kenya, 2019 census covered a section that was collecting information regarding persons with difficulties in performing activities of daily life. This section covered every person aged 5 years and above. Some of the questions asked include;

- i) Does <NAME> have difficulty seeing, even if wearing glasses?
- ii) Does <NAME> have difficulty hearing, even if using a hearing aid?
- iii) Does <NAME> have difficulty walking or climbing steps?
- iv) Does <NAME> have difficulty remembering or concentrating?

#### **Limitations of identifying vulnerable groups using census data**

- a) Irregular collection of data

The first limitation is mostly the result of the irregular collection of detailed information given that most countries independently collect full census only once per decade. The data collected or used as reference is complicated.

- b) Poor accountability

Little is known about characteristics of the underlying population being mapped in detail. For instance, one would say that they have an eye problem when they do not.

- c) Omitted data

Vulnerable sub-groups at risk have been left out in the survey. For instance, the

section covering identification of vulnerable groups cannot gauge anyone's problem.

**Vulnerable groups in the community are identified, recorded and quantified based on prevailing situation and disasters**

Vulnerable people should be given food security by optimizing the nutritional value and adequacy of the diet, improving their quality of life and improving various health parameters to them.

Discussed below are some vulnerable groups;

**a) Women and girls**

Vulnerable groups are people in the society who are socially disadvantaged or at a higher risk of suffering from one or more problems that affect that society. Women and girls from vulnerable groups are more likely to experience violation of their fundamental rights when compared to men. This is often translated into being at higher exposure to violence and gender-based violence, having more problems in accessing public resources such as health, education and justice; being poorer and at a higher risk of poverty and health issues. From a closer and more gender-responsive approach, there are a number of vulnerable groups of women and girls with needs.

These include;

- i) Girls with disability
- ii) Elderly women
- iii) Pregnant women
- iv) Widows

**Pregnant women**

Pregnant women are considered vulnerable primarily because of its involvement of a third party with a unique and inextricable relationship to the mother (the foetus) that may be affected by research and cannot give counsel.

**Widows**

Most women are widowed compared to men. This is because; wives are generally younger than their husbands. Women's life expectancy is higher for women than men and men tend to remarry more women.

**b) Elderly people**

The old people are considered a vulnerable group because, a large percentage of elderly people are illiterate, poor support systems as a result of rapid urbanization, migration of labor force and rural urban migration. The elderly people are mostly left in the villages above with no one taking care of them. They may experience health problems but not get treated since they can hardly take themselves for check-ups.

**c) People with disability (PWD)**

People with disability have the same general health care needs as everyone else and therefore need access to mainstream health care services. They should attain the highest level and standard of health care without discrimination.

**d) Malnourished people**

Most major food and nutrition crisis do not occur because people are too poor to obtain enough food. Food insecurity of the vulnerability groups is caused by non-availability of foods in the markets, difficulty accessing markets due to transportation and insufficient financial resources.

Food insecurity exposes this group to certain diseases and infections, such as, TB, Measles and diarrhea which are linked to be causes of malnutrition. Malnourished people should have access to balanced diets and health care.

**Policy recommendation**

- a) Ensuring that all policies for gender equality and women empowerment are more inclusive and responsive to the needs of vulnerable groups of women.
- b) Ensuring that data and statistics provide data disaggregated by different types of vulnerabilities (especially disability status and age)
- c) Ensuring that all policy and legal affirmative measures for vulnerable groups are reinforced, fully implemented and made gender-responsive in order to include women and girls in this group.
- d) Promoting participation of vulnerable groups of women in politics and decision making. In Kenya for instance, women and people living with disability are given a certain percentage to encourage their participation.
- e) Encouraging employers, educational training and vocational establishments to hire people from vulnerable groups.

**Vulnerability contributing factors are determined based on community support programme**

**a) Poverty**

The widening gap between the rich and poor, rural and urban incomes and hence the disparity in living standards can be witnessed in the flood plains of developing countries. For small land owners with marginal, degraded land, frequent flooding can decrease the returns for farming, with no reserves to help them get back on their feet after a disturbance or pay for basic needs.

**b) Cultural beliefs**

Some cultural beliefs and fatalistic attitude contribute to a community's vulnerability. In some societies, natural disasters are considered to be acts of God and taken as if there is nothing human being could do to avoid the hazards. Lack of faith in the social system makes some people vulnerable.

### **c) Weaker social groups**

In a society made up of various social groups, the needs of each group differ. Children, women and PWD have unique group features that may add to their vulnerabilities in particular situations such as during evacuation, sheltering, relief distribution and the rehabilitation process.

### **d) Religion**

Different religions have different beliefs. Some religious beliefs play a major role in increasing vulnerability. For instance, there is a religion that women cannot lead others. That responsibility only belongs to men. This makes women and girls vulnerable.

### **e) Equity**

Unequal distribution of resources and access to human rights can lead to conflicts and discontent, and in turn, the deterioration of social systems. For example, individuals who are denied the right to freedom of association and access to information may be precluded from discussing issues related to flood preparedness and mitigation planning so as to take preventive measures against the hazards.

### **f) Livelihoods**

The principal livelihoods of community living in rural flood plains are mainly farming and fishing. However, recurring floods threaten their stability of their livelihoods owing to the loss of farm products in the absence of adequate transport. The landless poor, working as hired laborers, particularly during long flood seasons, have trouble finding jobs to meet their basic needs.

**Interventions are made based on health needs and available resources.**

### **i) Population approaches**

This approach should be complemented with interventions in vulnerable groups. These are the groups characterized by shared social conditions such as lack of resources, which are fundamental causes of diseases that place them at an increased risk.

Explained below are scenarios illustrating approach as a critical intervention strategy to advance population health and reduce health discrepancies.

#### **a) Communicable disease transmission**

Elevated infectious disease incidence in certain populations poses a threat, not only to individuals but society at large. In the case of communicable diseases, interventions should target the population at risk. In such cases, doing so prevents other individuals from being exposed to communicable diseases.

#### **b) Immediate versus long term benefits**

Interventions are essential long-term strategies to ameliorate living and working conditions of vulnerable groups. Timely interventions targeting population at risk could attenuate specific health threats in the short run and reduce mortality and morbidity.

#### **c) Exposure prevalence**

Exposure prevalence might precipitate high disease levels and therefore justify interventions of population at risk. Exposure prevalence might differ between groups.



For instance, diarrheal disease transmission through contaminated water supply can be solved by using home chlorination devices to disinfect contaminated water. Similarly,

the promotion of physical activity has been shown to reduce obesity in girls from low-income families.

In summary, interventions should include population approach and focus on vulnerable groups.

However, more immediate interventions should also be implemented in population at risk to advance both population health and health equity. Some of these interventions are explained below;

**ii) Addressing long-term sources of vulnerability**

Some important programs in place seek to address long-term sources of vulnerability. Such well-accepted income policies as social security has greatly reduced poverty and have had major health effects as well. Institutions and programs providing assistance to clients with long-term vulnerabilities face different challenges from those designed to serve people and groups in temporary distress. The long-term problems require a comprehensive commitment.

**iii) Providing vulnerable programmer for vulnerable people**

Response in other areas of vulnerability - including poverty welfare, child support and elderly people – is less developed, systematic and has less stable finding. Vulnerable populations with little influence and power have little priority when cut-backs are required in public budgets.

The medical care system for instance, should be designed to deal with sustained poverty, foster children and depletion of neighborhood.

**Stakeholders and partners are involved based on identified health intervention.**

A stakeholder is a person, group or organization that has interest or concern in an organization. Stakeholders can affect or be affected by the organization's actions, objectives and policies. For successful public participation in intervening vulnerable groups. It is crucial to identify all stakeholders. They include;

**a) Government ministries, departments and agencies**

Governments have the prime responsibility of ensuring the safety and well-being of its citizens. It is therefore important that relevant departments at the national, state, district and municipal levels be part of the interventions – so as to devise strategies at the respective administrative level.

**b) NGOs**

NGOs can influence the behavior of stakeholders by building awareness and disseminating information that can help the vulnerable group.

**c) Leaders**

People in leadership have the responsibility to serve people. Democracy as practiced by many countries, gives people the right to choose a leader who they trust to serve them. They should therefore be on the frontline advocating for the rights of people in vulnerable groups e.g. women, PWD and children.

#### **d) Citizens**

People living in the country play a major role in intervention of vulnerable groups. It is the responsibility of every person to work towards reducing hazards that can lead to poverty, e.g. use of drugs, cutting down trees etc.

