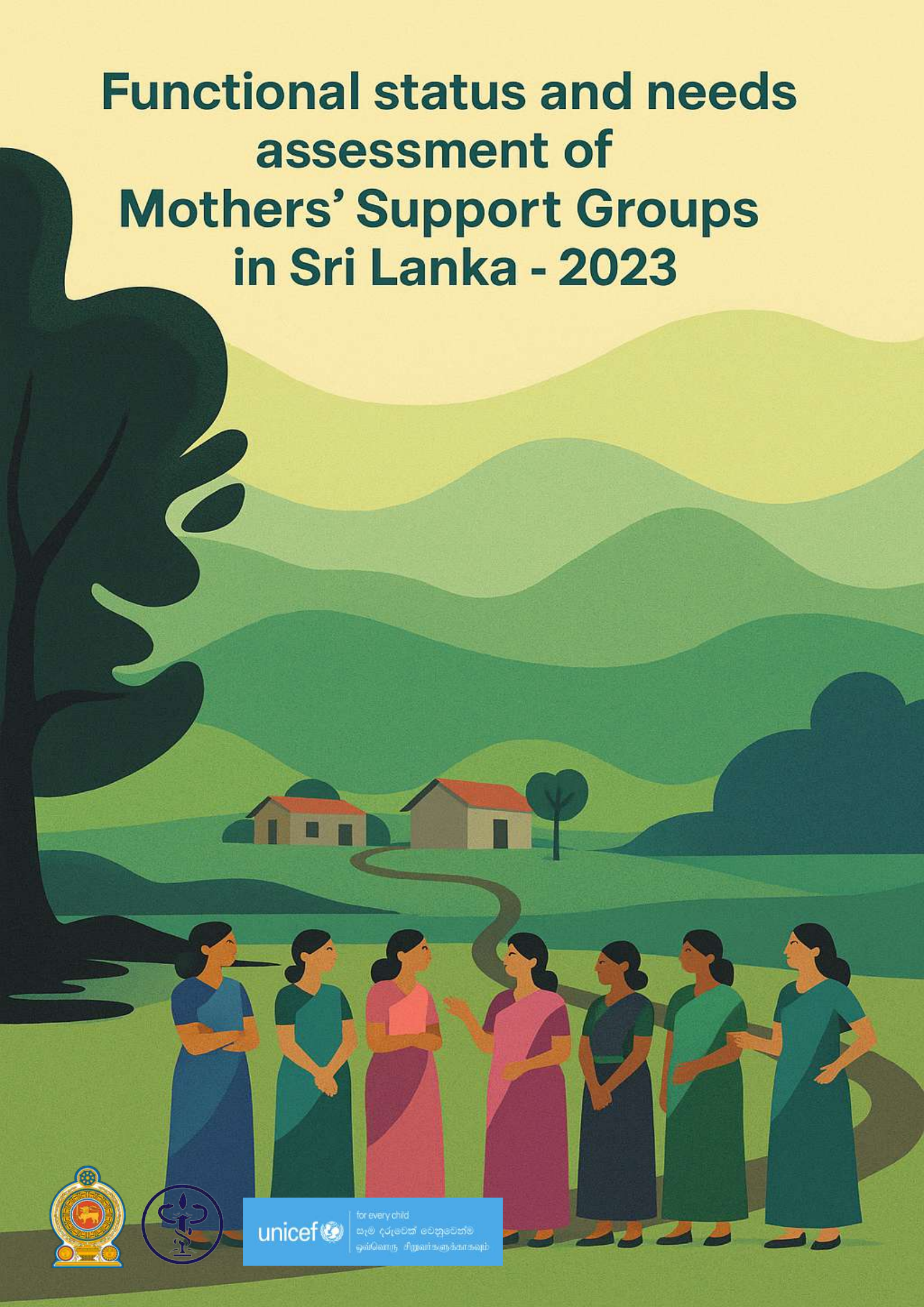
Functional status and needs assessment of Mothers' Support Groups in Sri Lanka - 2023



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ஒவ்வொரு சிறுவர்களுக்காகவும்

Functional status and needs assessment of Mothers' Support Groups in Sri Lanka - 2023

This quantitative and qualitative research was conducted by the Health Promotion Bureau with the support of UNICEF and SPARKWINN

2024

SPARKWINN

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List of abbreviations

FGDs - Focus Group Discussions

GCE – General certificate of education

HPB - Health Promotion Bureau

MSG - Mothers' Support Groups

MOH - Medical Officer of Health

PHM - Public health midwives

PHNS - Public health nurses

PHIs - Public health inspectors

SPHMs - Supervising public health midwives

UNICEF - United Nations Children's Fund

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Executive summary

This report, which was conducted by the Health Promotion Bureau with support from UNICEF and SPARKWINN, provides a comprehensive assessment of the functional status and needs of mothers' support groups (MSGs) in Sri Lanka. This study aimed to evaluate the level of community engagement, identify challenges and barriers, ascertain areas for knowledge and skill enhancement, and explore potential activities and initiatives during economic downturns.

Mothers' support groups play a critical role in promoting maternal and child health, nutrition, and overall well-being in Sri Lanka. These groups have adapted to evolving health and social challenges, including those brought about by the COVID-19 pandemic. The need for a systematic assessment of MSGs' post pandemic activities has become evident in understanding their current impact and identifying areas for improvement.

This study employed a mixed-method approach, integrating a descriptive cross-sectional survey and qualitative focus group discussions (FGDs). The survey involved 1120 completed interviews across all 25 districts of Sri Lanka, thus providing a representative sample. FGDs were conducted with MSG members from the 12 selected districts to obtain in-depth qualitative insights. The primary objectives of this needs assessment include assessing the level of community engagement and participation within MSGs, identifying the challenges and barriers faced by MSGs, determining areas for knowledge and skill enhancement among MSG members, and exploring potential activities and initiatives for MSGs during economic downturns.

The average age of MSG members is 36 years, with the majority having educational attainment at least up to the general certificate of education (GCE) ordinary level. The groups were predominantly female. A significant proportion of the MSG members reported receiving community appreciation and recognition as community leaders. Male participation in MSG activities remains limited, mainly because of their primary responsibilities as income providers. This study identified several challenges, including time constraints, financial constraints, reduced member participation, and the need for enhanced training and resources. The economic downturn exacerbated these challenges, affecting the operational capacity of MSGs. The MSG members expressed a need for further training in areas such as health and nutrition education, financial management, and home gardening. Enhancing these skills is crucial for improving the effectiveness of MSGs in addressing community needs. This assessment highlighted the potential for expanding

MSG activities to include economic empowerment, mental health support, and the use of digital technologies for information dissemination and training.

To increase the effectiveness and engagement of MSGs, the following recommendations are proposed: decentralize information and knowledge-sharing mechanisms to reduce dependency on public health midwives (PHMs); strengthen alternative communication channels such as social media, particularly WhatsApp, Facebook, and YouTube; establish a formal system to monitor MSG members' attendance and activities; implement district-level acknowledgment and reward systems to motivate and involve MSG members; expand the scope of knowledge and training provided to MSG members; and ensure a holistic support system involving other public health staff and non-health stakeholders. The implementation of these recommendations will contribute to stronger and more effective mothers' support groups, thereby improving health outcomes and promoting resilience among communities across Sri Lanka.

1. Introduction and Background

Background

The foundation of mothers' support groups is built on the collective efforts of community members, who, driven by a shared commitment to improving the health and nutritional status of their communities, engage in various activities under the guidance of the Health Promotion Bureau of Sri Lanka. These groups prioritize members providing care for children aged 0–5 years, reflecting a strategic focus on early childhood development as a cornerstone of community health.

Over the years, MSGs have adapted to evolving health and social challenges, including those caused by the COVID-19 pandemic. Their role during such crises underscores the importance of community-based health initiatives in sustaining public health measures and ensuring the continuity of essential health and nutritional services. Despite their contributions, a systematic assessment of the activities, challenges, and needs of MSGs has not been conducted since the pandemic, leaving a gap in the understanding of their current impact and potential areas for enhancement.

To address this gap, a comprehensive needs assessment was initiated to evaluate the functional status of MSGs across Sri Lanka, particularly in the wake of an economic downturn. This assessment sought to uncover the extent of community engagement by MSGs, identify the challenges encountered in maintaining regular activities, and explore opportunities for improving knowledge and skills among MSG members to respond better to the economic crisis and its effects on community health and nutrition.

Conducted by Sparkwinn Research under the auspices of the Health Promotion Bureau and UNICEF, this study utilized a mixed-method approach, combining a descriptive cross-sectional survey with qualitative focus group discussions (FGDs). This methodology enables a thorough examination of MSGs' operational dynamics, facilitating insights into their achievements, ongoing initiatives, and the obstacles they face.

Preliminary findings from this study revealed a resilient network of MSGs that continue to play a vital role in their communities. Despite facing significant challenges, including financial constraints, time constraints, reduced member participation, and the need for enhanced training and resources, MSGs have demonstrated remarkable adaptability and commitment. This study highlights the critical areas in which MSGs seek to improve their knowledge and skills, ranging

from health and nutrition education to financial management and home gardening, underscoring the multifaceted nature of their community engagement efforts.

Furthermore, the assessment highlights the potential of expanding the scope of MSG activities to address the pressing needs of communities more effectively. This includes a greater emphasis on economic empowerment, mental health support, and the integration of digital technologies for information dissemination and training.

The introduction and background section of this report sets the stage for a deeper exploration of the findings related to MSG needs and functional assessment. In detail, the context, objectives, and methodology of the study provide a foundational understanding of the pivotal role played by mothers' support groups in Sri Lanka's public health ecosystem. In the subsequent sections, we uncover the key insights, challenges, and recommendations that emerge from this comprehensive analysis, with the ultimate goal of enhancing the effectiveness and impact of MSGs in promoting health, well-being, and resilience among communities across Sri Lanka.

1.2 Research objectives

Given the evolving landscape of community health and empowerment in Sri Lanka, mothers' support groups (MSGs) have emerged as critical platforms for promoting maternal and child health, nutrition, and overall well-being. The need to thoroughly understand the current operation, impact, and areas for improvement, especially in light of recent economic challenges, has led to the inception of comprehensive needs assessment studies. This section delineates the research objectives that guided this assessment, aiming to capture the multifaceted contributions of MSGs to community health, identify the barriers they face, and highlight opportunities to enhance their effectiveness.

