Community dialogues for the prevention and control of neglected tropical diseases in Nampula province, Mozambique

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KEY MESSAGES

- Increasing knowledge and awareness of diseases alone is not sufficient to protect people from ill health. Supportive social environments that encourage and engage individuals to take action to improve their health and to demand available health products and services are also crucial.
- The community dialogue approach (CDA) creates a platform that is embedded into existing healthcare systems and community structures and can help to establish the sense of community ownership and social accountability that is essential for securing sustained social and behaviour change (SBC) to improve health.
- It is important to employ an iterative participatory design process that is informed by formative research findings to ensure that the approach is appropriate and effective.

Introduction

In Mozambique, neglected tropical diseases (NTDs) pose major challenges to the government and communities alike, and their prevention and control requires a strategic community-based approach to behaviour change. The Mozambican Ministry of Health is committed to securing communities' ownership of, and involvement in, promoting their own health: the vision of its 2015-2019 National Health Promotion Strategy is to empower all citizens to adopt healthy attitudes and behaviours for a long, productive and creative life.

In this context, between 2014 and 2018 Malaria Consortium, in collaboration with the Ministry of Health, sought to develop, implement and evaluate an effective, replicable and sustainable approach to participatory community mobilisation and engagement – the CDA – for the prevention and control of three NTDs: schistosomiasis, lymphatic filariasis and soil transmitted helminths in Nampula. Nampula Province has the highest prevalence rates in the country for schistosomiasis (77.7%) and soil transmitted helminths (62.0%).[1]

Community members participating in a CD in Murrupula district, Mozambique

Program description and methodology

Aim

- The project aimed to increase the uptake of mass drug administration (MDA) and promote recommended preventive behaviours for NTD prevention and control by strengthening linkages between communities and the formal health system via a CDA.

Activities

- *Formative research:* eight focus group discussions with community leaders, women and potential CD facilitators were conducted in two districts of Nampula province to generate in-depth information about the population's perception of the three NTDs, existing preventative and health seeking behaviours, and barriers to and enablers of adoption of recommended behaviours.[2]
- *Adaptation of tools and approach:* formative research findings shaped a participatory design workshop with national, provincial and district health authorities during which the CDA and proposed tools were reviewed and adapted. Key messages, visual tools, training materials and monitoring tools were then pre-tested with users.
- *Implementation:*
  - training: volunteers from existing local community health committees (CHCs) were trained to facilitate community dialogues (CDs), via which they would guide community members to exchange ideas about how a health problem affects the community, discuss locally-applicable solutions, and collectively decide on an action plan – see figure 1
  - sensitisation: meetings were held with heads of health facilities (HF) and vice-chairs of CHCs
  - supportive supervision: feedback meetings were held every six months to monitor the execution of activities and provide technical support to the CD facilitators and supervisors at the health facility level
- *Evaluation and dissemination:* a final evaluation to measure the impact of CDA on communities' uptake of MDA campaigns will take place next month pending ethical approval, the findings of which will be shared with interested stakeholders.

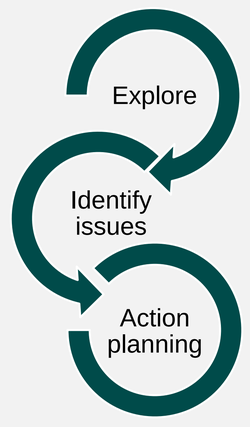

Figure 1: The key stages of CDs

Results

Although results from the implementation stage are not yet available, the formative research and adaptation of tools and approach resulted in the following:

- The identification of appropriate target communities and selection of appropriate volunteers, based on input from key stakeholders.
- Priority being given to hard-to-reach communities with low community engagement in health programmes including low coverage of MDA campaigns.
- Selection criteria for CD facilitators excluding government community health workers, due to their sizeable existing workload.
- Monitoring tools being developed with input from stakeholders at all levels, including provincial and district level staff, health facility staff, and volunteer facilitators.

Visual toolkit

Lessons learnt

- Strengthening the community relationship with the formal health system requires ongoing involvement of district level staff to permit planning according to the communities' realities.
- An iterative participatory design process that is informed by formative research findings can facilitate enhanced ownership of interventions among implementers and communities.
- Facilitators were able to complete the monitoring reports properly, but often the health facility supervisor delayed or failed to deliver the compiled version of the report to the district level. Timely reporting was more likely to occur when the health facility in-charge and the district NTD focal person had a strong working relationship.

Recommendations

- HFs should involve CD facilitators in social mobilisation prior to commencing MDA campaigns and should specifically target CD participants for drug distribution.
- For sustainability of the intervention the catchment HF should remain as primary supervisors of the volunteers in coordination with the CHC and also participate in training of facilitators.
- CD facilitators should seek to ensure that key community figures (e.g. community leaders, community health worker, influential members such as teachers, religious leaders and community health committee members) attend monthly CDs to improve community ownership.

References

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Supporting documents

Smith, L., Rassi, C. A guide to implementing the Community Dialogue Approach: 2018. Avaialble at: https://www.malariaconsortium.org/resources/publications/1185/a-guide-to-implementing-the-community-dialogue-approach

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