

Summary

- Nepal has a rich history of using many different types of social mobilisation, particularly in the area of community health support, for example female community health volunteers.
- We found that many social mobilisation activities have been implemented during the COVID-19 outbreak.
- Building on this history and existing social mobilisation mechanisms now presents a challenge in the wake of COVID-19, when more creative approaches are needed to mobilise the population so as to limit the infection rates associated with COVID-19.
- There is a need for the government and supporting organisations to further mobilise communities, through sustainable local political mechanisms.

NIHR Research Unit on Health in Situations of Fragility (RUHF)

The National Institute for Health Research (NIHR) RUHF seeks to identify sources of resilience within formal health systems and local community processes to facilitate effective provision for health priorities – particularly mental health and non-communicable diseases (NCDs) – in situations of fragility.

To this end, the Global Health Institute at the American University of Beirut (AUB), has joined with the Institute for Global

Health and Development, Queen Margaret University (QMU), and the College of Medicine and Allied Health Sciences (COMAHS), University of Sierra Leone, in a research programme initially funded between 2017 and 2021.

RUHF supports the Ministry of Public Health and key stakeholders to effectively address the non-communicable disease needs in places such as Sierra Leone and Nigeria.

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Exploring social mobilisation activities to improve health during the COVID-19 pandemic in Nepal



Photos courtesy of HERD International





Background: the challenge

Since the outbreak of COVID-19, the challenges faced by Nepal's health system have been exacerbated and further strain has been placed on an already fragile health system. We undertook a rapid review of the sustainable social mobilisation mechanisms which can be used to support people in Nepal during the COVID-19 pandemic.

Social mobilisation's focus on bringing together societies to raise awareness of and demand for health and ensure sustainable community involvement is particularly important in the context of a global pandemic when fear is heightened, and community resources are often a lifeline. Social mobilisation strategies represent opportunities to communicate, raise awareness and educate at the social level, engage with existing community mechanisms and foster an active partnership between government health agencies and communities.

With the COVID-19 vaccine roll out underway globally, social mobilisation mechanisms can be invaluable in aiding uptake in countries like Nepal. Here, we explore which social mobilisation strategies might be most effective. We collected data on social mobilisation activities prior to COVID-19 and during the early stages of the pandemic from 1 May – 1 July 2020.



The value of social mobilisation

Social mobilisation is [described by the UN](#) as the primary step of community development for recovery from conflicts and disasters. It allows for reflection on a community's situation and the subsequent organisation and initiation of action through a community's own initiative.

There is a strong emphasis in social mobilisation on a community creating their own responses to issues rather than having solutions imposed upon them. This approach is in line with increasingly favoured participatory approaches to health issues with a recent focus on community-based participatory research.

Recent research stresses the importance of developing communication strategies to take a [community-centred approach to social mobilisation](#), whilst ethical social mobilisation has been advocated to include [building trust and legitimacy to engage communities](#). Social mobilisation has been shown to improve the sustainability of programmes if using established mechanisms.

We investigated the potential of social mobilisation mechanisms to bring about positive change in Nepal by conducting a review of media outputs, organisation websites (including NGO websites) and government policies to map the active social mobilisation activities during the first phase of the pandemic outbreak.



Successes in social mobilisation in Nepal pre-COVID-19

Prior to COVID-19, social mobilisation was active in Nepal for many years, including various youth-led activities and women-led initiatives designed to tackle a range of health issues.

Since the 1980s, female community health workers volunteers (FCHVs) have provided a [strong network of support](#) for social mobilisation across Nepal. [Recent research](#) has investigated the impact of strengthening health management committees and social mobilisation activities through women's groups in rural Nepal

Furthermore, the Ministry of Federal Affairs and Local Development ran a nationwide [Social Mobilisation Programme](#) (Local Governance and Community Development Programme) between 2008 and 2018 which involved social mobilisation coordination committees in districts and municipalities. The government reported citizens (46% female) were directly engaged in social development, advocacy, disaster and environment protection activities and helping communities in economic development.

In addition to government efforts in social mobilisation in recent decades, NGOs and international actors and donors have taken



a role in mobilising communities and building on the Local Governance and Community Development Programme to strengthen thousands of active community organisations through the country to increase access to clean drinking water, electricity and basic facilities.

Social mobilisation activities in Nepal during the COVID-19 pandemic

COVID-19 led to the maximisation of traditional methods of social mobilisation under strict lockdown conditions, which meant close physical contact was not possible. We discovered various social mobilisation activities being conducted during COVID-19, such as [radio communications](#), which were more virtual and less based on face-to-face contact to disseminate health messages.

