

Community Participation and Mobilization in Community-Based Maternal, Newborn and Child Health Programmes in Nepal

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ABSTRACT

A number of studies on community mobilization for maternal and newborn health have demonstrated that community participation is of profound importance in the delivery of community based survival interventions for mother, newborn and children and a cost effective way to reduce mortality. However, the lessons learnt from the efficacy trials have not been tested within the health systems. Nepal is well known for its public health programmes and wide successes in campaign based interventions as a result of active involvement of volunteers and organizations based in the community. This paper analyzes the degree of community participation and mobilization in community-based maternal, newborn and child health programmes and its potential implication in acceleration towards achieving Millennium Development Goals 4 and 5.

The study is based on analysis of the existing national community based maternal, neonatal and child health programmes in terms of degree of community mobilization and participation for ownership and sustainability of programmes. Furthermore, a qualitative assessment was carried out to assess the level of engagement of community structures in community based maternal, newborn and child health programme.

None of the national community based maternal, newborn and child health programmes used the community action cycle approach and there was minimal level of involvement of community networks. The mother's groups had been least engaged in identifying and solving the maternal, newborn and child health problems and Female community health volunteer were engaged in delivering messages at household level and not through the mother's groups.

Though the Community Action Cycle was studied in Nepal and it was found effective to achieve the objectives, getting its lessons into practice to design community health programs were lacking.

The mother's groups need to be revitalized to ensure their active participation in identifying, analyzing and agreeing on steps to solve the problems related to maternal, neonatal and child health so that care seeking and utilization of health services will be further enhanced. The national strategies need to explore the possibilities of incorporating the community action cycle frame into its programmes, test the frame and ensure its implementation in the National community based programs in order to improve health outcomes of mother, newborn and children.

Keywords: Nepal, community mobilization, participation, community based maternal, newborn and child health programmes, mother's group, female community health volunteer.

INTRODUCTION

Nepal despite being one of the least developed countries is on track to achieve the MDG 4 and 5.¹ However, the rate of decline in under-five mortality rate will depend upon the successful implementation of comprehensive

community-focused package of maternal and neonatal interventions which serve as the foremost strategy to reduce preventable deaths and increase the uptake of skilled clinical care.^{2,3} Community participation is

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of profound importance in the delivery of community based survival interventions for mothers, newborns and children⁴ and acts as an indicator of effective and sustainable health interventions.⁵ Some of the efficacy trials such as Warmi Project– a before and after analysis trial in Bolivia where women’s groups were used for the community participation in safe birthing technique led to a significant decrease in perinatal and neonatal mortality.⁶ Similarly in Makwanpur district of Nepal, a cluster randomized controlled trial (cRCT) which used women’s groups led by a locally recruited woman facilitator, supported through a community mobilization action cycle contributed to 30% reduction in neonatal mortality rate⁷ in the intervention area. Both Warmi and Makwanpur projects demonstrated high levels of participation and were built on the ‘Community Action Cycle’ approach. ‘Community Action Cycle’ is an approach where capacity of local communities is developed to actively participate in the discussion and prioritization of their problems, identify solutions, develop strategies and implement appropriate programmes and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.⁸

Nepal has a long history of community-based programmes which is reflected in the considerable presence of formal and non-formal community structures -mother’s groups, micro-credit groups, school management committees, farmers’ groups, forestry groups. In the health sector, community-based programmes have been designed and implemented for more than two decades, for instance, the pre-scheduled nationwide campaigns for immunization, malaria control, maternal health programmes, child health and newborn health programmes.

This second paper in this series analyzes the degree to which a community structure is mobilized to participate in community-based maternal, newborn and child health programmes and its potential implication in acceleration towards achieving Millennium Development Goals 4 and 5.

LITERATURE REVIEW

Four of the national Community-based Maternal, Newborn and Child Health Programmes viz. Birth Preparedness Package (BPP), Community Based Integrated Management of Childhood Illnesses (CB-IMCI) package, Community Based Newborn Care Package (CB-NCP), Infant and Young Child Feeding (IYCF) programme were assessed for the degree of efforts put in by the health system to mobilize the community structure to ensure its active participation.

In order to assess the degree of community mobilization the Community Action Cycle (CAC) frame⁶ was used i.e formative assessment to understand the community context, exploration of the issue to understand what is being currently done and why (helpful, harmful and benign practices, belief and attitudes), setting the priorities, planning together with the communities, monitoring and evaluating the progress (Table 1).

Table 1. Community Action Cycle.

Level	Elements
1	Explore the maternal, newborn and child health issues and set priorities; formative research to understand the community context and design the process
2	Plan together, Enter the community and establish credibility and trust; raise community awareness
3	Act together
4	Evaluate together
5	Organize the community for action

In order to assess the level of community participation of community networks, use of internal as well as external resources for identifying the problem and the capacity of the community to facilitate the process of community mobilization to solve the problem, a scaling of level of participation⁵ was also carried out (Table 2).

