

Using the Community Action Cycle to Build Trust Between Health Centers and Pregnant Women and Other Rural Community Members in Boké

Breakthrough ACTION is a global social and behavior change (SBC) project funded by the United States Agency for International Development; in Guinea, its primary mission under the Integrated Health Activity is to focus on community-based activities that promote the adoption of priority health behaviors related to malaria; family planning and reproductive health (FP/RH); and maternal, newborn, and child health (MNCH). To this end, the program invests in and supports the Guinean government in the implementation of innovative approaches to improve the health of all Guineans.

After the Western African Ebola virus epidemic of 2014–16, where 11,323 people lost their life to the disease, mistrust grew between health professionals and structures and the communities they worked in. Since the onset of the ongoing COVID-19 pandemic, Guinea has also had to confront three epidemics (yellow fever, Lassa fever, and Ebola) as well as the first Marburg outbreak in West Africa. In many communities, Guineans demonstrate a lingering reluctance to visit health care facilities, resulting in low demand of health services despite prevalent health complications and many preventable deaths. Community members frequently consult traditional medicine and other healers for care. In addition to contending with mistrust by local communities, the health centers are often understaffed and are unclear about the scope of certain roles/responsibilities. All of this leads to significant gaps in the system.

Breakthrough ACTION teamed up with six local nongovernmental organizations (NGOs) to work directly with local communities, including women in these communities, and the health centers and their established networks of health professionals. They worked together using the [Community Action Cycle](#) (CAC), an innovative SBC approach to community engagement which enables communities to identify community health problems in relation to priority behaviors. It can provide appropriate solutions for improving services within the health care facilities in a participatory manner. Through a sequence of phases and steps of interventions (Figure 1), the CAC enables the community to use existing health data to plan, implement, and monitor local solutions.

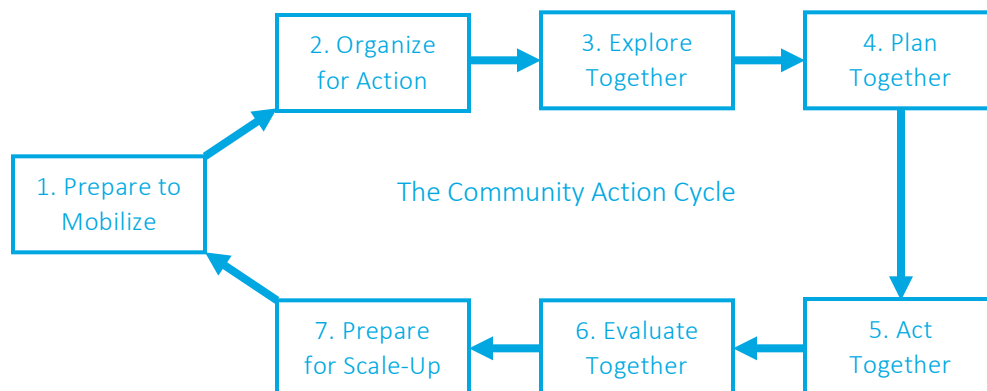


Figure 1: Phases of the Community Action Cycle



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In the sub-prefecture of Koba, which is in the Boffa prefecture and Boké region, Breakthrough ACTION worked with the NGO *Initiative et Action pour l'Amélioration de la Santé des Populations* (Initiative and Action for Improving the Health of Populations; INAASPO) to implement SBC and awareness activities based on participatory methods of engagement with community members using the CAC. This partnership aimed to address priority health issues related to malaria, FP/RH, nutrition, and MNCH, as well as to encourage community members to take charge of their health problems and restore trust between health care workers and the population.



Figure 2: Community members and health professionals unite for an orientation meeting with the CMTs.

Stakeholders and partners used the CAC in Koba in a way that respected all the steps of the process and involved all community actors, including health personnel, administrative authorities, and local community leaders. Breakthrough ACTION and INAASPO held community meetings in mixed and separate groups based on the audience the meeting was intended to reach. During these meetings, participants identified and prioritized problems in the community and then developed an action plan based on locally sourced solutions that the community then implemented themselves.

One such problem identified by participants was the low attendance of prenatal consultations at health facilities among pregnant women. The community reported that pregnant women do not go to health facilities due to low quality of care and the poor reception that pregnant women receive from health workers. To improve the level of services generally offered by the health structures of Boffa in general and those related to prenatal consultation in particular, Breakthrough ACTION in Guinea proceeded as follows:



Figure 3: Group of women at Health Center of Boffa for a sensitization event.

- Upgraded the partner NGO staff identified according to performance criteria
- Provided the NGO partner in the implementation areas with cascading training sessions, enabling increased capacity among the Community Mobilization Teams (CMTs), who are central to the CAC process
- Planned, implemented, and monitored community-based activities with CMTs around the health center to

generate demand for prenatal care services

Given that the women of Koba were involved in the entire process of implementing the CAC, they became exposed to the importance of antenatal care (ANC) for their health, their children's health, and the overall well-being of their community (Figure 3). As a result of this as well as ongoing actions, the community reports that Boffa health centers have improved in terms of quality of services and reception of pregnant women. Breakthrough ACTION's CAC-based initiative sparked real enthusiasm among health center patients and generated an increase in pregnant women accessing care. The head of the health center confirmed that before this process began, only 25% of pregnant women in the local community went to health centers to receive ANC; in the three months following the community meetings and sensitizations, 75% of pregnant women in the community now attend ANC at health centers. These encouraging results would not have been possible if Breakthrough ACTION and partners had not employed the CAC to get local communities involved and guided them toward assembling CHTS; the teams then were able to conduct sensitization activities in neighborhoods and sectors around the Koba health area, and community members in turn worked to mobilize women's access to health centers.

In my humble opinion, the establishment of the [CMT] is a "relief" in terms of community mobilization to boost the activities of the health center.

– Mamadou Touré, Director of Micro-Projects (DMR) for the Boffa prefecture

The responsibility of the [community volunteers] of the health areas in the realization of community actions is a guarantee of sustainability.

– Bangaly Dakosta, President of the Community Volunteers in Koba

Before the Breakthrough ACTION project arrived, the health center only received 15 to 20 women per month, but now it receives more than 50 to 80 women per month.

– Ismael Traoré, Head of the Koba Health Center

Involving communities in the identification of their priority problems helps to take into account the real needs of the community.

– Ousmane Camara, President of COSAH of Koba

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