[Emergency distribution of food](#) was provided to communities across Nepal to provide immediate relief when COVID struck. Community organisations were quickly mobilised, some were organised around religion, such as the [Christian Society in Parsa](#) distributed relief to families in need and others were organised around [age or interest groups](#), such as the youth based organisation [Emergency Response Centre](#). [The Rotary Club Kathmandu](#), a well-known organisation in the city, began a COVID-19 response project distributing food packages and medical supplies.



Meanwhile humanitarian organisations such as the [Nepal Red Cross Society](#) provided relief in some communities in all 77 districts of the country and [UNICEF](#) provided a radio programme, motivational stories and storytelling to provide information about COVID-19 to communities, including warnings for those with NCDs that they would be vulnerable.

Social mobilisation mechanisms also involved strengthening community education, such as the campaign by [United World Schools](#), operating in many rural parts of Nepal, which developed a three-part COVID-19 response campaign focusing on improving community education. Since COVID-19 hit, the Health Foundation Nepal has provided financial support and technical assistance to community-based organisations, conducted public health research and provided direct clinical care through a comprehensive primary health care approach.

Similarly, Oxfam declared COVID-19 a category 1 emergency and started a response programme which involves engaging with and supporting communities, with a focus on women and vulnerable groups that is both preventative and responsive to evolving community's needs. Oxfam is helping to communicate health messages through educational materials, radio jingles and [public service announcements in local languages](#) with a focus on vulnerable populations, including those with NCDs.

Government social mobilisation responses to COVID-19

Government responses in Nepal included teaming up with Nepali telecom and Ncell and organising messages to be played before any phone call was made from a mobile phone in the country, initiated on 19 March 2020 and based on the changing COVID-19 context. This was a high-impact strategy as the two largest operators, [Ncell](#) and [Nepal Telecom](#), have 12.9 and 12.2 million subscribers respectively.

The national government released guidelines for community volunteer mobilization for COVID-19 prevention and control in April 2020. The aim of the guidelines was to support individuals and communities by controlling the epidemic through social mobilisation.

The guideline recommended the setting up of a Ward-wide volunteer team whose responsibilities were prevention, awareness raising and identification of people with COVID. These guidelines continue to be implemented at local level across the country.

Thimi Municipality of Bhaktapur district became first municipality in the country to systematically carry out [community based COVID-19 surveillance](#). Using existing community mobilisation structures to mobilise health officials to prepare a plan of action a close collaboration was forged with

the municipality hospital to develop COVID-19 preparedness plan.

Such measures indicate the importance of local, contextually led approaches which target communities needs more directly than overarching, national and top-down approaches to tackling local health issues.

Since the introduction of federalism in Nepal in 2015, there has been a greater focus by the Nepali government on local, community-led approaches to health problems. Local government initiatives have included using [Unit Action Teams \[UATs\]](#) to tackle COVID-19. UNICEF funding has helped to facilitate the development of UATs.

The programme showed early success with one rural municipality (Simta) being able to quarantine 145 households for 14 days supervised by UAT team leaders. However, the UAT programme also identified barriers to supporting communities: the municipality's lack of a central database to provide information on the daily inflow and outflow of the population made it difficult to track progress.

A similar initiative has been carried out by UN-Habitat, the executing agency of Global Sanitation Fund (GSF) in Nepal, in collaboration with local government, to provide data that can inform the development of strategies by local governments to prevent the spread of COVID-19. The initiative, called [community close-watch system](#), aims to monitor

COVID-19 cases in the community through mobile technology and relay data about COVID-19 messages.

Within one month, the team of more than 1,000 volunteers, 200 sanitation facilitators, local government and district coordinators and the staff of implementing partners reached out to households and delivered messages on handwashing, hygiene and sanitation. More than 100,000 households will be through mass communication and messaging.

Conclusion

Through analysis of a range of media sources following the outbreak of COVID-19, we found that many social mobilisation activities have been implemented during the COVID-19 outbreak. Nepal has a rich history of using many different types of social mobilisation, particularly in the area of community health support, for example female community health volunteers.

Building on this history and existing social mobilisation mechanisms now presents a challenge in the wake of COVID-19, when more creative approaches are needed to mobilise the population so as to limit the infection rates associated with COVID-19. There is a need for the government and supporting organisations to further mobilise communities, through sustainable local political mechanisms.