

The community dialogue approach: lessons learnt from implementation in four countries

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KEY MESSAGES

- In addition to increasing knowledge and awareness of diseases, people need supportive social environments that encourage and remind them to take action to improve their health and to demand health products and services.
- When the community dialogue approach is embedded in both the healthcare system and existing community structures, it can help establish a sense of community ownership and social accountability that is essential for sustained social and behaviour change (SBC) for improved health.

Background

Diseases and how they can be prevented, diagnosed and treated are sometimes misunderstood by affected communities. This means that people may get sick more often, and might not seek timely or appropriate care. Improving knowledge and understanding of disease alone is not enough to create and sustain healthy behaviours; supportive social environments are also needed.

Recognising this, the community dialogue approach (CDA) was developed using the Integrated Model of Communication for Social Change. Embedding itself within existing community structures (e.g. women's, religious and youth groups), the approach seeks to foster meaningful engagement between communities and healthcare systems in low resource settings.

As CDA is likely to have the greatest impact if full participation is achieved and if communities genuinely own the platform, joint planning and delivery of dialogue sessions is key.^[1] Thus, implementers support communities to select volunteers who will be trained as facilitators and will, in each dialogue session, assist community members to explore a topic, identify and prioritise specific issues, and collectively agree on how they will resolve these.^[2] Community health workers provide technical oversight of the sessions and action plans formulated, and follow-up where necessary, to ensure appropriate diagnosis, treatment and prevention of diseases.

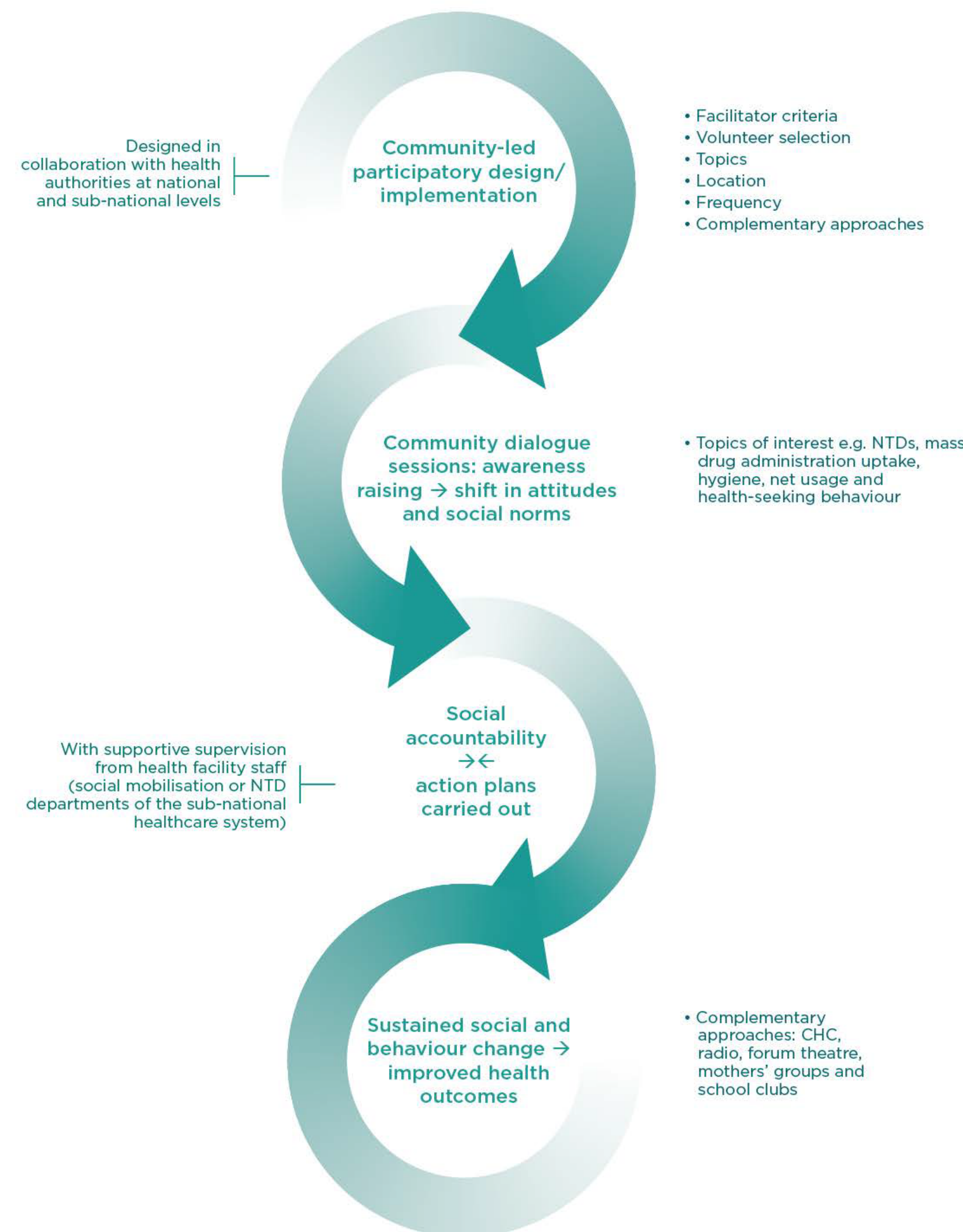
Programme intervention

Malaria Consortium piloted CDA in four countries as part of broader disease control and prevention programming. CDA was used to:

- promote the adoption of integrated community case management of childhood illnesses in Mozambique, Uganda and Zambia
- improve the prevention and control of neglected tropical diseases (NTDs) at the community level in Mozambique
- reduce communities' inappropriate use of antibiotics in Bangladesh.

Results

Implementation research found CDA to be feasible and effective in increasing in participation, knowledge of health issues, practice of preventative health behaviours, and uptake of health services in all four contexts. It also indicated that CDA easily lends itself to adaptation; Bangladeshi community dialogues were more formal and meeting-like, whereas Mozambican sessions incorporated edutainment in the form of songs and dance. In a few instances, community-led mechanisms for collectively enforcing action plans were evident. Conversely, when such plans were left to individuals to implement significant challenges (e.g. the desire for monetary incentives) were encountered.



Community members participating in a dialogue session in Mozambique

Conclusion

This approach shows promise for triggering and sustaining the SBC needed to improve community-level health outcomes that are strongly influenced by social norms.^[3] Future iterations of the approach should consider a non-literate adaptation and incorporate additional SBC communication techniques, including edutainment. There is also need for future research to explore scalability, cost-effectiveness, optimal frequency and intensity, and sustainable volunteer management strategies.

References:

- [1] Health Communication Capacity Collaborative. Integrated Model of Communication for Social Change An HC3 Research Primer. 2014. Available at: <https://healthcommcapacity.org/hc3resources/integrated-model-communication-social-change-hc3-research-primer/>
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- [3] Figueroa, M.E., Kincaid, D.L., Rani, M., Lewis, G. 2002. Communication for Social Change Working Paper Series: No.1. New York: The Rockefeller Foundation.

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