Community Women to the Fore! Sustainable Health Practices: A Case Study of Roots of Health

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Abstract

From the very beginning of Roots of Health, the two co-founders were agreed that providing clinical services to women in marginalized communities had to be coupled with providing educational services. Women had to understand their reproductive health to be true participants in maintaining it. We were determined not to be like a medical mission that enters an area, does some prenatal exams, gives out some pills, and leaves. We wanted to know the women we worked with. We worked with about 60 women in our first community over the next year and a half or so. Then we began wondering how we could move on into other communities; if we just left this first community, what would happen? Could they stand on their own? How could we sustain the work done here? We knew the women very well, so a solution suggested itself naturally. We could train some of the women to be our Community Health Advocates, our representatives in the community. We could go into "light touch" mode, sending nurses in every two weeks to tend to pregnant women: the CHAs could keep up on contraceptive doses, and keep us informed of urgent needs, community problems, etc. We now have 29 CHAs in 6 communities, touching the lives of 700 women. The CHAs receive monthly and quarterly training sessions and have become very capable Community Health Advocates.

Keywords: community health advocates, sustainability, educational services, health initiatives

The Beginnings

Five years after its' beginning, Roots of Health continues to thrive party because we have found one secret of sustainability among our clients: We have trained some of the women in the communities we serve to act as Community Health Advocates, taking over some of the educational and clinical services which we provide.

Roots of Health was started in 2009 by Susan Evangelista and her daughter Amina Evangelista Swanepoel in Puerto Princesa, Palawan, in an effort to empower young women to take control over their lives, prevent teenage pregnancies, and limit family size. Susan brought local knowledge to the effort, having lived in Puerto Princesa for some years, teaching in Palawan State University. Amina had just completed a double Masters' Degree in International Public Affairs and Public Health in Columbia, New York, and was well prepared to conceptualize and organize the effort.

We started our work in only one community, Pulang Lupa in Barangay Sta. Lourdes, and one school, Palawan State University. We think of our work as a Health Initiative, but Educational Services play a very big role: our school program is *only* education and the community programs are education-based. We did not want to be like a medical mission that made quick visits to do prenatal exams and distribute pills and condoms. We started with teaching an 18 week series of classes to the community women, covering such topics and the Reproductive Systems, Contraception, Becoming Pregnant, Handling Pregnancy, Prenatal Exams, Nutrition, Delivery, Planning for Delivery, Postnatal Exams, Postnatal Health Issues, Breast Feeding, Budgeting, Child Care, etc. We felt that without education, without understanding various physical aspects of pregnancy and contraception, and without the empowerment that comes with understanding and realizing that they actually can take control over their own lives, no real changes would occur. They would accept contraceptives as long as we were there to hand them out, but if we were gone, they would backslide.

As our classes were interactive and learner-centered, this proved an ideal way to get to know the women, their thoughts, behavior, health issues, etc. At the same time, we did provide clinical services, including pregnancy tests, pap smears, prenatal exams, birth planning, and postnatal exams. Our clinical staff – two nurses and a midwife – delivered several babies in Pulang Lupa.

At the end of the first year, our two founders sat down and talked about the future of the organization. We both agreed at that time that if the organization could not sustain itself through fund raising, writing grants, etc., the last centavo of our assets would be spent on contraceptives or clinical services for community women. That was our one most important aim.

But we already knew at that time that we were in a solid financial state for the year to come, so phasing out was not really on the agenda. But sustainability was.

And we felt we had been in Pulang Lupa long enough. With 60 to 80 families there, it didn't seem reasonable to continue pouring most of our resources into the community; we wanted to impact more families, other places. At the same time we didn't have anything solid to leave there – except a group of women whom we knew had learned much about reproductive health, had accepted the importance of limiting family size, and knew that health care was a human right. But we doubted they could take these matters into their own hands.

How could we make our work sustainable?

