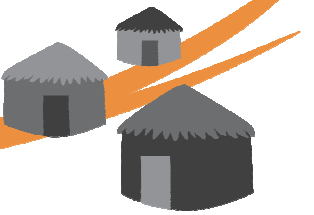
Institutionalizing Community Health Conference



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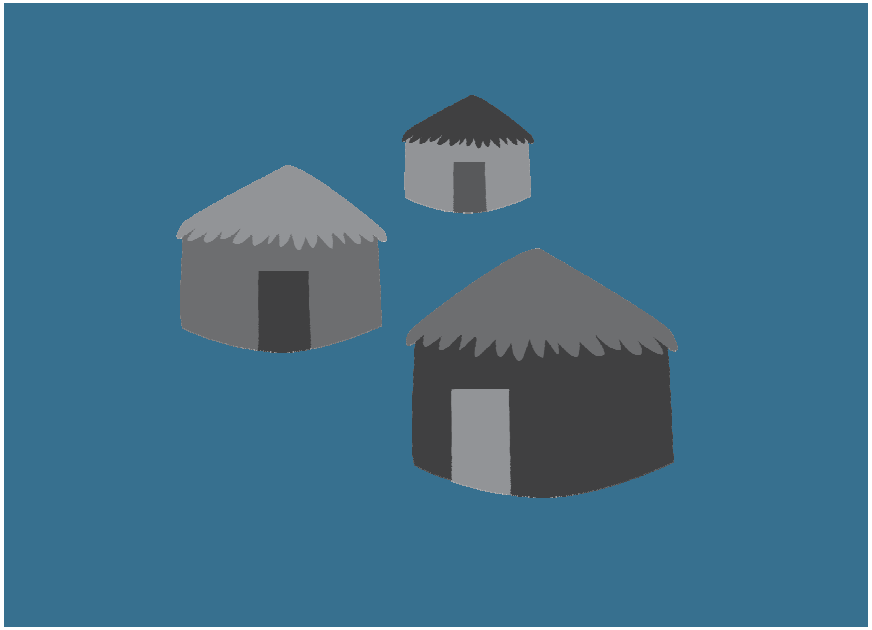

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Community Participation and Capacity Development

Lisa Howard-Grabman, Asha George, Chelsea Cooper, Telesphore Kabore, Ishtiaq Mannan, Melanie Morrow, Gail Snetro-Plewman

Session 31

What is this session about?

- Factors that influence the effectiveness of community participation in achieving health outcomes
- A framework for community capacity development
- Key research questions and gaps that still need answers

After this session, you will be able to:

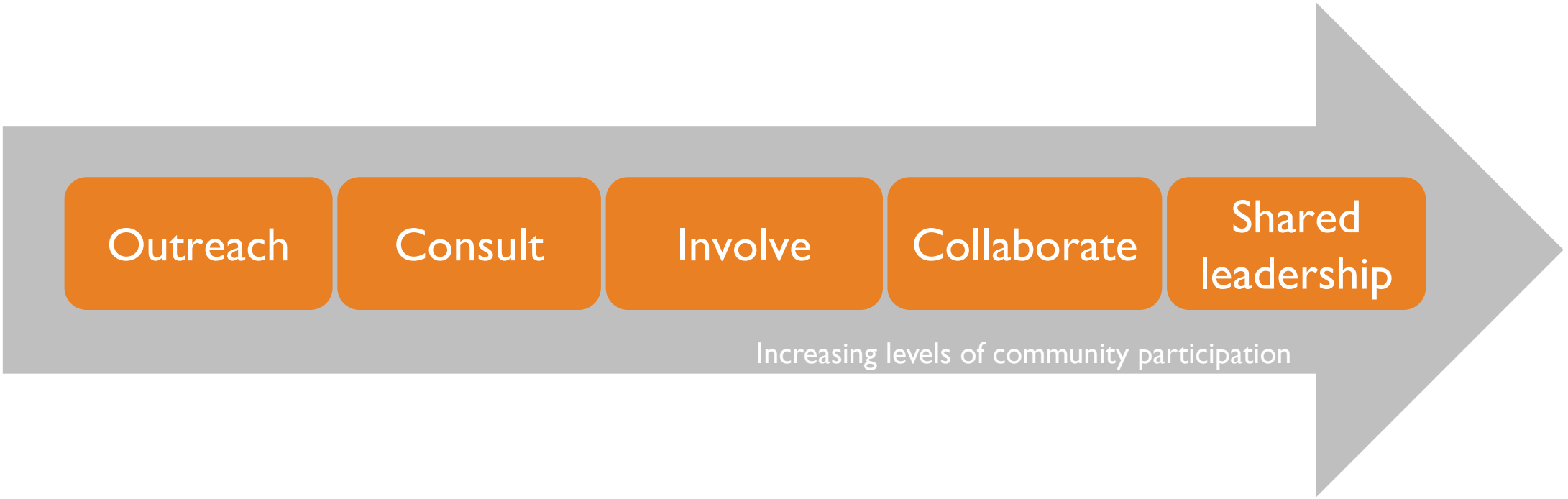
- Identify key factors of effectiveness of community participation approaches to improve MNH
- Categorize community participation programs into three types of approaches

