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Community dialogues for child health:
results from a qualitative process evaluation in three countries

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SBCC Summit/Addis-Ababa, Feb. 2016

Background

Countries are increasingly adopting the integrated community case management of childhood illnesses (iCCM) strategy in efforts to reduce child mortality

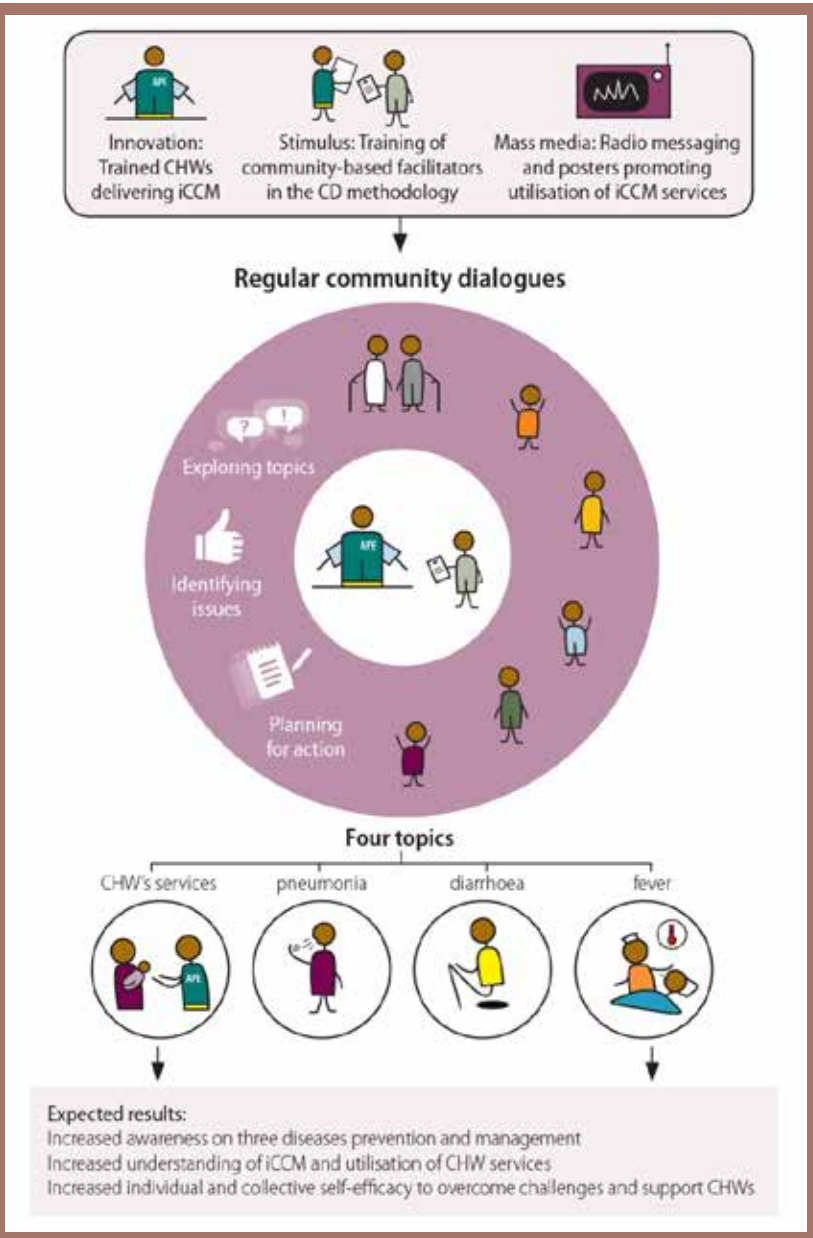
Community engagement needed for iCCM success:

- Individual level: improved care seeking and prevention behaviours
- Social level: new social norms around childhood illnesses management
- Community ownership of services linked to increased performance of CHWs

- No ‘ready to use’ model to effect these changes
- Further research needed, particularly on process (Rosato et al. 2008)

- Design a specific community mobilisation model & Collect in-depth process evaluation data

