

# Community Participation

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## Lessons on sustainability for community health projects

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*In the Gambia a community-based strategy was tested, in which a traditional snack food was promoted as a dietary supplement to improve women's nutrition during pregnancy. The results suggest how community nutrition programmes can be designed so as to favour sustainability. By and large, the lessons learned are also applicable to other types of community health programme.*

Women in rural areas of the Gambia are nutritionally stressed because of heavy workloads, closely spaced pregnancies, and dietary deficiencies. Their poor nutritional status contributes to complications during pregnancy and childbirth, maternal and neonatal mortality, maternal anaemia, and low birth weight in babies. Women who are pregnant or breastfeeding during the rainy season are particularly likely to have nutritional problems. Dietary supplements during pregnancy can improve their health status and can help to increase birth weights.

### **Dietary supplementation for pregnant women**

The Gambian Food and Nutrition Association, a nongovernmental organization, has been involved in community-based food and nutrition projects since 1990, and has been

active in seeking ways to improve women's nutritional status. Recently, the Association tested a community-based strategy involving the promotion of *futu kanya*, a traditional snack food made with millet, sugar and groundnut paste, all of which are produced locally, as a dietary supplement for pregnant women during the rainy season. Some key components of the project were:

- training of local women's community management committees to coordinate the preparation and distribution of *futu kanya*;
- education on nutrition for male and female members of the community;
- community involvement in all phases of *futu kanya* production;
- regular supervision of participating villages by project staff;
- collaboration with local staff of the Ministry of Health.

A pilot scheme was run in four villages. After six months, in January 1994, it was evaluated using a participatory methodology (1, 2) in order to:

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- assess community attitudes and beliefs regarding maternal nutrition;
- assess the views of the women's community management committees, pregnant women and other community members regarding the promotion of *futu kanya*;
- elicit community concerns and suggestions for future maternal health interventions.

The evaluation was carried out by a team of seven people attached to the Association, the Catholic Relief Services and the Ministry of Health's Nutrition Unit. Through the participatory approach the key project actors together analysed the steps and problems encountered in implementation. The evaluation also served as a staff development activity.

The information collected was primarily qualitative. Based on the three evaluation objectives, team members developed 36 questions which were to be answered by the evaluation. Data were collected in the four villages using rapid assessment procedures (3) involving:

- in-depth individual interviews with women who consumed *futu kanya* during pregnancy;
- semi-structured group interviews with men, women of child-bearing age and older women;
- interviews with staff who were involved in the implementation of the project;
- a review of project documentation and studies.

The results of the evaluation showed that the project was quite successful in terms of community involvement in the production and promotion of *futu kanya*. Virtually all the community interviewees reported that *futu kanya* had a positive effect on the pregnant women who consumed it. They stated that

these women had more energy than during previous pregnancies, that deliveries were easier than in the past, and that babies were born big and strong and remained healthy

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subsequently. Many women described benefits obtained by both themselves and their babies. Although data on birth weights were not analysed, the nurse in the local health centre stated that babies born in the project villages were generally bigger than those from other villages in the area.

Most pregnant women in the project villages apparently consumed *futu kanya* at the recommended rate of 150 g daily. Most reported that they prevented other household members from eating the supplement by keeping it locked away, because they realized it was of special value for themselves and their babies. Almost all the husbands who were interviewed said that they approved of this action and that they encouraged their wives to participate in the project. However, the intervention appeared not to be sustainable, partly because of certain features of the strategy and partly because of shortcomings in the knowledge and attitudes of members of the community concerning maternal health and nutrition.

### ***What factors contribute to sustainability?***

How can community-based maternal nutrition programmes be planned and implemented so as to achieve the greatest degree of sustainability? The evaluation identified certain factors which could contribute to this goal.

### **Community responsibility and ownership**

In community health and nutrition programmes, community involvement ranges from participation in activities defined by outsiders, to the management and ownership of activities developed primarily by community

**Only if community members believe that the advantages of an intervention outweigh its costs are they likely to provide continuing support for it.**

members themselves. In three of the project villages the members of the women's community management committees merely participated in the strategy devised by the Association. In the fourth village, Kafuta, on the other hand, Association staff actively encouraged women to develop and manage the *futu kanya* strategy. This appears to have contributed to a greater sense of ownership in the Kafuta community management committee and to a superior ability among these women to continue with implementation on their own.

*In future projects, community actors should be directly engaged in the planning, implementation and evaluation of community-level interventions in order to promote feelings of ownership and the sustainability of activities. Project designers should avoid choosing the communities to be involved in given programmes; instead, communities should put themselves forward for participation by meeting certain requirements such as resource mobilization.*

### **Compatibility with community norms and values**

In this project a traditional nutritional practice was built on, and it was not difficult, therefore, to win widespread acceptance for the consumption of *futu kanya* by pregnant

women. *Clearly, interventions based on established values and practices are more readily accepted than unfamiliar ones, and their acceptance tends to be more sustainable.*

### **Building on existing social units and roles**

The community activities relating to *futu kanya* were developed in collaboration with traditional communicators, traditional birth attendants and the community management committees, the intention being to build on their established roles. This was largely achieved with the management committees, although some members felt that the effort required of them was excessive and that they should have been financially remunerated. The traditional communicators were expected to promote beneficial maternal nutrition practices through songs and role plays, and this they did without any expectation of formal payment. The traditional birth attendants were expected to make regular home visits in order to encourage daily consumption of *futu kanya*, but they did so much less frequently than planned. There was no community-managed system to monitor them. In any case, given their other responsibilities, the expectation was probably unrealistic.