You will leave with this output:

- Begin to outline a community engagement and capacity development learning agenda

Getting Started

A Spectrum of Community Participation



Source: Modified from the International Association for Public Participation, 2004.

Task:

Think of a country and the types of community participation programs in that country.

Stand by the posted card that best represents where most community participation programs in your chosen country lie on the spectrum.

WHO systematic reviews of community participation in…

- Maternal death reviews (2 studies)
- Health program planning & implementation (11 studies)
- Quality of care (6 studies)

Factors that Influence Effectiveness of Community Participation Interventions on Health Outcomes

Enabling/not-so-enabling environments

Examples: Facilitators of implementation

- Supportive policies
- Cultural norm of collective responsibility
- Mass media campaigns

Examples: Barriers to implementation

- Unsupportive policies
- Gender inequity, low status of women
- Conflict, insecurity, violence against women

2

Community capacity development

2

Community capacity development

Community governance, leadership and management

Community technical capacity (health)

Capacity of program team

3

Health system

Examples : Facilitators of implementation

- Sufficient number of trained staff in health facilities
- Upgrading of services
- Availability of accurate health data
- District & health facility leadership

Examples: Barriers to implementation

- Human resource constraints
- Service provider resistance to change
- Lack of modern equipment & advanced technology
- Health data inconsistent & incomplete

4

Community – health system interface

Examples: Facilitators of implementation

- CHW role to link communities & services
- NGO role to facilitate the process and provide technical support
- Joint assessment and dialogue before planning

Examples: Barriers to implementation

- Expectations of CHWs unrealistic
- Limited physical access to facilities
- Lack of financial & technical resources
- Poor communication
- Frequent transfer of district officials & health providers

5

Intercultural competence and sensitivity of the program

Examples: Facilitators of implementation

- Program built on local beliefs & practices
- Culturally accessible materials available
- Understanding of social networks and focus on changing social norms
- Gender rights focus, consideration of gender roles

Examples: Barriers to implementation

- Multiple dialects – translation needed
- Sensitive topics – need to establish trust
- Increasing empowerment of youth led to conflict
- Attitudes toward death & speaking about death

Table Task:

Agree on two programs to discuss at your table

Discuss two programs:

- Which factors most influenced the effectiveness of community participation in each program (negatively or positively)?
- What evidence do you have to support your conclusions?
- Why do you think these particular factors played such important roles in these program contexts?

Then compare:

- How similar or different are the factors in these two examples?

Time: 30 minutes

How might you think differently about these factors in the future if you were to design a new community participation program (or modify an existing program)?

Approaches to Community Capacity Development

What do you need to know about community capacity in your country setting to begin to design a community participation program to improve health outcomes?

