Designing & Developing Community Interventions

1. Introduction

Previous work within both the first (MkV1) and second phase (MkV2) of the MEMA kwa Vijana project identified a need for community interventions to support ongoing activities within schools and health facilities. Formative intervention research is taking place as part of MkV2 in order to develop complimentary community interventions based on rational design. These complementary interventions aim to create an environment within the wider community that supports ASRH activities in schools and health services and strengthens community attitudes and behaviours that promote ASRH. Young people continue to have unsafe sexual relationships, and do so at an early age. Various individual beliefs and attitudes about sexual activity influence their decision-making and risk-taking. These beliefs are in turn influenced by community factors. Interventions should target behaviour change in community groups so that the community supports positive decisions and reduced risk among youth and assists in creating a safe and healthy environment.

2. Methods

- Community level research: Focus group discussions (FGDs) and In–depth interviews (IDIs) in 4 villages (one in each district: Kwimba, Sengerema, Misungwi, Geita)
- Research within the school environment: In total 87 IDIs were conducted (20 Health Worker, 13 Ward Education Coordinator, 16 Academic Teachers, 16 Guardian Teachers, 18 Head teachers and 4 Teachers). In addition, 25 FGDs/Group Interviews were conducted with Teachers.
- MkV2 arranged a workshop aimed to bring different stakeholders together to share experiences and learn lessons in order to develop appropriate strategies.
- Literature review of community–based HIV interventions and parenting interventions is ongoing.
- The proceedings from an October WHO meeting in Geneva on parenting interventions has informed future steps.
- We are also sharing information on parenting interventions with ‘Family Matters’ (Kenya), and Regai Dzive Shiri (Zimbabwe), a community randomized control trial.
3 Key Findings

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<tr>
<th>Internal factors / behavioural</th>
<th>External factors / environmental</th>
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<tr>
<td>Low parental monitoring</td>
<td>Lack of community–based communication channels of ASRH information</td>
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<td>Low parental provision</td>
<td>Lack collective efficacy</td>
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<td>Low level of ASRH education (youth &amp; parents)</td>
<td>Poor communication between parents and school/committees</td>
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<td>Beliefs about ASRH</td>
<td>Contradictory social norms regarding ASRH</td>
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<td>Lack of coordination from village authorities</td>
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<td>Risky leisure and recreation</td>
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<td>Poverty, unequal power and gender relations</td>
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4 Structure of the proposed parenting / community intervention

1. structured individual-level training
2. informal ad-hoc personal interactions
3. structured community level activities

all three will involve identification and training of a team of community mobilisers / advocates

agents / advocates of community change – "promoters of collective efficacy"

Resources for parents / caregivers

5 Conclusions

The importance of various different factors were highlighted during these preliminary steps of the formative intervention research. These include the following:

- Ownership: Community participation in designing and implementation of intervention is a strategy for ownership
- Sustainability and Replication: Community intervention are not isolated entities and therefore require involvement of government structures at all levels
- Appropriate: Operational research will assist community and local government structures to identify and integrate successful programs.

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