Stilling the Tremors

Community Based Participatory Research Interventions in Post-Earthquake Haiti and in India

Presented by
TJ Ghose
University of Pennsylvania
School of Social Policy & Practice
Background

Poorest country in the Americas (HDI, 2009)

- 55% have access to clean water (before the earthquake)
- 56% live on 1 USD or less/day
- HIV Prevalence of 2.2%
- 36,000 in need of ARV, 14,500 on ARV
- 46 Health Centers provide ARV
Background

- 64% of HIV funding from bilateral aid
- 25% from Global Fund
- No Centralized Body for HIV/AIDS initiatives
- The Haitian Study Group on Kaposi’s Sarcoma & Opportunistic Infection (GHESKIO) has been one of the primary providers
Background

- Combined efforts of GHESKIO, PIH and the Government reduced vertical transmission from 30% to 10%
- 40% of HIV+ on HAART pre-earthquake
- 40% of those in tx pre-quake were accessing services post-quake
- Reports that institutional providers are increasing coverage in recent months
In the absence of the State, NGOs have often provided services. This has resulted in the “NGO-fication” effect/process. Critiqued by postcolonial theorists as a “management of needs” (Chatterjee, 2008).
Background: Theory

Characteristics of global health interventions:

- Global AID machine
- Local NGOs are willing partners
- Statistical population surveillance and containment
- Breakdown into single-issue problems
- Ad-hoc, semi-legal, informal management
The Partners

- **Plateform Haitian Des Associations de PVVIH (PHAP+)**
  - Network of 14 HIV service providers across Haiti

- **Housing Works**
  - Service provider for PLWHA in NYC, PR

- **Penn**
Linking Research to Advocacy

Activating networks
- Existing partnerships
- advocacy-driven

Identifying Goals
- capacity building
- Empirical evidence
- establishing timelines

Creating resources

Action research
- Needs assessment
--training community members in research

Intervention
- HIV service provision
- food & water provision
- transport provision

Sustaining results

Resources
--Grants, funding
- Expanding partnerships
- Licensing clinics

Political negotiation
- Critique of institutional aid and welfare regime
- Presenting to policy-makers
Mental health is an ignored issue in general – 1 psychiatrist/1000 persons

Depression is somatized into tremors and pain.

Very few mental health interventions....

...especially among sex workers....

...especially among sex workers with HIV

Depression correlated with risk behaviors
Needs Assessment

- Hospital and Anxiety Depression Scale
  - modified and validated
  - “slowing down” was experienced as anxiety
  - “not being able to stay calm” was experienced as depression
  - 40% anxious, 22% depressed.
The intervention

- Depression Reduction Implemented by Sex workers to reduce HIV Transmission Intervention (DRISHTI)

- Drew on:
  - CBT principles
  - DMSC’s collective processes
  - Peer-led self-help group protocol
  - Utilizes the brothel as a safe, healthy housing collective
DRISHTI

- Trained social workers facilitate
- CHATS structure:
  - CH: challenges in the last week
  - A: Alternatives (to triggers)
  - T: Triumphs (over triggers)
  - S: Scaling (homework)
DRISHTI

- Peers will take over group after 4 weeks
  - utilizing same process
  - building expertise in CBT protocol

- Dyadic support in the brothel
  - each member will be trained to be a crisis respondent to another
  - Each member will be a social worker to another
Next Steps

- Trained the trainers (border-busting)
- Negotiated with ICMR
- Sought NIH funding
- Recruited participants
- About to implement the intervention
Activating networks
- Existing partnerships
- advocacy-driven

Identifying Goals
- capacity building
- Empirical evidence
- Implement intervention

Creating resources

Action research
- Needs assessment
--training community members in research

Intervention
- DRISHTI development
- Train facilitators
- recruit participants

Sustaining results

Resources
--Grants, funding
- Educate about depression

Political negotiation
- Border-busting
- Negotiating with ICMR, NIH
Change vs. management

- Emergent process, so no preset protocol
- Partnering with community-based orgs
- “Busting”
  - Roles - researcher vs participant
  - Methods – objective vs subjective
  - Research vs Activism
  - Institutional boundaries and processes
Spiraling towards Change

policy change, internationalization, mobilization

resources, evaluation, negotiation, politicization

relationships, needs, assessment, capacity building