Three Approaches

Approach 1
Develop general capacity to work together effectively

Approach 2
Develop technical capacity

Source: Howard-Grabman (2014) Capacity Strengthening Resource Guide: Community Module, Save the Children (for internal publication)

Trio Task:

Discuss 1-2 programs:

- Which, if any, of the 3 capacity development approaches did the program(s) use?
- Whose capacity was strengthened?
- How was capacity developed? Who played roles in helping communities to strengthen their capacity? Was the approach intentional or more intuitive/organic?
- What challenges did the program face related to capacity development? How did they address these challenges?
- What changes in community capacity, if any, were observed, measured and/or documented?
- How did these changes in community capacity influence the effectiveness of the program on health outcomes? Sustainability? Sense of ownership?

Time: 30 minutes

Beginning to develop a learning agenda around community participation…

Individual Reflection:

Review the Research Questions & Gaps handout.

- Which of these questions are you or others in your country already working on answering? Have you or others you know of been documenting evidence related to these questions? If not, is there any intent to do so in the future?
- What other questions do you have related to community participation in MNCH programs that are not on this list?
- What are the **top 3** questions that are of most interest to you in relation to your country/region? Why?

Write your **top 3** priority questions on post-it notes (1 question per post-it) and post your questions on the flipchart for your region.

Time: 5 minutes

Regional/Country-level Discussion:

- Identify similarities and differences among the questions. You can sort them by country if you like and note similarities and differences that way, too.
- If there seem to be a common set of priorities for the region, agree on the **top 3** questions or gaps to address. If you prefer, you can work in country groups to identify the **top 3** questions or gaps for your country.
- Then discuss (either as a region or as individual countries):
  - What are some steps you can take to address these priority questions and gaps?

Time: 30 minutes


What are your
key take-aways?


What will you
do differently?

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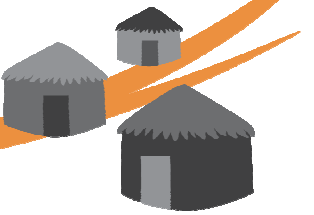

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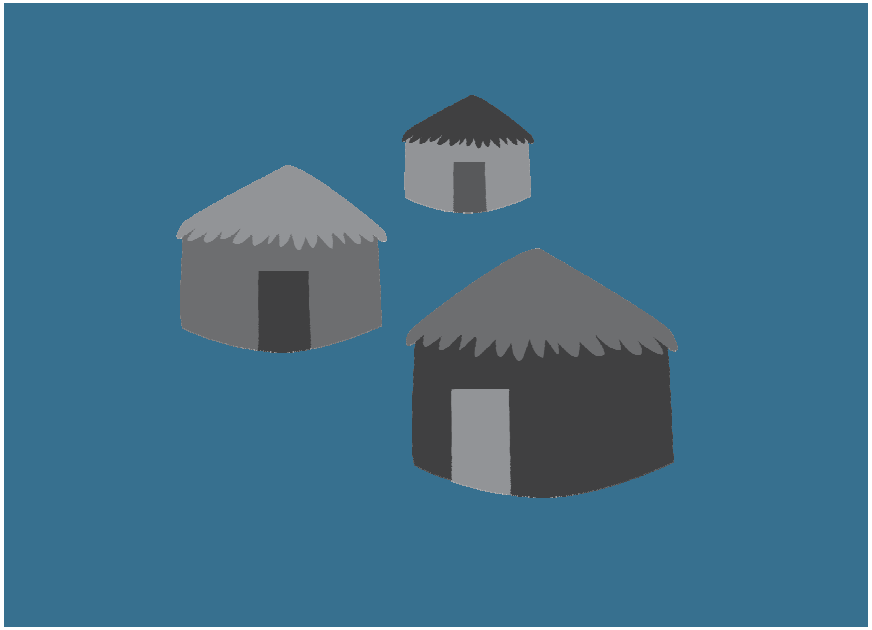

