

Disseminating Urban Health Models for Scaling

15 November, 2019

COMMUNITY ENGAGEMENT

Background

Community development has been a long standing practice within the genre of people's empowerment for improving their life situations. Over the many decades, community development has moved towards 'community engagement' which is fostered when those within a specific community (the insiders) are invited to participate by those with professional responsibilities (those external to the community – local/state government officials, health care providers, or other community members)¹. Community engagement is the process of working collaboratively with and through groups of people affiliated by geographical proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioural changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilise resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programmes, and practices. Moreover, community engagement is grounded in the principles of community organization: fairness, justice, empowerment, participation, and self-determination².

Operating Principles

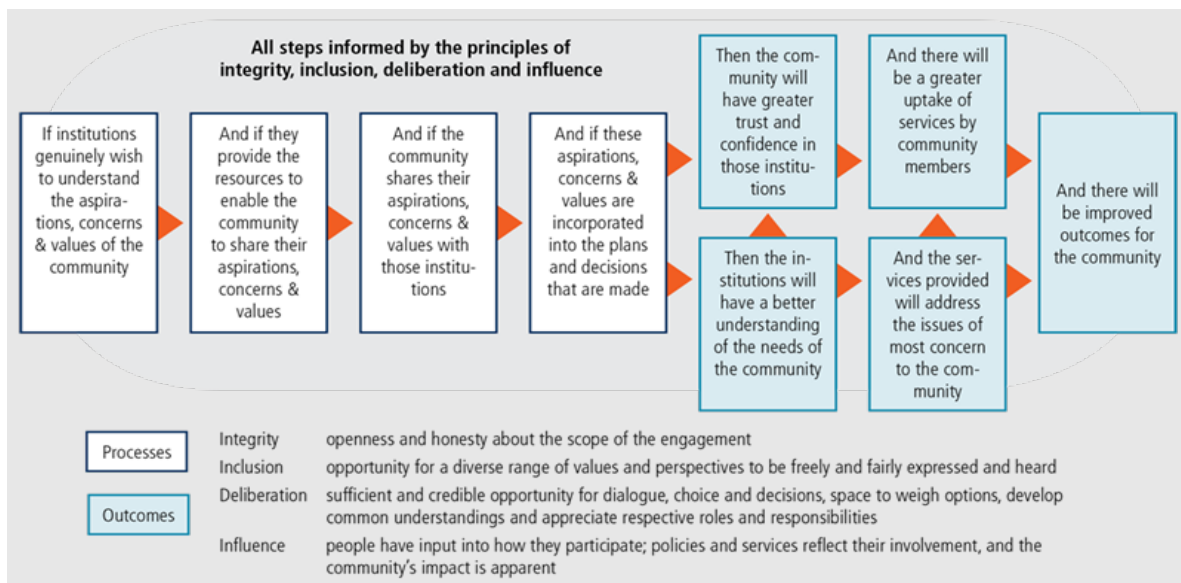
To achieve successful collaboration with a community, all parties involved need to strive to understand the point of view of "insiders," whether they are members of a neighbourhood, religious institution, health practice, community organization, or public health agency. Key to developing such understanding is to recognize one's own culture and how it shapes our beliefs and understanding of health and illness³. In keeping with this premise, the logic model for community engagement depicted here is based upon **integrity, inclusion, deliberation** and **influence**.

¹ Brunton G., Thomas J., Kavanagh J. et al. (2017). Narratives of community engagement: a systematic review-derived conceptual framework for public health interventions in *BMC Public Health* 17:944

² Centres for Disease Control and Prevention (CDC). (1997).

