Hanan Maternal Child Health & Nutrition Project

Our Communities Talk

Assessment of the PMRS-Hanan Community Program
Hebron & Jenin Districts: Round 1
December 2007

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Introduction:

The Hanan Project, funded by USAID, aims to build capacity in both health facilities *and* communities. The project's goal is to ensure that women of reproductive age (15-49) and children under 5, living in the most vulnerable communities in the West Bank and Gaza, have access to an essential package of quality health and nutrition services. To support this goal, Hanan's Community Program partnered with the Palestinian Medical Relief Society (PMRS) – a leading Palestinian health NGO - to mobilize 28 communities in Jenin and Hebron districts to demand quality care. These communities serve a combined target population of 74,900 (Appendix 1).

PMRS-Hanan Community Program:

With an eye towards program sustainability, a 22-person field team was recruited and integrated into PMRS' staffing structure. This team comprised of 2 Community Mobilization Officers (CMOs), 7 Mobilizers, and 13 Community Health Workers (CHWs) who were responsible for program implementation. The field teams were based in PMRS' district headquarters under the administration of the District Managers. Programmatically, however, the CMOs and their teams reported to PMRS' Ramallah-based Program Manager for Community Program. Also reporting to the Program Manager was PMRS' technical committee comprising of a 3-person core team; the Program Manager drew on resources, as needed, from PMRS' Advisory Committee (Appendix II).

The Hanan team worked with the Program Manager and the technical committee to set strategy, track implementation, and identify areas of programmatic intervention. The Hanan team also maintained direct links with the CMOs, Mobilizers, and CHWs by attending weekly meetings, joining them during the conduction of their work, and attending special events hosted in their communities.

Field implementation began in mid-June 2006, two weeks after the staff were recruited and received the first of a 3-module training. Formal training, capacity assessments of communities, and community action plans were all completed by September 2006; fourteen in-service trainings were provided from October 2006 until Round 1 of the program ended in August 2007.

Recognizing the fact that efforts to improve health services and more importantly, to sustain such improvements, requires not only community input but also leadership, ownership and continuous action from the communities themselves, the PMRS-Hanan Community Program was envisioned comprehensively to include not just the provision of health education but also the more critical aspect of a potentially sustainable program: community mobilization (CM). Through this program the partnership aimed to transform communities from their classic role as "recipients" of health care into:

1. Empowered women who take control of their health and the health of their families;
2. Informed clients who demand high quality care from their local health facilities; and,
3. Organized communities that can successfully meet their future health needs and build partnerships.

To make change happen, PMRS' CHWs worked with and through village councils and municipalities, community based organizations (CBOs), kindergartens, charitable societies, women's organizations, *dewans*, local businesses, community activists and leaders, health professionals, teachers, and the men and women who lived in these communities.

Each community formed a committee (some more successfully than others) to ensure that their community's MCHN priorities were addressed appropriately. To support and strengthen the communications, problem-solving, negotiations, and networking capabilities of these community committees, the Hanan Project (through its partner New Vision) conducted a 4-day training for members of the committees and volunteers.

Program Activities:

A wide range of activities were conducted in the 28 Round 1 communities in an effort to promote Hanan's 18 key health messages, categorized into 5 topic areas (Appendix III). In total, the CHWs supported by volunteers and the community committees, conducted approximately 16,000 activities and reached 99,000 participants, far exceeding targets:

Knowledge Promotion (13,576/53,879):
- home visits
- individual counseling sessions
- health education sessions

Community Networking (1,910/20,475):
- coordination meetings
- open days
- festivals

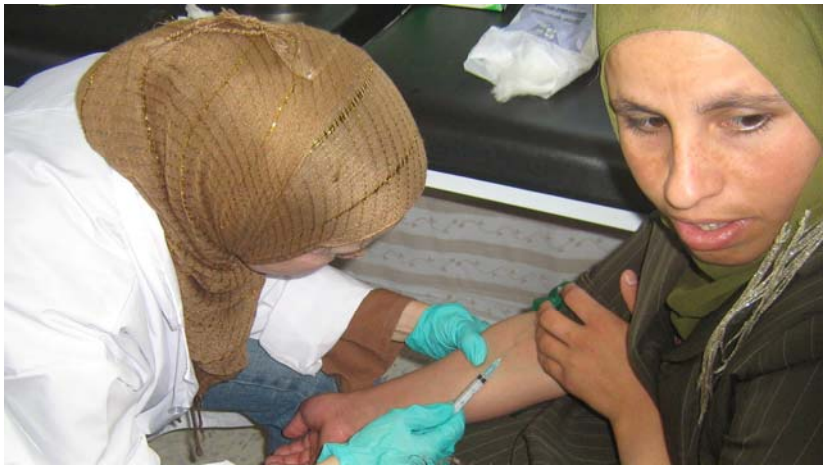
Health Intervention (325/17,570):
- medical days
- health campaigns
- first aid training