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HANDOUTS

Community Participation and Capacity Development

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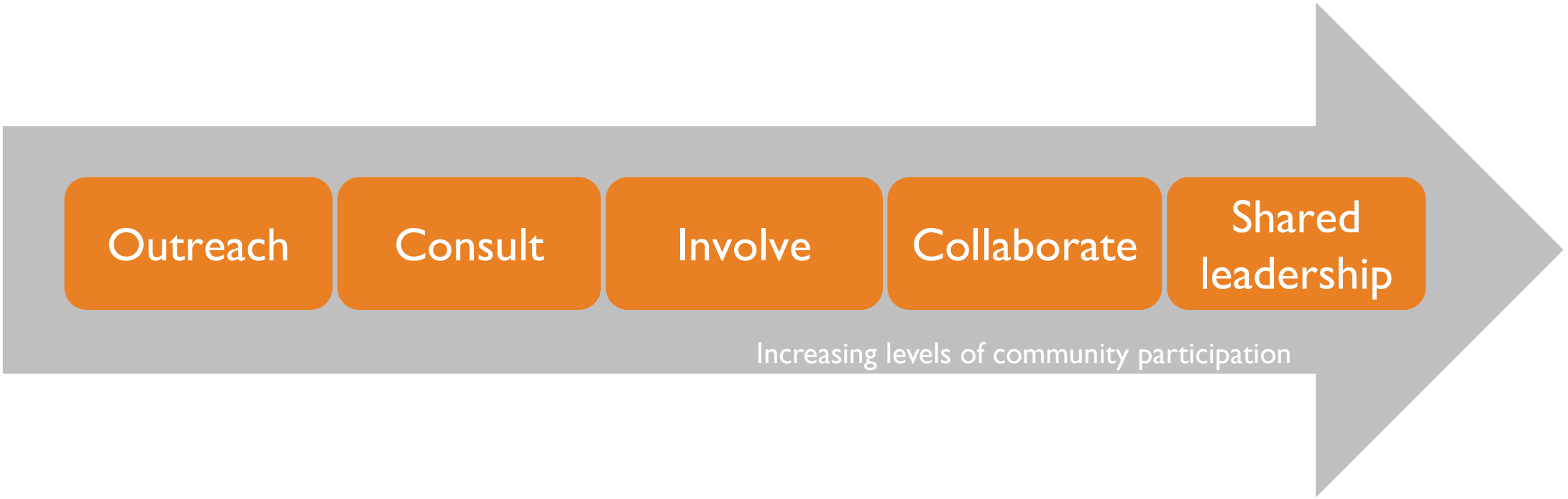
Session 31

A Spectrum of Community Participation



Source: Modified from the International Association for Public Participation, 2004.

Table 1: Facilitators of implementation cited in studies included in the systematic review for each research question **Facilitators of implementation**	**Community participation in maternal death reviews**	**Community participation in quality improvement**	**Community participation in MNH program planning & implementation**
	Note: see numbered list of references included in the Notes section in this presentation to interpret the numbers presented in the columns below.		
An enabling/supportive environment			
A supportive political environment, supportive policies	18, 19, 27	18, 19	29
High level of mortality (visible problem), perceived need for change/action	18, 19, 27	18, 19	
Cultural norm of collective responsibility (for better maternal & newborn health)			23, 24
Mass media campaign (radio/TV) increased awareness of the issue			25
Rural sites were easier for implementation than urban sites due to more cohesive populations, tighter social networks			16, 21, 22
Respect for establishing safe space, confidentiality, empathy and non-judgment	27		
Community leadership and governance			
Multi-organization partnership including public sector/local government at multiple levels		18, 19	16, 17, 23, 24, 25, 29
Representation of the voices and perspectives of different groups		20, 26, 28	17, 20
Strong and stable community leadership		18, 19, 28	16, 18, 23, 24, 28
Providing women/young people with opportunities for leadership, forum for participation		18, 20, 26	16, 18, 20, 21, 22, 29
Working with existing structures or forming new structures/mechanisms when they didn't exist (need to understand their purpose, roles and responsibilities)	18, 19, 27	18, 19, 26, 28	14, 15, 16, 18, 23, 24, 25, 28, 29
Flexibility of program to encourage communities to dissolve and reorganize dysfunctional committees, groups		26, 28	28
Transparency in decision-making and management of resources		18, 19, 20	18, 20, 23, 24
Use of data for decision-making, advocacy. In case of maternal death reviews, summaries were used to maintain confidentiality for individual cases.	18, 19, 27	20, 26, 28	
Development of written action plan, "community contract"		18, 19, 20, 28	20, 28

