DEVELOPING AND PILOTING AN INTEGRATED COMMUNITY MOBILISATION PACKAGE TO PREVENT CHILDHOOD INJURIES IN RURAL BANGLADESH

Dissemination meeting, 25th Sep 2022

Diabetic Association of Bangladesh

UCL Institute for Global Health

CIPRB evidence for quality life

WOMEN CHILDREN FIRST (UK)

Karolinska Institutet

MRC Medical Research Council

AGENDA

- Welcome & Introductions
- Project overview
- Formative research findings
- Designed intervention
- Intervention pilot and evaluation plan
- What we learned from the pilot
- Implications
- Discussion and Q&A

BACKGROUND

- Globally:
  - Injuries are major global killers of children under 18, responsible for nearly a million deaths each year.
  - Unintentional injuries (mainly road traffic injuries, drowning, poisonings, burns, and falls) account for almost 90% of these injuries.
- In Bangladesh:
  - More than 50% of all deaths among children are due to injuries, with drowning as the main cause.
  - Fatal and non-fatal injury rates are the highest in children under-5 years of age, with drowning accounting for more than 90% of injury deaths (and more than 40% of overall death) in same age group.
- There is limited community-based interventions to prevent injuries.

PROJECT OVERVIEW

Aim:

- To develop and assess the feasibility, and acceptability of an integrated package of community mobilisation interventions to prevent injuries among children under 5 in rural Bangladesh.

Steps:

1. Formative research
2. Co-develop and implement the intervention
3. Evaluate the pilot implementation

FORMATIVE RESEARCH: METHODS

Formative research was conducted in two villages of Boalmari upazila of Faridpur with a range of stakeholders including :

- **Caregivers and community members**
  - Including female and male caregivers of children under 5 years old, caregivers with experience of non-fatal injuries
  - FGDs (4), group interviews (12) and observations (2)
- **Health care workers and key informants**
  - KII: One resident medical officer, 2 village doctors and 3 traditional healers (2 kabiraj, 1 fakir)

IMPLICATIONS OF FINDINGS FROM THE FORMATIVE RESEARCH

Risk of injury

Gender issues/ role of men and its implications for intervention development (different groups-…)

Multisectoral engagement and support

Community wide campaign

Response to injury

Lack of awareness on proper care/management practices

Care seeking costs- role of community emergency funds

Discussion about expectations for healing of common injuries

Gender norm and care seeking

Preferences for engagement

Flexibility of community meetings: time, location, interval, contents, attendance, inclusive of all age groups and all stakeholders beyond caregivers

Mass media type campaign

INTERVENTION

INTERVENTION COMPONENTS

Participatory learning and action groups (community mobilisation)

- Main component, piloted for 6 months and evaluated feasibility

Other components

First aid training

- CIPRB trained 30 volunteered first responders in two villages during August-September 2022
- Funded by the Austin Bailey Foundation

Home visits (focusing on home environment)

- A 'home injury hazard assessment checklist' was adapted based on CIPRB earlier works
- Piloted with around 38 households

mHealth messages on injury prevention and management

- Developed sample mhealth messages for 4 common injury types and injury management- need to be piloted

Participatory learning and action (PLA) groups

Photo: Women group on injury prevention in Bangladesh

A capacity building process through which community members, groups or organizations

plan, carry out, and evaluate activities in a participatory and sustained basis to improve their health and other conditions, either on their own initiative or stimulated by others.

Source: FLAG (PLA at scale) project, India

Participatory Learning and Action (PLA) Meeting Cycle

Identifying problems

Prioritizing problems

Participatory evaluation

Putting strategies into practice

Understanding causes and effects through pictorial stories and prioritizing strategies for implementation

Community interface meeting to share strategies

Source: FLAG (PLA at scale) project, India

Effect of a participatory intervention with women's grou on birth outcomes in Nepal: cluster-randomised controll trial

Lancet 2004; 364: 970–79
See Comment page 914
Mother and Infant Research

Dharma S Manandhar, David Osrin, Bhim Prasad Shrestha, Natasha Mesko, Joanna Morrison, Kirti Man Tumbahangphe, Suresh Tam Sushma Thapa, Dej Shrestha, Bidur Thapa, Jyoti Raj Shrestha, Angie Wade, Josephine Borghi, Hilary Standing, Madan Manandhar, Anthony M de L Costello, and members of the MIRA Makwanpur trial team

Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial

Prasanta Tripathy, Nirmala Nair, Sarah Barnett, Rajendra Mahapatra, Josephine Borghi, Shibanand Rath, Suchitra Rath, Rajkumar Gope, Dipnath Mahto, Rajesh Sinha, Rashmi Lakshminarayana, Vikram Patel, Christina Pagel, Audrey Prost, Anthony Costello

Lancet 2010; 375: 1182–92
Published Online
March 8, 2010

Summary

Background Community mobilisation through participatory women's groups might improve birth outcomes in poor rural communities. We therefore assessed this approach in a largely tribal and rural population in three districts in eastern India.

Effect of scaling up women's groups on birth outcomes in three rural districts in Bangladesh: a cluster-randomised controlled trial

Kishwar Azad, Sarah Barnett, Biplob Banerjee, Sanjit Shaha, Kasmin Khan, Arati Roselyn Rego, Shampa Barua, Dorothy Flatman, Christina Pagel, Audrey Prost, Matthew Ellis, Anthony Costello

Summary

Background Two recent trials have shown that women's groups can reduce neonatal mortality in poor communities.