Intervention description



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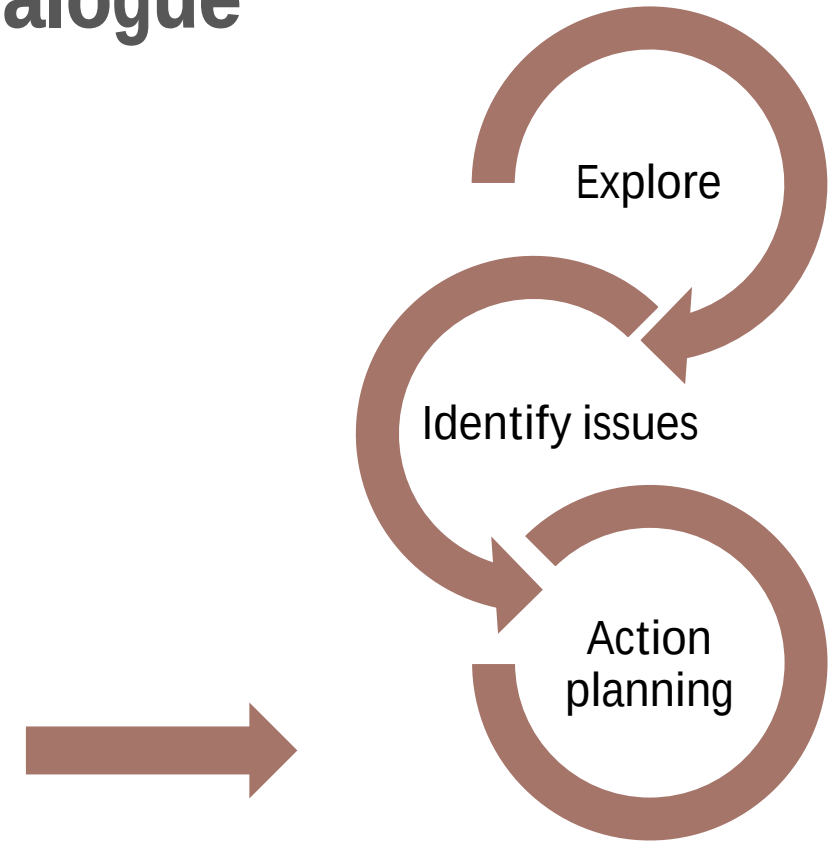
A specific 'community dialogue' approach (CD)

