

# Community Engagement

## District CPHC Strengthening Workshop



# Session Outline and Learning Objectives

1. Understand importance of community engagement (CE)
2. Examine various components of CE approach, specifically in context of CPHC guidelines
3. Reflect on these components through various examples in the session and engage in a dialogue based on real-life experiences
4. Analyze and contemplate the benefits and challenges of community engagement methodologies.



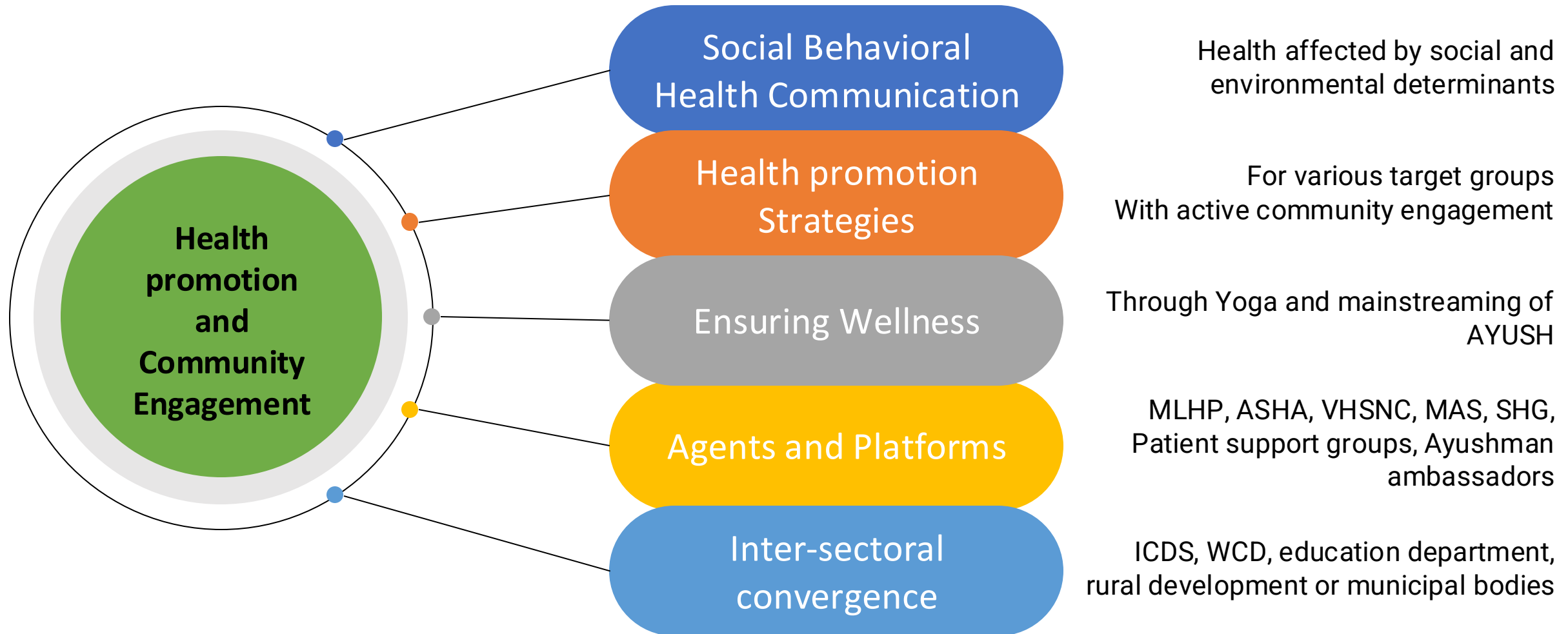
# Community Engagement

- An approach to addressing
  - health-related issues,
  - promoting well-being, and
  - taking action on the determinants of health.
- The Alma Ata declaration of 1978: Community a vital element in the
  - planning,
  - organization,
  - operation, and
  - management of primary health care (PHC) services.

# Some Key Principles of AB HWC

- Ensure a people centered, holistic, equity sensitive response to people's health needs through a process of **population empanelment, regular home and community interactions** and **people's participation**.
- Emphasize **health promotion** (including through school education and individual centric awareness) and promote public health action through **active engagement and capacity building of community platforms and individual volunteers**.