Lancet 2010; 375: 1193–202

OPEN ACCESS Freely available online

PLoS MEDICINE

Community Mobilization in Mumbai Slums to Improve Perinatal Care and Outcomes: A Cluster Randomized Controlled Trial

Neena Shah More[1], Ujwala Bapat[1], Sushmita Das[1], Glyn Alcock[2], Sarita Patil[1], Maya Porel[1], Leena Vaidya[1], Armida Fernandez[1], Wasundhara Joshi[1], David Osrin[2]*

Original Investigation

The Effect of Increased Coverage of Participatory Women's Groups on Neonatal Mortality in Bangladesh

A Cluster Randomized Trial

Edward Fottrell, PhD; Kishwar Azad, FCPS; Abdul Kuddus, MBBS, MPH; Layla Younes, MSc; Sanjit Shaha, MSS; Tasmin Nahar, MSS; Bedowra Haq Aumon, MSc, MD; Munir Hossen, MSc; James Beard, BSc; Tanvir Hossain, MBA; Anni-Maria Pulkki-Brannstrom, PhD; Jolene Skordis-Worrall, PhD; Audrey Prost, PhD; Anthony Costello, FMedSci; Tanja A. J. Houweling, PhD

IMPORTANCE Community-based interventions can reduce neonatal mortality when health

Supplemental content at jamapediatrics.com

Effect of women's groups and volunteer peer counselling on rates of mortality, morbidity, and health behaviours in mothers and children in rural Malawi (MaiMwana): a factorial, cluster-randomised controlled trial

Sonia Lewycka, Charles Mwansambo, Mikey Rosato, Peter Kazembe, Tambosi Phiri, Andrew Mganga, Hilda Chapota, Florida Malamba, Esther Kainja, Marie-Louise Newell, Giulia Greco, Anni-Maria Pulkki-Brännström, Jolene Skordis-Worrall, Stefania Vergnano, David Osrin, Anthony Costello

Int Health 2013; **5**: 180–195
doi:10.1093/inthealth/iht011 Advance Access publication 26 June 2013

ORIGINAL ARTICLE

Effects of quality improvement in health facilities and community mobilization through women's groups on maternal, neonatal and perinatal mortality in three districts of Malawi: MaiKhanda, a cluster randomized controlled effectiveness trial

Tim Colbourn[a,*], Bejoy Nambiar[a], Austin Bondo[b], Charles Makwenda[b], Eric Tsetekani[b], Agnes Makonda-Ridley[b], Martin Msukwa[b], Pierre Barker[c], Uma Kotagal[d], Cassie Williams[e], Ros Davies[e], Dale Webb[f], Dorothy Flatman[f], Sonia Lewycka[a], Mikey Rosato[a], Fannie Kachale[g], Charles Mwansambo[h] and Anthony Costello[a]

Effect of a participatory intervention with women's groups on birth outcomes in Nepal: cluster-randomised controlled trial

Effect of a participatory intervention with women's group on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial

Prasanta Tripathy, Nirmala Nair, Sarah Barnett, Rajendra Mahapatra, Josephine Borghi, Shibanand Rath, Suchitra Rath, Rajkumar Gope, Dipnath Mahto, Rajesh Sinha, Rashmi Lakshminarayana, Vikram Patel, Christina Pagel, Audrey Prost, Anthony Costello

Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis

Audrey Prost, Tim Colbourn, Nadine Seward, Kishwar Azad, Arri Coomarasamy, Andrew Copas, Tanja A J Houweling, Edward Fottrell, Abdul Kuddus, Sonia Lewycka, Christine MacArthur, Dharma Manandhar, Joanna Morrison, Charles Mwansambo, Nirmala Nair, Bejoy Nambiar, David Osrin, Christina Pagel, Tambosi Phiri, Anni-Maria Pulkki-Brännström, Mikey Rosato, Jolene Skordis-Worrall, Naomi Saville, Neena Shah More, Bhim Shrestha, Prasanta Tripathy, Amie Wilson, Anthony Costello

Summary

Lancet 2013; 381: 1736–46

Background Maternal and neonatal mortality rates remain high in many low-income and middle-income countries.

a factorial, cluster-randomised controlled trial

Sonia Lewycka, Charles Mwansambo, Mikey Rosato, Peter Kazembe, Tambosi Phiri, Andrew Mganga, Hilda Chapota, Florida Malamba, Esther Kainja, Marie-Louise Newell, Giulia Greco, Anni-Maria Pulkki-Brännström, Jolene Skordis-Worrall, Stefania Vergnano, David Osrin, Anthony Costello

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Women's groups practising participatory learning and act to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis

20% reduction in neonatal mortality

Audrey Prost, Tim Colbourn, Nadine Seward, Kishwar Azad, Am Coomarasamy, Andrew Copas, Tanja A J Houweling, Edward Fottrell, Abdul Kuddus, Sonia Lewycka, Christine MacArthur, Dharma Manandhar, Joanna Morrison, Charles Mwansambo, Nirmala Nair, Bejoy N David Osrin, Christina Pagel, Tambosi Phiri, Anni-Maria Pulkki-Brännström, Mikey Rosato, Jolene Skordis-Worrall, Naomi Saville, Neena Shah More, Bhim Shrestha, Prasanta Tripathy, Amie Wilson, Anthony Costello