#### **e) The church**

The church honors the strong witness of many individuals who have recognized the responsibility to protect those who are weak, poor and vulnerable through non-violence. Churches should offer their moral authority to intervene vulnerable groups.

### **Conclusion**

The learning outcome covered census data and GPS as used to identify vulnerable groups, identification of the vulnerable groups, factors affecting vulnerability, vulnerable groups intervention and the stakeholders involved.

### **Further Reading**



San Francisco: Jessey-Bass (2001) L.A Aday, At Risk in America: The health and health care needs of vulnerable groups' intervention and the stakeholders involved.

### **Self-Assessment**



### **Written Assessment**

1. Which one of the following people is part of a vulnerable population?
  - a) Edna, an elderly woman who is unable to walk, bathe or food herself.
  - b) Christine, an elderly woman who lives on her own and can take care of herself.
  - c) Justin, an elderly man who cannot hear as well as he used to.
  - d) Lawrence, an elderly man who is capable as he was when younger.
2. Mary is a caretaker for an older man who cannot speak or move very well and really doesn't know what's going on. She really loves him and want to bear him kids. If she has intercourse with him, will it be abuse?
  - a) Yes, because he is not able to consent.
  - b) Yes, because he is over the age of 70.
  - c) No, because he is an adult.
  - d) No, because he is a man.
3. What is the primary cause of vulnerability to health problems?
  - a) Breakdown of family structures.
  - b) Poverty.
  - c) Prejudice.

- d) Social isolation.
4. What are the different methods used to determine suitability and vulnerability in mapping?
  5. What is a vulnerable population?
  6. Can a vulnerability become a hazard?

#### **Practical Assessment**

1. Carry out a study on the Turkana community in Kenya and list the number of vulnerable populations and how different stakeholders can take part in intervening the vulnerable groups.

#### **Tools, Equipment, Supplies and Materials**

- Computers
- Training resources
- Projectors
- Flip charts
- Charts with presentations of data
- Internet connectivity
- Relevant videos


#### **References**



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- Link BG, Phelan J. Social condition as fundamental causes of disease. J Health Soc Behav. 2003; 80-94
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## Learning Outcome No 2: Conduct Health Needs Assessments

### Learning Activities

Learning Outcome No 2: Conduct health needs assessments		
	Learning Activities	Special Instructions
	<p>Identify health needs based on community health needs</p> <p>Prioritize health needs based on the level of severity</p> <p>Identify and strengthen partnerships with local organizations and agencies that may already be serving vulnerable populations in the community</p> <p>Determine community populations and areas that may need targeting based on hazard approach procedures</p> <p>Implement action on felt needs based on available resources</p> <p>Integrate needs of vulnerable populations (health, education, water and sanitary facilities among others) into all aspects of planning and plan development according to severity of situations</p>	

### Information Sheet No14/LO2: Conduct Health Needs Assessments



#### Introduction

This learning outcome covers introduction, identification and implementation of health needs based on available resources, community health needs and according to severity of situations.

#### Definition of key terms

**Health:** Is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.

**Needs of vulnerable populations:** These are the resources or services that people lack hence making them vulnerable. For instance, lack of medical services, lack of food, malnutrition, etc.

**Hazard:** Is an agent that has the potential to cause harm to a vulnerable target. A hazard can cause harm or damage to humans, property or the environment.

**Disaster:** A disaster is a serious disruption occurring over a relatively short period of time that causes widespread human, material, economic or environmental loss which

exceeds the ability of the affected community or society to cope on a timely basis using its own resources.

## Content/Procedures/Methods/Illustrations

### Health needs are identified based on community health needs

Need in health care is commonly defined as the capacity to benefit. If health needs are to be identified then an effective intervention should be available to meet these needs and improve health.

#### Demand

This is what the patient asks for. It is the needs that most doctors encounter. General practitioners have a key role as gatekeepers in controlling this demand and waiting lists become a surrogate marker and an influence to this demand.

#### Supply

This is the healthcare provided. This will depend on the interests of health professionals, priorities of the politicians and the amount of money available.

Health care needs are those that can benefit from health care (health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care). Most doctors will consider needs in terms of health care services that they can supply.

Health needs incorporate the wider social and environmental determinants of health such as;

Deprivation

- Housing
- Diet
- Education
- Employment

#### Influences on health

- **Environment** – Housing, education, social economic status, pollution
- **Behaviors** – Diet, smoking, exercises
- **Genes** – Inherited health potential
- **Health care** – Primary, secondary and tertiary prevention

#### Health needs assessment

Assessment of health needs is not simply a process of listening to patients or relying on personal experience. It is a systematic method of identifying unmet health and health care needs of a population and making changes to meet the unmet needs

#### Questions to ask when assessing health needs

- What is the problem?
- What is the size and nature of the problem?
- What are the current services?
- What do patients want?
- What are the most effective (clinical and cost) solutions?
- What are the resource implications?

### Health needs are prioritized based on the level of severity

Severity expresses the degree of unmet needs. It is thus related to shortages and deficits, as opposed to fulfilment and well-being. Severity in different domains can be expressed in very different measures, such as the price of bread for food and the number of hospitals no longer operational for health care. The concept of severity can be viewed

as a multi-dimensional concept, drawing up research questions related to concept like need, urgency, fairness, social consequences, mortality versus morbidity and human dignity.

### **Severity and prevention**

Can a non-severe condition be urgent because it will, in a near or a more prolonged perspective become severe untreated? A slight wound from a rabies infected dog is severe in the sense that post-exposure prophylaxis is not administered, a fatal outcome is almost certain.

Conversely, a condition leading to slight but permanent dysfunction could reasonably be considered urgent if expedient treatment could restore full function, severe, however, seems an unfit label. Or is the condition already inherently severe if urgent measures are needed?

### **How does the interplay between need, urgency and severity affect how we think about preventive measures like vaccination programs in priority setting context?**

- i) In the preventive situation, we are treating a group in order for a small number of potential patients to have a benefit.
- ii) When assessing severity, the level of risk of developing the targeted condition is taken into account.
- iii) By assessing the severity of the targeted condition once developed and then lowering the severity of the condition, helps avoid the severity.

### **Measuring severity of illness**

Using a patient's total medical record, the severity of illness index is assigned to each patient at discharge. An overall severity score is determined by scores of seven medically meaningful dimensions chosen to reflect the burden of illness.

These seven dimensions are;

- i) Stage of the principal diagnosis
- ii) Complications of the principal condition
- iii) Concurrent interacting conditions that affect the hospital course
- iv) Dependency on hospital staff
- v) Extent of non-operating room life support procedures
- vi) Rate of response to therapy or rate of recovery
- vii) Impairment remaining after therapy for the acute of hospitalization.



**Partnerships with local organizations and agencies that may already be serving vulnerable populations in the community' is identified and strengthened**

There are programs for vulnerable populations, which works to reduce risks to vulnerable populations and to help communities, non-governmental organizations and governments to provide services and protection for at-risk groups. Through these programs, vulnerable populations gains access to opportunities that support their full participation in society. Some of these partnerships involve;

**a) The government**

The Kenyan government strives to solve solutions experienced by vulnerable groups. Social equity and equitable access to public services has been part of the nation's agenda since independence. Nevertheless, there is still a big gap between the rich and the poor. In the Vision 2030, the government aims at achieving equity in access, control and participation in resource distribution for improved livelihoods of vulnerable groups, women and the youth.

**b) Child helpline (116)**

This organization works in partnership with the government to stop child abuse and provide a safe environment for all children. They offer the only nationwide helpline service dedicated to children.

**c) Kenyan NGOs**

Kenya is no stranger to the plight of hundreds of thousands of children who grow up abandoned and alone in a world that can be harsh. Fortunately, many non-governmental organizations have stepped in for this vulnerable group. They include but are not limited to the following;

- Undugu Society of Kenya
- Kenya Community Development foundation
- Childline Kenya
- Child rescue Kenya
- Save the Children (Kenya)

**d) Asante Africa Foundation**

Ensures quality holistic community-based education in East Africa by creating safe learning environments, strengthening teacher effectiveness in the classroom and providing scholarships and leadership developments for the next generation of change agents.

**e) Aid for Africa**

Empowers poor African children, women and families to escape poverty through community-based self-help programs that improve health, expand education, create businesses and protect wildlife.