Health Awareness (201/7,085):
- video shows
- local theater performances

Appendices IV and V show, respectively, the definition of each activity and the breakdown of activities and participants by district.

The activities primarily targeted pregnant and postpartum women and children under-5 years. Given the influence of mothers-in-law, mothers and husbands on the health

decisions affecting women and children, these target populations were also included in knowledge promotion activities and other interventions as considered appropriate. To reach children, the CHWs communicated health messages using songs, puppet shows, drawings, and story telling; PMRS' puppeteer entertained and educated children on healthy eating and hygiene. Activities for children were held in kindergartens and parks.



PMRS' static and mobile clinics periodically held medical days to which pregnant and postpartum women, and children under-5 were invited for anemia screening, medical check-ups, and needed supplementations and medicines. Special campaigns were conducted in response to the health needs of a community, e.g., on respiratory infections in children under-5 during the winter season.

The communities contributed to these activities in various ways:

- *Dewan* halls, and the offices of CBOs and municipalities/village councils were made available for the conduction of health education sessions, open days, medical days, health campaigns, and meetings to plan for and coordinate events.
- When space was not available, women opened their homes for health education sessions and the conduction of meetings.
- Local businesses donated equipment and supplies in support of health campaigns, and stores and supermarkets donated gifts for volunteers and refreshments during festivals, open days and other events.
- Families offered transportation to CHWs for travel within the community, if needed, distributed pamphlets and fliers to promote community events, and worked with the CHWs and volunteers to organize activities.

Two interim meetings were held district-wide during the program's implementation period with members of the 28 community committees to track progress and make mid-course corrections. The program closing ceremony was held at the district level on August 26th and 28th in Jenin and Hebron, respectively. A representative from each community presented his/her plan for sustaining the program in their community.

Program Assessment Plan:

Given the wide range of activities implemented during Round 1 of the Community Program and the significant number of participants who attended these activities, the Hanan-PMRS teams were eager to learn from the communities directly, their perceptions of the program and activities and how, if at all, it had benefited them.

A brief questionnaire was prepared and administered to 10 persons in each community representing CBOs/village councils/municipalities, volunteers, and beneficiaries. All 3

groups were asked the same questions:

1. In what specific ways did the community mobilization program affect you at the personal level? And at the community level?
2. With respect to the program itself:
   - What aspects of the community mobilization program did you particularly value? Why?
   - What aspects of the community mobilization program did you not particularly value and wished were not included in the program? Why?
   - What, in your opinion, was missing from the community mobilization program that you wish was included? Why?
3. If this program could be done again in your community, what would you recommend doing?

The volunteers distributed the questionnaires along with an envelope; the completed questionnaires were returned to the CHWs in sealed envelopes. Responses were categorized by respondent groups and not by individuals.

In general, respondents from Hebron gave short answers and were more likely to leave a question or two unanswered. This was also true for "beneficiaries" across both districts. However, the 281 completed questionnaires provide a good understanding of the program's impact on these 28 communities. Of the total respondents, 201 were from Jenin district and 80 from Hebron district. This report presents their feed back.

Key Findings:

Overall, the Community Program was considered a success by the overwhelming majority of respondents in both districts - only 4 respondents said that the program had "little or no" impact and no one said that the program had a "negative" impact. These results show beyond doubt that the program was perceived as a great success by the respondents.