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Neena Shah M

Summary
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Lancet 2013; 381: 1736–46

WHO recommendation
on community mobilization
through facilitated
participatory learning and
action cycles with women's
groups for maternal and
newborn health

2014

World Health Organization

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APPLICATIONS BEYOND MATERNAL AND CHILD SURVIVAL

Effect of participatory women's groups and counselling through home visits on children's linear growth in rural eastern India (CARING trial): a cluster-randomised controlled trial

Nirmala Nair, Prasanta Tripathy, H S Sachdev, Hemanta Pradhan, Sanghita Bhattacharyya, Rajkumar Gope, Sumitra Gagrai, Shibanand Rath, Suchitra Rath, Rajesh Sinha, Swati Sarbani Roy, Suhas Shewale, Vijay Singh, Aradhana Srivastava, Anthony Costello, Andrew Copas, Jolene Skordis-Worrall, Hassan Haghparast-Bidgoli, Naomi Saville, Audrey Prost

Summary

Background Around 30% of the world's stunted children live in India. The Government of India has proposed a new cadre of community-based workers to improve nutrition in 200 districts. We aimed to find out the effect of such a

Lancet Glob Health 2017 5: e1004-16

Effect of nutrition-sensitive agriculture interventions with participatory videos and women's group meetings on maternal and child nutritional outcomes in rural Odisha, India (UPAVAN trial): a four-arm, observer-blind, cluster-randomised controlled trial

Suneetha Kadiyala, Helen Harris-Fry, Ronali Pradhan, Satyanarayan Mohanty, Shibanath Padhan, Suchitra Rath, Philip James, Emily Fivian, Peggy Koniz-Booher, Nirmala Nair, Hassan Haghparast-Bidgoli, Naba Kishor Mishra, Shibanand Rath, Emma Beaumont, Heather Danton, Sneha Krishnan, Manoj Parida, Meghan O'Hearn, Abhinav Kumar, Avinash Upadhyay, Prasanta Tripathy, Jolene Skordis, Joanna Sturgess, Diana Elbourne, Audrey Prost*, Elizabeth Allen*

Summary

Background Almost a quarter of the world's undernourished people live in India. We tested the effects of three

Lancet Planet Health 2021

Community groups or mobile phone messaging to prevent and control type 2 diabetes and intermediate hyperglycaemia in Bangladesh (DMagic): a cluster-randomised controlled trial

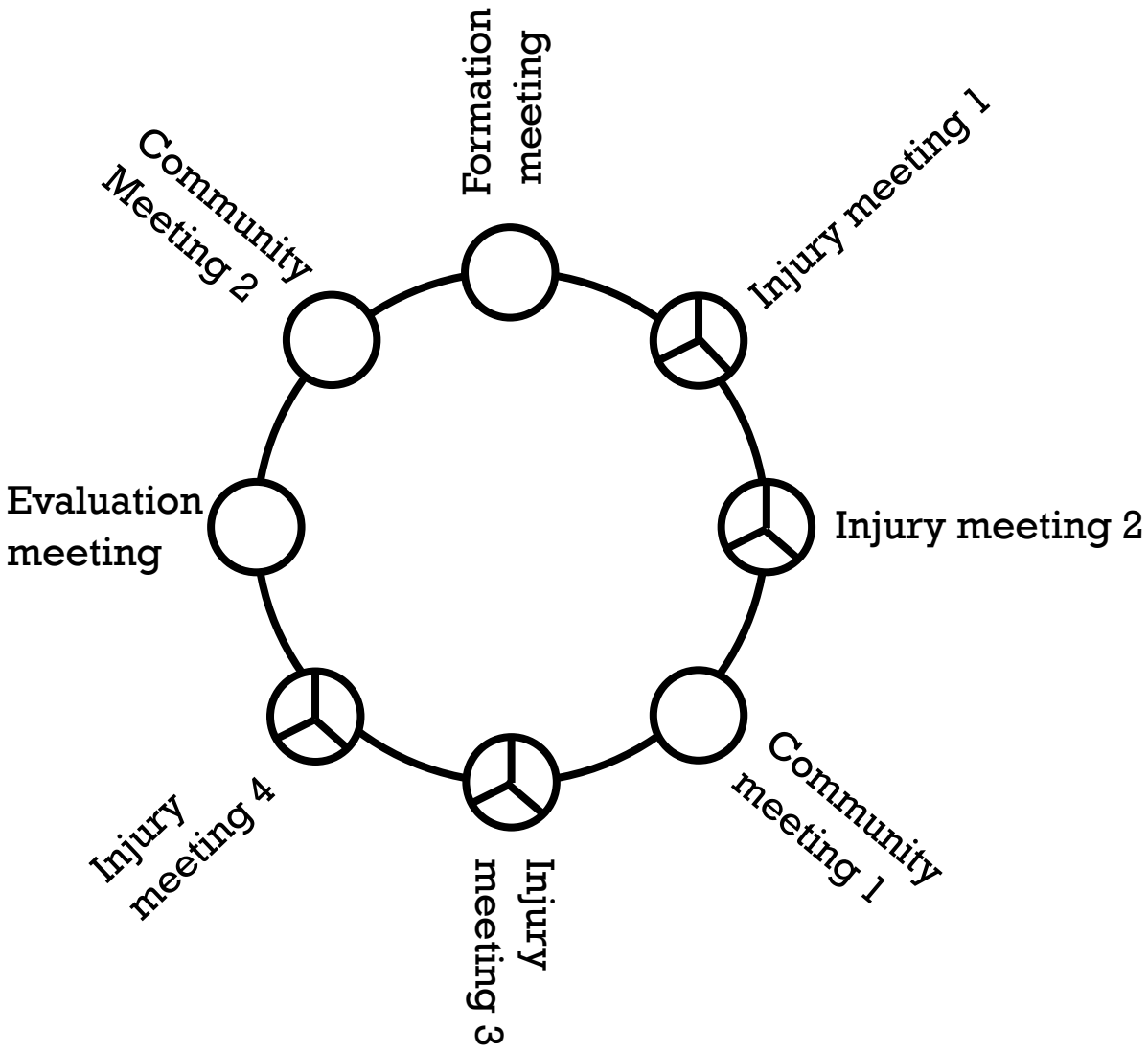
Edward Fottrell, Naveed Ahmed, Joanna Morrison, Abdul Kuddus, Sanjit Kumer Shaha, Carina King, Hannah Jennings, Kohenour Akter, Tasmin Nahar, Hassan Haghparast-Bidgoli, A K Azad Khan, Anthony Costello, Kishwar Azad

