Incorporating communicative know-how to defend frontline practices

Strategic Tools from an HIV-AIDS-related Guide for Community Evaluation and from Latin American Popular Education

Hélène Laperrière

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1. The anchoring experience

- Participating as a nurse in the collective construction of a Evaluation Guide by groups working on Aids.

- Objectives:
  - 1° To understand the dynamics of community practices related to Aids;
  - 2° To participate in the collective production of evaluation tools
  - 3° To identify the strategies developed by frontline practices in contexts of unpredictability.
2. The challenges of community evaluation

• 1° To assert the autonomy of groups working with HIV/AIDS in order to define their actions beyond the contractual financing: a stated mission is more than an objective.

• 2° Make evaluation an occasion to develop a voice through which all actors involved should be heard.

• 3° Give a voice to a practical know-how – a voice that speaks of the field, of everyday activities and efforts.
Figure 1 Formal and informal vertical relationships among local intervening actors in an AIDS prevention program: from the international organizational summits to the local level.
A fireline evaluation...

Anything new? *Five hours of snowing, freezing winds.*

*My legs are beginning to freeze, but I keep the guard, my General.*

Good soldier: I am proud of you!....

*(Maybe army life is hard, but it has its compensations...)*...
Does objectivity require indifference?
3. A first stage: reticences regarding external expert help

The deflating message: Evaluation is too complex for you! Leave it to the experts!

The assertive revolt: This is OUR project, this is OUR experience we are talking about!

Taking control through redefining and reasserting « Who are we »!

A work group that would include all voices: the internal diversity and the external interlocutors: intervenors, volunteers, clients, administrators, financing institutions.
4. The Shared Assessment Groups:

- Ground evaluations in the everyday life of community organizations.
- Make it an occasion for regrouping and actors contributing to make community action a shared reality.
- Stimulate them to share their viewpoints and observations on the common experience.
- Reflect on the necessary ongoing self-evaluation of the action group.
5. The second phase: the Evaluation Guide

The efforts to reposition the frontline intervention at the core of the evaluation of group action:

• Enlarging the pool of those traditionally responsible of evaluation beyond the directors and the team leaders – going beyond the administrative ideology.

• Searching and incorporating the experience of the frontline (including field nurses) in their specific contributions and their own expression of their everyday action.

• Eroding the logic which separates and even opposes administrative perspectives to the activities of direct intervention.
6. The challenge of the written word of frontline professionals

• Should they reproduce the academic or the administrative discourse?

• Explore with professionals their everyday experience as «frontline agents».

• Explore the perceptions and the sentiments of professionals in front of the written word as a tool pertinent to both their action and contributor to the collective discourse. See in advance the formation needs;

• Be very aware of the danger of creating a subtle dependency through the evaluation tools.
7. A « popular » methodology
SHARING OUR EXPERIENCE: A SYSTEMATIZATION STRATEGY

1. What is something I do often as part of my work? (Choose one very concrete everyday activity).

2. What makes it pleasant or unpleasant to me?

3. What is what I am trying to achieve for my clients by doing it?

4. What makes me feel I am achieving this change for them?
SHARING OUR EXPERIENCE: A SYSTEMATIZATION STRATEGY

2° To whom do we tell what we do and what we learn and how do we do it?

8. What do I tell my agency about what I do, and through which means?
   (Forms, dossiers, social histories, referral notes....)

9. What are the interests of the agency I am addressing in what I tell it?

10. What do I tell the client as to what we are doing together, what we are trying to achieve?
    (Interviews, group presentations)

11. What do I think are the interests of the clients I am addressing?

12. What do I tell my colleagues about what I do, how I do it, what are my strategies?

13. What are the interests I share with my colleagues and how do I try to reinforce them?
SHARING OUR EXPERIENCE: A SYSTEMATIZATION STRATEGY

3° The road of systematization of our shared experience

My intervenor’s challenges as team member:
How can I DESCRIBE, TALK about what I do?
How can I JUSTIFY the way I go about doing it as a part of our team effort?
How do I suggest we DEFEND what we do and how we do it?
How can we use this process to REVINDICATE the means of attaining our aims?
8. The challenges of a participatory evaluation: Making « we » and « us » meaningful realities

- Communication produces a common voice,
- The voice becomes a discourse that binds with other professionals or HIV/AIDS working groups,
- The discourse becomes dialogue that bridges the distances between frontline professionals,
- We learn to talk in order to live together, to work together, to change the world, and for sharing, justifying, revindicating... NOBODY EDUCATES THE OTHER, NOBODY EDUCATES HIMSELF ALONE, PEOPLE EDUCATE EACH OTHER IN THEIR TOGETHERNESS, WITH THE HELP OF THEIR WORLD (Freire, 1980, p. 62).
9. My thesis

- As nurses, we have a participatory reflection potential on HIV/AIDS that has been made evident both in the actions of community groups and public health programs.
- We integrate both curing and caring in the construction of our role, going beyond those of researcher, evaluator and observer.
- As a natural “frontline practionner/researcher”, we can better learn and contribute when we are an actor rather than an observer of professional action.
- Our know-how is a solid base for us to contribute with our words to the social consciousness and social action in the need assessment of persons and collectives living with or around HIV/AIDS reality.
11. References


