malaria consortium
disease control, better health

Learning Brief

In focus: Health communication

Community dialogues for child health

Results from a process evaluation in three countries

Context

Malaria Consortium has been supporting integrated community case management (iCCM) of three childhood illnesses in Mozambique, Uganda and Zambia since 2009. This included training, equipping and supervising community health workers (CHWs) to enable them to diagnose and treat three diseases (pneumonia, diarrhoea and malaria) in children under five and conduct basic health-promotion activities.

While community mobilisation has been recognised as one of the key features for successful health interventions, literature suggests that evidence is still scarce on what does or does not work and recommends that future research on process is needed to unlock the potential of community mobilisation in improving health outcomes[1].

Malaria Consortium designed and implemented a Community dialogue (CD) approach in three countries aimed at raising awareness, support and use of these new iCCM services[2].

Key findings

CD can be a powerful approach to make health promotion activities of community-based volunteers more participatory and effective in addressing social norms around child care practices:

- The CD approach is effective for filling health information gaps among community members, identifying issues and helping communities make collective decisions for improved health practices
- Regular CDs contribute to the formation of new habits, particularly in relation to seeking timely care in case of child sickness
- The CD model has potential to assist communities move in the direction of positive change around prevention practices and management of childhood illnesses

The community dialogue intervention

The CD is a flexible model requiring little external and skilled facilitation. CHWs and other influential members in the communities are trained to organise regular participatory CDs around the new community-based services and the three childhood illnesses, using simple visual tools adapted to low-literacy audiences.

The CDs consist of a repeatable 10-step process led by trained community-based facilitators. In this process, community members explore a topic, identify and prioritise specific issues, and collectively agree on actions and mechanisms for the community to address these, with its own means and strengths. The CD intervention addresses a set of constructs, including knowledge, self-efficacy and social norms, to contribute to individual and social change in communities for prevention as well as timely and optimal management of childhood diseases through iCCM services.

The conceptual framework for the intervention is based on the Integrated Model for Social Change[3], and is summarised in the diagram on page 3.

The intervention was introduced in 2012 in Mozambique, Uganda and Zambia, and adjusted to ensure implementation and tools were tailored to the context of each country. Over 300 villages were reached in each implementation site: Inhambane province of Mozambique, Western region of Uganda, and Luapula province in north east Zambia.

Process evaluation

After one year of implementation, a process evaluation was conducted to assess the efficiency and relevance of the CD intervention in terms of outreach and intermediate results.

The six key components of a process evaluation[4] were explored: fidelity, dose delivered, dose received, reach, recruitment and context. The evaluation, which was conducted in two districts of each country, was qualitative and used both project data and primary data sources collected in purposefully sampled communities. Respondents included caregivers (male and female), CD facilitators, CHWs, community leaders and CD trainers. The final data set included an average of 20 focus group discussions and 16 key informant interviews per country. Thematic analysis of the qualitative data followed the 'framework approach'[5], using both a deduction and induction process.

Results

An engaging approach

Participants and facilitators indicated that they appreciated the CD intervention. They highlighted that the CD format has made learning easier and allows communities to identify solutions which are relevant to their context.

Participants expressed that they enjoyed the CD forum for interaction between members, and for sharing of ideas and experiences. They also considered CDs more attractive and efficient than health talks and other means of communication because they were directly involved in identifying problems and solutions, thus showing that CD is a service 'of the community for the community'.

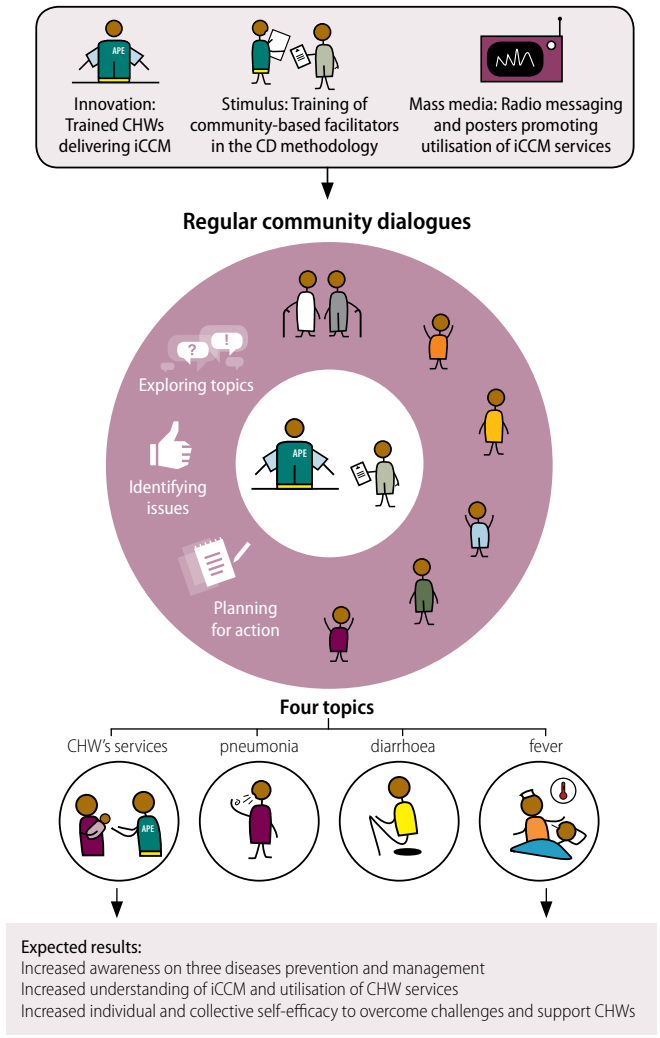
The use of visual tools and local languages enables community-based facilitators, who receive a two-day basic training, to generate participatory discussions through sharing of testimonies among participants. In both Uganda and Mozambique, a number of CHWs have embraced the 10-step methodology and applied it to the promotion of other health issues. However, in all countries, community-based facilitators considered they need more training and refreshers, especially to be able to debate other health topics which are of interest to the community.