Table 2. Degree of community participation assessed in terms of community ownership and sustainability in the scale of 1-6.

Scale	Degree of Participation
1	Co-option: Token involvement of local people; representatives are chosen, but no real input or power
2	Compliance: Tasks are assigned such as home visitations with incentives; outsiders decide the agenda and direct the process.
3	Consultation: Local opinions are asked for; outsiders analyze and decide on a course of action.
4	Cooperation: Local people work together with outsiders to determine the priorities; responsibility remains with outsiders for directing the process.
5	Co-learning-Local people and outsiders share their knowledge to create new understanding and work together to form action plans with outsider facilitation.
6	Collective Action: Local people set their own agenda and mobilize to carry it out in the absence of outside initiators and facilitation.

Furthermore, a qualitative assessment was carried out in Bardiya district of Nepal in May 2011 where all four of community based maternal, newborn and child health programmes viz. BPP, CB-NCP, CB-IMCI and IYCF were implemented. Bardiya lies in the mid-western part of the country having flat terrains. Focus group discussions were carried out with six community structures-mothers' groups, female community health volunteers (FCHV), community leaders, traditional birth attendants (TBA), traditional healers, mother-in-laws in five different villages which were randomly chosen to assess the engagement of these structures in the "community-based Maternal, Newborn and Child Health Programme". Each focus group had 6-8 participants and was facilitated by trained interviewers from the Population Health Development Group and was supervised by Survey Specialist. The interview guide for group discussion was

pre-tested. Each focus group interview had an expert facilitator and note taker. Each interview took an hour and discussions were tapes recorded with participant's consent as well as observation notes were taken. Immediately following the discussion, summary notes were taken and after familiarizing with the discussion, it was transcribed using the notes and recorded interviews. The full transcribed notes were thoroughly reviewed to identify the themes, indexed and charted to rearrange them into the newly developed themes. Finally, mapping and interpreting was done to develop the analytical relations between quotes and link the data as a whole.

DISCUSSION

The assessment of BPP, CB-NCP, CB-IMCI and IYCF in terms of application of CAC and degree of community participation shows various pictures (Table 3).

Table 3. Assessment of Birth Preparedness Package, CB-IMCI, CB-NCP and IYCF package in community mobilization and participation.

Programmes	Interventions	Behavioral change strategy	Local facilitator or provider	Application of Community Action Cycle	Degree of Community participation
Birth Preparedness Package	Counseling to prepare for birth and care seeking for routine antenatal care or pregnancy complication	Orientation to mother's group meetings through Female community Health Volunteer or Community Health Worker	Female Community Health Volunteer	The community action cycle not applied	Level 2-compliance-counseling to pregnant women on birth preparedness through home visits and community meetings
Community Based Newborn Care Package	Home visit during pregnancy, intrapartum period, postnatal period to counsel for newborn care. Community Case Management of sick newborn	Orientation to mother's group meetings through Female community Health Volunteer or Community Health Worker	Female Community Health Volunteer	The community action cycle not applied	Level 2-compliance-counseling to pregnant, intrapartum and postpartum women on newborn care through home visits
Community Based Integrated Management of Childhood Illness	Management of sick child at the community and home and follow up of sick children, counseling on home based management of sick children	Orientation to mother's group meetings through Female community Health Volunteer or Community Health Worker	Female Community Health Volunteer	The community action cycle not applied	Level 2- compliance- Identification and management of sick child at home, community meetings or outreach clinics
Infant and Young Child Feeding	Counseling on early, exclusive and extended breast feeding, complementary feeding with minimum acceptable diet food + frequency diversification	Orientation to mother's group meetings through Female community Health Volunteer or Community Health Worker	Female Community Health Volunteer	The community action cycle not applied	Level 2- Compliance Community counseling task being assigned

Community-based maternal health programme, Birth Preparedness Package: It is a social mobilization programme to promote the behavior of families to prepare for birth by engaging volunteers to counsel the mothers and families during home visits as well as during the community group meetings.⁹ A pre and post- survey assessment of the package in Siraha district showed a significant change in the knowledge and behavior of mothers and family towards birth preparedness and recognition of danger signs.¹⁰ However, this programme does not use the community action cycle (CAC) which could have been successfully used to explore the issues of importance for maternal health. Use of CAC would have helped the mothers' group to understand what is currently being done and why, and prioritize problems and the actions planned, implemented, monitored and evaluated. Since, the community participation component consists of task assigned to FCHV with home visitation, the degree of participation stands at scale 2 of compliance.

Community based child health programmes: Community-Based Integrated Management of Childhood Illness¹¹ is a package which has a service delivery component such as the delivery of commodities as well as community participation and the promotion of positive health behaviors. The implementation package consists of providing technical skills for home-based management of pneumonia and diarrhea as well as orientation to mothers about the programme in the community. The community mobilization component of the package does not consist of conducting a Community action cycle. The community participation component consists of task assigned to FCHV with home visitation so the degree of participation stands at scale 2-compliance.