Objective 1: To evaluate the level of community engagement and participation within MSGs

This objective focuses on assessing how mothers' support groups mobilized and engaged community members, particularly during the economic downturn. It seeks to understand the mechanisms employed by MSGs to foster participation among their members and the broader community, the roles of public health officials in facilitating these groups, and the impact of current socioeconomic challenges on community engagement. This evaluation will also explore the

strategies that MSGs utilize to maintain or increase member participation and the effectiveness of these strategies in sustaining their operations and outreach.

Objective 2: Identifying challenges and barriers faced by MSGs

This study aimed to uncover the specific challenges and barriers mothers' support groups encounter when conducting their regular activities, including meetings, training, and community health initiatives. This study explores the effects of an economic downturn on the operational capacity of MSGs, including financial constraints, resource limitations, and any disruptions in health-service provisions that affect their work. This analysis provides insights into the obstacles that hinder MSGs' ability to effectively serve their communities and sustain their activities.

Objective 3: To ascertain areas for knowledge and skill enhancement among MSG Members

This objective seeks to determine priority areas where MSG members require further knowledge and skill development to respond effectively to current economic challenges and their impact on community health and nutrition. This involves identifying gaps in current knowledge and skills among MSG members, the types of training and resources needed to address these gaps, and the preferred formats and channels for delivering such training. This will enable the design of targeted interventions to strengthen the capacity of MSG members to meet the evolving needs of their community.

Objective 4: To explore potential activities and initiatives for MSGs during economic recessions

The final objective of this study was to explore the potential activities and initiatives that mothers' support groups could undertake to support their communities during economic downturns. This includes identifying innovative and sustainable strategies for improving nutrition and health outcomes, enhancing economic empowerment, and supporting mental health and wellbeing. This study sought to understand how MSGs can adapt their focus and activities to address the immediate and long-term needs of their communities in the current economic context.

2. Methods

To comprehensively evaluate the needs, functioning and impact of mothers' support groups (MSGs) in Sri Lanka during the economic downturn, a mixed-method study was designed that integrated both quantitative and qualitative research components. This methodology aims to provide a holistic understanding of MSGs' community engagement, operational challenges, areas for capacity enhancement, and potential initiatives beneficial during economic downturns.

2.1 Mixed-methods study design

The methodology adopted for this assessment was a mixed-method study that incorporated both a descriptive cross-sectional survey (Component I) and qualitative studies using focus group discussions (FGDs) (Component II). This design enabled the capture of diverse perspectives on the roles, achievements, challenges, and needs of MSGs in Sri Lanka.

2.2 Component I: Descriptive cross-sectional study

2.2.1 Study population and sampling

The study population comprised members of mothers' support groups across all 25 districts of Sri Lanka. The inclusion criteria mandated that MSGs be registered for at least six months before the study, ensuring that the groups had sufficient experience and engagement in their communities. MSG members representing more than one group in the PHM area were excluded to avoid duplication of responses.

A sample size of 1690 was determined to ensure the study's statistical power, allowing for the representation of diverse geographical and socioeconomic contexts within Sri Lanka. Simple random sampling was employed, utilizing a computer-generated list of PHM areas, to select 1690 areas from a total of 6915, ensuring a comprehensive distribution across the country.

2.2.2 Data collection and analysis

Data were collected through interviewer-administered questionnaires covering the sociodemographic and economic data of participants, details on community engagement activities, and the involvement of public health staff. The questionnaires also sought information on priority areas for MSGs and the potential activities of interest.

Data analysis was conducted via SPSS software, and the chi-square test was applied to examine the statistical significance of the associations between variables.

2.3 Component II: Qualitative study with FGDs

2.3.1 Study population and sampling

For the qualitative component, MSG members from 12 selected districts in Sri Lanka participated in FGDs. This approach allows an in-depth exploration of members' experiences, perceptions, and suggestions. Each FGD consisted of six to eight participants, with purposive sampling employed to ensure a diverse representation of MSGs. Theoretical saturation guided the number of FGDs conducted.

2.3.2 Data collection and analysis

A semi structured guide was prepared for FGDs, with a focus on eliciting detailed discussions of MSG activities, challenges, and needs. The discussions were audio-recorded, transcribed, and subjected to thematic analysis to identify recurrent and significant themes related to the study objectives.

2.3.3 Enumerator training and survey implementation

The enumerators received training in ethical research practices, questionnaire administration, and sensitivity to the topics discussed. The training sessions also covered the context of the MSGs, aiming to equip enumerators with the necessary background knowledge and skills for effective data collection.

• Field enumerators from all 25 districts were invited for an enumerator training session at the Health Promotion Bureau (HPB).

• Interviewers were selected on the basis of their language skills (i.e., knowledge of the local language/dialect in the areas where they were operating) and experience in conducting similar surveys.

• All enumerators were briefed on the ethical principles of conducting a survey of the target group.

• The Health Promotion Bureau (HBP) educated the research team and enumerators about the context of the mothers' support groups and their functions.

• Training in survey-specific questionnaires was conducted by local interviewers. Training sessions were developed for interviewers to acquaint them with the basic concepts related to mothers' support groups, to make them aware of how to ask sensitive questions, to explain the finalized questionnaire in detail, and to set out the interview procedure and potential risks and mitigation measures.

• These training sessions also updated interviewers on how to conduct interviews in line with the principle of 'do no harm,' that is, how to make the interview less transactional and more of a dialog, to avoid any perception of the part of the respondent that they have been exploited.

2.3.4 Approaching out to MSG members

A structured approach was used to contact MSG members, starting with obtaining a list of PHM areas from the Health Promotion Bureau. The enumerators then contacted the Medical Officer of Health (MOH) offices to gain access to the MSG details, facilitating the scheduling of interviews. This process ensured systematic coverage and engagement of MSGs across the study area (Figure 1).

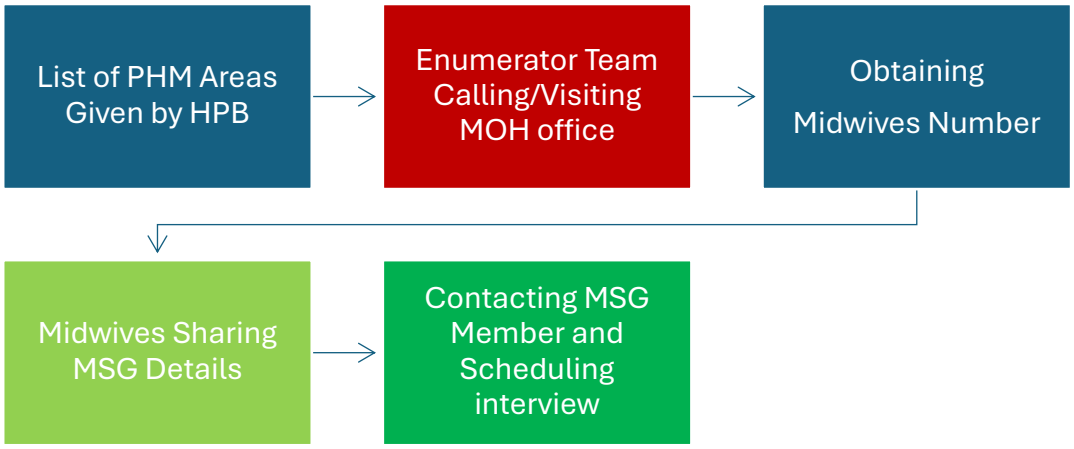


Figure 1: Approach for Reaching Out to a Mothers' Support Group Member

2.3.5 Analysis of data

Both quantitative and qualitative data were analyzed to gain comprehensive insights into the status and needs of MSGs. Quantitative data analysis focused on identifying patterns and trends across different regions and demographic groups, whereas qualitative analysis delved into a nuanced understanding of MSG members' experiences and perspectives. The integration of the findings from both components provides a robust foundation for developing recommendations aimed at enhancing the effectiveness and sustainability of MSGs in Sri Lanka.

2.3.6 Ethical considerations

This study was conducted in accordance with ethical guidelines for research involving human subjects. The participants provided informed consent, and confidentiality and anonymity were maintained throughout the research process. The study received ethical approval from a recognized institutional review board, ensuring adherence to national and international ethical standards.

3. Findings

3.1 Sociodemographic profile of the sample

The total number of completed interviews was 1120. Mothers' support groups were not available in 141 PHM areas. Three hundred and twenty-four participants could not be contacted because of rejections/refusals to share the participants' information by the public health staff or because of the lack of responsiveness/inability to contact the public health staff after multiple attempts. Approximately 65 participants could not be reached due to the inability to contact the participants after multiple attempts or due to the incompleteness/errors of the contact details of the participants received from the public health staff (Table 1).

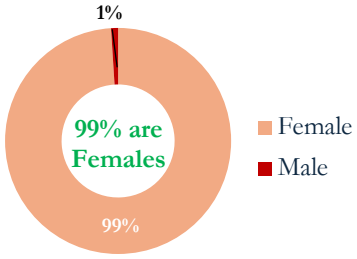
Table 1: Sample profile of the quantitative survey

District	No of PHM Areas (1)	No.of completed interviews (2)	No MSG (a)	Refused/Rejected/No Response (b)	Respondent Not Reachable (c)	Database Received Not Completed (d)	Total (a+b+c+d)	Completion Rate (2/1)
CMC	20	17	0	2	1	0	4	85%
Colombo	99	67	26	9	1	0	36	68%
Gampaha	157	91	59	7	0	0	66	58%
Kaluthara	86	68	4	14	2	0	20	79%
NIHS	25	18	6	0	1	0	7	72%
Galle	84	10	10	52	12	0	74	12%
Hambantota	56	56	0	0	0	0	0	100%
Matara	64	54	0	0	6	4	10	84%
Kandy	102	86	7	8	1	0	16	84%
Matale	44	43	0	1	0	0	1	98%
Nuwara Eliya	75	22	1	52	0	0	53	29%
Batticaloa	42	42	0	0	0	0	0	100%
Kalmunai	43	43	0	0	0	0	0	100%
Trincomalee	45	44	0	0	1	0	1	98%
Ampara	31	26	5	0	0	0	5	84%
Polonnaruwa	35	5	0	14	14	2	30	14%
Anuradhapura	71	35	0	36	0	0	36	49%
Kurunagala	111	56	1	40	11	3	55	50%
Puttalam	52	4	0	23	11	14	48	8%
Jaffna	52	41	6	1	2	2	11	79%
Kilinochchi	17	17	0	0	0	0	0	100%
Mannar	9	9	0	0	0	0	0	100%
Vavuniya	15	12	0	0	0	3	3	80%
Mullaitivu	19	10	0	0	0	9	9	53%
Kegalle	81	69	12	1	0	0	13	85%
Rathnapura	104	58	1	45	0	0	46	56%
Badulla	87	60	3	12	2	3	20	69%

Moneragala	64	57	0	7	0	0	7	89%
	1690	1120	141	324	65	40	570	66%

The average age of the Mothers' Support Group Members is 36 years, and the majority of them have attained minimum GCE ordinary level qualification. Other details of the membership are given in Figures 2, 3, and 4.