> "The difference between a CD meeting and other meetings is that in the CD, you are given time and allowed to ask questions but in other meetings you are just on the receiving side of the facilitator"
>
> Male CD participants, Uganda

> "I think the meetings held in the area are very important because we share ideas on building our community, learn to do good things for our community, because even if someone comes to give a lecture we will learn the same, but when we (women), the residents, dialogue and make decisions about our life, we will have more impact on the population."
>
> Female participant, Mozambique

Community dialogues were implemented in three African countries

Community dialogues / iCCM model



"When you look at witchcraft versus diseases; going to the witchdoctor versus going to the clinic – all these issues were identified during the exploration step in various dialogues. Then from there, we guide the meeting through the discussion until we come to a point where all the misconceptions and information gaps are resolved." Facilitator, Zambia

"You see when people get new nets, some wash them which reduces their effectiveness; others leave them outside their houses for a whole week so as to reduce the drug and others were discouraging community members that they should not sleep under the treated nets because they are very bad to their health. 'If the drug can kill mosquitoes, how about you a human being?,' they would ask. So in the CDs we would try to look at these." CHW facilitator, Uganda

New learning

CDs have contributed to increased awareness and understanding of services provided by CHWs. Community members interviewed demonstrated correct knowledge of the causes and prevention measures for diarrhoea and malaria, and said they valued the services provided by CHWs. However, pneumonia appears to be rarely discussed in CDs, and community members still have little knowledge about the disease and how it should be prevented and managed. In most communities visited, those who have attended CDs considered CHWs as their first choice for care and that using CHWs had become a habit. CDs were identified by respondents as a determinant of behavioural change, among other factors.

Pathways to change

The CD approach has not been consistently implemented in all communities and the implementation of the 10-step process has varied significantly. Common shortfalls include conducting CDs during other meetings and community gatherings, and giving out messages without reaching consensus and proper action planning.

Findings indicate that CD is an effective tool for planning change through the commitments made and agreed upon in public. In the three countries, CDs have been useful in identifying and implementing specific doable actions to improve health, and most communities have defined responsibilities to implement and monitor the actions agreed upon. For example, in Uganda, a community dialogue

focusing on hygiene led to the fencing of a borehole to protect it from animals. In Mozambique, through CDs, a community agreed with traditional medicine practioners that all sick young children and people presenting with cough should be redirected to a CHW.

Although the process of implementation and monitoring varies widely between communities, the active involvement of community leaders and other influential members in the community seems crucial for moving from discussion to action.

Next steps

Overall, the process evaluation indicates that CDs contributed to triggering community uptake of and support for health services. But for this approach to effectively generate change, continuity and ensuring the quality of preventative and curative services need to be guaranteed in order to achieve the objective of building trust and cooperation between communities and health services.

With further training and regular monitoring and mentoring of community-based facilitators, the CD model has the potential to help communities move from information to action through the course of discussing how new health information applies to their daily lives and deciding on appropriate actions to be taken, and thus addressing social norms around child care practices.

This process evaluation also confirms the importance and usefulness of process evaluation methods in order to refine models for effective communication interventions. In each country, the evaluation allowed for the identification of specific practical challenges, possible solutions and improvement of the implementation models.

Community members use the interactive poster and flash cards during a community dialogue to explore pathways of care in case of child illness

"The essence of these dialogues is to bring about change, either in attitudes or in practice. So whenever an issue is discussed, we agree on how to resolve whatever the problem is. When the group agrees that something needs to be done, we seek personal commitment by everyone present that such an issue should be resolved."

Facilitator, Zambia

"At the meeting, we draw the plan of what will be done within two months. Sometimes it is decided to build or clean latrines in our homes; so at the next meeting, we discuss compliance with the plan. We have assigned groups responsible for these tasks and they are asked to explain to us what has happened. Then, we are glad because we can see that we are making progress."

Influential community member, Mozambique

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Acknowledgements

We thank the local health authorities in each country for their support to the implementation of this study, and all members of our field research teams. We are grateful to the study participants, who generously gave their time and shared their opinions and experiences.

This material has been funded by UK aid from the UK Government, however the views expressed do not necessarily reflect the UK Government's official policies.