Community-Based Newborn Care Programme:¹² The package consists of service delivery component, home visitation as well as community mobilization. The implementation package consists of technical skills on community case management of infection, home-based care of LBW, and birth asphyxia as well as orientation to mothers' group, traditional healer and traditional birth attendant about the programme. The community mobilization component of the package does not consist of conducting a Community action cycle. Since, the community participation component consists of task assigned to FCHV with home visitation, the degree of participation stands at scale 2-compliance.

Infant and Young Child Feeding (IYCF) programme,¹³ is a package having counseling component on early breast feeding, exclusive breast feeding, extended breast feeding, complementary feeding and food diversification. The package consists of providing orientation to mother's groups on infant and young child feeding but does not

contain formative research about the feeding behaviour in the community, working with community structure, exploring the issue to understand what is currently being done and why, so that the problems can be prioritized, planned, implemented, monitored and evaluated. It also does not consist of the Community Action Cycle or the home visitation component. The degree of participation seems to be least at scale 2-compliance.

QUALITATIVE ASSESSMENT FINDINGS

The qualitative assessment carried out in Bardiya district of Nepal with female community health volunteers, mother's group, and mother in laws, traditional birth attendants, traditional healers and community leaders to assess the level of community participation in "community-based maternal, newborn and child health programmes" BPP, CB-NCP, CB-IMCI and IYCF found that FCHVs were the more powerful and the right persons to influence community people to change their traditional behaviors. Communities were respectful to them and applied their advice. Communities trusted FCHVs as a health cadre to conduct home visits to mothers and newborns. Interaction between FCHVs and traditional birth attendant had changed these TBAs practice to conduct delivery and apply oil to cord stump. Mothers' group meetings are held on a monthly basis however the group mainly discussed on micro-credit and finances.

Perception of mother's on FCHV's contribution to maternal, newborn and child health- "Due to frequent home visits by FCHVs, it is very easy to get advice on care during pregnancy, preparing for birth and care of our newborns and children. FCHVs social services are very appreciable and we are very satisfied with their social service."

Engagement of mothers, mother in laws in mother's group- "The main role of mother's groups is to collect the money from its members and then make the investment."

"Mother's group meetings should be held to discuss on the matters related to the health issues, especially issues related to the newborn and mothers rather than for micro-credit finance. Only those who are more interested in depositing and investing their money participate in the mother's group meeting, all mothers should have been engaged in the mother's groups to discuss on health issues"

Efficacy trials on mobilizing women's group has proven that community action cycle (CAC) as an effective method of mobilizing community to take care of health of mothers and newborn in the community. In Nepal, FCHVs were established to play an active role to mobilize

mother's group to improve the health of the community. The mothers' groups' meeting should have been conducted on a monthly basis by a FCHV and at times in the presence of community health workers. Moreover, FCHVs were trained in interpersonal communication, social mobilization techniques and facilitation skills to develop confidence for effective communication¹⁵ and improve the service utilization and social equity.¹⁴

National community based maternal, newborn and child health programmes- BPP, CB-NCP, CB-IMCI and IYCF depend on FCHVs to deliver the interventions and minimally use the mothers' group thus losing a great resource to involve the community for public health programmes. Community groups such as mothers' groups have not been used as a community network to plan, implement interventions and improve the health and survival of mothers, newborns and children.

The recent Nepal Demographic Health Survey 2011 shows that coverage of community-based survival interventions in Nepal such as case management of presumptive pneumonia (50%) and diarrhea with oral rehydration therapy (45%) even with the availability of oral antibiotics and oral rehydration solutions and zinc tablets at community level and low coverage of the behavior change interventions such as the exclusive breast feeding (70%) suggesting that community-based approach needs to be redesigned to ensure higher level of community participation.

WAY FORWARDS

Abundant evidence suggest that community mobilisation is an effective method for promoting participation and empowering communities to address both health and non-health issues. However, the community mobilization using the Community Action Cycle has not been tested within the existing health system of Nepal. The evidence generated needs to be reflected in the Safe Motherhood IEC/BCC Strategy,¹⁶ CB-NCP Community Strategy¹⁷ and Safe Motherhood, Newborn, Child Health and Nutrition Communication Strategy.¹⁸

Female community health volunteers as the drivers of change who are at the forefront of health service delivery to mothers, newborn and children, the current passive community participation can be improved through re-engineering the approach by developing the capacity of mothers' groups to identify and address the community needs, identify population or groups with least access to information, which can help develop and implement action plans to address the problems.

The community mobilization should be built into the existing community based maternal, newborn and child health programs using FCHV as the local facilitator to

ensure active participation of mother's group. The indicator of effective scale up of community based programs such as BPP, CB-NCP, CB-IMCI and IYCF in Nepal is determined by the universal coverage of maternal, newborn and child survival interventions and its sustenance. Active community participation of mother's group for universal coverage of interventions at scale will accelerates progress toward Millennium Development Goals 4 and 5 and maintain essence of community based programme.

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