Gender Composition



Average Age of MSG Members

Average Age (years)	
Sri Lanka (Overall Level)	**36**
Western	**38**
Southern	**42**
Central	**34**
North Western	**32**
North Central	**34**
Uva	**33**
Sabaragamuwa	**35**
North	**34**
East	**35**

Title/Position of MSG Members

Title at The MSG	%
Leader	**22%**
Secretary	**25%**
Treasurer	**10%**
General Members	**42%**

Educational Qualification

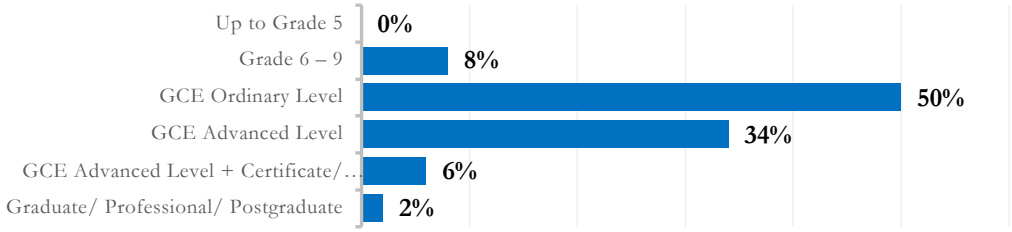
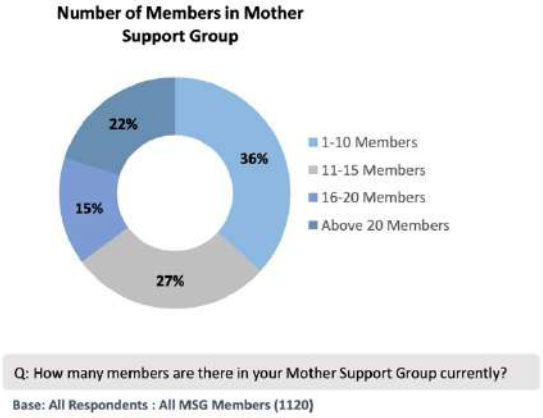


Figure 2: Sociodemographic characteristics of the participants (all MSG members, n=1120)



Number of Members	WP	SP	CP	NWP	NCP	UVA	SAB	NP	EP
1 – 10 Members	23%	65%	11%	50%	40%	21%	14%	30%	27%
11- 15 Members	21%	17%	39%	45%	33%	20%	14%	20%	26%
16- 20 Members	16%	6%	26%	4%	14%	18%	33%	18%	22%
Above 20 Members	41%	11%	23%	1%	13%	41%	39%	31%	26%

Number of Members	Urban	Rural	Estate
1 – 10 Members	45%	34%	28%
11- 15 Members	32%	27%	17%
16- 20 Members	12%	16%	24%
Above 20 Members	11%	24%	31%

Figure 3: Size of the MSG membership (all MSG members n=1120)

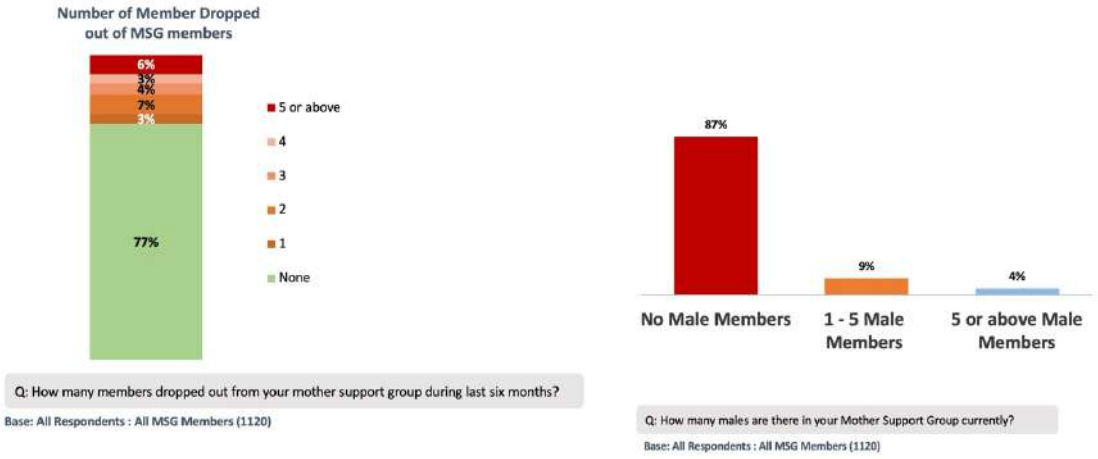


Figure 4: Member dropout and male members (all MSG members n=1120)

3.2 Level of community engagement and participation within MSGs

3.2.1 Level of community engagement within MSGs

Notably, 59% of the respondents reported receiving appreciation from community members for their dedicated efforts in public health initiatives. Additionally, 44% of the participants acknowledged being recognized as community leaders within their respective areas, a test of the impact and influence of MSG members. Furthermore, the survey revealed that over 50% of the MSG members had been approached by community members seeking health- and nutrition-related information, participated in activities organized by the MSG, and expressed a desire to join the group (Figure 5). These findings highlight the valuable role of MSG in promoting health awareness and fostering community engagement.

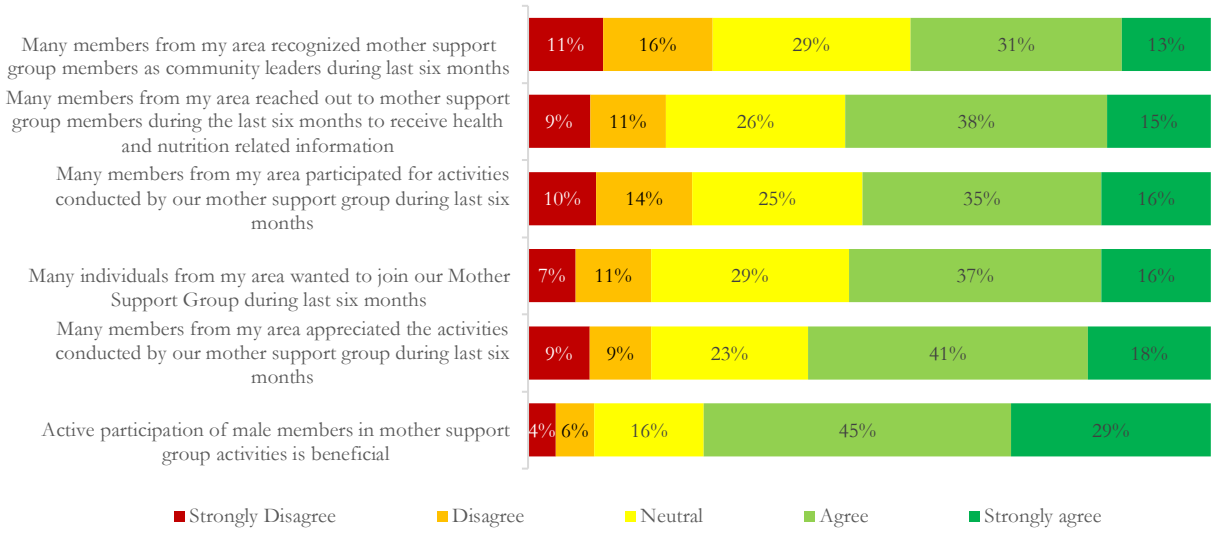


Figure 5: Attitudes of mothers' support group members regarding the work of the MSG

3.2.2 Male participation in MSG activities

Male members' participation in MSG activities evoked diverse opinions within the community. Ninety percent of the respondents considered male involvement to be lower than female involvement in MSG activities (Figure 6). This disparity is attributed primarily to the primary responsibility of males as the main providers of income and their reluctance to engage in health promotion activities (Figure 7). Despite these challenges, there is a range of perspectives within the group. Some strongly advocate including males, emphasizing the benefits of diverse participation, whereas others prefer to maintain an exclusive focus on women's involvement. These contrasting opinions underscore the complexities surrounding gender dynamics in community engagement initiatives such as MSG activities.

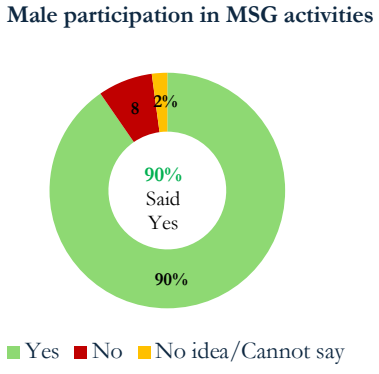


Figure 6: Male participation in MSG activities

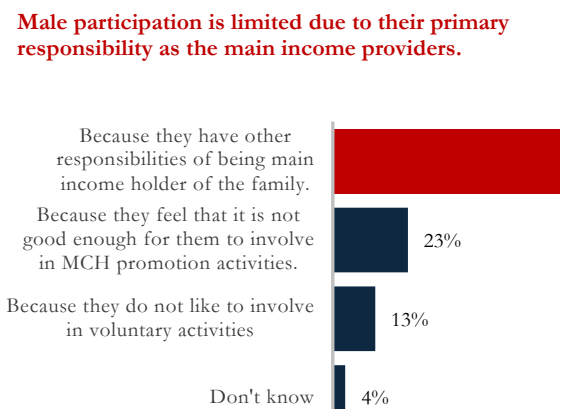


Figure 7: Primary responsibilities of males

3.2.3 Qualitative insights into male participation and level of engagement

Complementing quantitative data with qualitative findings from FGDs highlights members' perceptions of engagement challenges and successes. Direct quotes are included to illustrate the impact of socioeconomic factors on participation and describe any innovative strategies that MSGs have employed to maintain or increase engagement under adverse conditions.