Level of Impact	All Respondents	Hebron Communities	Jenin Communities
Positive	277	79	198
Little/No	4	1	3
Negative	-	-	-
All Respondents	281	80	201

Impact at the personal and community levels:

A significant number of respondents mentioned that the program had an impact at both the personal and community levels:

Type of Impact	Number of Mentions	Hebron Communities	Jenin Communities
Improved intra- and inter-community relations	45	13	32
Corrected wrong practices	33	5	28
Improved self- confidence	27	7	20
Helped CBOs know their community better	2	1	1

Of the 33 respondents who said that the program succeeded in "correcting many wrong practices" such as offering tea and "unhealthy" foods to little children, a mother from Toubas best conveyed the sentiments of many others: [*"*[The program] *benefited my entire family and taught us how important healthy foods are for both* [pregnant] *mothers and children."*

Beneficiaries from Seilet al Hartheya and Zbuba mentioned that the program gave them essential knowledge about the bad effects of chips and Coke, and how not to combine foods that are rich in iron with those that prevent the absorption of iron.

The program was also seen to have provided other useful information that gave mothers the confidence to care for their children:

A woman from Ramadeen wrote: *"As a young mother I have benefited greatly from the program and so did my baby girl. Now I know what to do when she has diarrhea or is dehydrated. In the past I did not know what to do."*

Another mother from Deir Ghazalah mentioned that the program made her feel that *"there is someone interested in my children and me."* She went on to write: *"The program helped and supported me in presenting what is good and suitable for my family. It made me feel responsible for myself as well as my family. As for the local community, the messages were conveyed easily and clearly to every woman and house via the health campaign and home visits".*

Several other respondents also mentioned that the health messages conveyed were clear and easy to understand, which helped the program to succeed. One CBO official wrote: "A*ll program activities were able to convey messages to both mothers and children.*" And a mother from Arbouneh wrote: "*The messages were clear, even to illiterate mothers.*"

Volunteers did not see themselves as being only a part of program implementation but also as beneficiaries. Most of them said that they had "personally benefited" from the program and had passed along their learning to friends, neighbors and family members.

Some volunteers even said that the program has offered them a chance for personal growth and has improved their self-image, made them more "self-assured," and made them "proud to have had a chance to serve" their community.

A volunteer from Reehiya summed up her experience with the program thus: *"The community mobilization program was an excellent step for me. I feel as if I have scaled a wall and through my participation, have proved myself and become an independent person. Concerning the effect of the program at the village level, many things have changed. The village has hired a regular cleaning person for the village* [after the health campaign and cleaning days] *and people's attitude towards women leaving their homes* [to participate in various community activities] *has also changed."*

A volunteer from Atouf wrote how the program affected her community: *"It revitalized the local community and helped reduce frustration and pressure."* Then added: "*We hope that the program will continue."*

A CBO official from Rafat best summarized the benefits derived from the program to both, her community and organization: *"The Community Program has helped us learn how to mobilize and lead the local community towards engaging in activities that were at first considered strange. The people embraced this program because they were allowed to become part of it and because they had a say in how to implement its activities."*

While both CBOs and volunteers directly benefited from the program, CBOs felt that they have inherited a legacy that should not be wasted. One CBO official wrote: "*Sustainability is a very important issue because the program has succeeded in creating an atmosphere of trust between the community and CBOs.*" Another CBO commented that it will now be their responsibility to pass on the knowledge gained to more people in the community.

The program also helped to improve relationships not only within communities but also between neighboring communities. Forty five respondents said that the activities of the Community Program improved social relationships. This was especially true for Jenin communities. A beneficiary from Jenin wrote: *"The program introduced us to other people and groups in the community."* Others, from Faqoa' and Tinnik, noted that they liked the fact that the program helped their village network with nearby villages and also enabled their children to meet with children from these villages.

Given the isolation of many of these communities, the activities organized by the Community Program seem to have been valued as a sharing and learning experience.

<u>Program aspects valued</u>:

Respondents appear to have valued both the messages and the activities through which the messages were conveyed by the program. Almost 1/3 of the 281 respondents said that they "liked all" activities largely because they were seen to be "new and innovative."

A beneficiary from Riheeyah said: *"I personally admired all activities, particularly on topics that were previously unknown to us such as prenatal, antenatal and newborn care."*

A kindergarten teacher from Seilet al-Harithiyah made a similar comment: "*We were introduced to new materials and subjects that we never heard of before"*.

Activities/Messages Liked	Number of Mentions	Hebron Communities	Jenin Communities
All Activities	89	16	73
Medical Days	62	22	40
Health Education Sessions	60	21	39
Home Visits	54	13	41
Theatre performances	36	4	32
Workshops	20	5	15
Open Days	13	1	12
Health Campaigns	6	1	5
Festivals	6	1	5

Perhaps because these communities are in great medical need and counseling support, Medical Days and Home Visits received the most number of mentions.