Summary

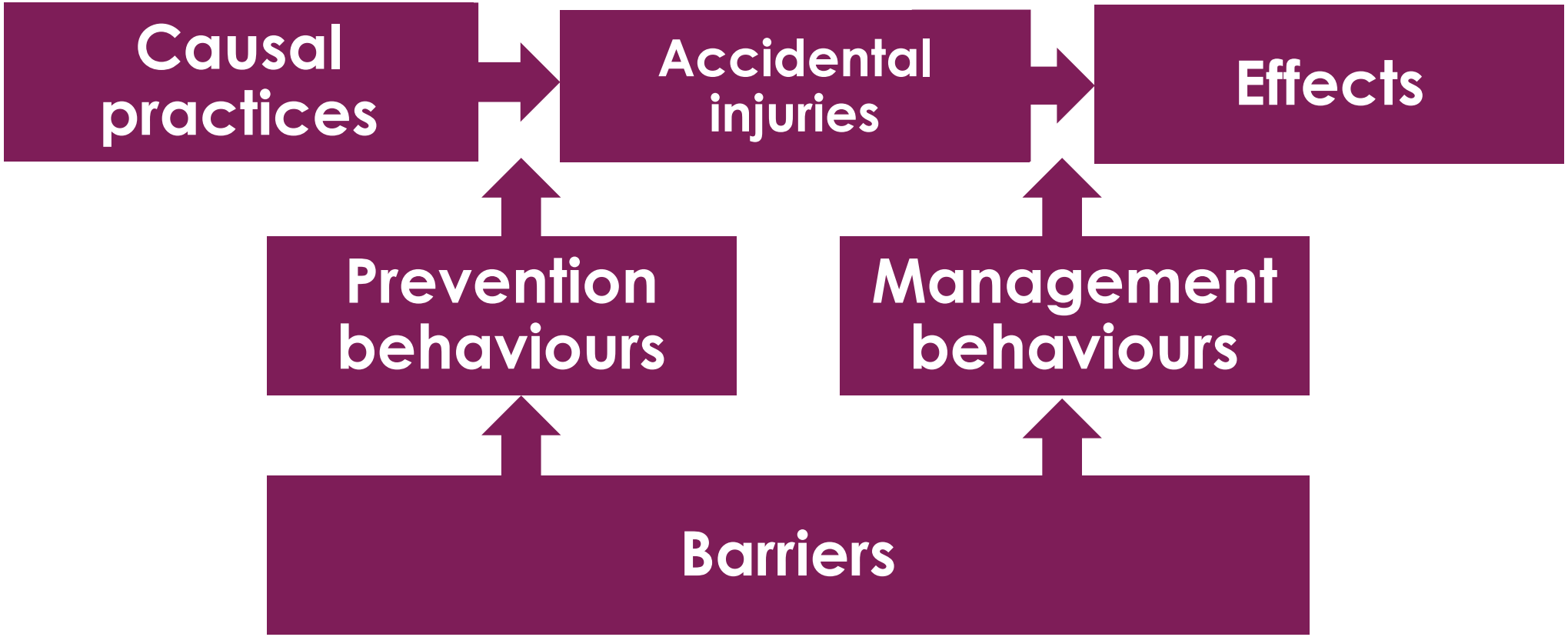
Background Strategies are needed to prevent and control type 2 diabetes and intermediate hyperglycaemia, which