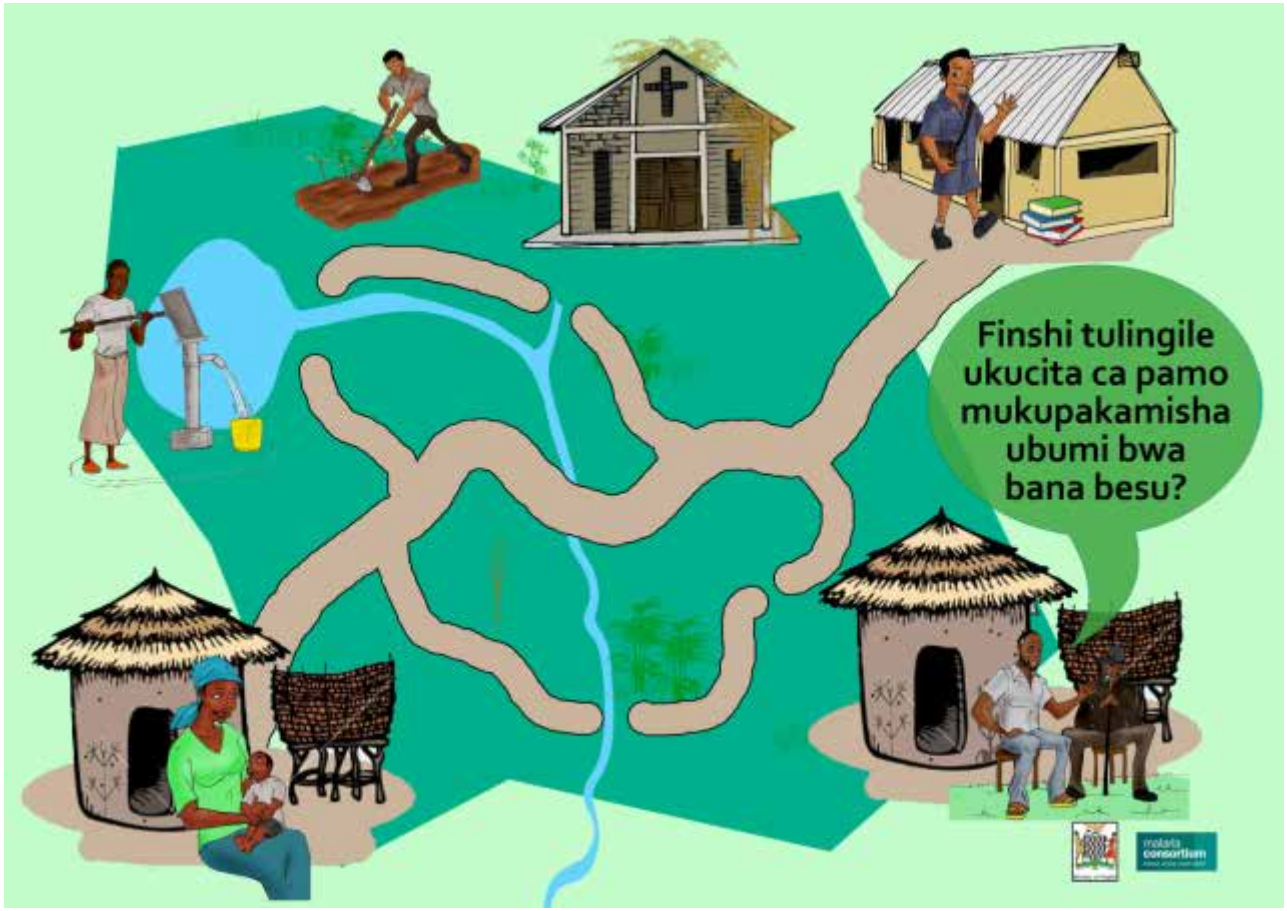
Key features

- No external facilitation; different for other community dialogue models
- CD led by two CHWs/local leader
- Two days training for participatory facilitation skills and visual tools
- 10 steps for each dialogue from preparation to action planning. Three key processes during the dialogue itself
- Introduced in 2012, in three countries (iCCM programme areas): Mozambique, Uganda, Zambia



- Based on the Integrative Model of Communication for Social Change (Figueroa et al., 2002)
- Informed by formative researches: need to go beyond messaging

Visual materials (example from Zambia)



Evaluation methodology

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Methods

Objectives:

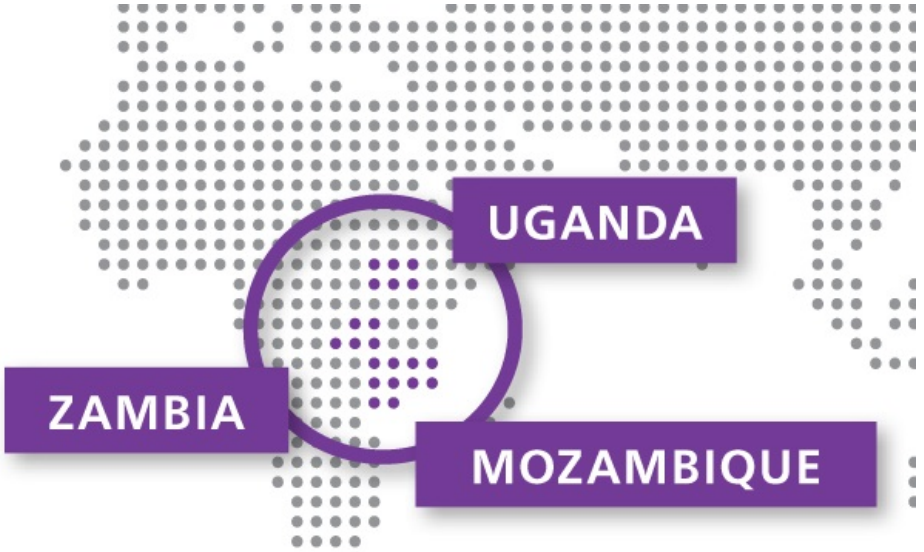
- Assess community response to the CD approach
- Identify factors influencing processes of community engagement

Method:

- Qualitative PROCESS evaluation

Data sources:

- Secondary data (project design and monitoring documents)
- Primary data collected in three countries: Zambia, Uganda, Mozambique



Data set

- 67 focus group discussions
- 57 key informant interviews
- Total 642 respondents
- Caregivers, CD facilitators community leaders, trainers
- 20 purposively sampled communities

Six process evaluation components

Criteria	Definition
Fidelity	The extent to which the intervention was delivered as planned
Dose delivered	The amount of CDs delivered and the quality of these
Dose received	The extent to which participants actively engaged with, and valued, the intervention
Reach	The proportion of the target audience that participates in the CD intervention
Recruitment	The procedures used to approach and attract participants, and their relevance
Context	Other aspects of the larger social, political and economic environment that may influence intervention implementation

Reference: SAUNDERS, R. P., EVANS, M. H. & JOSHI, P. 2005. Developing a process-evaluation plan for assessing health promotion program implementation: a how-to guide. *Health promotion practice,* 6**,** 134-47.