Among the FGDs, only Jaffna had male participants. However, opinions within the FGD participants vary, with some members advocating male inclusion in MSGs and others preferring it to be exclusive to women. Both positive and negative views were observed among women regarding male participation in MSGs. According to the respondents, the participation of men in the MSGs was not necessary because men supported the activities of the group whenever needed. Some respondents claimed that the group was intended for mothers; therefore, male participation was not needed. "*We don't need male participation because our husbands help us if we need their support; since this is the mothers' group, we prefer only women*" (FGD, Kegalle). The MSG conducts various programs, such as 'religious programs', 'cleaning projects', and 'advocacy walks' throughout the year. The husbands' support in organizing these events was highly appreciated by the respondents. "*They (men) are not members, but they help us whenever we ask them to*" (FGD, Kegalle). Some respondents were interested in male participation because they believed that it would improve society's strength. "*We would like to have male members, and if they do so, it will be a great strength for us as well*" (FGD, Mathale).

In addition, men are the breadwinners of most families and work full time. Therefore, according to the respondents, men do not have time to engage in these activities. Therefore, men are typically reluctant to join MSGs when these groups are predominantly women because they are generally less inclined to participate in such settings. "*As men are the breadwinners of our families, they do not have enough time to commit for such activities like us*" (FGD, Mathale).

There are some suggestions to improve male participation during qualitative discussions, such as informing them to participate through an influential person in the community, such as priests or public health midwives. "*If the Chief Priest tells them they (husbands) may attend*" (FGD, Kegalle), changing the name of the society. From the current name of the network, it appears that this is for women. "*A name – Mothers' Support Group sounds like if it just for mothers. Perhaps a change in the name would also attract male members*" (FGD, Mathale).

Diverse methods are used to evaluate the participation of members, ranging from simple attendance sheets to more detailed information and actions. Various groups have employed distinct methods to monitor member participation, which can vary depending on the specific MSG. "*We also report a summary of the meeting including the signatures of the participants. Because we collected signatures from participants, we cannot guarantee consistent involvement; it may be low at times and very high at*

others" (FGD, Mulathivu). "*We maintain attendance sheets and meeting minutes as record keeping"* (FGD, Matale). "*We have a constitution, and we adhere to the clauses of the constitution. If a member does not attend meetings for three months, the first warning is given. If that is not heeded, the person is removed*" (FGD, Tangalle). "*We record attendance for monthly meetings, special activities, what type of contribution is given to each member, and what activities are conducted by the MSG in detail. We keep recording books for a long time. This is useful when evaluating our groups at the end of the year"* (FGD, Tangalle). Furthermore, certain groups have the practice of replacing members who consistently miss monthly meetings by offering membership to individuals who are eager to participate: "*If a member does not come for meetings, we can remove her from the membership and enroll someone else*".

"*With the current workload we have assigned responsibilities for each member, it's difficult to remove them because they are unable to come for meeting. We need to organize village files, and there is lot of work*" (FGD, Kegalle). In addition to male participants, owing to personal commitments and economic difficulties, women are unable to actively engage in MSG activities. The common reasons for positive participation were knowledge gained about economic strengthening activities, practical knowledge given by health officials, recognition gained by the community, and willingness to engage in social services.

"*Due to the economic crisis, people find it very difficult to survive, so when they hear that we are conducting training programs for self-employment projects, villagers tend to participate. Women who think they can be a boon to their families naturally join our Union*" (FGD, Kegalle): "*They always participated actively. We give them a healthy snack, a milk coffee, and some boiled chickpeas*" (FGD, Kegalle).

3.2.4 Existence of a proper plan among MSGs

Only 33% of the MSG members indicated that they had a proper plan in the past six months (Figure 8). This finding suggests that improvements need to be made in terms of strategic planning and organization within MSGs. The development and implementation of comprehensive plans can improve the effectiveness and impact of their initiatives. In addition, it ensures a more structured approach to addressing community health challenges and achieving desired outcomes.

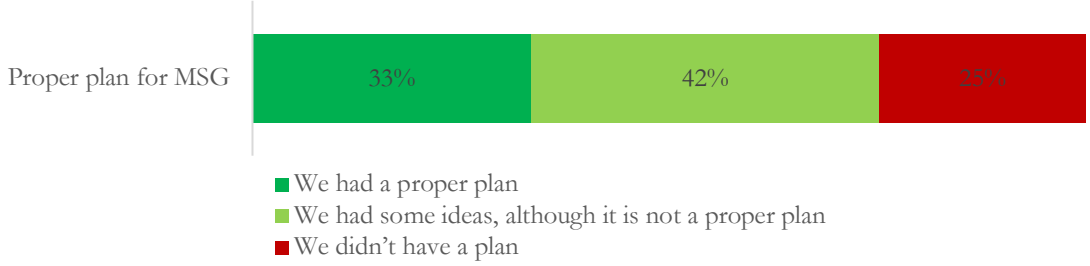


Figure 8: Existence of proper plans among mothers' support groups in the last 6 months (n=1120)

In addition, the survey information revealed that 25% of the MGSs were in urban areas, 25% of the MSGs were in rural areas, and 24% of the MSGs were in state areas without proper plans or agendas (Table 2).

Table 2: MSGs without proper plans or agendas

Break Up	%
Western	**33%**
Southern	**25%**
Central	**28%**
North Western	**18%**
North Central	**16%**
Uva	**31%**
Sabaragamuwa	**25%**
North	**7%**
East	**19%**
Urban Areas	**25%**
Rural Areas	**25%**
Estate Areas	**24%**

3.2.5 Support received from non-health officers for MSG activities

Grama Niladhari (51%), Development Officers (30%), and Samurdhi Officers (22%) emerged as the most supportive non-health officers (Figure 9).

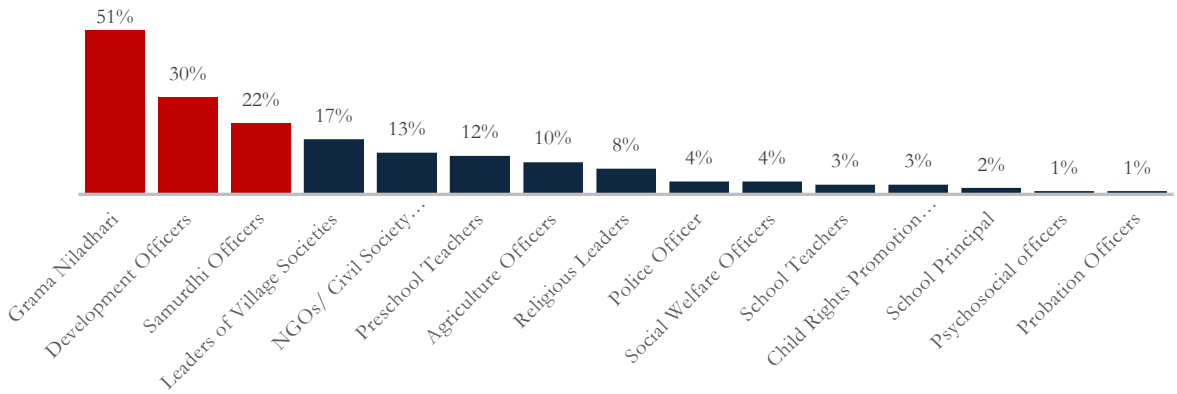


Figure 9: Officer supportive of MSG initiatives (with the exception of health sector staff)

Furthermore, adequate supervision from public health midwives, high involvement of MSG members, and interest/involvement of the community were identified as positive factors that contributed to success (Figure 10).

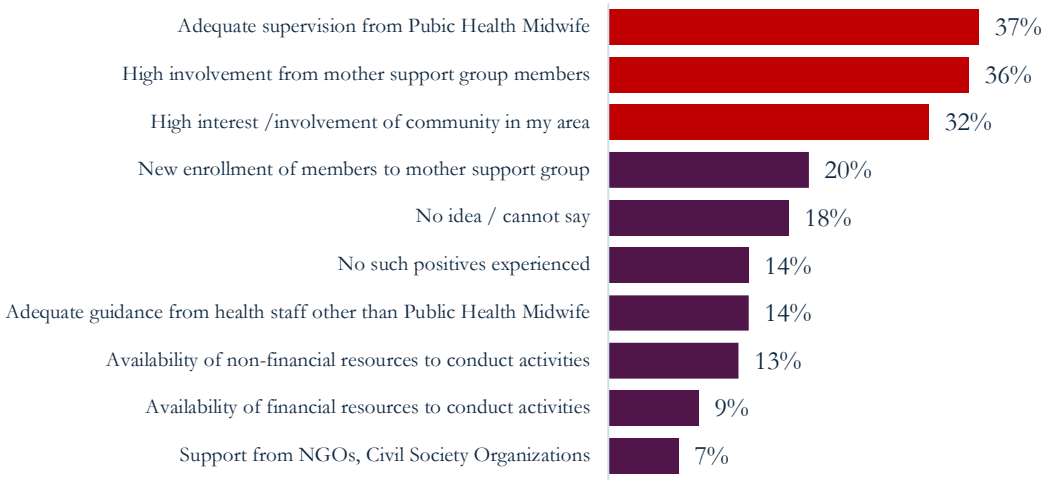


Figure 10: Positive factors contributing to the success of MSGs (n=1120)

3.2.6 Extent of influence on eating/feeding practices

As shown in Figure 11, about sixty-five percent (65%) feel that they are able to strongly/moderately influence the eating/feeding practices of pregnant mothers, lactating mothers, and younger children (less than 2 years).