Lancet Diabetes Endocrinol 2019

The PLA-injuries cycle



The meeting conceptual model



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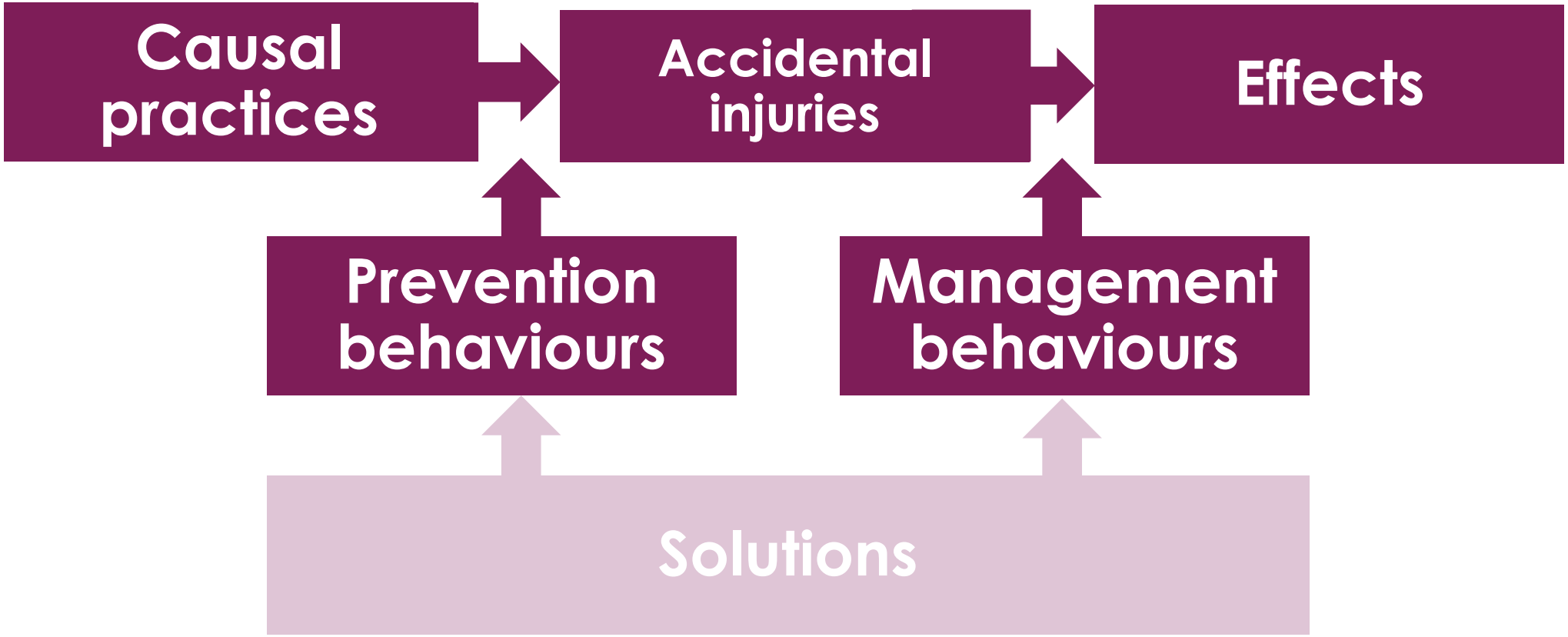

Example: PLA manual for Drowning

Steps
1- Introduction
2- Discussion on causes/risk factors and effects of Drowning, aided by related picture cards
3- Read a Story

Step 1: Introduction	5 minutes Group notebook	Step 2: Problem	10 minutes Card #: XX	Step 3: Story	5 minutes
Presentation 1. Welcome participants. 2. Facilitate introductions.		*Discussion* 1. Pass round the drowning card and then display it in the middle of the group. 2. Ask: What unintentional injury is shown on this card? 3. Ask: What could be the effects of drowning? 4. Ask: How does drowning cause these effects to happen? 5. Read: Drowning occurs when a person spends too much time submerged in liquid to the point where they are unable to breathe, and their lungs are full of liquid. 6. Ask: To what extent is drowning a concern in this community?		*Story: Part 1* – Mita is three years old and lives with her mother, father and older brother Rubel. One day, after it had stopped raining, Mita went outside the house to play. Her mother called after her to come back inside, so she could watch her while she played, but she did not hear. Her mother was very busy cooking so was not able to follow her, but thought she would go to play with her brother Rubel or husband who were also outside. There was no place to play for children in the village except by the pond so Mita walked down to the pond to throw stones. When she got there she saw some red lilies in the water and decided to pick them. She could not reach them from the bank and there was no fence, so she waded in having forgotten the warnings about playing in the ponds and thought she would be safe. But, soon the water got deeper and she started to drown. She did not know how to rescue herself, so started to shout for help. Her brother Rubel was nearby, playing with friends, and ran to the pond after hearing her shouts. When he saw Mita struggling in the water, he did not know what to do to help her, so shouted for someone to come. A young woman, Khala, was walking nearby and heard Rubel shouting so ran to help. When she got there she saw just Mita's hand waving above the water. She ran round the pond looking for a rope, branch or stick to throw to Mita, but could not find one. Soon Mita stopped waving and sank completely under water, so Khala bravely waded into the water and just managed to pull Mita out. *Green – Presence of hazard* *Orange – Exposure to risk* *Red – Vulnerability*	

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Green – Presence of hazard
Orange – Exposure to risk
Red – Vulnerability

Example: Drowning

Steps
4- Discuss the story: causes and prevention strategies, aided by picture cards
5- Read a Story (post-injury)
6- Discuss the story: danger signs and management/care practices, aided by picture cards
7- Discuss barriers to prevention and management strategies
8- Discuss solution to the barriers identified
9- Close the meeting

Prevention		*Card #s: XX*
Discussion 1. Ask: What could be the reasons why Mita is drowning? 2. Ask: Are there any other reasons why a child in this community could drown? 3. Ask: What can we do to stop children drowning? 4. Pass round one prevention card at a time and then display it to the left of the drowning card. 5. Ask: What prevention action is this? 6. Ask: Can this action help to prevent drowning in this community? Why?		