Respondents said that Home Visits helped the CHWs to reach a great number of families, including some marginalized ones who would not have had the initiative to attend health education sessions or other program activities.

A CBO official noticed how important these visits were in establishing a strong relationship with the community: "*The Home Visits and the way the program staff treated women left a good impression about the entire program and the people working in it*."

In addition to benefiting the families, a number of village councils/municipalities and CBOs stated that the Home Visits made by the CHWs helped them to know their communities better: "*The home visits improved our knowledge of the local community and helped us become more aware of what services we can present to the people."*

A beneficiary who was admiring of home visits wrote: "*I was able to talk during these visits in private about things I would never have dared talk about elsewhere."* The only criticism made of the home visits, and that too by just five women, was that the duration was sometimes too short and did not include all families in the community.

Mothers particularly liked theater as a way of educating children. One mother wrote: *"The best activity was the children's theater as it helped to increase awareness of health issues*

among children in a nice way and according to their level of understanding."

Although not invited to specifically comment on the work of the CHW and other program staff, several respondents praised the work of the CHWs and expressed a special thanks to them, even mentioning some by name. In general, the CHWs were thought to be professional and dedicated to their work.

A CBO official in Rummaneh said: *"We thank the CHWs for their continuous efforts and the exceptional way in which they dealt with everyone in the community."*

The head of a women's organization in Arabouneh said: *"I liked the hard work and sincerity of those responsible for the program."*

Program aspects not valued:

Of the 89 respondents who said that they liked "all activities", one respondent summed it up best when he wrote: "*There were no activities in the program that I didn't like. I found every issue that was discussed relevant to my life.*" It is noteworthy that out of 281 responses, not one reflected a negative view of the program or any of its activities.

However, there were a few "complaints" about the program – five respondents said that activities did not take place at the appointed time or were disorganized; ten respondents said that the messages were conveyed in a "theoretical" way with "very little emphasis on practice" meaning that while CHWs told them to visit the clinic they did not provide them with clinic services.

Sixteen respondents mentioned that the program did not give them access to advanced equipment and medical specialists for better treatment. Many of these comments were from beneficiaries residing in Hebron communities:

From Simiya: *"There should have been more medical days and more advanced equipment."*

From Samo'a: *"Specialized doctors should have been available at least once a week."*

From Raqa'a: *"The program should have clinics under its supervision. I did not like the fact that there was no woman gynecologist attending to pregnant women and helping them with problems."*

What was missing from the program:

Respondents mentioned a wide range of activities and support that they wish had been included in the PMRS-Hanan Community Program:

Wish List	Number of Mentions	Hebron Communities	Jenin Communities
Monetary/material support	39	9	30
Establishment of clinics	20	7	13
Psychosocial counseling	17	5	12
First aid training	11	1	10
Summer camps for children	9	7	2
Educational materials	8	4	4
Family planning methods	5	1	4
Physical fitness activities	4	1	3
Blood screening campaigns	3	3	-
Clubs for women/children	3	3	-
Transportation support	2	2	-

A greater variety of needs were expressed by respondents living in Hebron communities.

Recommendations for the future

"Inclusion" was an underlying common theme in the recommendation for a similar community program in the future – other age groups (96 mentions), men (10 mentions), more villages (8 mentions), and more people (2 mentions) – which together accounted for 116 mentions. Though not the goal of the PMRS-Hanan Community Program, respondents wished the program had also provided support to schoolchildren, the elderly, men, as well as villages that were not direct beneficiaries of this program.

An official from Toubas wrote: *"The program should have targeted all family members, especially fathers so as to give them an active role in their children's upbringing."*

Recommendations	Number of Mentions	Hebron Communities	Jenin Communities
Include other age groups	96	16	78
Conduct more activities	72	24	48
Develop local capacity	31	11	20
Ensure sustainability	28	14	14
Include men	10	-	10
Include more villages	8	4	4
Emphasize more on CBOs	6	-	6
Include more people	2	2	-

Expressing concern for the program's sustainability, respondents mainly from Jenin communities suggested either building local capacity by training volunteers to become CHWs or to increase support to local CBOs. One beneficiary from Jenin wrote: "*Please remain with us and don't leave*."