Facilitators of implementation	Community participation in maternal death reviews	Community participation in quality improvement	Community participation in MNH program planning & implementation
	Note: see numbered list of references included in the Notes section of Slide 8 in this presentation to interpret the numbers presented in the columns below.		
Sufficient number of trained staff in health facilities	18, 19, 27		14, 15
Improvement of quality of care/upgrading of services			14, 15, 18
Availability of accurate data on health situation, health services		19, 20, 28	16, 20, 28
Leadership at district and health facility levels		18, 19	
Community & health system interaction			
Vital role of community health workers to link communities and health services		18, 19, 20, 26, 30	14, 15, 16, 20, 23, 24
Collaborative partnerships amongst government, NGOs and donors, key role of district administration	18, 19, 27		
NGO facilitated the process, provided technical support to communities to help them develop capacity to plan and implement. Existing relationships of NGO with communities and health services. Supported inter-cultural interaction.		18, 19, 28, 30	14, 16, 17, 18, 23, 24, 28

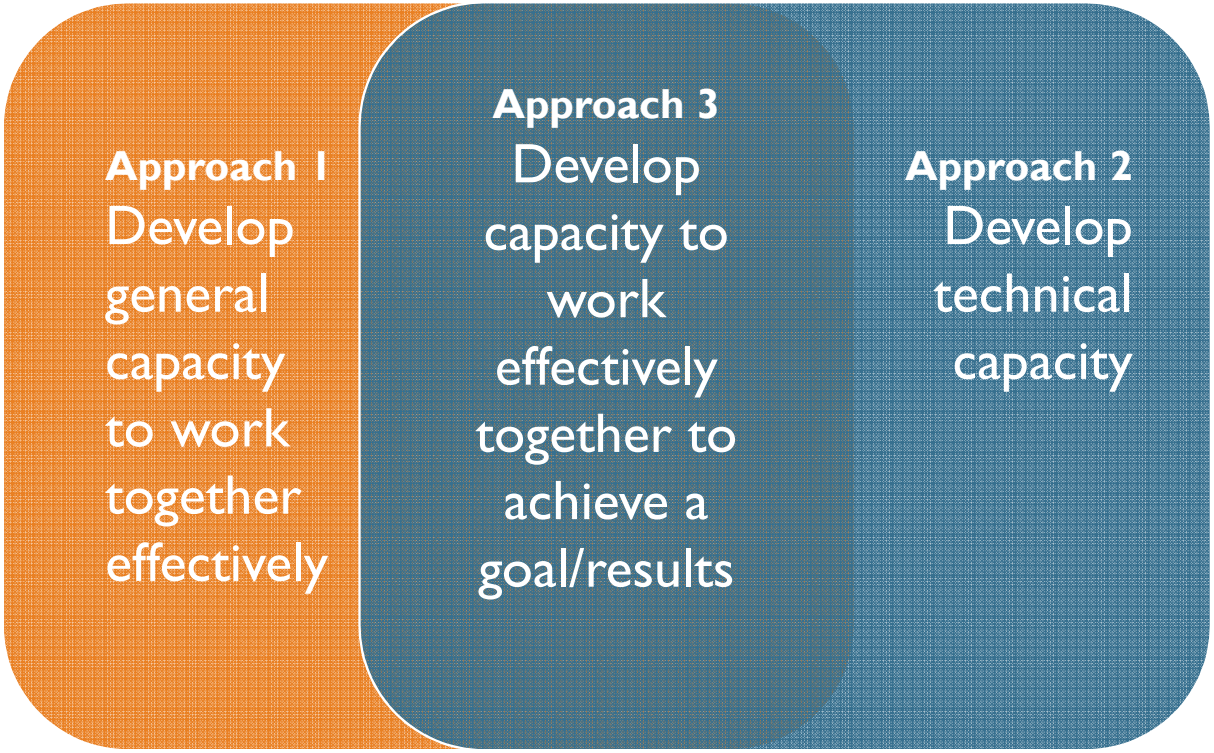
Facilitators of implementation	Community participation in maternal death reviews	Community participation in quality improvement	Community participation in MNH program planning & implementation
Communities and health services participated in joint assessment and dialogue before planning.		20, 30	20, 29
Using key questions to drive planning process dialogue. In the case of maternal death reviews, the “three-delay” framework helped to frame review process questions.	18, 19	20, 30	20
Regular meeting schedule (monthly, bimonthly, quarterly) to monitor, adjust strategies, problem-solve		18, 19, 20, 26, 28	
Intercultural sensitivity /competence			
Program built on existing traditional/local beliefs and practices		30	25
Culturally appropriate materials available in local language that were suitable for a range of literacy/numeracy skills.	18, 19, 27	18, 19, 28, 30	15, 18, 28, 16, 25
Understanding of social networks and focus on changing social norms	18, 19, 27	26	21, 22, 25
Gender rights focus, consideration of gender roles		18, 19	16, 18, 25, 29
Timing of maternal death inquiry: honor local grieving timelines and protocols when conducting interviews	18, 19, 27		
Other program conditions			
Use of participatory methodology and techniques			21, 22, 25
Synergistic package of complementary interventions			18
Funding support over a long period of time (Several additional articles presented this point as a recommendation for the future because they lacked sufficient time for program implementation)	18, 19, 27		29
Training of facilitators (in MNH topics, data interpretation, dissemination, conflict resolution, management)			14, 15, 17, 18, 23, 24, 28