*In future programmes, care should be taken not to overburden community members with numerous new or time-consuming tasks. Consideration should be given to working with women in their traditional peer groups. Strategies should be devised for educating members of extended families at household level because of the significant influence they have on maternal nutrition.*

### **Motivation, training and supervision of community actors**

The roles of key community actors involved in the project were carefully defined and, in most cases, adequate training was given.

However, community actors were not always sufficiently motivated to assume the roles expected of them: for instance, some women did not participate in the preparation of *futu kanya*. A community-managed monitoring and supervision system was not developed. The roles of minor actors, such as husbands and village leaders, were not carefully discussed and clarified with them at the outset. *The sustainability of community health and nutrition interventions depends in part on community actors having clearly defined roles, being motivated to assume them, and receiving proper training and periodic supervision.*

### **Community contribution of resources**

Virtually all the costs associated with the production of *futu kanya* were met by the Association. Neither the community nor individual households were expected to make regular contributions in cash or kind. Community members said it would be impossible for them to produce *futu kanya* without the Association's help during the next rainy season. The provision of most resources by the Association appears to have created an attitude of dependency.

*Programme managers, in conjunction with community members, should attempt to identify strategies such that communities contribute a progressively greater amount of the resources required to sustain production or activities.*

### **Less complex interventions**

At the beginning of the project a traditional and a modern method of producing *futu kanya* were considered. The modern method required fewer processing steps and less equipment and preparation time, and was less expensive and labour-intensive. However, women in the community preferred the taste

of the product prepared in the traditional, more complicated way, and this method was therefore adopted. The time and effort required for production proved a significant

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constraint on women's involvement. It was decided to produce the monthly ration of *futu kanya* for the entire community in a single batch. In order to achieve this the community management committees were expected to undertake a task they found to be complicated, involving mobilization of a large number of women for three days of work.

Simpler and less time-consuming methods, coupled with comparatively small production groups, appear to be both easier for the community to manage in the short run and more sustainable in the long run.

### **Support from key male and female community leaders**

The women's community management committees were involved to varying degrees in the planning and implementation of community activities. In the villages an effort was made to inform the traditional leaders about the *futu kanya* intervention, and they were generally supportive. However, the male village leaders were not actively engaged in either planning or implementing the project. When interviewed they stated that they should have been more involved.

*Support from key leaders, both male and female, can contribute to the sustainability of community programmes. Unremitting efforts*

*should be made to sensitize them and win their backing. At the same time, field workers should be alert to the danger of male leaders attempting to take control of activities that should be managed by women. Men should be well informed and their opinions should be periodically sought but they should not be allowed to dominate activities primarily intended to benefit women.*

### **Collaboration with community development agents**

Collaboration took place between the project staff and the community health nurses working in the participating villages. The health sector personnel reinforced the maternal nutrition intervention during contacts with members of the community. No attempts were made to collaborate with educational or agricultural agents. *Support for community-based interventions from development agents working in various technical fields could contribute to sustainability.*

### **Adequate knowledge**

Women's knowledge of maternal health and nutrition was limited, and men's was even flimsier. Interest in maternal health and nutrition generally hinged on concern for the well-being of unborn children and neonates, rarely for the health of women.

*Communities and households are unlikely to be motivated to solve maternal nutrition problems and to remain committed to doing so unless they have an understanding of them and their root causes. Adolescents, females of child-bearing age, and community and family members who influence them, including traditional birth attendants, older women, husbands and village leaders, should receive continuing education on women's health and nutrition needs.*

### **Perception of benefits versus costs**

Community interviewees of both sexes agreed that the *futu kanya* intervention was beneficial to pregnant women and their babies, as outlined above. The intervention was clearly valued by the communities and they were able to define the benefits, but at the same time they did not identify maternal health and nutrition as priority community concerns. This appeared to be related in part to their failure to understand fully the associated problems and their underlying causes.

Only if community members believe that the advantages of an intervention outweigh its costs are they likely to provide continuing support for it.

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The development of dietary supplementation strategies for women, and of other types of community-based intervention in the field of nutrition, should take the above lessons into consideration.

The project was not entirely successful, but the results suggest how community nutrition programmes could be designed for increased sustainability. By and large, the lessons learned are also applicable to other types of community health programme. Many of the evaluation findings are similar to ones reported elsewhere (4), particularly in regard to the need to develop a sense of community ownership of programmes through their active participation in all phases of programme planning and implementation.

It is important to remember that there are limits to the impact that a nutrition programme like this one can have on a population of poor people. A significant improvement in the nutritional status and well-being of a population cannot be expected

solely as a result of such a programme. Such changes require political commitment at the national level to sustainable and equitable economic growth and social development. ■

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### ***The social action dimension of health development***

*Health promotion and social action for health support the health-for-all goal in two ways: by promoting healthy lifestyles and community action for health, and by creating conditions that make it possible to live a healthy life. The first entails empowering people with the knowledge and skills needed for healthy living. The second calls for influencing policy-makers so that they pursue health-supportive public policies and programmes. Strong social support for health action needs to be initiated, accelerated and maintained. A public that knows its rights and responsibilities, supported by political will and awareness at all levels of government, can make health for all a reality.*

- H.S. Dhillon & Lois Philip. *Health promotion and community action for health in developing countries.* Geneva, World Health Organization, 1994: p.9