Story		
Story: Part 2 – When Khala got Mita to the bank of the pond she was unconscious. Khala shook Mita, but Mita did not respond and Khala noticed Mita's lips were blue and she was not breathing. Khala shouted for help. *Blue – Danger signs*		

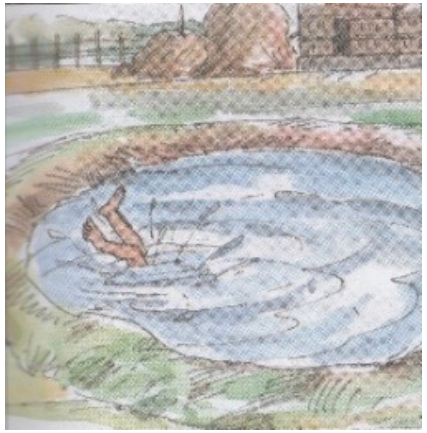
Management		*Card #s: XX*
Discussion 1. Show the 'Danger Signs' picture card. 2. Ask: Does Mita have any of these danger signs? 3. Ask: What can we do to manage a child who has these danger signs? 4. Pass round one management card at a time and then display it to the right of the drowning card. 5. Ask: What management action is this? 6. Can this help to manage children with these danger signs in this community? Why? 7. Tell: If a child **almost** drowned in this community but did **not** show any of these danger signs, you should still: ▪ Provide first aid ▪ Monitor child for danger signs ▪ Calm the child ▪ Dispel fears		

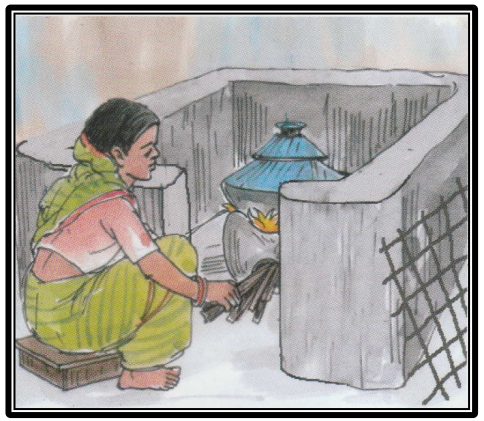
Step 7: Barriers	*15 minutes*	*Card #s: XX*
Barrier game 1. Ask: What barriers can we face in trying to practice these prevention and management actions? 2. Pass round one barrier card at a time. 3. Ask: Do people here commonly face this barrier? 4. If yes, display barrier card underneath the drowning card. 5. If no, put to one side.		

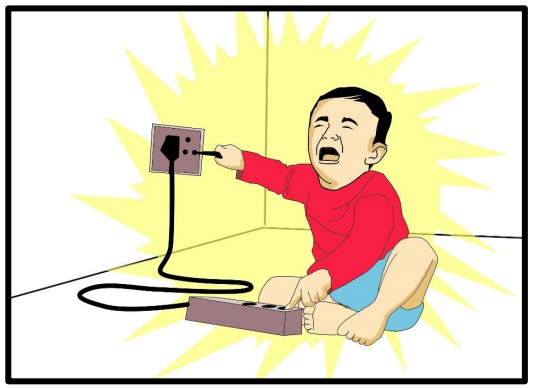
Step 8: Solutions	*30 minutes*	*Pens/Paper*
1. Consider each barrier one at a time. 2. Can we do anything, individually or together, to overcome this barrier? Write/draw the solution on a piece of paper and use it to cover up the relevant barrier card. 3. Ask: Who will be the solution taskforce? What resources are needed? What steps need to be taken?		

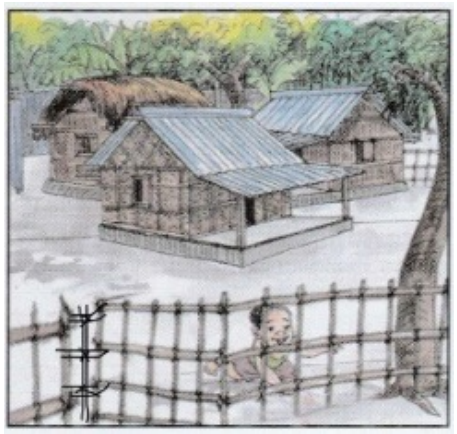
Step 9: Close	*5 minutes*	*Register + Monthly Report*
Presentation 1. Summarise and answer any questions. 2. Encourage taskforces to lead implementation of solutions. 3. Encourage members to share discussions with non-members and invite them to attend. 4. Encourage members to refer anyone who could be at risk of or affected by drowning to seek help. 5. Decide date and time for next meeting. 6. Secretary to complete group register and solution register. 7. Facilitator to complete group monthly report at the end of the month.		