Table 2: Implementation barriers and challenges cited in studies included in the systematic review for each research question **Implementation barriers & challenges**	**Community participation in maternal death reviews**	**Community participation in quality improvement**	**Community participation in MNH program planning & implementation**
	Note: see numbered list of references at the end of this article to interpret the numbers presented in the columns below.		
Not-so-enabling environment			
Low status of women, gender inequity	19, 27	18, 19, 26	14, 29
Need more supportive maternal health policies			1,2
Discrimination against indigenous people, ethnic groups, poor people		30	
Conflict, insecurity and violence against women		18, 19, 30	14
Highly structured social hierarchy	19, 27		
“Non-supportive and exploitative environment”	27		
“Mindsets”	27		
Poor road connectivity	19, 27		
Lack of access to transport	19, 27		
Climate (flooding)	19, 27		
Politicians did not collaborate when they saw no benefit for themselves			16
Urban environment highly politicized			16
Urban setting: negatively affected time available to participate, especially for men; recruitment and retention of community health volunteers was more challenging			16, 21, 22
Cultural traditions of women delivering and residing in other homes outside of study area for postnatal period affect birth preparedness plans and postnatal follow-up care			15
Reluctance of families to travel long distances for neonatal care (cultural practice and security issues underlie this reluctance)			15
Underage marriage	19, 27		

Implementation barriers & challenges	Community participation in maternal death reviews	Community participation in quality improvement	Community participation in MNH program planning & implementation
	Note: see numbered list of references at the end of this article to interpret the numbers presented in the columns below.		
Community leadership & governance			
Existing structures were dysfunctional		28	28
Changes in leadership			15
Community leadership doesn't prioritize maternal health or health more generally		19	
Community capacity to plan and work together limited. Took time to develop.		20	16, 20, 21, 22, 23, 24, 29
Lack of transparency in management of community funds		18, 19	18
Trust issues among different groups		18, 19	16, 18, 22
Below Gram Panchayat level and village health committee, organizational structures are less defined. Lots of different groups exist. (DSI project chose to develop a Community Support System structure to address this challenge.)	19, 27		
Health system			
Human resource constraints of public health system			15
Service provider attitudes, resistance to change		30	21, 22
Health services supervision system weak, irregular		28	28
Low quality of care in health facilities in some sites	19, 27		
Services lacked "modern equipment and advanced technology"		18, 19	18, 21, 22
Health facility data inconsistent and incomplete – difficult to plan effectively and difficult to assess attribution of program outcomes; limited capacity for data management		18, 20, 30	18, 20
Wider health system issues such as referral system which was outside of local control		30	