# Activities and Initiatives: Health Promotion and Community Engagement



# Social Behavioral Health Communication

- Strategic process of **delivering health-related information, messages, and interventions** to individuals and communities with the aim of:
  - **Promoting healthy behaviours:** wellness
  - **Preventing illnesses:** addressing lifestyle related factors, reducing risk exposure, improved care seeking and effective service utilization
  - **Improving overall well-being:** improved health status
- **Communication Strategies:** Discuss importance of effective communication



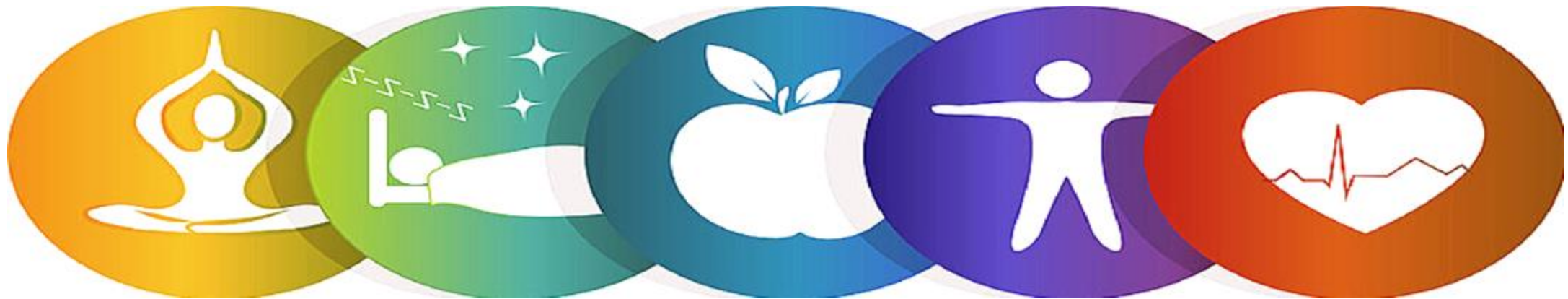
# Health Promotion Strategies

- General population for primary prevention
- Population at risk
- Individuals with Symptoms
- Population with Known Disorders



# Ensuring Wellness

- Pool of local Yoga instructors at HWC level
- Systematic graded training and certification of these local Yoga Teachers by AYUSH department
- Schedule of community Yoga trainings
- Incentive/ Honorarium
- Fixed day Ayurveda clinics



# Best Practices

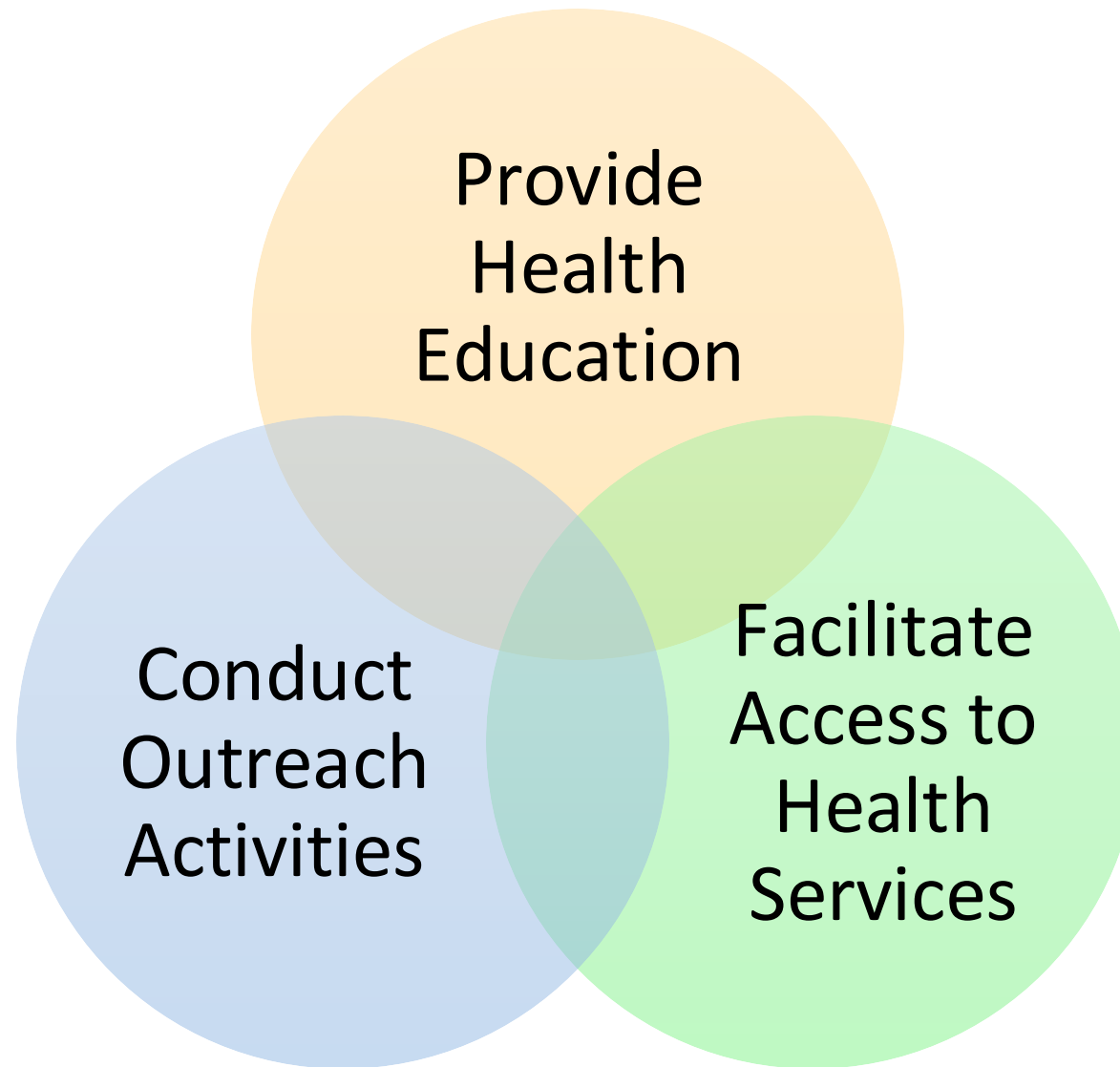
## **Arogya Samanvay Module to integrate Yoga and Ayurveda and Yog Mahotsav and Eat Right Campaign in Gujarat**



