Designing Community Health Services Based on the Community’s Conception of Health: Evidence from the DRC

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Background
In the Democratic Republic of Congo (DRC), child malnutrition rates are high:
• 43% of children under 5 years of age suffer from stunting
• 23% are underweight
• most (60%) children 6-59 months are anemic (<11.0g/dl).

Nutritional indicators in DRC

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2002-2003</th>
<th>2008-2014</th>
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<tbody>
<tr>
<td>Child mortality rate (per 1000 live births)</td>
<td>146</td>
<td>104</td>
</tr>
<tr>
<td>Stunting (children under 5) &amp;</td>
<td>46%</td>
<td>43%</td>
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<tr>
<td>Underweight (children under 5) &amp;</td>
<td>25%</td>
<td>23%</td>
</tr>
<tr>
<td>Anemia (children 6-59 months) &amp;</td>
<td>71%</td>
<td>60%</td>
</tr>
<tr>
<td>Exclusive breastfeeding (children 4-5 months old) &amp;</td>
<td>17%</td>
<td>48%</td>
</tr>
<tr>
<td>Minimum meal frequency (breastfed children 6-23 months old) &amp;</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Minimum acceptable diet (breastfed children 6-23 months old) &amp;</td>
<td>30%</td>
<td>38%</td>
</tr>
<tr>
<td>Minimum dietary diversity (breastfed children 6-23 months old) &amp;</td>
<td>48%</td>
<td>38%</td>
</tr>
</tbody>
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Source: DHS-DRC (2008 & 2014 reports)

This study aimed to provide guidance on programmatic efforts to strengthen counseling for infant and young child feeding (IYCF) practices, prevention of malnutrition, and referral and treatment of malnourished children in the context of integrated Community Case Management (ICCM).

Methods
This mixed methods study was conducted in four health zones in DRC’s Tshopo province with data collection from January to March 2017.

Map of DRC’s with Tshopo province

We performed in-depth interviews of mothers (N=48), fathers (N=21) and grandmothers (N=20) of children under 5 years of age to determine behaviors and perceptions around IYCF, illness, and care-seeking.

Additional interviews were performed with facility-based health providers (N=18) and traditional healers (N=20), alongside focus group discussions (FGDs) with community health workers (CHWs) (N=8 FGDs, N=56 participants).

Data were analyzed iteratively and collaboratively between DRC-based data collectors and remotely-based technical and methodological experts, using thematic analysis and coding of data with NVivo 11.

Findings
According to community respondents, including family members and traditional healers, the concepts of children’s health, growth and nutrition are seen as inseparable. Family members did not distinguish between a healthy child and a well-nourished child, and connected growth, appetite, and good nutrition equally to a child’s well-being.

“A child who is not growing well, that is to say who’s sick, whereas if he’s in good health, he can grow well,” mother from Tshopo

Acute malnutrition, a rare occurrence, was seen as a shameful condition, posing a barrier to care-seeking for children with clinical symptoms of severe acute malnutrition (SAM).

“[Children] presenting these signs are good children neglected by their parents.”

Traditional Healer

Community health services provided by CHW were ill-adapted to families’ needs and understandings of etiology of diseases, especially compared to traditional healers, who were more accessibility and approachable – culturally, financially and practically – to sick children and their families.

Traditional healers emerged as the “real” community health workers, in that they live nearby, are flexible about payment and appointment times, and treat both biomedical and spiritual diseases. Families are usually not required to pay the traditional healer upfront, or can sometimes pay in kind, meaning they can be sure of obtaining treatment even if they lack cash. They often mentioned trying home treatments or traditional treatments first, and waiting to see if the child got better to avoid spending money at the hospital unless it was absolutely necessary.

Breastfeeding had a very favorable image: mothers and families say breastmilk is the “best food” for babies and should be the only food until the child reaches six months. Health providers told mothers to give colostrum, which in most cases they did. However, mothers were often unclear on the reason for doing so, and a minority said this breastmilk was not “clean”, as indicated by its yellowish color. Diminished quantity and quality of breastmilk are linked to illness in children in the first 6 months of life.

“They taught us to breastfeed the child for six months, and that the child shouldn’t drink water and should exclusively drink mother’s milk”

Mother

Families said the quantity of breastmilk could be insufficient when mothers did not have enough to eat, and that quality could be reduced when mothers spaced feedings too far apart, ate taboo foods, or infected their babies with Kunde (a local disease treated with traditional medicine). Mothers’ need to work in the field led to early introduction of foods and liquids before six months of age, since family members gave other foods to babies crying from hunger while the mother is away.

“When you leave a lot of time between feedings, at that time, the [breast] milk becomes water. That’s why I tell her that she needs to come back a bit earlier from the fields to feed the child while the milk is still of good quality.”

Father

Malnutrition/stunting may go unnoticed since families often compared children’s size to others in their age cohort. In communities where more than one-third of children are likely to be stunted this form of malnutrition often goes unrecognized with families unlikely to seek care or advise for short stature which has become the norm.

On the other hand, families recognize signs of acute malnutrition such as changes in hair and skin color, kwashiorkor, etc., families may not seek care due the shameful nature of the illness. Still, despite this stigma, some families still do seek care, and while some said kwashiorkor was a case for Western medicine, others said it could only be treated by traditional healers.

“If it’s kwashiorkor, I say go to the medical center, because this disease goes beyond my abilities ... Kwashiorkor is reserved for modern medicine.”

Traditional Healer

Discussion
Understanding health needs from the point of view of the community both in terms of conceptualizing health problems and designing community-level services, is critical to addressing families’ needs and ensuring utilization of services when integrating preventative and curative components of nutrition and child health services. Our findings contributed to developing understandings of the interface between communities and health systems, and how the latter can learn from – and shape themselves to better fit – the former.

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