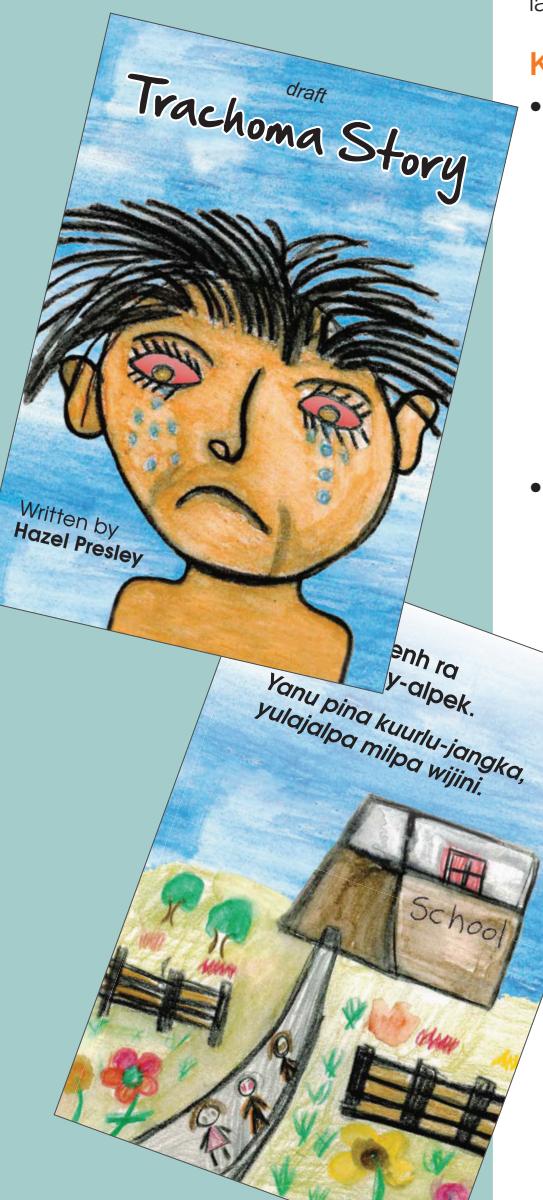


# Indigenous Australia Program Development Effectiveness

Bulletin 4 February 2014

*"I thought the last 2 days were really interesting. I have learnt quite a lot. It has been well received by all the CBW's. It's probably been the best training I have been to since coming to the NT 6 years ago. Thank you."*

CBW from Alice Springs who attended the training in 2012.



## Trachoma Elimination Program

The Trachoma Elimination Program (TEP) employed 12 local Community Based Workers (CBWs) in eight remote communities across the Northern Territory in 2013 to engage with the community and increase the number of Indigenous Australians being screened and treated for trachoma by the Centre for Disease Control (CDC), Anyinginyi Health Aboriginal Corporation and Sunrise Health Service. The program also supported CBWs to undertake community health promotion initiatives that focused on the adoption of hygiene behaviours to assist with the prevention of trachoma.

CBWs are community residents who provide a bridge between external medical and health promotion services and community members, to raise awareness of trachoma, increase participation rates and increase knowledge of causes and prevention of trachoma. CBWs play a particularly significant role in breaking down cultural and language barriers between mainstream service delivery and communities.

### Key achievements

- The CBWs add considerable value to CDC's screening and treatment work. An independent mid-term review found that the CDC Trachoma Nurses would not be able to undertake screening and treatment work in several key communities as effectively and efficiently without CBWs. Where there are no Aboriginal and Torres Strait Islander Health Practitioners to assist the trachoma team, the CBWs are essential.
- There has been an increase in community knowledge of trachoma, especially in children, as a result of training CBWs and their information sharing work. Community information sharing was identified as being stronger as a result of employing CBWs.
  - The level of health promotion activities, such as supporting regular hand and face washing activities in schools and child care facilities, has increased.
  - Efficient and effective team work has been demonstrated by staff of CDC, The Foundation's Indigenous Australia Program (IAP), Indigenous Eye Health Unit (University of Melbourne), local training organisations and

Aboriginal Community Controlled Health Organisations during treatment sessions, site visits, school based health education sessions and joint health promotion activities. This has resulted in collaborative projects such as the creation of the "Trachoma Story Book" with illustrations drawn by local women, and translation in two locally spoken languages, Anmatjere and Walpiri. The project was presented by IAP and Central Australian Aboriginal Congress at the 9th National Aboriginal and Torres Strait Islander Environmental Health Conference <http://hatsieh.com.au/>

- The IAP has been invited by CDC to act as relationship brokers. Whilst in some communities, health staff are helpful and assist with CDC screening and treatment, in others community health centre staff have less capacity and CDC staff find it difficult to carry out their work. There were situations where CDC approached the IAP for assistance to more effectively engage with the community in order to meet the required milestones and KPIs for screening and treatment.