**f) Medical bridges**

Bridges the healthcare gap by distributing surplus medical supplies and equipment to understand communities in Africa and emerging countries. Provides equipment ranging from hospital beds and ultrasound machines to gloves, sutures and ward dressing.

#### **g) Fistula Foundation**

Helps women with Obstetric Fistula, a wrenching childbirth injury that leaves over a million of women cast out of the community. They provide surgeries to restore women's health.

#### **h) Homes for the elderly**

There are a number of institutions in Kenya where the elderly are well taken off E.g. Kariobangi Cheshire Home and SJ Remedial Care Home for the Elderly.

### **Community populations and areas that may need targeting are determined based on hazard approach procedures**

Natural disasters disrupt people's lives through displacements, destruction of livelihoods and property, deaths and injuries. Consequently, they take back years of development thus posing a major challenge to the achievement of Millennium Development Goals. Natural hazards in Kenya include drought, floods, earthquakes, volcanic eruptions, landslides, cyclones, storms etc. These occur all over the world and are on their own not harmful. However, when these natural hazards interact with people, they are likely to cause damage of varying magnitude resulting in disaster.

Disasters thus occur when the natural hazards interact with vulnerable people, property and livelihoods causing varying damage depending on the level of vulnerability of the individual, group, property or livelihoods. Disasters disrupt people's lives through displacements, death and injuries. They destruct livelihoods and drain years of economic gains and development. The magnitude of a disaster depends on the characteristics, the probability and intensity of the hazard and the susceptibility of exposed elements based on the prevailing physical, social and environmental conditions. Explained below are two hazards experienced in Kenya and the community population affected;

#### **a) Drought**

Drought is the most prevalent natural hazard in Kenya affecting mostly the Eastern, North Eastern parts of Rift Valley and the Coast provinces. Flood seasonally affect various parts of the country especially along the flood plains in Lake Victoria Basin and in Tana River.

#### **Factors affecting/contributing to severity of drought in Kenya**

- i) Inadequate water storage capacity
- ii) Increased destruction of forests due to charcoal burning and clearing of forests for agriculture.
- iii) Cultivation on stream banks and steep slopes causing erosion of the top soil which fills up dams used as dry weather water reservoirs
- iv) Inadequate distribution of water services

## **b) Floods**

Floods occur due to natural factors like flash floods, river floods and coastal floods. They may also occur due to human manipulation of watersheds, drainage basins and flood plains. Most parts of the nation experience floods which are slow and onset and mostly predictable. The specific areas in Kenya that experience floods are;

- i) Nyanza Province – Kano plains, Nyakach area, Rachuonyo and Migori
- ii) Western province – Budalangi
- iii) Coast Province – Kilifi, Kwale and Tana River Basin
- iv) North Eastern Province – Garissa, Wajir
- v) Urban Centres – Nairobi, Nakuru, Mombasa, Kisumu

## **Economic effects of floods on people, assets and livelihood**

- i) Loss of livelihoods including destruction of crops, death of farm animals, loss of fishing equipment
- ii) Destruction of settlements and houses
- iii) Destruction of infrastructure mainly roads, power lines etc.
- iv) Loss of food reserves

## **Action on felt needs is implemented based on available resources**

Felt needs is a basic concept in community development. Felt needs are changes deemed necessary by people to correct the deficiencies they perceive in their community. The use of felt needs in community development practice involves the process of identifying needs, ranking their importance and building programs based on the ranking.

## **Parties involved in developing a plan for assessing local needs and resources**

- **Health and human service providers:** These individuals and organizations, especially those that are community-based often have a deep understanding of the community and a strong empathetic connection with the population they serve. They can be helpful both by sharing their knowledge and recruiting people.
- **Government officials:** Elected and appointed officials are often those who can help or hinder community change effort. Engaging them in planning and carrying out an assessment helps to ensure that they will take the effort seriously and work to make it successful.
- **Community activists:** People who have been involved in addressing policy or issues that could come up in the course of assessment have a stake in planning the assessment as well.

## **How to develop a plan for assessing local needs and resources**

- i) Recruiting a planning group that represents all stakeholders and mirrors the diversity of the community
- ii) Decide why you are conducting the assessment

- iii) Determine what data is readily available
- iv) Decide on methods of gathering information E.g. use of existing data

- v) Determine what data is readily available
- vi) Decide on methods of gathering information E.g. use of existing data
- vii) Decide whom you'll gather information from
- viii) Decide who will collect data
- ix) Analyze data
- x) Record results of assessment and present to the community.

Needs and resources are two sides of a coin. In order to get a comprehensive view of the community, it's important to look at the available resources. With this in mind, a positive outcome can be achieved on the problem addressed.

### **Needs of vulnerable populations are integrated into all aspects of planning and plan development according to severity of situations**

Vulnerable populations include the economically disadvantaged, minorities, children, the homeless, the elderly, people suffering from HIV and those with other chronic health problems including severe mental illness. The vulnerability of these individuals is enhanced by sex, age, income and absence of a usual source of care.

Their health and health care problems intersect with social factors including, housing, poverty and inadequate education.

### **Health needs of vulnerable populations**

The health domains of vulnerable population can be divided into 3 categories; physical, psychological and social

#### **a) Physical needs**

Those with physical needs include high risk mothers and infants, the chronically ill and disabled and persons living with HIV/AIDs. Chronic medical conditions for example heart disease and dyslipidemia are physical needs.

#### **b) Psychological needs**

Vulnerable population include those with chronic medical conditions such as hyperactivity disorder. People who are suicidal or prone to homelessness fall in this category as well.

#### **c) Social needs**

In the social realm, vulnerable populations include those living in abusive families, the homeless, immigrants and refugees.

Table 38. Needs of vulnerable population

<b>Vulnerable Group</b>	<b>Needs</b>
Women	High wage differentials and gendered work norms Bearing responsibility for child care
Children	Malnutrition disease Abuse Lack of voice in policy agendas
Elderly people	Lack of access to regular income, work & health care Declining physical and mental capacities Lack of a guardian
People with Disability (PWD)	Assumed to be unable to work Higher rates of poverty Physical barriers Communication barriers Lack of sensitivity of awareness to people

## Conclusion

The learning outcome covered assessment of health needs through prioritizing health needs, determining vulnerable population, identifying and strengthening of partnerships to serve these group.



### Further Reading

HOOVER, J and LONGWORTH, P (1997) Health needs assessment in primary care: A workbook for primary health care teams: Calderdale and Kirkstall Health Authority

## Self-Assessment



### Written Assessment

- Which of the following is not a health need of the vulnerable groups?
  - Physical needs
  - Emotional needs
  - Psychological needs
  - Social needs

2. The factors below contribute to teenage pregnancy except?
  - a) Being sexually active
  - b) Living in poverty
  - c) Alcohol and drug abuse
  - d) Going to school
3. The World Health Organization recommends Zinc Supplements for which group of people?
  - a) Pregnant and lactating women
  - b) Children with severe malnutrition
  - c) All children in low income areas and high prevalence of stunting
  - d) Elderly people with low iron
4. What are examples of vulnerable populations?
5. Who are the most vulnerable groups in the society?
6. What is the difference between a group at risk for poor health and a vulnerable population?
7. How should severity be assessed when patients suffer from more than one condition?

### **Oral Assessment**

1. How would you describe the health of communities in Kenya?

### **Practical Assessment**

Carry out a research on how the Kenyan government has played its role in helping the vulnerable populations.

### **Tools, Equipment, Supplies and Materials**

- Computers
- Training resources
- Projectors
- Flip charts
- Charts with presentations of data
- Internet connectivity
- Relevant videos

### **References**



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Shans I. Kheraj S, Fish S. (1995) Better ways of assessing health needs in primary

care Stevens A. Gabby I. (1991) Needs assessment. Health trends

WHO community health needs assessment (2001) [www.who.org](http://www.who.org)

## Learning Outcome No 3: Carry out Civic Education

### Learning Activities

Learning Outcome No 3: Carry out Civic Education		
	Learning Activities	Special Instructions
	<p>Identify issues of interest in the community (early pregnancies, communicable and non-communicable diseases, environmental Health etc.) according to the community needs.</p> <p>Identify target audience based on needs assessment outcome.</p> <p>Design civic education activity according to the gaps identified.</p> <p>Do cohort selection based on health message delivery approach and community structure.</p> <p>Train civic educators, and conduct pilot test in accordance with needs identified.</p>	

### Information Sheet No14/LO3: Carry out Civic Education



#### Introduction

This learning outcome covers issues of interest in the community, designing, cohort selection and training civic educators in accordance with community needs and gap identified.