We decided to organize a group of women there, give them more training, and christen them Community Health Advocates. We would pick the women we knew had good relations with others in the community, those who did spend time with neighbors and friends, and could be counted on to offer good advice to people. Training the Community Health Advocates (CHAs) would enable us to go into a phase of community action we call *Light Touch.* This means that our nurses and midwife continue to visit the community

twice a month, to carry out prenatal exams and distribute contraceptives, and they, and all of us, are on call for impending births and any critical problems in the community. But we are no longer teaching women's classes in the Light Touch communities.

We chose five CHAs, and at first tasked them with very little besides being our contacts. We did offer them more training, first in Reproductive Health and Contraception.

A year or so later we were ready to go into Light Touch with our second community, Little Tondo, a rather small area. Here we chose only two CHAs.

Currently we are on Light Touch in four communities and about to move into Light Touch in two more. This will enable us to move into two new communities in 2015.

We have a total of 29 CHAs in six communities, and this program too has taken off in directions we had not imagined. Early on we began to task the CHAs with distributing contraceptives, and this entailed keeping check lists and records for a certain group of women (from 10 to 20 for each CHA) for whom they are responsible. When people stop contraceptives to become pregnant, our CHAs track the pregnancy, notifying our nurses and midwife when prenatal exams are needed, or when someone is nearing her due date. We have asked the CHAs to help with birth planning – a concept quite foreign in our communities, where many do not manage to save any money for the impending birth and have not bought anything nor planned where to give birth, or even considered names.

We have tasked the CHAs with surveying the families in their communities for our records; we try to get this done for each community every two years.

We appointed a staff member Director of Community Health Advocates, and she crafted a rather intensive program of visits and training. She visits the CHAs in their communities, and goes over their checklists and responsibilities at least every other week. She started a program of quarterly training sessions for which we bring all the CHAs together; they have learned to take vital signs, give first aid, and facilitate parent-child discussions on sex. They have been encouraging their friends and neighbors to enroll in our vertical garden program, and then the CHAs were trained in vermicomposting, and they have tried to spread this learning, and the requisite worms, in their communities. The CHAs in each area also helped us constitute classes for Financial Literacy, and most of them have joined those sessions. We will soon be offering them training in detecting tuberculosis. Under a special agreement with the Korean group DetecTB, we will be able to pay CHAs small stipends for monitoring and administering medicines to tuberculosis-positive residents of their communities.

Furthermore, because of the joint training sessions and the celebration of social occasions – i.e. Christmas parties – these community women have gotten to know each other across areas. They share a similar economic status but also share their new and growing sense of empowerment.

For Christmas 2013 we gave each of the CHAs a cell phone, and we keep these loaded so that we can count on them to pass on important information to us. We also pay them very small stipends – P300 a month.

We are, as well, helping CHAs forge ties with barangay health workers and DSWD officials so that they can handle future community crises on their own.

When I look back over the five years of our existence, I think maybe our effect has been the strongest on this group of women, our community health advocates. They have become strong community leaders in health matters and even crisis management.

On November 1, 2014, the eight CHAs of Aplaya, our largest community, surprised and delighted us by, on their own initiative, setting up a health station in the cemetery in their community and being on hand to take blood pressures and offer first aid and cold water to cemetery visitors, all for free. (For curious non-Filipinos, November 1 is All Saints Day and everyone troops to the graves of the family dead, generally staying for hours in the hot tropical sun, "visiting" the dead, and all the other relatives, and enjoying themselves, but often falling sick from heat or thirst.)

The successful CHA program has in fact inspired us to undertake other efforts towards sustainable development even beyond health care and health attitudes in these communities. We are now working with young people in two communities, hoping that empowering them while they are still in school, before they start child bearing, will lead to real improvement in their future lives. These young people are most eager to learn and they are forthcoming, active learners. In 2015 we plan to start community teen programs in two more communities and we are counting on the CHAs to help organize these groups. Teens may be the future CHAs of the area!

When we leave these communities altogether, we leave them in good hands: their own.