Conclusions:

Based on the feedback from the communities it appears that there are 4 main reasons for the success of the PMRS-Hanan Community Program:

1. The health messages were clear and easy to understand by all age groups including little children.
2. The activities were new to the communities and innovatively provided much-needed basic education on maternal child health and nutrition topics.
3. The Community Health Workers were considered professional and highly qualified, and the communities were positive and enthusiastic about their work and contributions.
4. The involvement of local organizations and volunteers, who were drawn from the communities, helped the program gain the communities' trust.

The program has built awareness and supported the adoption of improved health practices at the individual and community levels, and has created networks that empower communities to actively engage in changing behaviors that affect the health and nutrition of mothers and children. How effectively the program has strengthened the capacity of local CBOs and municipalities to sustain the program after the Hanan project ends can only be judged after the committees take responsibility for continuing the implementation of community-wide activities.

However, the assessment leaves no doubt that the PMRS-Hanan Community Program was perceived as a great success by beneficiaries, volunteers, CBOs and the community leadership.

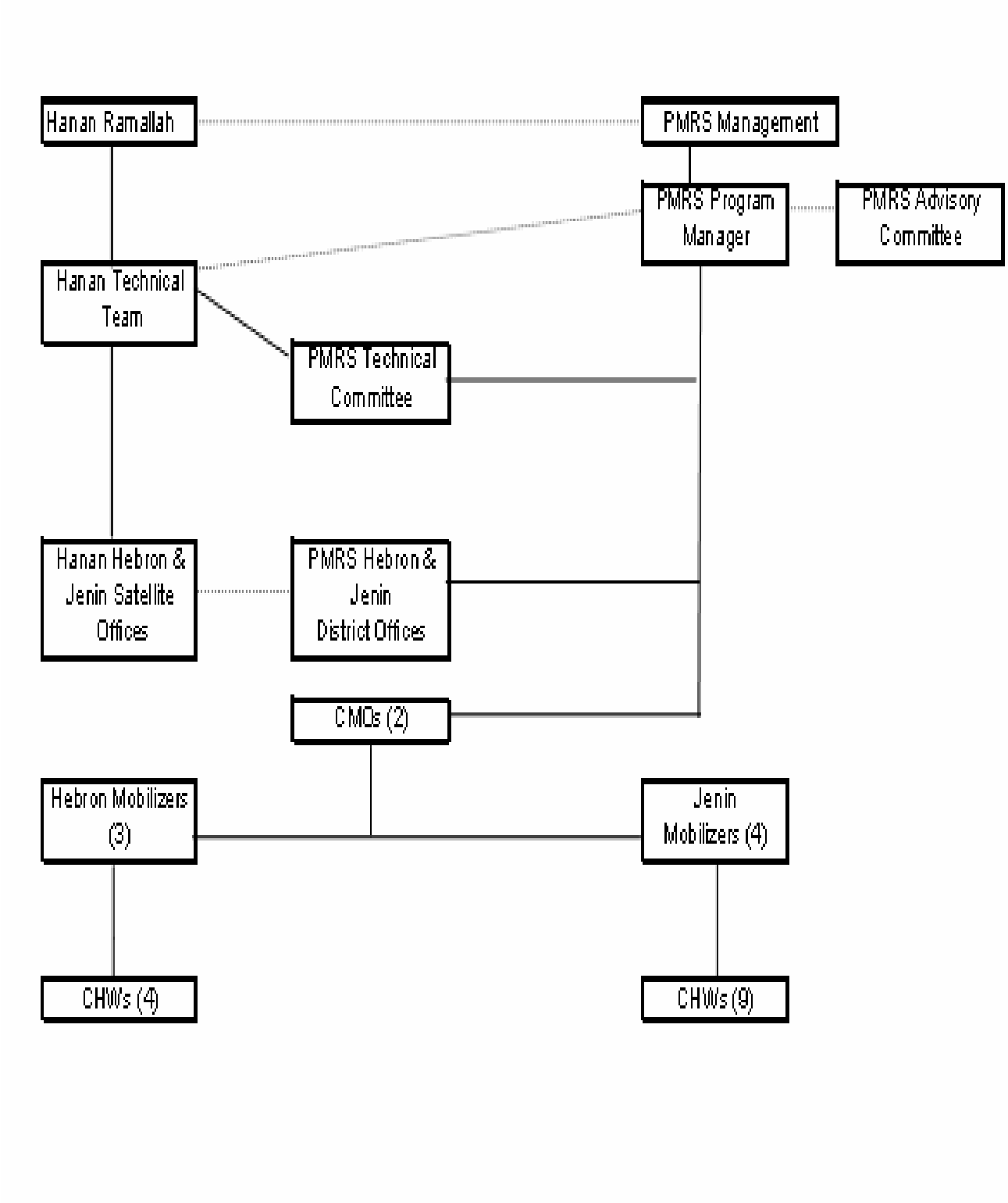
Appendix I

Estimated Target Population in Round 1 Communities

District	Community	Estimated Population	WRA (22%)	CH U5 (18%)	Hanan targeted Population (WRA+CH U5)
Jenin	Al Aqaba	200	44	36	80
	Al Judeideh	4,879	1,073	878	1,952
	Arabuna	855	188	154	342
	Ath Thaghra	258	57	46	103
	Atouf	200	44	36	80
	Deir Ghazala	854	188	154	342
	Fahma	2,439	537	439	976
	Faqoa	3,490	768	628	1,396
	Jenin (Al Sharqiya)	13,045	2,870	2,348	5,218
	Kafer Rai'	7,819	1,720	1,407	3,128
	Khirbet Ras El Ahmar	200	44	36	80
	Maythaloun	7,006	1,541	1,261	2,802
	Rummana	3,372	742	607	1,349
	Silat AlHartheia	9,840	2,165	1,771	3,936
	Siries	5,043	1,109	908	2,017
	Tammoun	10,441	2,297	1,879	4,176
	Tayaseir	2,397	527	431	959
	Tinnik	1,095	241	197	438
	Tubas	16,087	3,539	2,896	6,435
	Zububa	2,124	467	382	850
Population at District level		**91,644**	**20,162**	**16,496**	**36,658**
Hebron	Al Dahryiah	28,568	6,285	5,142	11,427
	Al Hawouz/ Ras El Joura	12,000	2,640	2,160	4,800