#### Definition of key terms

**Audience:** The assembled spectators or listeners at a public event such as play, film, concert, or meeting

**Civic education:** Civil education is the study of the theoretical, political and practical aspects of citizenship as well as its rights and duties.

**Cohort:** This can be described as a group of people with a common statistical characteristics or a group of people with shared characteristics

## **Content/procedures/methods/illustrations**

**Issues of interest in the community are identified according to the community needs**

### **a) Access to Health care**

Seniors frequently don't monitor their health as seriously as they should. While a shortage of geriatricians has been noted nationwide URM C has one of the largest groups of geriatricians and specialist of any medical community in the country. Your access to healthcare is as close as UEMC, offering a menu of services at several hospital settings, including the VA hospital in Canandaigua in senior housing and in your community.

### **b) Mental Health**

Dementia is not just aging. Dementia can be caused by disease, reactions to medications, vision and hearing problems, infections, nutritional imbalances, diabetes and renal failure. There are many types of dementia (including Alzheimer's disease) and some can be temporary with accurate diagnosis comes management and help. The most common mental health condition is depression. If left untreated depression in the elderly can lead to suicide. Here's a surprising fact: the rate of suicide, is higher for elderly men than for any other age group, including adolescent.

### **c) HIV/AIDs**

Between 11 and 15% of U.S. Aids cases occur in seniors over age 50. Between 1991 and 1996, AIDS in adults over 50 rose more than twice as fast as in younger protective measure. Adults have immune systems that naturally weaken with age, and the HIV symptoms (fatigue, weight loss, dementia, skin rashes, and swollen lymph nodes) are similar to symptoms that can accompany old age. Stereotypes about aging terms or sexual activity and drug use keep this problem largely unrecognized. That's why seniors are not well represented in research, clinical drug trials, prevention programs and efforts at intervention.

### **d) Substance abuse**

Substance abuse usually means drugs and alcohol. These are two areas we don't often associate with seniors but seniors like young people may self-medicate using legal and illegal drugs and alcohol. Which can lead to serious health consequences. In addition, seniors may deliberately or unknowingly mix medications and use alcohol because of our stereotypes about senior citizens, making medical people fail to ask seniors about possible substance abuse.

### **e) Climate changes**

Climate change is not just a distant future threat. It is the main driver behind rising humanitarian needs and we are seeing its impact. The number of people affected and the damages inflicted by extreme weather has been unprecedented, further OCHA has stated;

- Climate disasters are on the rise around 70 percent of disasters are now climate related up from around 50 percent from two decades ago.
- These disasters take a heavier human toll and come with a higher price tag in the last decade 2.4 billion people were affected by climate related disaster,



compared to 17 billion in the previous decade. The cash of responding to disasters has risen tenfold between 1992 and 2008

- Destructive sudden heavy rains, intense tropical storms, reported flooding and droughts are likely to increase, as will the vulnerability of local communities in the absence of strong concerted action.

#### **f) Early Pregnancies**

Society usually considers teenage pregnancy a social dilemma and young parents have to face huge humiliation and negative remarks from people. Teenage moms are more prone to committing suicide. Since the humiliations and embarrassment and the lack of social support run trigger depression. One of the key factors that influence early pregnancies in the society today is lack of awareness. Teenagers should be educated about sex. This is one of the most neglected yet so important topic in the country today. They should be educated about the effects of unprotected sex and also educate them on abstinence

#### **Target audience are identified based on needs assessment outcome**

Most needs arise from users. Typically, your users are the instructional or administrative staff simply trying to provide effective instruction or efficient administrative support. The following is an illustration to define needs assessment.

<b>Current</b>	<b>Desired /required</b>
<b>Knowledge</b>	<b>Skills/skills behavior</b>
<b>Practica</b>	<b>Behavior, practice</b>

A read assessment is a systematic review and study of multi –sourced data collated with the aim to identify a need. A need assessment is a systematic review and study of multi- sourced data collated with the aim to identify gaps between current and desired / required knowledge, skills, behavior and practice.

The following are the target audience.

- **Teenagers** are the target audience since they are more exposed to sexual actions. Without knowledge about the consequences and the outcome or unprotected sex. Therefore this increases the rate of early pregnancies and most teenagers end up dropping out of school due to this factor.
- **Older Adults:** These are the primary audience for information on the quality of Medicare plans. Some sponsors start out with a well-defined target audience (e.g. patients with diabetes) and then determine what information would be useful to them. But many sponsors start with the data they have or can obtain (e.g. measures of patient's experiences with hospitals) and then determine which audience would be best served by the information. Either ways it is article to make the connection between the information you have and the people who can use it.

- **Medicaid beneficiaries:** This is also a target audience. Those people who received Medicaid are also target population for access to health care. In any given year, only a minority of people select a new health plan or health care provider. A national survey concluded in 2007 found that:
  - i. Only 11 percent of American adults sought a new primary care physician.
  - ii. 28 percent sought a new specialist physician
  - iii. 16 percent underwent a medical procedure at a new facility.

Moreover only part of this limited population will be willing and able to sue quality information to make this kind of decision. It is important to consider the natural constraints on the need for and interest in the information being given when developing the outreach strategy and evaluating the impact of your efforts.

### **Civic education activity is designed according to the gaps identified**

Civic Education, civic engagement or civic participation is any individual or group activity addressing issues of public concern. Civic engagements includes communities working together in both political and non-political actions.

The main goal of civic engagement is to address public concerns and promote the quality of the community civic education in a democracy in which education is self-government. Democratic self-government means that citizens are actively involved in their own governance. They do not just passively accept the dictums of others or acquiesce to the demand of others.

### **The following are civic education activities, designed according to the gap identified;**

a) Provide instruction in government, history, law and democracy civic education likely would be more effective if integrated into all components. Having knowledge about the government history, law and democracy, one is able to understand how the government plays its role in ensuring the health sector is efficient and the vulnerable groups are protected. Also by understanding the law, one can easily understand and respect rights of those people living with disability and the elderly too. Democracy calls for equality .By providing this knowledge everyone is in a position to know that he/she deserves social protection and has a sight to health services.

b) Incorporate discussions of current local, national, and international issues and events. Civic learning curricular often fail to include controversial issues. “As a result young people may not learn how to engage productivity with the issues and events that animate our political system today and will continue to do so in the future.” Diversity in thought can help students appreciate others perspectives and understand the value of living in a place where differing view are embraced. Additionally addressing difficult issues in the society today call help deustry conflicting beliefs and help student’s to approach those issues with grater objectivity.

c) Design and implement programs that provide students with opportunities to apply what they learn through performing community service. Service-learning is a unique teaching and learning strategy that encourages student to use academic knowledge and skills to find viable solutions to real community needs. It is neither packaged curriculum nor a cut-and-dried program and no two service-learning projects are completely alike. Service-learning is an experimental approach that engages students holistically in their learning which allows them to identify and address issues in their school and community that really matter to them. Making the connection between academic objectives and service to the community can be accomplished in two ways.

- i. Start with a service project and identify curricular objectives that align with the project.
- ii. Determine specific learning objectives and work with student to find a service project that will help them meet those objectives.

Examples of service learning project themes include food sustainability, hunger and homelessness, bullying, interracial families and disaster preparedness among others.

d) Offer extracurricular activities that provide opportunities: Since most extracurricular activities take place outside traditional classroom settings. Students have opportunities to study in an environment where they can apply what they learn in class to real life contexts. They are able to use their knowledge and skills in meaningful scenarios. For many young people participation in extracurricular activities gives them a sense of self-efficacy and a feeling that they are part of something important. Students who have a strong sense of self and what they have to offer are more likely to find positive ways to contribute to their communities and society.

e) Encourage student participation in school governance. Students should be allowed to practice civic skills within the relatively controlled environment of the classroom and within school walls. Here they can learn from challenges and triumphs, responses and failures—all the varied realities of the democratic process. Once empowered, students can affect real and meaningful change while learning and experiencing the process to enact these new school policies as difficult and frustrating as what process can sometimes be.

### **Cohort selection is done based on health message delivery approach and community structure**

Cohort studies are a type of medical research used to investigate the causes of diseases and to establish links between risk factors and health outcomes. The word cohort means a group of people. Prospective studies are planned in advance and carried out over a future period of time. Cohort studies may reduce costs and save time by finding efficiencies in the choice of: Sampling population.