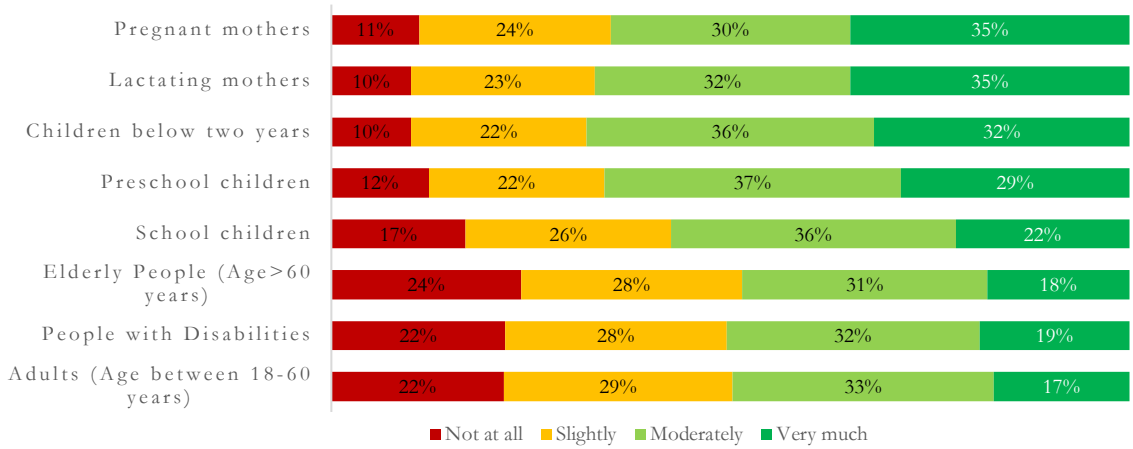


Figure 11: The ability of MSG to have a greater effect on eating and eating habits

3.3 Challenges and barriers

3.3.1 Challenges and barriers faced by MSG members

With respect to the main challenges faced by MSGs, 29% mentioned that they had difficulty finding time for the mothers' support group members. Twenty-eight percent (28%) of the members mentioned a lack of financial resources for conducting activities. Furthermore, 27% of the participants stated that there was a lack of involvement of mothers' support group members (Figure 12).

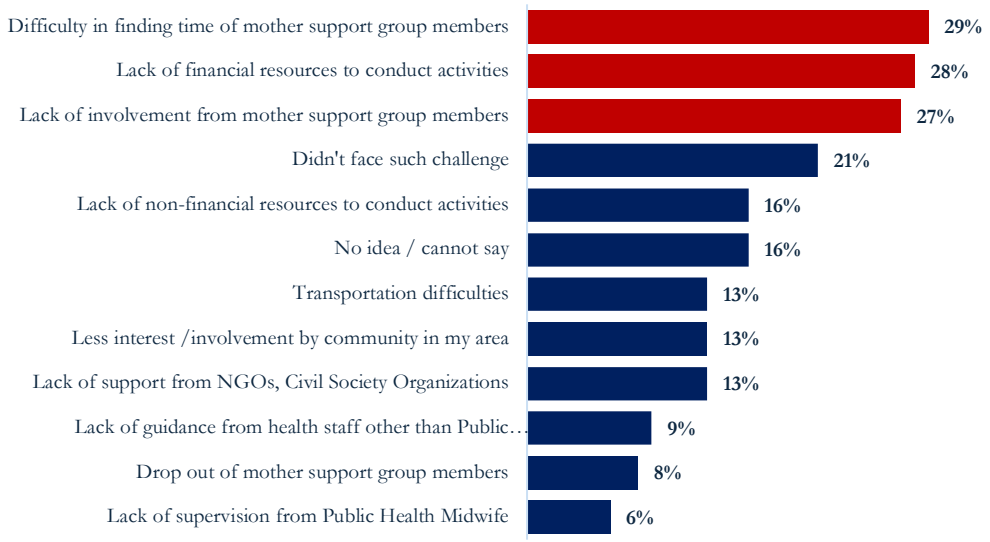


Figure 12: Challenges and barriers faced by MSGs (n=1120)

In addition, during the quantitative interviews, nearly 70% of the MSGs claimed that they had held more than three physical meetings within the last six months. However, only 42% disagreed with the statement that they had been less active over the last six months compared with the same time period in the previous year. Members' participation has recently decreased, but in some areas, members still actively participate because of the privileges they can gain through MSGs. Ninety-six percent of the MSGs had not conducted any virtual meetings during the last six months, and the limited availability of devices (15%), lack of familiarity with online meetings (15%), and low internet coverage (12%) were the main challenges encountered during online meetings (Figure 13). The number of online meetings among MSG members was low.

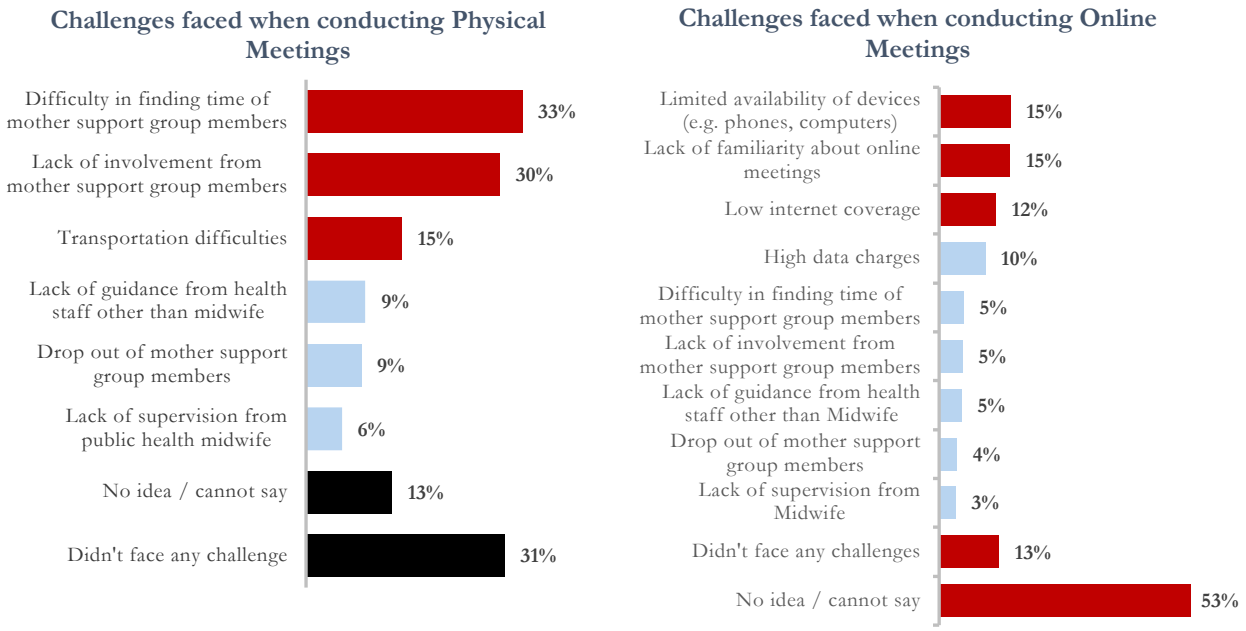


Figure 13: Challenges faced during the physical and online meetings (n=1120)

3.3.2 Qualitative insights into challenges and barriers

The operational challenges reported by the survey respondents included funding shortfalls, resource constraints, and the impact of external factors, such as the COVID-19 pandemic and financial difficulties due to the economic crisis. Graphs were used to show the prevalence of these challenges across the different regions.

On the positive side, adequate supervision from public health midwives ensures the smooth execution of these activities. In addition, the high participation of MSG members and the significant interest in and participation of the community contributed positively to the overall success of this work.

While positive factors influence the success of MSG-led activities, several challenges are encountered during this process. These include difficulties in finding sufficient time to dedicate to activities, insufficient financial resources, and a lack of active involvement from some MSG members.

Therefore, addressing these challenges while leveraging positive factors is crucial for enhancing the effectiveness and impact of MSG-related activities in the community.

There are several specific barriers that deter community members from participating in MSG activities, such as gender norms, time constraints, and economic hardships. The data are presented in graphs or charts that highlight the most significant barriers.

Common reasons for poor participation include personal commitments, lack of time due to jobs, and economic difficulties (because members have to use their own money when participating in activities).

3.4 Areas for knowledge and skill enhancement among MSG members

According to the survey, 46% of the MSG members stated that they had not received any training during the last six months. In addition, 36% of the MGSs received 1--3 trainings, and 13% of the MSGs received 4--6 trainings. Moreover, 5% of the MGSs had received more than six training sessions (Figure 14).

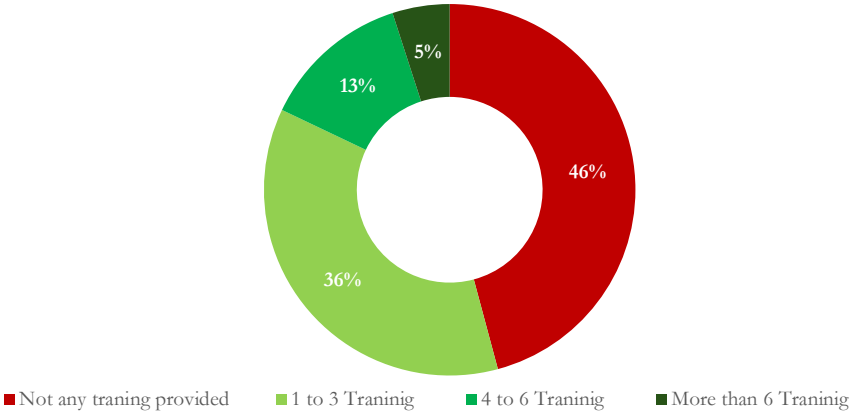


Figure 14: Number of trainings received by MSG members in the last 6 months

Approximately 60% mentioned that when feeding infants and young children, the importance of proper nutrition was the most commonly covered topic in training programs. However, 58% of the members mentioned that information regarding the importance of proper nutrition was vital (Figure 15).