	Al Rihyia	3,485	767	627	1,394
	Ar Ramadin	3,070	675	553	1,228
	As Samu'	17,951	3,949	3,231	7,180
	As Simiya	1,705	375	307	682
	Idna	18,826	4,142	3,389	7,530
	Yatta - Ruqa	10,000	2,200	1,800	4,000
Population at District level		**95,605**	**21,033**	**17,209**	**38,242**
Polulation at WB level		**187,249**	**41,195**	**33,705**	**74,900**

Appendix II

PMRS-Hanan Community Program
Organizational Structure



Appendix III

Hanan Community Mobilization Program: Key Health Messages

Topic	*Key Messages*
Ante-Natal Care	**Importance of early antenatal visit (within 1st trimester) for fetus and mother, and barriers to early registration**
	Understanding danger signs and potential complications during pregnancy, and the early identification of risks and emergency response
	Importance of preventing anemia for fetus and mother, and what to do about it – iron and folic acid supplementation for at least 6 months during pregnancy and for 3 months postpartum
	Signs of labor, planning for delivery, importance of physical and psychological support by husband and family (m-in-l, mother) during pregnancy and postpartum
Post Natal Care	**Importance of postnatal care (for baby and mother) within 6 hours, 6 days and 6 weeks of delivery, and barriers to seeking early postnatal care**
	Understanding danger signs during 1st 6 days of delivery for the neonate and mother, early identification of risks and complications during this period, and emergency response
	Importance of appropriate care for neonates (hygiene, bathing, wrapping/clothing, warming, eye care, care of umbilical cord)
Breast Feeding	**Importance and benefits of early initiation of breast feeding – within one hour of delivery, night feeding, and feeding on-demand**
	Correct technique for breastfeeding
	Importance of breast feeding exclusively for 6 months, and overcoming barriers
	Importance of breast feeding for 2 years, and overcoming barriers
Child Health U2	**Timing and type of liquids/solids in baby's diet after 6 months**
	Importance of healthy weaning practices at 2 years
	Importance of anemia prevention – iron supplementation, and Vit A&D drops
Child Health U5	**Prevention, early detection, home management, referral of children with ARI**
	Prevention, early detection, home management, referral of children with DD
	Prevention of anemia – iron supplementation, nutrition
	Importance of growth monitoring and promotion after vaccination schedule completed