Methods used in cohort selection include data collection, use of incentives and use of remedies to increase response rates and in follow-up methods.

Data collection, use of incentives and use of reminders to increase response rates and in follow-up methods. Cohort studies are a type of medical research used to investigate the causes of disease and to establish links between risk factors and health outcomes. The word cohort means a group of people. Prospective studies are planned in advance and carried out over a future period of time.

Facts about cohort selection.

- i. Cohort studies typically observe large groups of individuals recording their exposure to certain risk factors to find out as to the possible causes of disease.
- ii. They can be prospective studies and gather data going forward or retrospective cohort
- iii. The nurses' health study is one example of large cohort study and it has produced many important links between lifestyle choices and health by following hundreds of thousands of women across North America.
- iv. Such research can also help identify social factors that influence health. There are five steps in cohort selection.
  - Identify the study subjects: this involves identifying the cohort population. While selecting a cohort it is important to consider the cohort population.
  - Obtain baseline data on the exposures: this step involves obtaining baseline data on the exposure and it includes measuring the exposure at the start. (The exposure may be a particular event, a permanent state or a reversible state.)
  - Select a sub- classification of the cohort: the unexposed control cohort to be the comparison group.
  - Follow up: This step involves measuring the outcomes using records interview or examinations. Note: (outcomes must be defined and measurable)
  - Do data analysis: this is where the outcomes are assessed and compared. Analyzing data is important because it helps one select the best favorable cohort. Cohort studies are observations: meaning the researcher observes what's happening or naturally occurring, measures variables of interest and draws conclusions.

### **Civic educators are trained, and pilot test conducted in accordance with needs identified**

#### **Training civic educators and pilot test conducted.**

The civic educators are tasked with identifying and training organized groups and community members at the constituency level. They are required to jointly develop a flexible training schedule based on the availability of the group community members. The training is usually concluded at the premises where the groups meet for cost effectiveness in implementation of the programme. The training sessions are usually set to last between two to three hours, based on the curriculum. The training schedules are

then used to guide the implementation of the weekly civic education sessions. The civic educators are usually tasked with undertaking a minimum of two training session per day each week. They are also required to liaise with other ongoing civic education efforts in the region for synergy and to avoid duplication and wastage of resources.

**Pilot Testing:** Pilot testing is a small scale trial, where a few examinees take the test and comment on the mechanics of the test. They point out any problems with the test instructions instances where items are not clear and formatting and other typographical errors and or issues. The following are steps of conducting pilot test.

1. Identify your target group: Ideally the sample you use to pilot your questionnaire should be members of the same group that you intend to target for the full study. Define your target group in terms of age, gender, geographic location and any other factors relevant to the study.
2. Identify factors that will likely impact people's ability to understand the instructions and the questions themselves. For example even if a respondent's educational level has no relevance to your overall study. It will impact how they are able to read and comprehend the written language.
3. Choose 5 to 10 people to test. Sample doesn't have to be tremendously large for you to get a good sense of whether the questionnaire and your methods of administration the questionnaire are going to be effective. The size of your sample may depend more on the diversity of your target group than its size. You may want a larger sample if your target group included for example, immigrants from several different countries'.
4. Look for similarly situated people: In some cases it won't be possible to pull a sample group for your study. Look at the description of your target group and search for similar people.
5. For example suppose you have a questionnaire for factory workers in a specific geographic area, but you don't have the time or resources to go there for a pilot. You could have factory workers of similar age and background who happen to work at a closer factory take your pilot.
6. Cover the range of your target group

Particularly if you are conducting a large survey. You want to make sure each subgroup of your overall target group has a chance to be part of the pilot. You won't to make sure different subgroups still understand the questionnaires the same way.

- i. For example, if you are testing 15-25 years old, you need at least one tester who is 15 or 16 years old, and at least one who is 24 or 25 years old. The rest of your pilot testers can fall in the middle.
- ii. If your target group includes a number of people who are not native English speakers, make sure your pilot sample has at least one or two people for whom English is not their first language.
- iii. If people in the target group come from diverse educational backgrounds, make sure your sample includes people who have less education as well as people with advanced degrees.

It is also important to note that data collectors should be well trained to avoid cases of bias. Also, testers should be invited one at a time, observation of the testers answering the questions is also very important and finally, soliciting additional feedback is also very important.

## Conclusion

This learning covered identification of issues of interest in the community and target audience, designing civic education activities according to the gaps identified and selection of cohorts and training civic educators.

## Further Reading



Archer, T., Layman. (n.d) Focus group Interview. Evaluation Guide sheet. Columbus. The Ohio Cooperative Extension Service. The Ohio University.

## Self-Assessment



### Written assessment

1. Which one of the following is not an issue of interest in the community?
  - a) HIV/AIDS
  - b) Early pregnancies
  - c) Afforestation
  - d) Access to health care
  - e) None of the above
2. Is training civic educators important?
3. Should sex education be introduced as a subject in schools to avoid early pregnancies?

### Practical assessment

1. Conduct a study in your area and discuss the issues of interest in the community.

### Oral Assessment

1. State the factors leading to early pregnancies.

## Tools, Equipment, Supplies and Materials

- Computers
- Training resources
- Projectors
- Flip charts
- Charts with presentations of data

- Internet connectivity

- Relevant videos

## References



Archer, T., Layman. (n.d) Focus group Interview. Evaluation Guide sheet. Columbus. The Ohio Cooperative Extension Service. The Ohio University.

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## Learning Outcome No 4: Provide Health Care and Social Services Linkages

### Learning Activities

Learning Outcome No 4: Provide health care and social services linkages		
	Learning Activities	Special Instructions
Create	<p>health awareness based on situational analysis.</p> <p>Form community linkage structures based on scope of any existing structures and existing population</p> <p>Provide social protection interventions according to needs assessment</p> <p>Identify dialogue and health action days according to health status and community health needs</p> <p>Initiate social assistance programs according to needs assessment outcome</p> <p>Identify and address services access barriers in accordance with service delivery procedures</p> <p>Expand integrated social protection systems(local administration, learning institutions, child protection centers, etc.) according to the linkages created and service requirements</p>	

### Information Sheet No14/LO4: Provide health care and social services linkages



#### Introduction

This learning outcome covers health awareness, community linkage structures, social protection interventions and assistance programs as well as health day actions according to health status and community health needs and based on situational analysis.

#### Definition of key terms

**Health status:** Health status refers to your medical conditions (both physical and mental health, claims, experience, receipt of health care, medical history, genetic information, and evidence of insurability).

**Dialogue:** This is a conversation between two or more people as a feature of a book, play or film. Also, it can be described or defined as taking part in a conversation or discussion to resolve a problem.

**Health awareness is created based on situational analysis. Health care awareness**

Creating a health awareness campaign is an effective way to prevent the spread of diseases affecting your community. For example, community members can help prevent HIV transmission and create positive environment for people already infected but the virus by spreading the right information throughout the community. Health awareness is created in the following procedures.

**a) Determine the needs of the community**

Prior to beginning a health awareness campaign, it is important to have reliable data that can be analyzed to determine the needs of the community. It will be useful to determine what health issues need to be addressed to improve the health status of all community.

Appeal to people with specific interests' passions or personas expected response. In addition, it is important to make sure your language matches the language of the audience.

**b) Team Approach**

To run a successful health awareness, one must be committed to the team concept and communicate effectively within the team. Everyone must participate in and put forth their ideas and experiences. This will also help to create a confident atmosphere in which each member knows he or she has something to learn from the other members. Interpersonal communication between team members is essential because it provides immediate feedback about ideas, messages and practices. At the same time, it helps one to develop a momentum that results in action.

**c) Develop your message**

A clear message is the essential component or a good communication strategy. Develop a clear and attractive message for your health awareness campaign. Your message should be eye catching, clear, logic and convincing so that people are motivated to participate in your health awareness campaign. With health messages, indirectly touch upon faith, personal beliefs, emotions, feelings and attitudes. Therefore, we must be sensitive to what we say and be vigilant about the correctness of the information transmitted.

**d) Empower your audience**

It is important to grab each individual's attention and ignite a strong emotion through your awareness message. Always make sure to keep the message positive signifying how a simple action can drive amazing impact. Going negative certainly ignites emotion, but it also has a higher risk upsetting people. Encourage your audience by crafting a campaign that is all about community hope and positive change.