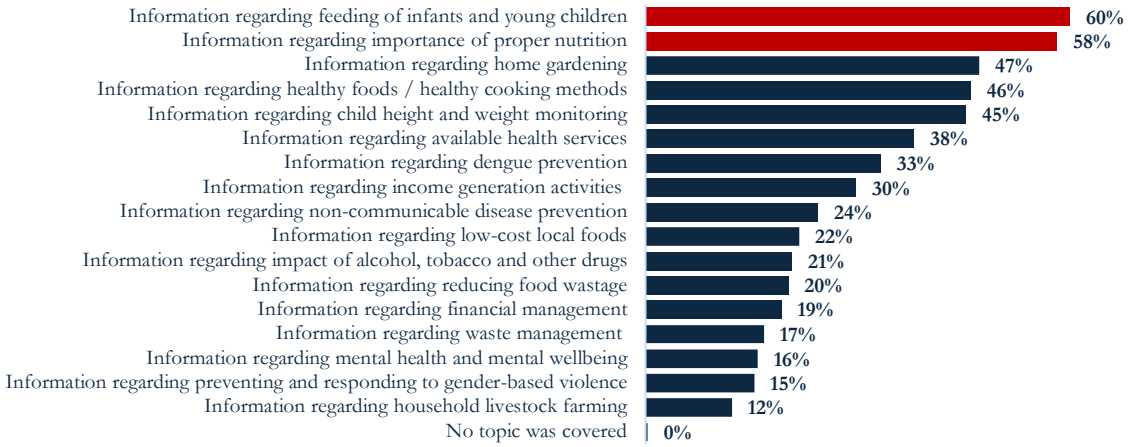


Figure 15: Topics covered through the training as claimed by MSG members (those who attended training (n=605) – *multiple responses)*

Over 70% of the MSGs have received training from public health midwives, who serve as resource persons for these training sessions. (Figure 16).

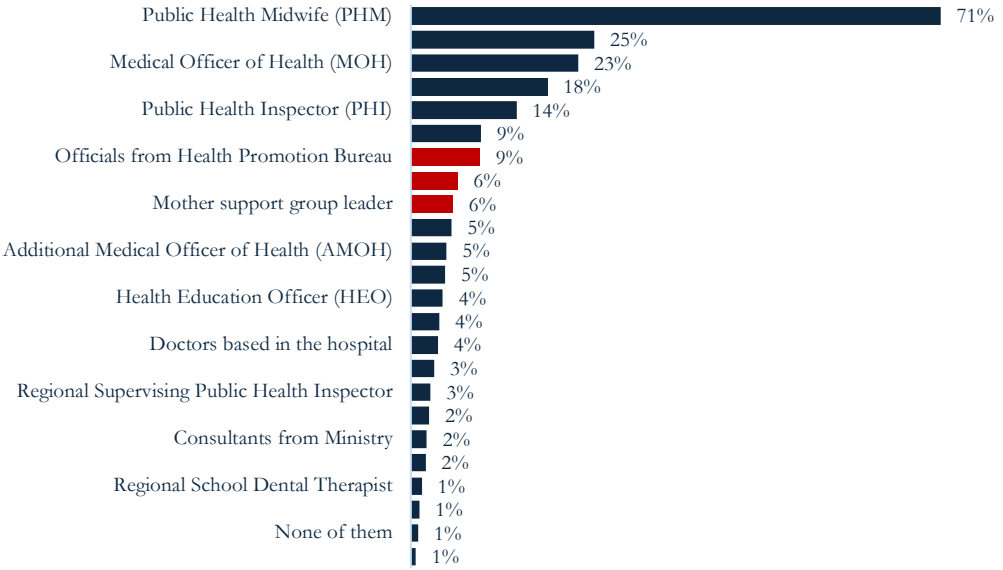


Figure 16: Resources used in the training sessions

Furthermore, the top skills considered important for becoming a successful MSG member included organizing skills (72%), communication (52%), and group facilitation (49%) (Figure 17).

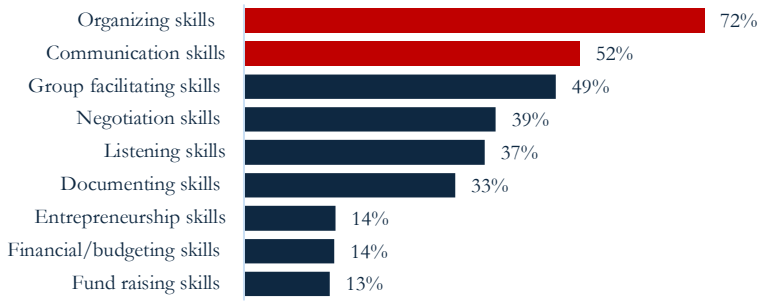


Figure 17: The top skills that the MSG members perceived as important (n=1120)

In addition, members claimed to have a moderate or high level of knowledge in most of the areas to discuss with their communities. There was a low level of knowledge about NCD prevention (Figure 18).

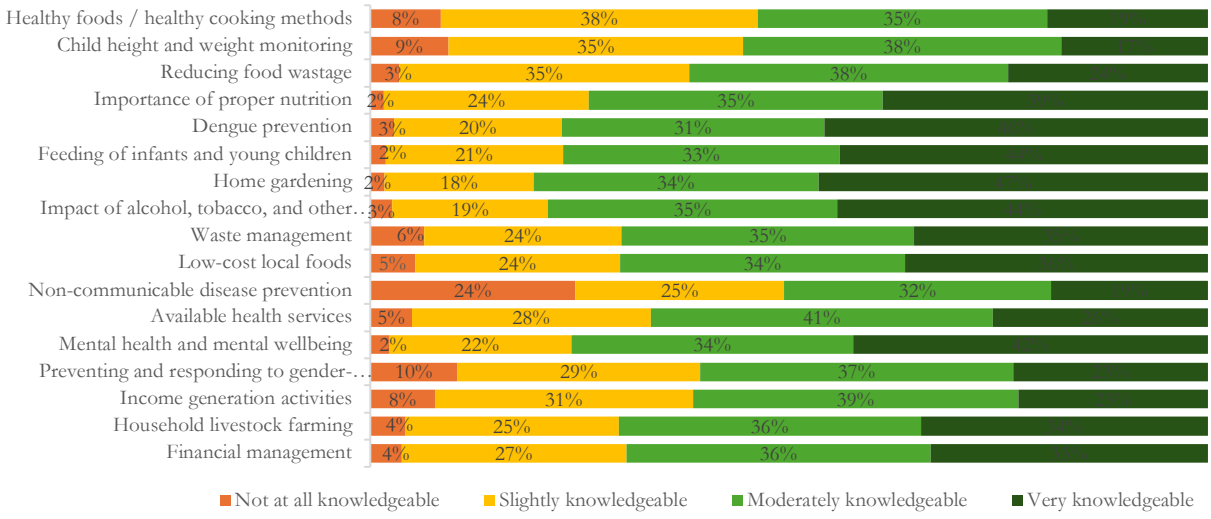


Figure 18: Self-claimed level of knowledge by MSG members

When considering training requirements and modalities, 95% of the members preferred to receive training to improve their knowledge and skills. Three percent of the members had no preference for contributing to a training program, and approximately 2% did not have a better opinion.

When considering the most preferred types of training, the survey revealed that 62% of the participants preferred face-to-face training, 5% preferred online training, and 33% preferred both methods (Figure 19).

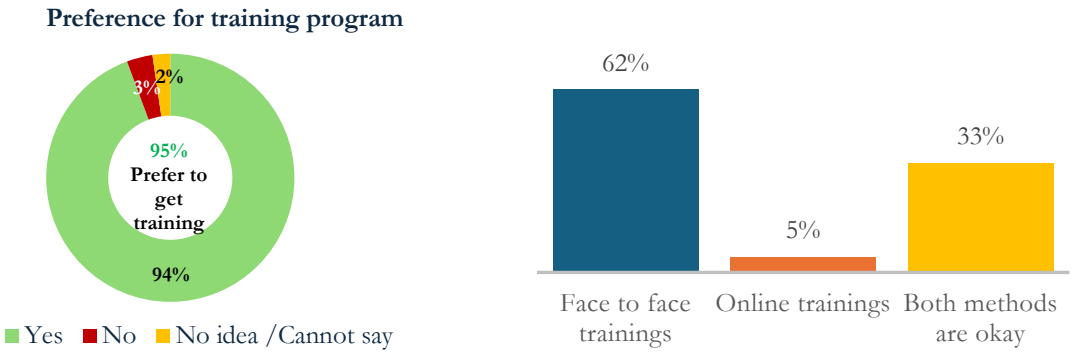


Figure 19: Preference of training programs

Furthermore, to conduct activities in their community, 63% require support for training programs for MSG members, followed by coordination/support from officers (50%).

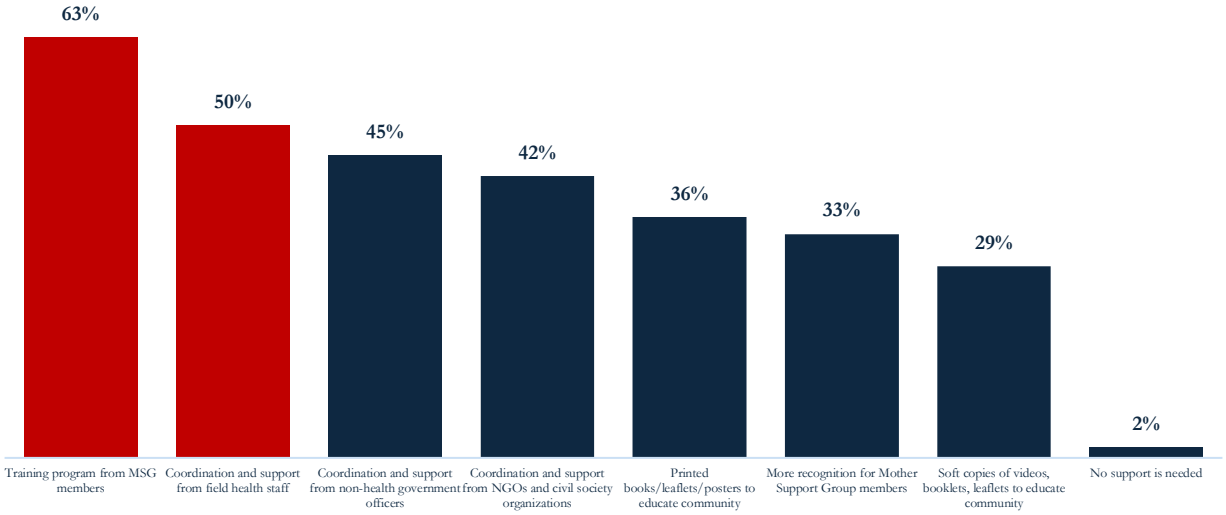
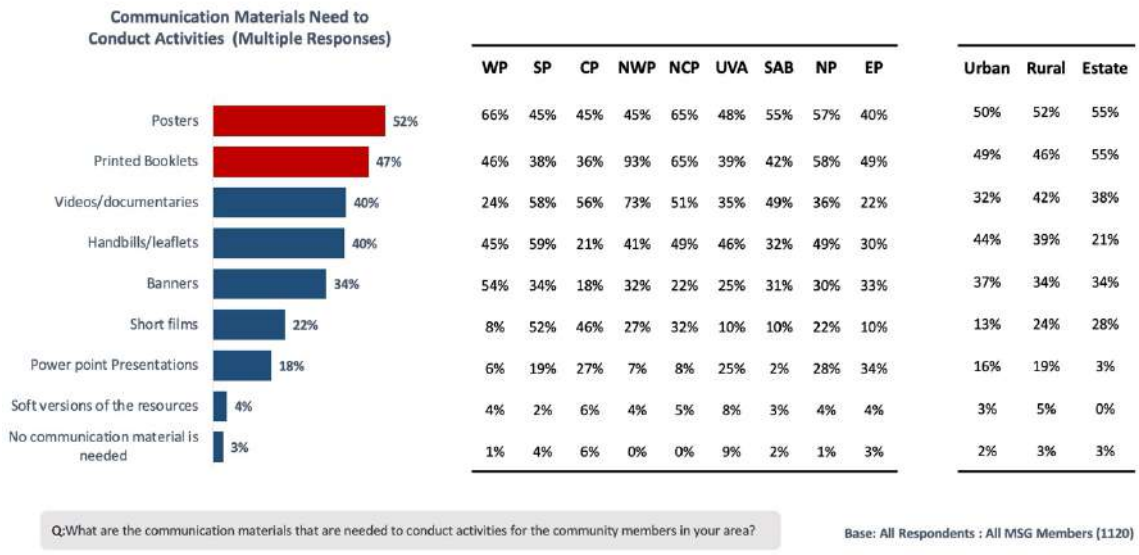