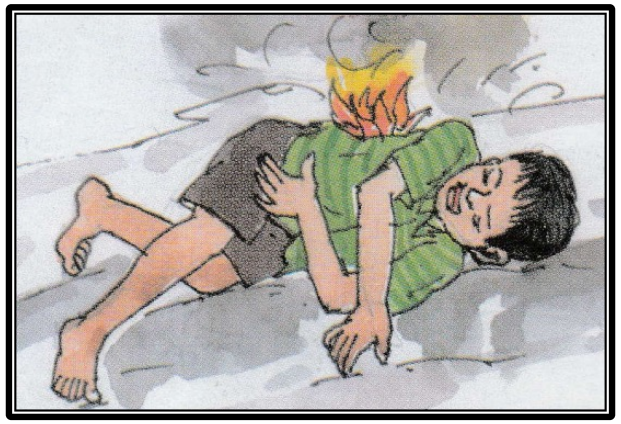
Example Picture Cards: injury prevention, management and danger signs







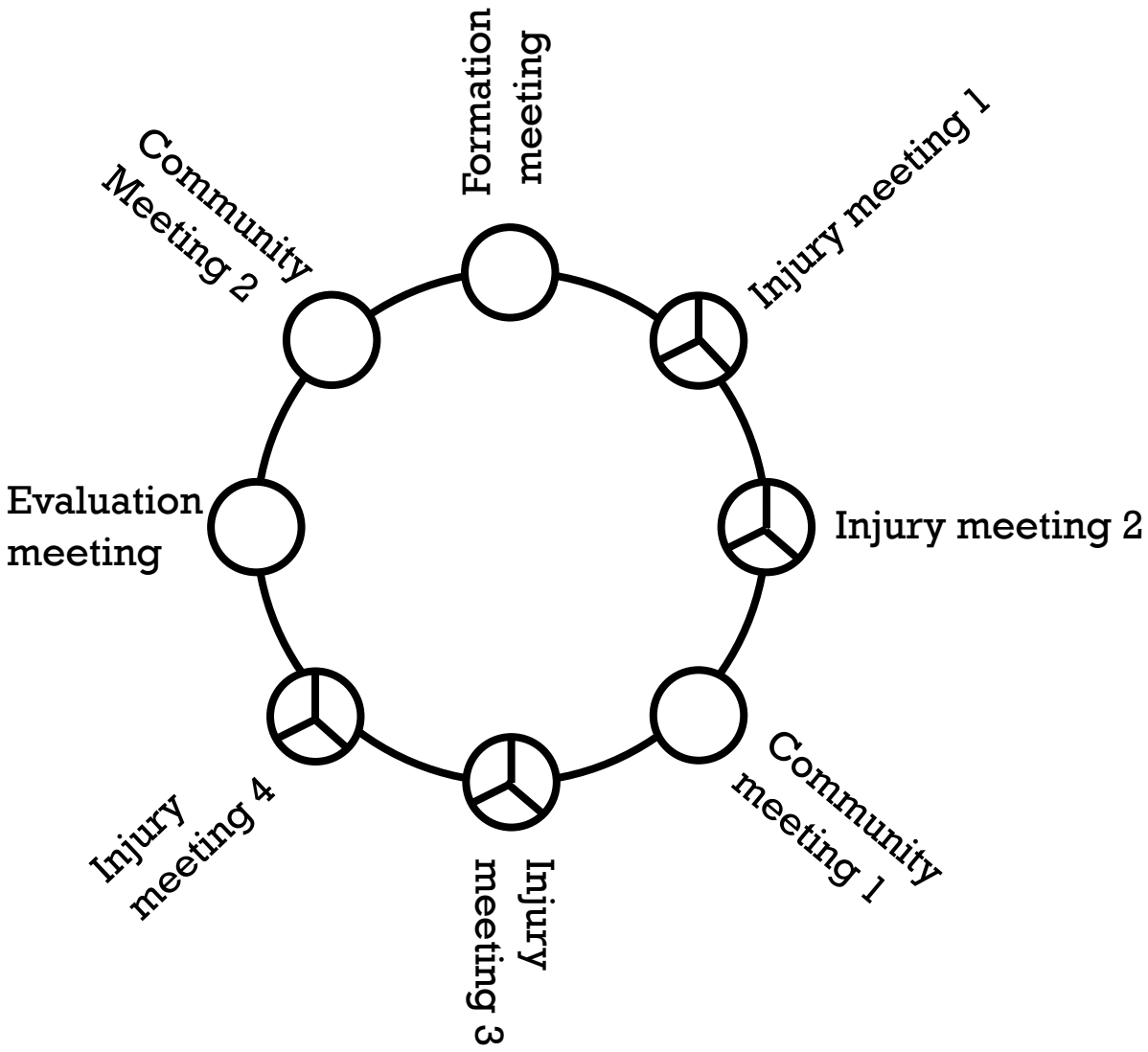




PILOT IMPLEMENTATION

- PLA group were piloted in two villages (Kamaleshwardi and Kamargram) in Boalmari for 6 months
- Piloted three group types in each village: women, men and parent
- Focused on four common injuries: Drowning, Road accidents, Burn and electrocution
- Two salaried female facilitators, one supervisor, one manager

