



Future Health Systems
Innovations for equity



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Unlocking community capabilities to improve health service delivery

Future Health Systems (FHS) is a research consortium mainly funded by the UK Government that is working to improve access, affordability and quality of health services for the poor. We are a partnership of leading research institutes working in **Afghanistan, Bangladesh, China, India, and Uganda**.

Each of the country studies feeds into one of three cross-cutting themes:

- Unlocking Community Capabilities (UCC)
- Stimulating Innovations
- Intervening in complex adaptive systems (CAS)

This brief explores current activities and initial findings from the unlocking community capabilities (UCC) theme.

Objectives of UCC theme

This theme systematically examines how communities can be active participants in the planning, delivery, monitoring and evaluation of their health system, by identifying and mobilising individual and collective capabilities in different social, political, and institutional environments. Specific objectives for the theme include:

1. Developing reproducible ways of measuring community capabilities to understand the social relations and resources within and across communities, including the status, social relations and entitlements of disadvantaged populations.
2. Developing reproducible ways of changing community capabilities as a process and outcome of health systems interventions by improving linkages, strengthening monitoring, securing resources, improving resilience, and changing social norms.
3. Having robust measures of change in community capabilities and developing research methodologies to understand pathways for change in community capabilities and how they relate to changes in health systems.

Defining community capabilities

Communities are groups of people having common interests, resources, beliefs, needs, occupations or other social conditions that characterise the identity of members and affect their cohesiveness. FHS focuses on communities that live in a particular geographic area, but also examines other social characteristics of communities. The term 'community capability' encompasses key concepts of empowerment, mobilisation, social capital and capacity building (see Table 1).

4. Defining an appropriate model of *health systems ethics* relevant to long-term engagements with communities, especially in low-resource settings.

UCC activities

To meet the objectives above, FHS has designed a two-pronged approach to understanding UCC. FHS has coupled a systematic literature review with a learning framework to synthesise learning from country-level interventions.

Systematic literature review

The systematic review seeks to identify health systems interventions that support high levels of community participation, their outcomes and study designs.

The review identified 3,803 articles, of which 502 met the evaluation criteria and were passed to the next phase. Thus far, 473 of those articles have been classified and 274 checked. Of those, 158 are identified as interventions with some community participation and only 95 with high community participation.

Country studies

- **Afghanistan:** The FHS team undertook operational research to pilot a community-

Table 1: FHS working definition of community capabilities

Assets	Characteristics	Governance
Physical	Participation	Critical thinking
Financial	Collective efficacy	Voice
Information	Social cohesion	Leadership
Skills	Institutions	Conflict resolution
External links	Social equity	Problem resolution
What communities HAVE	Whether they can act	For whom do communities act

based scorecard to improve health services, trust and accountability. Results indicated impressive abilities of communities – working with providers and others – to improve health services. They were able to improve facilities (e.g. by designating a women’s waiting area, or repairing a water pump or roof), and to improve cleanliness and provider performance. This has led to government interest in scaling the intervention.

- **India:** The FHS India team is working to understand the health situation of children in the Sundarbans in West Bengal and to use that information to trial different health service delivery models. In addition to measuring community capabilities, the team are also pursuing a social network analysis to explore the linkages between households, providers and other community institutions and how these linkages mediate the impact of climatic shocks on child health. Key findings from the work indicate that both informal providers and women’s self-help groups may provide entry points for future interventions.
- **Uganda:** The team has worked to involve local stakeholders and community leaders in planning, implementing, identifying and solving problems around maternal and newborn health. This engagement has led to interventions that address savings groups, transport and quality of care in facilities. Diverse methodologies are being used to evaluate these interventions.

Working in India and Uganda, the teams have used household survey data to develop a scale that measure community capabilities. A factor analysis has shown multiple dimensions, including: community services, membership in organisations, community cohesiveness in decision-making, and voice. This will help us to assess how interventions supported by FHS change community capabilities and vice versa.

Table 2: % distribution of membership in community organisations in the Sundarbans

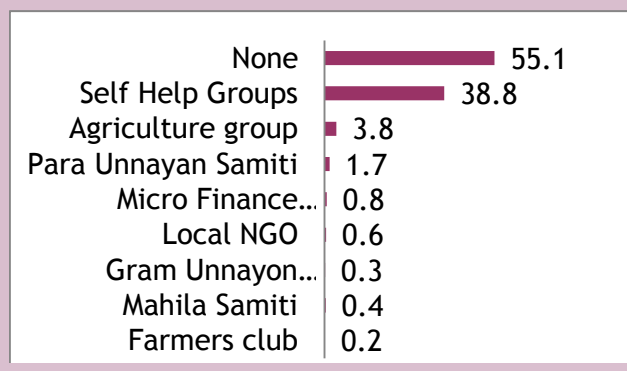


Table 3: Uganda Political Voice Factor Analysis Component Matrix

	Component	
	1	2
Voting	-.105	.769
Community meeting	.189	.705
Political Demonstration (any)	.714	.255
Unofficial strike	.802	-.147

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