Figure 20: Most requested support needed by MSG members (n=1120) - *multiple responses*

Additionally, to execute activities in their communities, printed materials [printed books/leaflets (36%) and soft copies of leaflets (29%)] were preferred by the MSG members as communication materials (Figure 20).



	WP	SP	CP	NWP	NCP	UVA	SAB	NP	EP	Urban	Rural	Estate
Posters	66%	45%	45%	45%	65%	48%	55%	57%	40%	50%	52%	55%
Printed Booklets	46%	38%	36%	93%	65%	39%	42%	58%	49%	49%	46%	55%
Videos/documentaries	24%	58%	56%	73%	51%	35%	49%	36%	22%	32%	42%	38%
Handbills/leaflets	45%	59%	21%	41%	49%	46%	32%	49%	30%	44%	39%	21%
Banners	54%	34%	18%	32%	22%	25%	31%	30%	33%	37%	34%	34%
Short films	8%	52%	46%	27%	32%	10%	10%	22%	10%	13%	24%	28%
Power point Presentations	6%	19%	27%	7%	8%	25%	2%	28%	34%	16%	19%	3%
Soft versions of the resources	4%	2%	6%	4%	5%	8%	3%	4%	4%	3%	5%	0%
No communication material is needed	1%	4%	6%	0%	0%	9%	2%	1%	3%	2%	3%	3%

Figure 21: Communication material needs (n=1120) - *multiple responses*

In addition to MSG members requiring support from field officers to conduct training programs and improve coordination and support, MSG members preferred to receive posters (52%) and printed books/leaflets (47%) to educate their community (Figure 21).

3.5 Activities and initiatives conducted by the MSGs during economic downturn

This section highlights examples of innovative practices or activities undertaken by MSGs to address community health and nutritional challenges, as revealed in this study. These may include support for service delivery during an economic downturn or new initiatives launched in response to specific community needs.

Promoting the feeding of infants and young children, promoting the importance of proper nutrition, and promoting child weight and height monitoring are the activities predominantly conducted by the MSGs for their communities during the last six months. The same activities were preferred the most at the community level.

With respect to activities carried out by the MSG team targeting community members in different areas within the last 6 months, promoting the feeding of infants and young children (40%), promoting the importance of proper nutrition (36%), and promoting child weight and height monitoring (30%) were mentioned as the main activities (Figure 22). In addition, 68% of the MSG

members were highly or moderately satisfied with the activities conducted by their MSG during the previous six months (Figure 23).

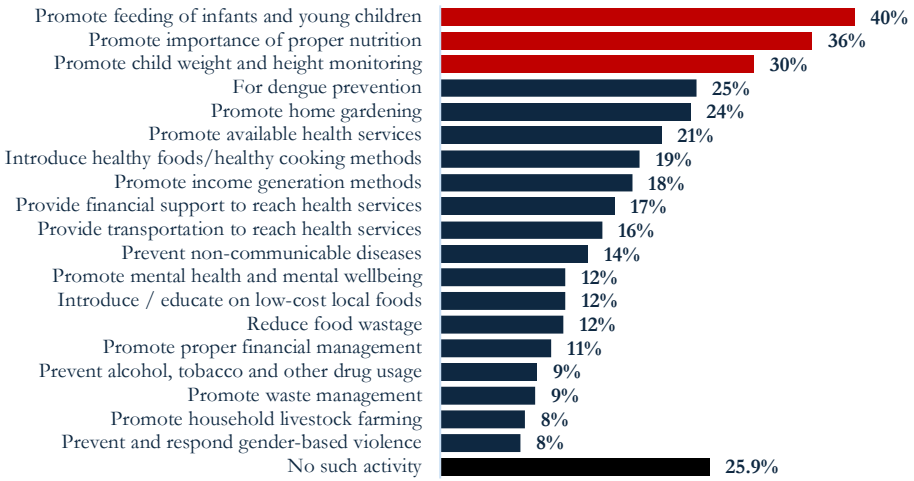


Figure 22: Key activities conducted in the last 6 months (n=1120) - *multiple responses*

Figure 23: Level of satisfaction with the activities performed (n=1120)

3.6 Level of involvement in and monitoring of MSG activities

Approximately 64% of MSG members claim to have had a high level of involvement in the last 6 months (Figure 24). Sixty-six percent mentioned that activities conducted by the MSG's were regularly monitored during the last 6 months (Figure 25). Approximately 57% mentioned 'doing something good', and about 50% mentioned 'impact for the community' or 'follow-up of PHM' as the primary motivations (Figure 26).

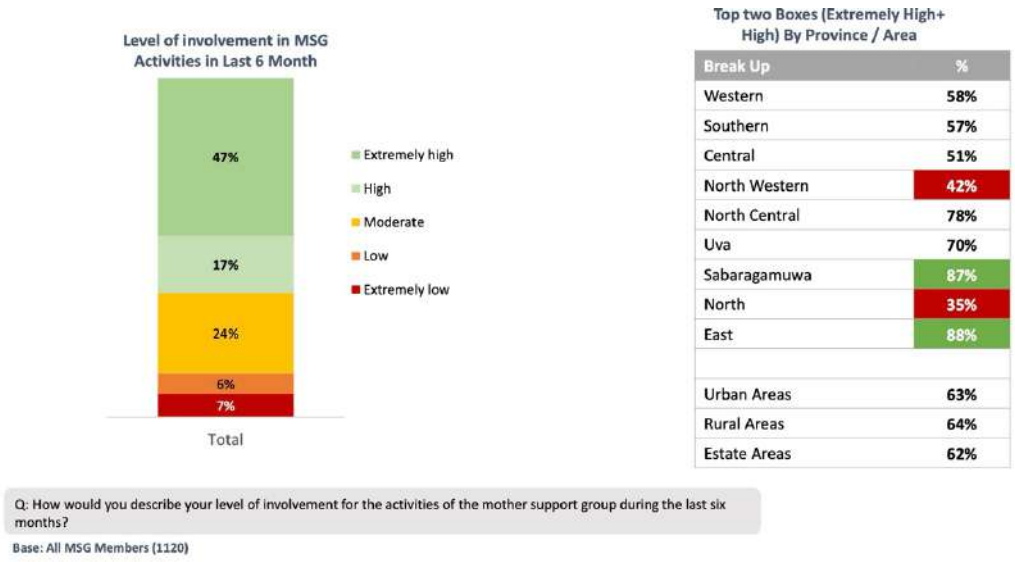


Figure 24: Level of involvement in MSG activities during the last six months (n=1120)

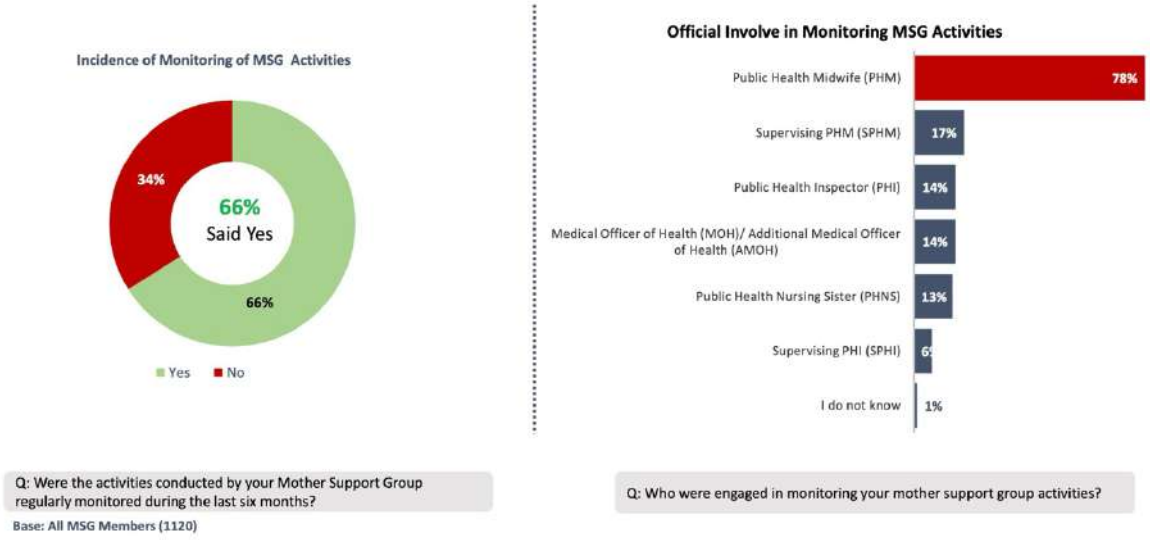


Figure 25: Monthly monitoring of MSG activity (n=1120)