³ Mina Silberberg et al. (2011). Principles of Community Engagement. NIH Publication No. 11-7782

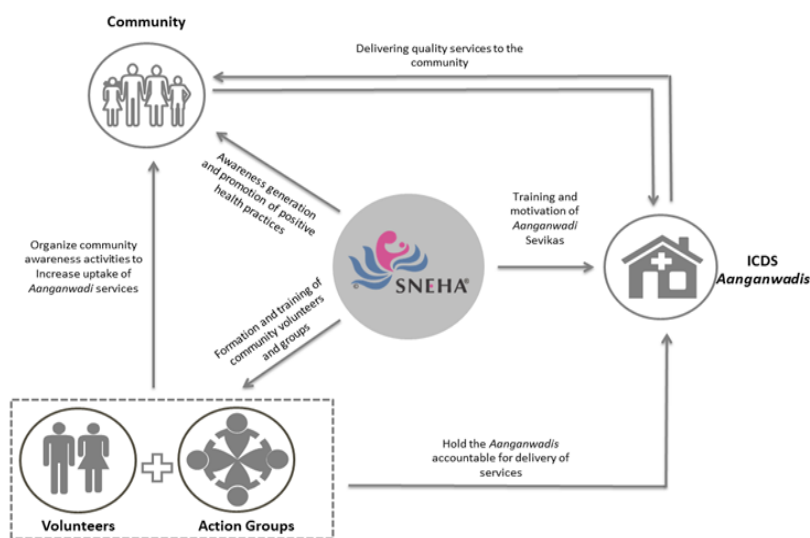
Figure 1: The logic of community engagement for service delivery⁴



SNEHA's approach towards Community Engagement

At SNEHA, the direct intervention Phase of our Aahar programme was implemented in Dharavi, covering 300 Anganwadis with the goal of reducing wasting among children under three years of age. The programme implementation focused on early screening, growth monitoring and home-based care for both children under three years of age as well as pregnant women. The programme has been able to establish that a **well-implemented Community-based Management of Acute Malnutrition (CMAM) model can reduce malnutrition prevalence rates in urban slum settings in a time-bound and cost-effective manner.**

Figure 2: SNEHA's AAHAR programme Indirect Intervention Model



⁴ Community engagement: A key strategy for improving outcomes for Australian families. (2016). CFCA Paper No. 39. Australian Government – Australian Institute of Family Studies

Aahar Phase II (Indirect Intervention April 2016 to March 2019) attempted to improve coverage of six mandated services of ICDS (which includes supplementary nutrition, nutrition, and health information immunization, referral, health checkup, and preschool education) across 150 Aganwadis in Dharavi and Wadala. **It attempted to build community ownership for the health of children** through the identification and training of community volunteers, to help in building the community's access to Government services and simultaneously empowering them to negotiate and access services. Both the direct and Indirect intervention phases involved a cadre of community volunteers to demand ICDS services and support the community in addressing child health and nutrition.

SNEHA's Prevention of Violence against Women and Children (PVWC) works on gender-based violence and provides a comprehensive package of services to survivors of gender-based violence. The programme intervenes at various levels across community members to the legal and police systems. **The community work focuses on creating awareness about domestic violence and preparing the community for first level prevention.** As a part of the programme, micro planning processes are undertaken to understand the perspectives of the community about gender-based violence, to understand the availability of different resources in the community to help survivors, safe and unsafe spaces in the community, the situation regarding violence now and 10 years back, and any incidences where community members have volunteered. During the process, those community members are identified who have the willingness and interest to join the groups. Regular structured sessions are conducted with them every month to equip them with the required knowledge and strengthen their understanding. Community support groups are formed across clusters – groups of women, men and adolescents. The group members are supported and encouraged to raise their voices against violence. They are further aided with counseling services, legal and police system assistance and information on policies available to support survivors.

We aim to showcase the experience and insight that SNEHA holds in community engagement at the intersections of health, gender and service delivery. The dissemination event will have a thematic session on **'Community engagement'** within the broad objective of **'Disseminating Urban Health Models for Scaling'**. The session will stimulate dialogue on approaches to community engagement to draw upon existing best practices influencing policies.