**e) Reinforce your message.**

It is through continued exposure that people take notice of issues. it is essential that you broadcast your messages frequently. In addition to providing the community with health lifestyle messages, it is also important to offer information regarding medical facilities and other available resources so that they can follow up on any health concerns they might have.

#### **f) Promote your health awareness campaign**

When promoting health awareness campaign, it is important to adopt strategies that rely on multiple media channels. Leverage usually on both new and traditional media.

The media represent a cost effective and efficient way to spread your message throughout the entire community. This is because each segment of the media penetrates into the population in any and multiple ways. Press releases, press conferences and interviews are some of the ways to get the media interested in your messages.

### **Community linkage structures formed based on scope of any existing structures and existing population**

#### **Community linkage structures**

Community linkages focuses on the ideal that school activities are meaningfully linked to the experiences and aspirations of the students in their homes and communities. We need community linkages because it is evident schools and communities should work closely with each other to meet their mutual goals. Schools can provide more support for students, families and staff when they are an integral part of the community. While forming community linkage structures, it is important to put a few things into consideration:

- i. Organizations in community and clinical sectors operate differently, each sector has its own culture and perspective on how to address chronic diseases, prevention and control.
- ii. Engaging and involving key representatives or gatekeepers from multiple layers ensures that the linkages activities become integrated into each organization structure.
- iii. Most organizations in both community and clinical sectors have administrative decisions makers who are more concerned with issues such as financial obligations and returns on investment than on positive clinical outcomes.
- iv. Health care providers are sometimes reluctant to work with community-based programs because they may be unsure of the cost and quality of the services they provide.

While forming community linkage structure, it is important to identify and engage people from the following categories, which are considered critical by researchers;

- a) Participants: those served or affected but the programs, such as patients or clients, community members and community leaders
- b) Implementors: Those involved in program operations in community and clinical organizations. Such as coordinators, liaisons (sometimes called spanners), frontline, practitioner, administrators and quality improvement, staff.
- c) Decision makers: those who can make decisions about the community clinical

linkages such as national state or local leaders, senior managers, funders, purchasers and payers and local media.

## **Process of forming the community linkage structure**

### **a) Form the assessment**

Determine which organizations meet your established criteria. Identify key stakeholders from these organizations who can help you get your foot in the door. Before initiating preliminary discussions and meetings with key stakeholders think through what their perspectives and needs are, what messages or themes might resonate with them and why they would be interested in participating in your community linkage.

### **b) Understand the differences in disciplinary and sector cultures**

Within community and clinical sectors and the relationships between them continually consider these factors throughout implementation to minimize the effect of cultural differences.

**c)** Identify champions within each organization in community and clinical sectors. They continually inspire others to address their organizations goals and objectives and to align and accomplish the goals and objectives of the community linkage

**d)** Inform community members about community- linkage by conducting an educational campaign and outreach service.

**e)** Engage current state and local partners who fall in the three categories of stakeholders and who meet your criteria by informing them about plans to develop or enhance a community linkage and then expand to new partners. Consider inviting new stakeholders who can improve credibility, support implementation or facilitate funding or authorization decisions.

**f)** Engage administrative decision makers by sharing economic and return on investment data from previous conducted successful community linkages to highlight potential cost saving

**g)** Establish a state or local advisory committees co led by representatives of an organization in each sector to provide guidance and oversight of community linkage implementation efforts

### **The committee should;**

- i. Include stakeholders critical to community linkage
- ii. Engage on appropriate organization that represents patients or community members and ensure that they are fully engaged
- iii. Gain commitment, support and integral involvement from senior staff of the organization on the community linkages advisory committee. Making structural or organizational changes requires commitment and involvement of senior leaders because it requires time and resources.
- iv. Establish and maintain a co leadership on our advisory committee to balance the interests of both sectors
- v. Ensure representation and buy in from frontline staff in the clinical sector (e.g nurses, physicians assistants) and community sector.
- vi. Share state and local data to inform members about the benefits of

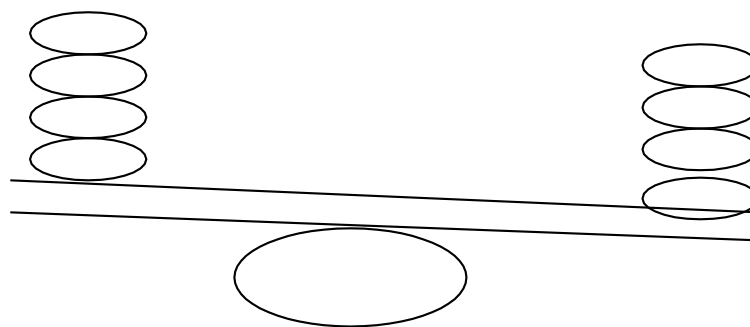
community linkages

## Social protection interventions are provided according to needs assessment

### Social prevention interventions

These social protection measures may include poverty reduction schemes, cash transfer programs, social and health insurance, public work programs, housing programs disability pensions and mobility grants. Social protection room a rights-based approach must accommodate the needs of persons with disability. Social protection for persons with disabilities should achieve a balance between providing an adequate level of income security and promoting as most as possible participation in the labor force as illustrated below;

Provide an adequate possible Level of income security.      promote as most as Participation in the labor force.



In addition the diagram below indicates people who are accessible to social protection

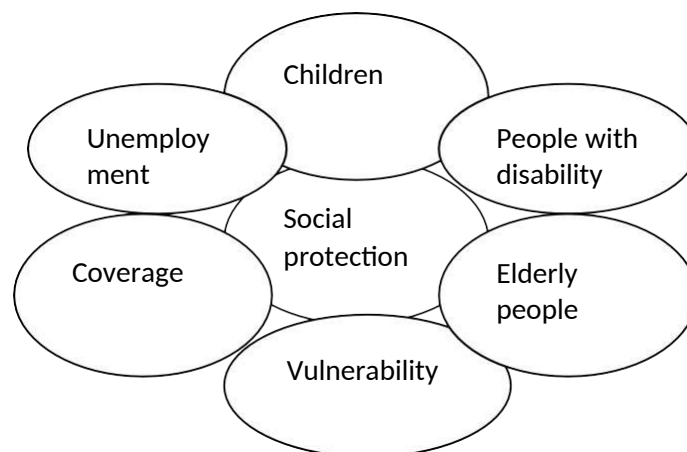


Figure 43. People with access to social protection

The following are ways in which social protection is put into effectiveness;

#### a) Medical insurance

The RAMED scheme is grounded on the principle of social assistance and natural solidarity with the vulnerable and poor population. It targets the individuals who live in Morocco and are eligible for medical insurance. In Kenya today, the NHIF aims to provide equal medical covers to every citizen in the country. Health care services attached to this scheme are delivered in public hospitals. To benefit from these schemes

an eligible person should prove that they are not covered by any medical insurance scheme either clearly as a family member of an insured person.

Despite the improved accessibility of health care of the vulnerable and poor population, many shortfalls have been identified. Upon the generalization of the scheme, the health sector professionals in public hospitals are faced with lack of appropriate financial and human resources. Such limits are exacerbated by an increase demand for healthcare services along with excessively delayed bill recovery call for an urgent reassessment of the situation to enable the scheme to continue.

#### **b) Support to the elderly**

Between 1980 and 2010, the proportion of the elderly has doubled and is expected to steadily increase to reach 25% by 2050. The government has adopted a national strategy for the elderly in 2009 whose main priorities were housing and living condition. However, the strategy has been implemented. A recent study conducted by the economic and social council pointed out the inadequacy of infrastructures of the centers hosting the elderly as well as inappropriate profiles, skills and motivations of the personnel working in these centers. It advocated for a significant improvement of services including appropriate training and recruitment of qualified staff development of gerontology and putting in place daily care center for the elderly.

#### **c) People with disabilities**

According to the latest available data about one million and half people live with a disability. One household in four include at least a disabled person among its members. Also, one in five has never visited a health care institution. Only one person in 100 has access to medical insurance. In addition, 71.8% of disabled people do not have any education. The schooling rate among disabled children 32.4% against 92.65% among non

– disabled children.

As result the poverty rate is higher among disabled people and their families than the rest of the population. To deal with this catastrophic situation the ministry of social development is in the process of proposing a law that protects the rights of disabled people, help to families caring for a disabled child regardless of their age as well as the creation of national council for disabled people, which will provide policy to the government on the promotion of the rights of disabled people. These measures have not yet been implemented and are still in discussion.