Results

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Extent of implementation

- Average one to two CD sessions per month
- Higher number of participants than initially planned
- Attracts more women than men; but women less vocal than men during sessions
- Besides iCCM core topics, the CD platform used to address range of issues

Open space to share experiences, concerns and doubts: *"informal family meetings"* (Zambia)

Community leaders essential in mobilising community members, but also a constraint when not showing interest

Visual materials assist low-literacy audience to participate, but interactive poster and cards (Zambia) works better than flipchart (Uganda) for truly participatory discussion

Dialogue proceedings and outcomes

- Exploring a topic and discussing issues occupy a significant portion of the sessions, which contributed to filling knowledge gaps
- CDs have led to many individual and collective action points being identified and implemented

Diffusion of information and decisions taken within the CD to the wider community

Most action points were taken as ‘community commitments’ being transformed into community norms

Varied monitoring mechanisms, from solidarity-based approaches (neighbourhood groups) to coercive measures (penalties for non-compliance)

Perceived individual and collective changes

- Increased awareness and knowledge among community members on childhood illness, prevention and management and services provided by the CHWs
- Better knowledge both among those who participated in CDs and those who did not
- However, pneumonia rarely discussed in CDs, community members still showed little knowledge
- Reported using new knowledge gained to improve health practices in their homes

ü Most mentioned: hygiene practices and mosquito nets use

ü Increased and early use of health services in general

ü Shift in care-seeking practices, from traditional healers to CHWs as first point of care

+ CDs build trust of community members in the work of CHWs

+ CHWs become frontline workers for childhood illnesses, and sources of health advice

Perceived strengths and weaknesses of the approach

High appreciation for the CD format	Active participation and interaction in the meetings
Directly involved in identifying problems and local solutions, thus considering that CD is a service '*of the community for the community'*.	Felt at ease, made learning easier, through peers sharing ideas and experiences
Coverage challenges	**Youth not reached**
More CD facilitators needed and equipped with bicycles as examples of solutions to reduce workload and overcome long walking distances	People who rarely attended dialogues included youth, elderly and people with disabilities

Discussion

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Key lessons learned

- CD approach fills a gap in reaching out to rural communities with basic information
- Participatory approach increases community participation, which results in shift to early care-seeking at CHW point of care
- Agreeing and committing in public is a key facilitator for setting new social norms and effecting individual and collective changes
- CDs also increase visibility/popularity of CHWs - driver of CHW motivation
- Other influential members from the larger community leadership structure should be engaged and trained
- Type of IEC materials (‘passive’ flipchart vs ‘interactive’ cards playing) used during CD sessions influenced the level of participants’ engagement

Key messages

- CD can make health promotion activities more participatory and address social norms
- CD is effective at building trust, uptake of, and support for iCCM services
- Sustaining these changes requires continued availability and quality of community-based health services to meet the demand

"*We like these meetings because we meet as a community, and, especially us women, we have become one now, we know each other well and we even know those people that are not changing (...) we always use the cards which are the most interesting part because we argue on what is the best for the health of the child.*"

Community dialogue woman participant, Zambia, November 2012.

Acknowledgements

Ms Jordana Leitão , Dr. Denis Muhangi, Dr. Anthony Nuwa, Mr Dieterio Magul, Ms Helen Counihan

Funders: Government of Canada, UKAid, Comic Relief UK

All members of the field research teams

Luapula Province Medical Office in Zambia

Health Officials of the Kyankwanzi and Buliisa districts in the Mid-West Region of Uganda

Inhambane Provincial Health Directorate in Mozambique.

Study participants, who generously gave their time and shared their opinions and experiences

Malaria Consortium teams in Inhambane office, Mozambique, and in Hoima office and the Pioneer project, Uganda

Links

- ‘Community Dialogue’ model description (Learning Paper, in English & Portuguese)
- Process evaluation results summary (Learning Brief, in English & Portuguese)
- Application of the ‘Community Dialogue’ model to neglected tropical diseases (operational research)
- Community Dialogue in pictures (Zambia)
- ‘Community Dialogue’ visual materials and toolkits available at http://ccmcentral.com and http://www.thehealthcompass.org

Thank you

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