The state of Gujarat developed the Aarogya Samnway Module with an aim to integrate yoga and ayurveda. Under this module, 450 Community Health Officers (CHOs) were trained for 21 days to undertake wellness activities at AB-HWCs. The trainings were facilitated by State Institute of Health and Family Welfare. This module includes various components of the 12 services which will be provided at AB-H WCs.

Gujarat state organised a 'Yog Mahotsav' and eat right campaign across its districts in June 2019. The three day event was initiated one day prior to the International Day of Yoga. Various activities such as yoga, breathing exercises, awareness on diet and nutrition were conducted with an aim to create more awareness on health promotion and prevention. The campaign has been conducted across various districts with many beneficiaries participating in the same.

# Agents and Platforms for Health Promotion

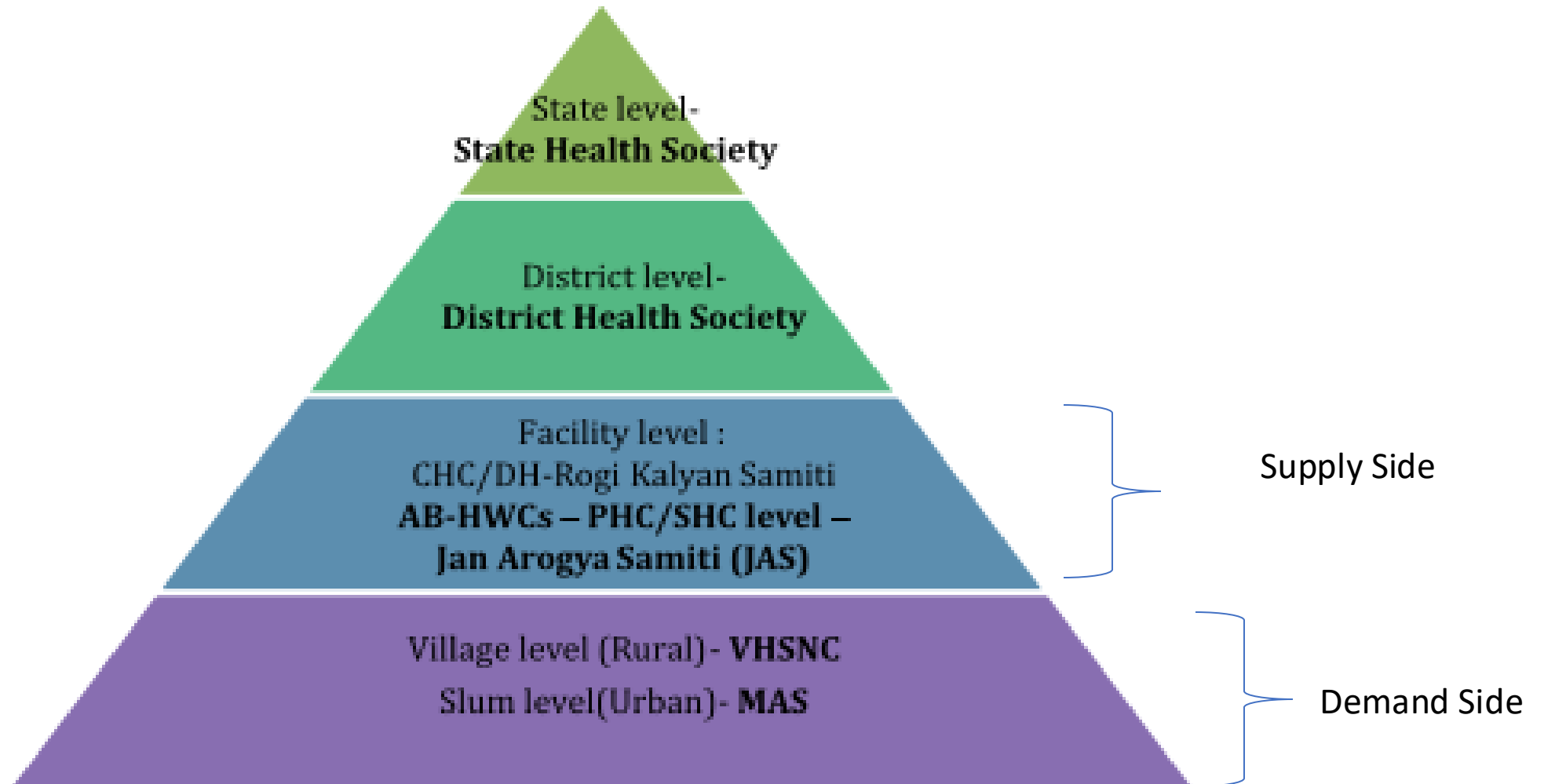


# Agents and Platforms for Health Promotion



- ASHA:
  - Facilitator, health activist and service provider;
  - Support in population empanelment, listing target population, support treatment compliance and follow up
  - Support in formation of patient support groups (PSG), planning & building accountability of community in VHSNCs/MAS functioning
- MLHP: Provide, coordinate and ensure activities through frontline workers, VHSNCs/MAS/SHGs/NGOs and PSG

# Institutions for Effective Health Planning



# Agents and Platforms for Health Promotion



- VHSNC, MAS, SHG:
  - key community level forums to facilitate intersectoral convergence, local planning and action to address issues related to access and quality of care
  - Build capacities at community level through engaging with women groups and involving Panchayati Raj Institutions (PRIs)/ Urban Local Bodies (ULB) Representatives: Community level planning, action and monitoring
  - Monthly calender
- Patient support groups: improve treatment compliance
- Ayushman ambassadors: School teachers (one male & one female)