#### **Dialogue and health action days are identified according to health status and community health needs**

Dialogue days became the community forum to talk about health. They actively enhanced reporting, gained feedback, increased communication and helped identify community health problems and data use difficulties. Dialogue days led to increased skilled deliveries community referrals, the community unit, the link facility and the community administration. Dialogue days raised community expectations on more incentives. It also became clear that financial motivation to facilitate the work at the community level is not sustainable.



### **Held community action Days**

Community action days are open forums where communities can interact and share their experiences in supporting community work and where well performing units and individual receive government or the host agency recognition. Community action days enhance participation leading to behavior change however not all stakeholders participate in community action days and financial support is irregular and limited. After the project supported these activities in the eight target community units to transform them into Coe's. The year 1 baseline assessment was conducted in 2013, followed by the end line assessment in 2014 years 2 achievement were compared to targets on different elements of CHIS such as the availability of CHIS tools, data quality, reporting data access and data use for decision making. The most significant change exercise involves is an example of project achievement. This exercise involves an M&E participatory process that stakeholders use to decide the types of change to be recorded and analyzed. The exercise is used mostly in program evaluation, organizational reviews and community ownership building. The results of the comparison of the baseline and end line assessment of community unit functionality indicated numerous changes over the year implementation period.

### **Social assistance programs are initiated according to needs assessment outcome**

Social assistance refers to government programs that provide a minimum level of income support to individual and households living in poverty. These programs lend support either in the form of direct cash transfers or through a variety of in-kind benefits (e.g. food, stamps and rent subsidies).

Some of social assistant programs in Kenya are;

#### **a) Moving mountain Kenya**

The social welfare programs at moving mountain Keya focus on creating safe, warm and loving environment for disadvantaged children and young adults for our communities. Our goal is to reintegrate these children into the society by working on children focused protect as well as infrastructural programs

#### **b) AFDG and TANF**

In 1935 Aid to families with Dependent Children (AFDC) was passed. This was the first nationwide social welfare program to provide cash assistance to families. Any family could apply if their children had lost one parent to death or divorce, or if one of the parents was disabled or unemployed. It was designed to provide a safety net to reduce the suffering of the children as a result of their family's poverty. Each state administered the program as it best saw fit, setting income limit restrictions, determining the amount of cash assistance to distribute and administering the programs. State funded the program with unlimited matched funds from the federal government, such that for every dollar spent on the states for AFDC the federal government matched it.

### **c) Inua Jamii Cash Program.**

Recently the president of Kenya, Uhuru Kenyatta launched Inua Jamii Cash program in Kenya. This program was launched in Muranga County and it is a conditional cash transfer system that is aimed to utilize 12 billion every year. The launching of the social welfare program in Kenya, which took place in Ihura Stadium in Muranga county focused on beneficiaries who include the elderly persons over 65 years old, the disabled persons in the society, the OVCs (orphans and Vulnerable children in Kenya) and the extremely poor people.

The identification of the beneficiaries of the Inua Jamii cash program in Kenya will be left to the MPs in the society. The vice president of Kenya William Ruto said that program will not tolerate any level of corruption. The cases of corruption reported will be severely punished by law.

The social welfare program launched will work by remitting cash to the poor in the society via the mobile phone. Safaricom mobile company in Kenya is involved in the project by ensuring all beneficiaries of the Inua Jamii cash program will receive a monthly payment for survival and growth purposes. The inua Jamii program is meant to assist around 454,000 beneficiaries in 2013/2014. The social welfare scheme in Kenya has been made the responsible of MPs for transparency purposes.

### **Services access barriers are identified and addressed in accordance with service delivery procedures**

Barriers to health services include: high cost of care, inadequate or no insurance coverage and lack of availability of services.

Barriers to heat services include:

- i. High cost of care
- ii. Inadequate or no insurance coverage
- iii. Lack of availability of services
- iv. Lack of culturally competent care

#### **1. High cost of care**

Most people cannot afford medical services because of the high prices. This barrier mostly affected low income household and people in the rural places. Most health services are costly hence are not accessible. Most people prefer getting health services from public hospitals because the services are more affordable there. However, most people still cannot access these health services even in the public hospitals due to the high costs. Most treatments in the public hospitals are very affordable but still the people cannot afford to access the prescribed medication. This barrier should be reviewed and various changes made to ensure that most people can access health service.

#### **2. Inadequate or no insurance coverage**

In the country today there are several insurance coverage and most of them also cover healthcare. These insurance covers are however inadequate to most people. For instance, people in the rural areas may not have the insurance coverage many because they have no idea of the insurance coverage. On the other order most people

cannot afford to pay for the insurance cover monthly required by the ministry of health.

An example of the insurance covers in the country today in NHIF. Every citizen is required to pay a minimum of Ksh.500 per month. This amount is unaffordable to many citizens because most people and the youth are unemployed. This barrier makes health services accessible. However, there should be resolution regarding this barrier and make health services accessible to all people.

### **3. Unavailability of services**

Most services in the country today are unavailable for instance, the disabled should be given special services such as physiotherapy to ensure that their situation is well maintained. Most people living with disabilities and the elderly are left unattended. In the society today the elderly homes should be equipped with facilities to ensure that the elderly and people living with disabilities are well taken care of. These facilities are unavailable in most healthcare institutions hence make the services unavailable.

### **4. Lack of culturally competent care**

Arabic speaking participants described how socio-cultural beliefs developed during their former lives in Middle East subsequently influenced health services use after migration. Fear surrounding the self-management burden and negative social labeling resulting from a diagnosis of diabetes contributed to delayed consultation with health care professionals. So did general anxieties emanating from other personal and social circumstances.

## **Integrated social protection systems are expanded according to the linkages created and service requirements**

### **Local Administration**

The emergence of social protection programs and in particular cash transfers has resulted in the reallocation of district staff time away from statutory functions (e.g. social care service, case management and referral), with increasing time sent delivering the cash transfer programs under strained staffing structures and with very limited critical material resources (e.g. office space, vehicle, computer etc.) while the level of range of qualifications is quite high amongst professional staff, the nature of their traditional social welfare role requiring higher levels of project management skills and leadership skills than their formal education has prepared them for.

Greater linkages between community and local government structures is required, however this is often hampered by a lack of institutional clarity at the national level around roles, responsibilities and mandate that is cascade downwards to the multiple and often overlapping, community structures supporting different vertical programs.

### **Learning institutions**

One of the major challenges in social protection is integrating diverse initiatives into genuine systems with the capacity to coordinate programs with the state institutions responsible for designing, financing, implementation, regulation and evaluation. With the aim of raising the population living standards. To adequately supply benefits the

social protection policies and programs, need to be coordinated among the different social policy sectors – council development, health, education, labor among others and between the different administrative levels at which these policies and programs are implemented. On the demand side, social protection system should seek to address the different needs among the population, in terms of both the individual and family life cycles and the social group to which they belong.

### **Child protection centers**

As well as considering protection from care givers in the home the convention is comprehensive in consideration of the need for child protection in out of family care (Art, 22). In education /school setting (art, 28), involving substance abuse (art, 33), in illegal and exploitative sexual practices (at 34) in work (art, 32), through subjection to sale, trafficking, abduction and others forms of exploitation and in correctional and juvenile justice institutions. A child protection system requires a multidisciplinary and multisectoral approach (linking closely for example with work in education, health, social welfare and criminal justice.). It aims to strengthen the capacity of all actors to protect children and to develop assets and mechanisms that provide meaningful protection for all children in the longer term. It aims to focus on preventive measures from a broad social welfare perspective which recognizes the impact of poverty and social exclusion on the capacity of families and communities to care for their children.

### **Conclusion**

The learner should be able to use knowledge and skills learnt in class to create health awareness and initiate social assistance programs. Also the learner should be able to identify and mitigate service barriers when providing health care and social services linkages.

### **Further Reading**



Simons, J.M. And MacDonald, L.M (2004) Pain Assessment Tools: Children's Nurse's Views' journal Of Child Health Care.