Appendix IV

Definition of Field Activities

Activity	Definition
Home Visits	Visits by CHWs to the homes of pregnant and postpartum women, and families with children under five. Each home visit takes 30-45 minutes, and includes one or more women. The messages are tailored to the target group particularly on a variety of topics - breast feeding techniques, and barriers to healthy MCHN practices, i.e. exclusive breast feeding, early antenatal care, postnatal care, etc.
Individual Counseling Sessions	These sessions could take place during the home visit, in a clinic or at the conclusion of a lecture, and could deal with any of the project's 18 key messages. As the name suggests the CHW counsels only one woman during this session.
Health Education Sessions	These sessions are intended for a small group of adult participants, usually 6-8 individuals. The target group is matched to the topic and the session is highly interactive. These sessions also include "workshops" for children U5 in kindergartens/parks on nutrition, prevention of anemia, ARI and diarrhea. The messages are addressed in a simple way using songs, games, drawings.
Coordination Meetings	Meetings initiated by CHWs with CBOs, kindergartens, charitable societies, women's organizations, village councils, municipalities, local businesses, health providers, community activists and leaders to plan and organize activities.
Open Days	Though linked to one of the 18 key messages, this activity is intended to foster networking within the community and to provide entertainment. It includes multiple activities such as health education sessions, Q&A sessions, puppet show, songs and dances. An Open Day lasts 2-3 hours and could be attended by adults and/or children.
Festivals	This is typically held at the end of a health campaign and could include puppet shows, theater/plays, games, Q&A sessions, etc. It provides fun and recreation for the community. It could also be a special event, e.g., Women's Day, Mother's Day.
Medical Days	Conducted in cooperation with PMRS' mobile clinic, it targets specific groups, i.e. pregnant and postnatal women, and children under five, who receive a medical check up, and (if required) medicines and/or lab tests; referrals are also made.
Health Campaigns	This activity focuses on one key health message, e.g. ARI, and includes a combination of activities such as home visits, health education sessions, and individual counseling; mobile clinics may be a part of the campaign as well. A campaign could last from 1-5 days and is usually concluded with a celebration or "festival".
Video Shows	Videos are used to support a lecture or health campaign, and also used in clinic settings (places where a television and VCR are available). To support the viewing of the video, CHWs moderate a discussion on the topic with participants.
Local Theatre	Theatre is a popular way to convey a variety of key messages targeting children and (less so) mothers and is used during festivals and open days. Until the H2H performances, local groups were invited to present shows conveying specific health messages. CHWs work with the local groups to ensure that the messages are correct.

Appendix V

Program Activities & Participants Attending

District	Activity Type	No. of Activities	No. of Participants						
			CH U5	WRA	Females older than 49	Adult Males	Multi-Group Males	Multi-Group Females	Total
Hebron	Home Visits	1,679	8	1,859		21	77	590	2,555
	Individual counseling	1,998		2,482		9	6	164	2,662
	Health Education Session	1,152	171	10,296		159	243	635	11,562
	Coordination Meetings	592		1,179		366	477	1,189	3,213
	Open Day	59	747	858		166	441	749	3,016
	Festival	3					110	80	420
	Medical days	57	428	322	104	48	777	1,170	2,849
	Health Campaigns	30	171	463			679	1,140	2,453
	Video Show	44	80	448			0	22	550
	Local Theater Performances	1		10					10
Hebron Total		***5,615***	***1,605***	***17,917***	***104***	***769***	***2,800***	***5,739***	***29,290***
Jenin	Home Visits	4,579	32	4,241	29	26	40	3,174	7,554
	Individual counseling	2,040	6	1,577	14	4	8	725	2,340
	Health Education Session	2,128	5,055	13,047	155	378	355	7,677	27,206
	Coordination Meetings	1,160	75	2,550	93	518	546	1,572	5,390
	Open Day	72	2,265	701		10	758	1,220	5,401
	Festival	24	460	355		42	657	1,497	3,035
	Medical days	100	1,856	658	41	193	230	430	3,640
	Health Campaigns	105	152	1,144	75	534	1,834	4,401	8,308
	First Aid Training	33		211		6	0	103	320
	Video Show	130	352	1,075			0	174	1,601
	Local Theater Performances	26	585	858		30	1,740	1,711	4,924
Jenin Total		***10,397***	***10,838***	***26,417***	***407***	***1,741***	***6,164***	***22,684***	***69,719***
Grand Total		**16,012**	**12,457**	**44,334**	**511**	**2,510**	**8,964**	**28,423**	**99,009**