Implementation barriers & challenges	Community participation in maternal death reviews	Community participation in quality improvement	Community participation in MNH program planning & implementation
	Note: see numbered list of references at the end of this article to interpret the numbers presented in the columns below.		
Limited access to facilities (distance, difficult terrain)	19, 27	20	17, 20
Need to improve linking/interface of communities with services		18, 19	18, 23, 24
Lack of financial and technical resources (MOH, community)		20	20, 23, 24
Poor communication		20	20
Expectations of community health workers are unrealistic; too many tasks			15
Lack of funds (for transport)		20	20
Husbands or mothers-in-law make decisions about care seeking and utilization of services	19, 27		
Frequent transfer of district officials and health providers	19, 27		
Intercultural sensitivity/competence			
Multiple dialects – need to translate materials into multiple languages	19, 27		
Sensitivity of the topic – need to establish trust	19, 27		
Increasing empowerment of youth led to conflict at times			21,22
Attitudes toward death and speaking about death	19, 27		
General program design/implementation challenges			
May not be reaching the poorest and most vulnerable with the strategies used		18, 19	18
Low literacy and numeracy skills	19, 27	30	17
Proxy indicators have some limitations (e.g., utilization of EmOC for “met need”)		18, 19	18
Expansion and scaling up		20, 26, 30	
Low coverage and high complexity of the intervention			15
Notification of maternal deaths not compulsory – relied on local reporting & awareness	19, 27		
Hard to locate interviewees and do follow-up	19, 27		
Competence of interviewers (need to ensure adequate training, refresher, supervision)	19, 27		
Frequent turnover of those trained by the project – need to train new people, constantly build relationships	19, 27		

Three Approaches



Source: Howard-Grabman (2014) Capacity Strengthening Resource Guide: Community Module, Save the Children (for internal publication)

EXAMPLE OF APPROACH 1

Study	Setting	CP	Time frame	Approach	Level	General description of intervention or aim of the study
Mathur, et al (2004). Youth Reproductive Health in Nepal – is participation the answer? (See also Malhotra, 2005)	Nepal: Nawalparasi and Kawasoti Districts (rural Terai) & two urban suburbs of Kathmandu	P&I	1998-2004	Stakeholder committee	Shared Leadership	A youth centered participation project was initiated through a formative research process, which included a needs assessment on how issues of youth reproductive health were relevant in the communities of interest. The project staff facilitated an action planning process through which results of the needs assessment were shared with community members. The project established two community-based advisory groups, the Adolescent Coordination Team (ACT) and the Project Advisory Committee (PAC) consisting of adults. This was followed by formation of separate task forces consisting of youth representatives to develop interventions and an intervention plan. The task forces then came together to integrate their plans after seeking advice from resource people in the community. This was followed by implementation of the interventions. This study documents the process and results of the project.

EXAMPLE OF APPROACH 2

Study	Setting	CP	Time frame	Approach	Level	General description of intervention or aim of the study
Purdin S, et al (2009). Reducing maternal mortality among Afghan refugees in Pakistan	Pakistan: Hangu district of Khyber Pakhtunkhwa Province (rural refugee settlements)	P&I	1980-2007`	Community outreach and stakeholder committee	Outreach	Provision of reproductive health services for Afghan refugees through establishment of Basic Health Units and Basic Emergency Obstetric Care facilities. Camp-based health committees included community representatives who attended bi-monthly meetings with health staff to discuss project activities and provide feedback to providers on services provided. The Basic Health Unit staff trained Community Health Workers and committee members including men on safe motherhood and reproductive health topics to educate others in the refugee community.