The PLA-injuries cycle



Community meeting

Identified problems, and strategies taken for solutions [few examples]

SL	Problems	Barriers to solution	Name of solution	Strategies that have been taken	Existing opportunities/ resources	Task force/ responsible person
1	-Drowning -Road accident -Burns -Electrocution -Harmful traditional practices	-Lack of knowledge -Lack of awareness	-Awareness building campaign	-Share with family, friends and neighbors -Will teach and aware children -Will discuss about injury prevention when 5 people chat together -Will attend PLA meeting -Taskforce will lead this strategy	-Community people -Chairmen, members -Respected/influential persons -Politicians -Govt officers -Teachers	[not shown here]
2	-Don't know how to swim	-Lack of awareness -Lack of suitable ponds for swim	-Train children swimming	-The group will try to find a safe pond for swimming -Caregivers/guardians will teach children age of 6 years and above -Will not allow children to swim in the river without supervision of adults Will teach and aware children -Taskforce will lead this strategy	-Imam/purohit -NGO workers -Health workers -PLA group members -Union parishad -Upazila parishad	[not shown here]
3	-Kumar river -Pits/ponds	-Lack of money	-Group saving funds -Income generating activities	-Poultry and livestock farming -Tailoring -The taskforce will lead this strategy	-Community clinic (CC) -Upazila health and family planning office (UHFPO) -Upazila AC (land) office	[not shown here]
4	-Unsafe roads such as have no walkways and traffic signals	-This is the work of LGED	Inform and Lobby	-Demand to the respective bodies of the government through the community people and local elites (politicians, chairmen, members, and respectful/ influential people) -The taskforce will lead this strategy	-Local government engineering department (LGED) -Department of livestock; fisheries; agriculture; women and children affairs; cooperation; etc. -Ponds are available	[not shown here]
5	-Lack of service in community clinic (CC) for injury	-Lack of monitoring -Lack of medicine in CC				[not shown here]
6	-Have no safe playing ground for children	-Lack of collective action -Have no lands -Need money		-Will look for land donors -Taskforce will lead this strategy		[not shown here]

COMMUNITY MEETING

PLA PILOT EVALUATION

- MRC guide to process evaluation for complex intervention (Fidelity, Reach, Dose, Adaptations)
- Implementation research outcomes variables(i.e., acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, coverage and sustainability)

Indicators/dimensions	Key Questions	Source of Information/data collection method
Reach (accessibility/coverage)	Did the intervention reach the main beneficiaries of the intervention? Did the intervention access different socio-demographic groups (ethnicity, religion, gender, age, literacy/education level) equally? Or how different groups engage with the intervention process? What factors contribute to the participation/non-participation of the participants? What might have been done to get more of the main beneficiaries to participate?	Monitoring data SSIs and FGDs with participants and community members
Fidelity (or quality of intervention delivery)	Was the intervention implemented as intended? How was the intervention adapted to the setting of study? What were the alterations made to the intervention to better fit to the context (e.g., adjustment in recruitment of/reaching the main beneficiaries, adjustments in the content and delivery approach)?	SSIs with facilitators and staff Observations of PLA meetings
Dose	How much of the intervention was delivered? For example, how many PLA meetings were delivered? How regularly the meeting were held? How many community meeting was held?	Monitoring data SSIs with facilitators and staff Observations
Context	How does context shape the needs and experiences of participants and staff, and affect intervention implementation? What are the potential barriers and facilitators to implementation of intervention?	SSIs and FGDs with staff and participants and community members Observations of PLA meetings and home environment
Acceptability	How participants and the community engaged with the intervention? what is their overall experience of the intervention? Was the intervention acceptable by the participants? What factors affected acceptability of the intervention?	SSIs and FGDs with participants and community members
Feasibility (Practicality/suitability)	Is the intervention appropriate and can be successfully adopted or carried out in this particular setting (and also considering resource requirement)? Can the intervention generate impact?	SSIs and FGDs with staff and participants and community members

SSIs: Semi-structured interviews; FGDs: focus group discussions

WHAT WE LEARNED FROM THE PILOT

PLA is feasible and acceptable strategy for childhood injury prevention and management,

PLA improved knowledge of injury prevention among the participants and community members,

PLA enabled group members to identify injury hazards at community and home environment levels,

PLA enabled group members to develop feasible actions/strategies for preventing injuries,

Some actions were taken but 6 months pilot was not enough time to enable community actions, especially those required multisectoral support such as road traffic injuries,

Better to engage with men and women separately than parent groups

IMPLICATIONS

- Evidence from previous small and large-scale PLA trials and our pilot feasibility study showed that PLA can generate impact at low cost
- Next natural step is a larger feasibility study
- Most interventions focus on changing individual and household behaviours.
- PLA is a community focused intervention which brings people together to solve issues at community level that require collective action (for example road traffic injuries)
- A longer implementation period provide opportunity for more community engagement
- PLA can inform Bangladesh national plan for injury prevention
- PLA can provide evidence for WHO recommendation on community strategies for injury prevention

DISCUSSION/Q&A

THANK YOU