# Best Practices

Ensuring community participation and engagement at AB-HWCs in Manipur

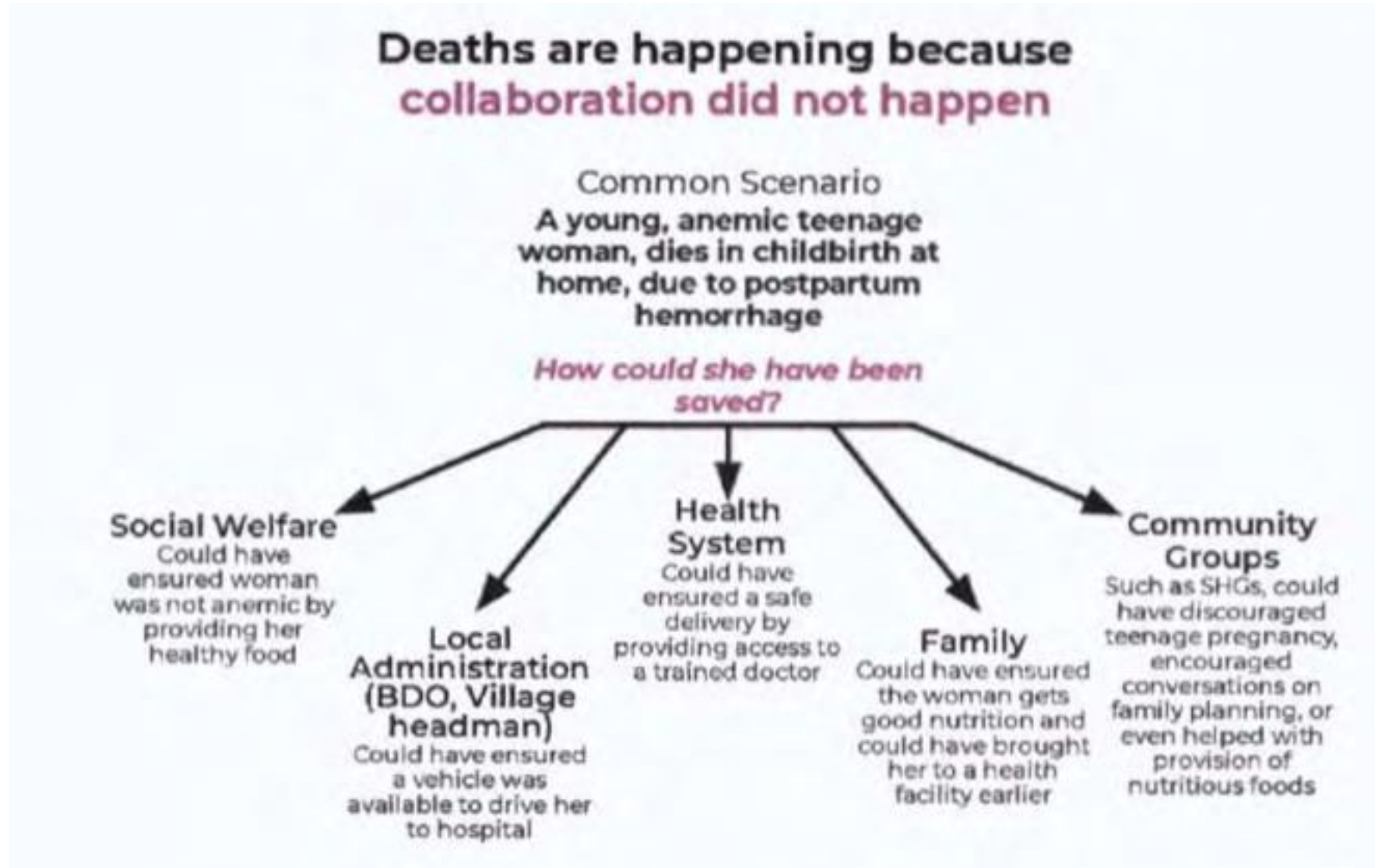


- As a part of AB-HWCs initiative, the state with support from development partners conducted awareness programs at every village where these centres were to be operationalized.
- The citizens, elected representatives, local clubs, village chiefs etc. were invited on a fixed day at AB- HWCs for generating awareness through health talks and discussions on various services offered to them.
- These awareness programs were held in phases. All these steps were undertaken to engage the community to ensure that the community was an equal stakeholder throughout the process of transforming the health facilities to AB-HWCs.
- Many villages saw the active participation of the local bodies and community members who went one step ahead and supported in various aspects such as beautification of health facilities and mobilizing the community for any event at AB-HWC even after the inauguration.
- This also saw increased ownership from the community which in turn increased the footfall at the facilities.

# Inter-sectoral convergence

- Different sectors and departments affect health
- A 'systemic approach' required to address these and a synergy between various departments (Department of Health & Family Welfare, Social Welfare Department (WCD), Community & Rural Development Department)
- Representation of relevant 'non-health' ministries in community level platforms and committees

# Inter-sectoral convergence



Source: Social Welfare Department, Govt of Meghalaya. (2021). Mobilizing collaborative actions to improve nutrition status of SAM and MAM children – A case study of Meghalaya

# Benefits of Community Engagement

- Empowerment and Ownership
- Culturally Relevant Interventions
- Enhanced Health Promotion and Prevention
- Improved Access to Healthcare Services
- Strengthened Intersectoral Collaboration



# Challenges of Community Engagement

- Geographical Barriers
- Language Diversity
- Cultural Considerations
- Limited Resources
- Coordination Issues among Sectors





# Thank You!