EXAMPLE OF APPROACH 3

Study	Setting	CP	Time frame	Approach	Level	General description of intervention or aim of the study
Ahluwalia I, et al (2003). An evaluation of a community-based approach to safe motherhood in northwestern Tanzania (See also Ahluwalia, 2003)	Tanzania: Kwimba Missungwi districts (rural)	P&I	1998-2000	Community mobilizing	Outreach, Consult, Involve	As part of a Community Based Reproductive Health Project (CBRHP) strengthening of community level services was done through a special activity called the Community Capacity Building and Empowerment Project. The project aimed for local problem solving through 1) training, technical assistance, and support for (village health workers) VHWs who provided educational house visits on topics such as recognition of danger signs and birth preparedness; (2) developing community-based plans for transportation to health facilities and (3) increasing participation by community members in planning and decision-making through community meetings, aiming to identify and solve local health problems.

Research Gaps & Questions:
Community Participation in Maternal Death Reviews

- How identified gaps and challenges from maternal death reviews are then translated into action plans (link to planning PICO)
- More qualitative information on decision-making processes of all actors along the pathway (not just what they did, but why they did it)
- How is death perceived? To what extent do people involved believe they can influence life and death (fatalism, value of life and relative benefit of dying over living)? And similar underlying social dynamics…
- What is relative effectiveness of this approach for community participation in high mortality settings versus lower mortality settings where maternal mortality is rarely experienced by a community?
- Any harms from doing these maternal death reviews?

Research Gaps & Questions:
Community Participation in Quality of Care

- Intercultural dialogue and community – service interface dynamics in various settings (decentralized, centralized, conflict/fragile states)
- More on community/provider action planning process and how strategies are agreed upon and how they change over time
- Data for decision-making to support joint quality improvement efforts – accessible ways of presenting data to highlight trends
- Community feedback on services and the role of communities in holding services accountable for quality care. Similarly, mechanisms for providers to provide feedback to communities on aspects within their control to improve quality care
- Advocacy and its role in improving quality of services (either community alone or jointly with service providers to leverage resources, change management practices, etc.)
- Effects of participation in quality improvement on community dynamics, self-efficacy, identity, power relations, etc.
- Role of evolving technologies to support community participation in improving quality of care (improved access to information, better communication through mobile devices, data collection possibilities, etc.)
- How to ensure confidentiality of data while sharing data for decision-making

Research Gaps & Questions:
Community Participation in Health Program Planning & Implementation

- What are the most effective ways to share data in accessible form for range of literacy and numeracy skills?
- Gender considerations in planning processes: when and how do men and women participate? Mixed groups, separate groups according to varying contexts.
- Cultural beliefs and practices related to planning (e.g., how issues such as causality are perceived)
- How and when to share effective strategies with community planning groups?
- How to include community participation in the design of more programs from the outset? What are the benefits and harms?
- Qualitative study on the effects of programs involving household decision makers at higher level of participation while pregnant women's level of participation is to receive key messages.
- What are the values and preferences of community members who participate in planning and implementation of MNH programs?

Research Gaps & Questions:
General Community Participation

- More complete/detailed descriptions of interventions
- Gender dynamics in community participation
- Sustainability, cost and scale related questions.
- Measuring changes in community capacity and links to health outcomes.
- What are unintended positive and negative consequences of community participation in planning processes? "spin off effects"?
- Use of social networks analysis to better design and evaluate community participation mechanisms that contribute to changes in health outcomes.

Research Gaps & Questions:
General Community Participation

- What are effective indicators of community-health system interface?
- What are practicalities of consciousness raising?
- Understanding the harms and benefits of conflict in community participation
- Community participation and its role in holding services accountable
- What motivates community members to participate?
- How do issues of corruption and incentives affect community participation in MNH programs (and more broadly)?
- How to better prepare community members and service providers to engage in mutually respectful dialogue? (link to culture PICO)
- How to ensure facilitation rather than "facipulation"?