Eye health training in Alice Springs

## Training

- Training in basic information about trachoma, eye health, health promotion, hygiene and environmental health was delivered over four days in both Alice Springs and Katherine. The sessions were delivered by the Menzies School of Health Research, the Brien Holden Vision Institute and CDC and enabled the CBWs to apply their new skills and gain knowledge needed to share with their own communities. The training evaluation revealed that all participants highly valued the opportunity and gave an average ranking of 4.7/5 across all areas, there was a 33% increase in confidence over the 4 days and 100% of respondents indicated that they would recommend the workshops to other CBWs. The training above has been complemented by on-the-job training on remote communities. (Training report available)

## Background

The TEP commenced in 2012 and was focused on addressing the gaps and adding value to existing trachoma programs. The IAP has worked in partnership with the CDC, The University of Melbourne's Indigenous Eye Health Unit (IEHU) and a number of different host agencies from the government, non-government and community controlled sectors. The TEP has four objectives, however, this bulletin focuses particularly on the CBW component in relation to objectives 1 and 2.

### Goal

*The Trachoma Elimination Program will contribute to the WHO GET 2020 initiative and work towards the elimination of blindness caused by trachoma in Australia.*

### Outcome

*Elimination of endemic trachoma from remote Indigenous communities*

### Objective 1

*Increase the number of Indigenous Australians being screened and treated for trachoma*

### Objective 2

*Increase the capacity of the endemic communities to support the implementation of components of the SAFE strategy*

### Objective 3:

*Advocate to ensure appropriate environmental interventions are delivered in endemic communities as part of the implementation the 'E' component in the SAFE strategy.*

### Objective 4:

*Develop and implement the Trachoma Elimination Program in the Northern Territory, South Australia, Western Australia and other areas where trachoma is prevalent*

## Context

There are a large number of agencies working in and with remote communities that have a vested interest in the work undertaken by the TEP and the areas covered by the SAFE strategy. These include environmental health, rheumatic heart disease and ear health groups, school nutrition and Healthy School Age Kids Programs. The high number of organisations visiting communities, sometimes several at the same time and sometimes with competing demands, places stress on the community and on staff at the health clinic and school.

When there are funerals or major community events, such as football, 'everything stops'. After the event is over, sometimes people cannot get back to their home communities and 'stop with family' until they can organise transport. These situations can lead to transmission of trachoma if visitors are coming from a high prevalence community to a low prevalence community and sharing living space in crowded substandard living conditions.

## Mid-term Review – Developmental Evaluation

In September 2013 the IAP commissioned external evaluators Pandanus Evaluation & Planning Services to conduct a mid-term review of the CBW component to inform program improvement and help with planning a proposed expansion of the program within the NT, and into WA and SA. A developmental evaluation approach was taken as this is suited to applying evaluative thinking to evolving interventions that operate within a complex and dynamic environment. The IAP used this opportunity to learn about what is working and what is not, and decisions were made based on the available findings.





Eye health training in Alice Springs

Findings were presented to the IAP periodically and this process generated discussion about preferred options, additional information that was required, complex issues and possible strategies that could 'add value' to the project design for the next stage. This process facilitated the application of 'lessons learned' to the on-going planning process.

### Challenges

The evaluators identified these issues with the 2012-2013 model:

1. The NT Department of Health (at an executive level) is not a key partner in the Program. TEP is not incorporated into the health centres' core business. Trachoma is not a priority issue relative to, for example, the burden of chronic disease and issues related to alcohol and other drug misuse, and health promotion is not widely practiced.
2. High staff turnover in health centres and other community agencies means that the IAP has had to keep reengaging new service providers and support people in host agencies.
3. There is a limit to what CBWs can do outside CDC visits. The limited supervision, training and support outside of CDC visits has resulted in high turnover of CBWs.
4. There is lack of knowledge by the community of the causes and prevention of trachoma. This is compounded by the long time period between the infection and blindness as an outcome of the disease, so there is no perceived immediate cause and effect link.
5. Improved environmental health conditions and acquisition of hygiene behaviours are fundamental to the prevention of trachoma and these have not been well addressed by the TEP to date.
6. While employment of CBWs to engage with the community is an important strategy as a first step towards community ownership and empowerment, its actualization is time-consuming and difficult, especially given the context as outlined above, and is based on developing a trusting, on-going relationship with the community and community agencies.
7. Assessment of what was already happening in the community was not undertaken by the IAP and opportunities to 'add value' rather than initiate something new were missed prior to employing CBWs.
8. The Team Leader and Project Coordinators have spent a considerable amount of time negotiating the contracts with multiple agencies every 12 months.
9. Trachoma CBWs are not described as being linked in any way with other CBWs (eg, Strong Women Workers, nutrition workers) within the communities and there is limited incorporation of trachoma health promotion activities into the core business of other existing community based worker roles (eg, environmental health, Aboriginal and Torres Strait Islander Health Practitioners, nutrition workers).
10. There are no opportunities for CBWs, CDC, IAP and host agencies to come together for planning, review and training.
11. There is a lack of clarity with regard to obligations for monitoring and evaluating activities. The expectation that CBWs will document activities and be involved in monitoring and evaluation without specific training and support is unrealistic.



Photographer: Arianna Claridge - Students from Hermannsburg (Ntaria) school being screened and treated during trachoma week



The Fred Hollows Ambassador Shellie Morris educating about eye care with school children

Regarding the benefit of the mid-term review, during a strategy meeting with the evaluators, the IAP's team leader stated...

*"Fantastic - We wouldn't even know to ask the questions without this information".*

*"It was reported by CDC Trachoma Nurses that the on-site training at Yuendumu provided by CDC, IAP and Health Promotion Officer the week before a screening/treatment worked 'brilliantly'. The two young women trained assisted CDC staff to locate children and explain the procedure to the parents/carer. The Trachoma Nurses identified having guaranteed assistance in the community when undertaking clinical work as the most important aspect of the CBW strategy – they act as 'cultural brokers' and facilitate CDC's work."*

Pandanus Evaluation and Planning Services Final Report January 2014

## Improvements required

The IAP has identified a preferred model for the TEP expansion phase. The model proposes to fund either of the following models of employment within the existing community based health teams in the NT Health Department or within the Aboriginal Community Controlled Health Organisations:

- Trachoma and eye health responsibilities will be added to the roles of currently employed CBWs.
- The employment of dedicated trachoma and eye care CBWs to be supported within community based health teams. This model includes the following advantages:

• Established support mechanisms for CBWs (stronger onsite management and professional development support) that will strengthen the trachoma prevention and health promotion focus of the whole Community Health Centre team, which can be utilised by TEP.

- Can draw on already employed CBWs by contributing to salary with x hours a week tied to trachoma elimination and eye health activities or fund additional part time CBWs who can carry out TEP and contribute to ending avoidable blindness beyond the delivery of the TEP.
- Trachoma work can be incorporated into other related work in eye health promotion, hygiene, nutrition or environmental health.
- CBWs will have greater job satisfaction from having a more structured role within a team.

• The IAP can take a more systematic approach, be more strategic with existing human resources, build on the strengths that already exist in communities and be in a position to scale up the model to interstate jurisdictions during the expansion stage in 2014.

## Where to from here?

- Review expectations of CBWs, and further develop position descriptions, selection criteria, program guides and protocols that can be transferred to different settings.
- Make connections with stakeholders identified in the review and identify where integration can occur.
- Reconsider terminology and contractual arrangements to streamline negotiations and effectively manage financial obligations.
- Refine the training program to incorporate flexibility and complement existing professional development opportunities for CBWs.
- Strengthen health promotion and environmental health activities.
- Review the current monitoring and evaluation systems, processes, frameworks and program logic to support implementation in a variety of settings and prepare for expansion.

## Publicity

- "Local Aboriginal Woman works to give back to Community for Trachoma Elimination Project." Interview with IAP project coordinator as part of a women's business series.  
<http://caama.com.au/tag/trachoma>
- The IAP was involved with developing a 30 second television community service announcement which screened over 40 times per week across remote Australia.  
<http://www.healthinfonet.ecu.edu.au/key-resources/promotion-resources?lid=22879>
- Shellie Morris completed a series of trachoma music workshops in three remote communities where the CBWs were employed to support the grass roots activities. In Hermannsburg a song about trachoma prevention was written, recorded and distributed.  
<http://newsroom.melbourne.edu/news/harnessing-power-indigenous-women%20%99s-voices-eliminate-trachoma>