### **Self-Assessment**



### **Written Assessment**

1. Which statement below best defines health?
  - a) How well your body is in a normal day.
  - b) The relationship between the brain and the body.
  - c) The state of well-being that is free of disease
  - d) Not being sick and being able to do normal activities.
2. Which one of the following is not a type of social protection?
  - a) Labor market intervention

- b) Social insurance
- c) Social entertainment

- d) Social assistance.
- 3. Social worker practices under all of the following auspices except?
  - a) Public
  - b) Not for profit
  - c) For profit
  - d) Media
- 4. Listed below are reasons why there are integrated social protection systems Except?
  - a) Persistent inequality and exclusion
  - b) Increased economic and political volatility
  - c) Prevention of colonization
  - d) Social protection and the children right.
- 5. What factors affect access to healthcare?
- 6. What happens if a social work practitioner cannot meet the client's needs?

### **Oral Assessment**

- 1. When a practitioners works in a school or hospital or correctional setting is referred to as a primary social work setting .True or false.
- 2. Do social workers practice on the license of their field instructor?

### **Practical Assessment**

- 1. Identify integrated social protection systems in your county.

### **Tools, Equipment, Supplies and Materials**

- Computers
- Training resources
- Projectors
- Flip charts
- Charts with presentations of data
- Internet connectivity
- Relevant videos

### **14.3.2.5 References**


Hendy,J And Barlow,J.(2012).The Role Of The Organizational Champion In Achieving Health System Changes; Social Science And Medicine.

Simons,J.M. And MacDonald, L.M (2004) Pain Assessment Tools: Children's Nurse's Views' journal Of Child Health Care.

Stickler,D. Basu,S And Mckee,M(2010) Budget Crisis,Health And Social Welfare Programs ,British Medical Journal.

## Learning Outcome No 5: Manage Support Groups

### Learning Activities

Learning Outcome No 5: Manage support groups		
	Learning Activities	Special Instructions
<p>Do integration of support groups based on community health service delivery.</p> <p>Identify support group training needs based on community health activities.</p> <p>Monitor service provision according to community health needs.</p> <p>Develop support group strategies to increase their functionality and health according to performance standard.</p>		

### Information Sheet No14/LO5: Manage support groups



#### Introduction

This learning outcome covers service provision, training and supporting groups based on community health service delivery, activities and according to performance standard.

#### Definition of key terms

**Community health:** It is a major field of study within the medical and clinical sciences which focuses on the maintenance protein and improvement of the health status of population groups and communities.

**Group:** A number of things or persons being in some relation to one another.

**Provision:** An item of goods or supplies provided for a particular matter.

**Training:** It is the activity of imparting and acquiring skills

## **Content/procedures/methods/illustrations**

### **Integration of support groups is done based on community health service delivery**

Support group is a group where members provide each other with different type of help not necessarily material or profession. The members may have the same problems and come together to share ideas on how to cope with these problems and come together to share ideas on how to cope up with these problems making each other empowered and have a sense of community. Traditionally the support groups met in person in manageable group one that allowed effective conversational interaction. In the modern days, the support group may meet in person and also may maintain contact through printed newsletters telephone chains, and internet forums such as Whatsapp, Facebook and Twitter.

Community health services support persons with different health conditions and help to manage them. They help persons who are involved in concerns such as bereavement episodic medical conditions such as cancer, HIV diabetes and TB, overcome or push through their conditions by involving them in different support groups that will empower and encourage the,/ Some of the integrated support groups in the community health service are;

- a) Cancer
- b) HIV/AIDS
- c) Suicide prevention
- d) Diabetes
- e) Sexual abuse service
- f) Bereavement support groups.

In these support groups community health services delivery support provide:

- Peer education enlightening persons involved on how to handle their problems and to diligently seek medical services
- Provides psychosocial support
- Community mobilization.

Community health services provide a conducive environment where different support group meetings are held.

### **Support group training needs are identified based on community health activities.**

A needs assessment for training and support are relevant for members of the community and the researchers. Some ways of carrying out a needs assessment for an individual or group are:

- i. Having a one to one conversation with someone
- ii. Organizing a group meeting
- iii. Conducting a more formal survey of a large group.



### **Identifying training needs**

1. Identify what skills, knowledge, experience and support are needed for a particular involvement role. Look at the job description where relevant and talk to people who have been in that role for some time.
2. Ask People to reflect on the skills, knowledge, experience and support they have that help them to fulfil the role and aspects of the role they may find challenging.
3. Identify training and support needs

Ask people to identify specific areas where they would like to increase their confidence and build another skills or knowledge to help them become more effective.

Ask peoples learning styles e.g whether they would prefer in house training attending external courses, e-learning, books or shadowing as a method of learning.

Making a decision about what training and support to provide and in what format will require a dialogue between all stakeholders involved, training mangers, budget holders and potential trainees. This will help to priorities training and support based on the;

- Urgency or timelessness of the need
- Extent of the need –how many people need training and support
- The resources available and potential sources of training and support.

### **Service provision is monitored according to community health needs**

Community health needs are health issues of a community and factors that influence these health needs such as the challenges and the resource available. The community health needs can be to monitor service provision in different ways.

- i. Community diagnosis: It involves identification and quantification of a health problem in a community as a whole in terms of mortality and morbidity rate in order to identify the people in need of health care. When a service such as creation of awareness about a certain disease and implementing of prevention and control measures of the disease are done, a commonly diagnosis can be done to assess the health status of the disease to monitor how well the service was done.
- ii. Planning survey: By involving the member of the community develop questionnaire and give them to community in order to get feedback on how the services have been delivered.
- iii. Sampling: Taking different categories of people in the community e.g youth, men and women to assess the service given to them whether they were effective.

### **Support group strategies to increase their functionality and health is developed according to performance standard**

Performance standards and expectations for health professionals, may be defined through regularly and other oversight processes such as;

- i. Licensing
- ii. Accreditation
- iii. Certification

Standards and expectations may also be shaped by professional societies and other groups that voluntarily promulgate guidelines or protocols and sponsor educational; and convening activities.

### **Steps of developing the strategies.**

1. Creating awareness: the facilitating team should ensure adequate knowledge of the district situation as the first step. This can be undertaken through a workshop in the confirmation of district health stakeholder.  
This workshop should be followed by workshops and meetings at divisional and health facility levels cascading down community units, creating awareness and planning implementation process and thus launching the strategy at all levels.
2. Situation analysis and household registration: Implementation divisions will conduct situation analyses using participatory assessment and household registration are intended to provide information for planning.
3. Planning actions for improving health status: Once obtained and processed, the findings are used for dialogue in the established structure to prioritize issues and decide on action.
4. Establishing information systems to monitor change: Analyze the information gathered by the community health workers and supporting task groups. Facilities regular evidence based dialogue and community days, disseminate analyzed information for dialogue, advocacy and social mobilization.

### **Conclusion**

The learning outcome covered health awareness ,community linkage structures,social protection,interventions and assistance programs as well as health day actions according to community health.

### **Further Reading**



Paine, A Suarez- Balcazar, Y, Fawcett, S& Jameson, L, & Embree, M Kansas. Research and training center on independent living.

## Self-Assessment



## Written Assessment

1. In order to ensure commitment to the vision from those who work in the organization and external community. It is imperative to:
  - a) Involve a senior management and community representatives in the initial planning
  - b) Test a draft vision developed by senior management on the staff and the community
  - c) Design cross-functional teams made up of representatives across the organization and from the community to contribute to the development of a vision
  - d) All of the above
2. The mission of PHC must be embodied in the hearts of health care providers. Which mission strengthens the health care system?
  - a) Supporting conditions for health habits
  - b) Increasing opportunities to be healthy
  - c) Letting people manage their own health
  - d) Financing health care programs.
3. How can you define community health?
4. List the steps for identifying strategies
5. What is the extent of threat from non-communicable disease NCDS in your community and what are the measures taken concerning preventing NCDS?
6. What is the difference between proscriptive and proscriptive health communication?

## Oral Questions

1. Explain the following terms
  - a) Community health
  - b) PHC
  - c) Communicable disease

## Practical questions

Conduct a study on how your community is threatened by non-communicable diseases.

## Tools, Equipment, Supplies and Materials

- Computers
- Training resources
- Projectors
- Flip charts
- Charts with presentations of data
- Internet connectivity
- Relevant videos

## References



- Jacobs, M & Goodman, G. (1989) psychology and self-help groups, predictions and a partnership American psychologist ,Vol 44 No.3, pp 536-545.
- Paine, A Suarez- Balcazar, Y ,Fawcett, S& Jameson, L, & Embree, M Kansas,. Research and training center on independent living.
- Roberts F, & associates and developmental research and programs inc (1988) preparing for the drug free years: A family activity book Seattle, WA; Comprehensive health Education Foundation.