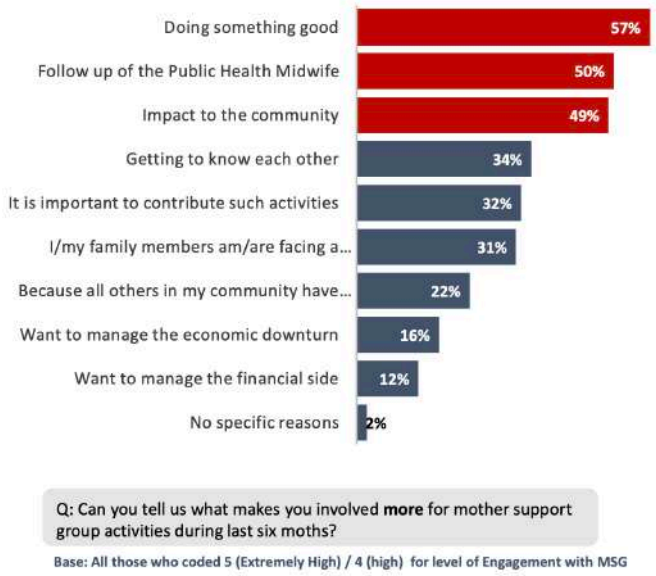
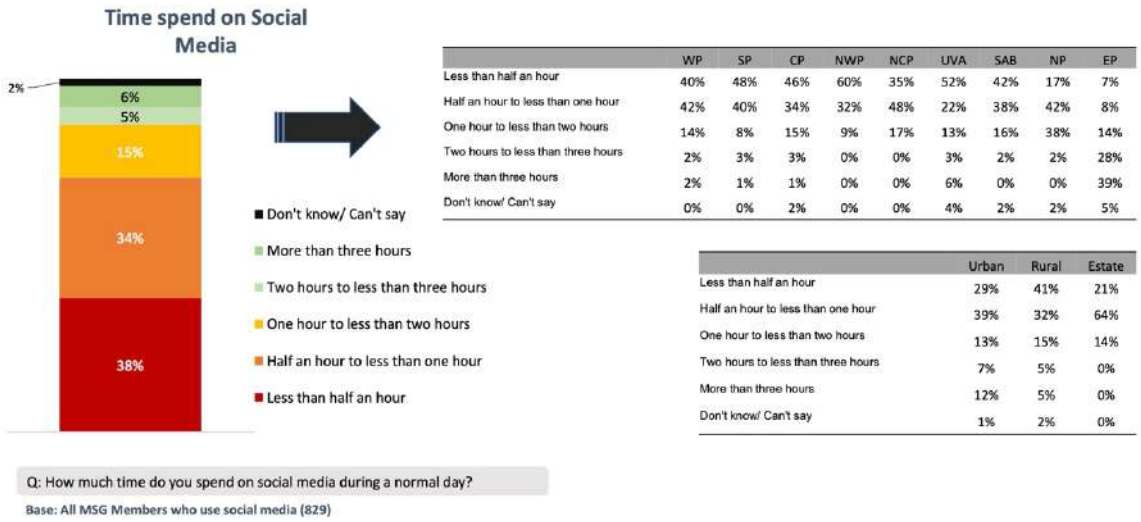


Figure 26: Motivation to MSG activities

3.7 Use of social media by MSG group members and engagement in monthly and local conferences

Approximately 38% of members spend less than half an hour on social media (Figure 27). Nearly 49% are not using mobile messaging groups (Figure 28); PHM is the key official involved (Figure 28). Approximately 35% mentioned that they had attended monthly conferences at the MOH. Nearly 24% of the members had attended four or more times in the last 6 months (Figure 29).



	WP	SP	CP	NWP	NCP	UVA	SAB	NP	EP
Less than half an hour	40%	48%	46%	60%	35%	52%	42%	17%	7%
Half an hour to less than one hour	42%	40%	34%	32%	48%	22%	38%	42%	8%
One hour to less than two hours	14%	8%	15%	9%	17%	13%	16%	38%	14%
Two hours to less than three hours	2%	3%	3%	0%	0%	3%	2%	2%	28%
More than three hours	2%	1%	1%	0%	0%	6%	0%	0%	39%
Don't know/ Can't say	0%	0%	2%	0%	0%	4%	2%	2%	5%

	Urban	Rural	Estate
Less than half an hour	29%	41%	21%
Half an hour to less than one hour	39%	32%	64%
One hour to less than two hours	13%	15%	14%
Two hours to less than three hours	7%	5%	0%
More than three hours	12%	5%	0%
Don't know/ Can't say	1%	2%	0%

Figure 27: Time spent on social media (n=829)

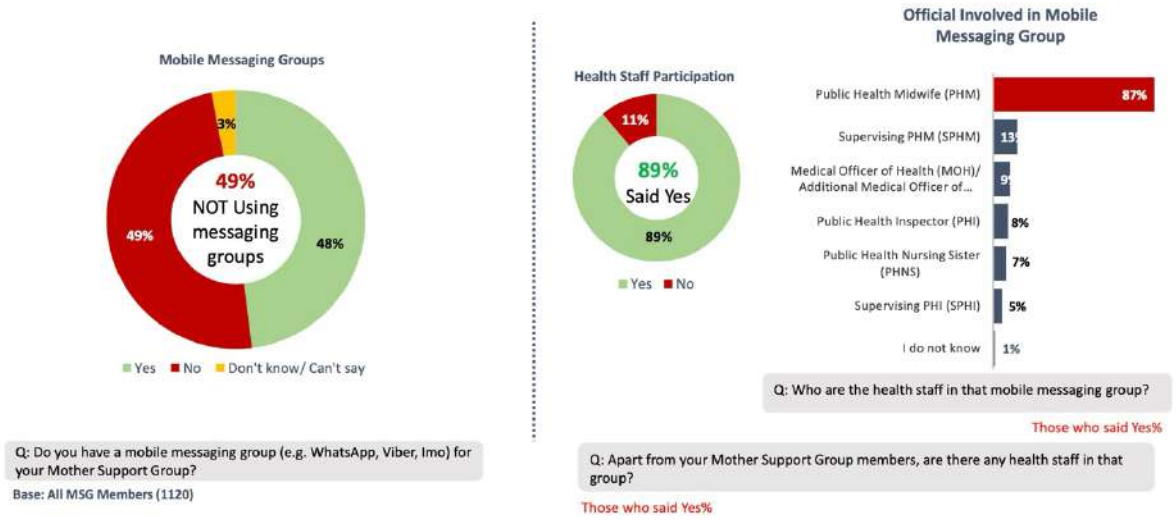


Figure 28: Mobile messaging groups (n=1120)

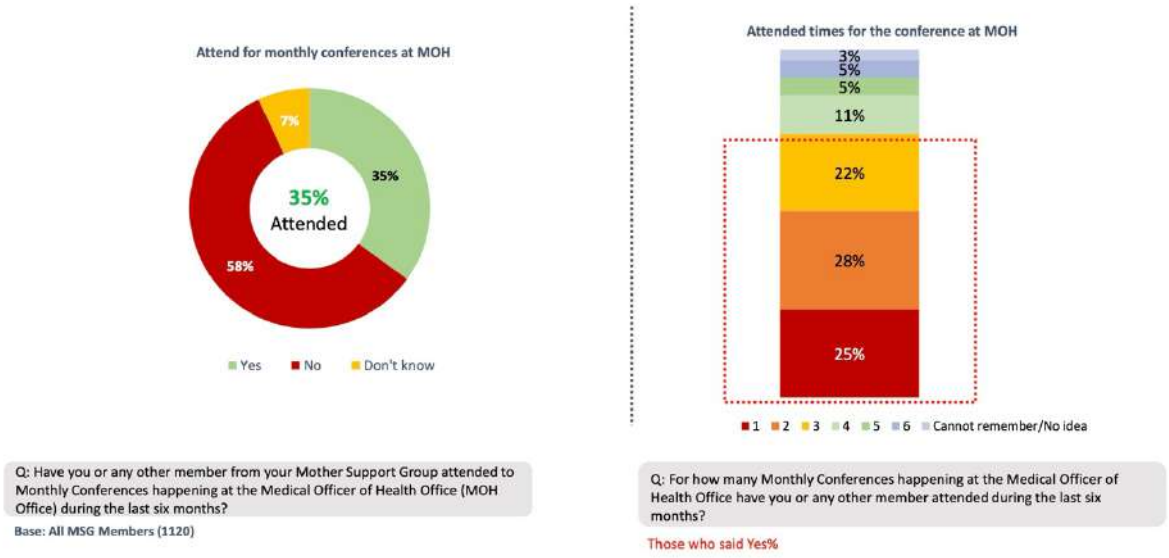


Figure 29: Attending monthly conferences (n=1120)

4. Recommendations

On the basis of findings from research on the functional status and needs assessment of mothers' support groups (MSGs) in Sri Lanka, several recommendations have been proposed to address identified gaps and enhance their effectiveness, particularly during economic challenges.

1. **Decentralized Information Sharing**:
    - By decentralizing knowledge-sharing mechanisms, dependency on public health midwives (PHMs) can be reduced.
    - Involve public health inspectors (PHIs), public health nurses (PHNs), and supervising public health midwives (SPHMs) to supervise and disseminate health-related information.
    - Encourage participation from nonhealth sector officers to contribute relevant expertise.
2. **Action plan development**:
    - The low percentage (33%) of MSGs with proper activity plans is addressed by prioritizing the development of an annual action plan.
    - These plans are used as the foundation for setting up effective monitoring systems to ensure the systematic tracking of MSG activities.
3. **Enhanced PHI Involvement**:

- Improve the involvement of PHIs in MSG activities, as only 14% of MSGs currently report PHI involvement in monitoring, and only 8% report PHI inclusion in mobile messaging groups.
- PHIs should be incorporated more actively in monitoring and communication through formalized systems and inclusion in mobile messaging platforms.

4. **Engagement Monthly and Local Conferences**:
    - The participation of MSGs in monthly (currently 35%) and local conferences (currently 21%) should be increased by encouraging leaders of MSGs to participate in relevant discussion topics.
    - Conference agendas should be designed to include topics of direct relevance to MSG leaders, fostering their active engagement and learning.
5. **Utilization of Mobile Messaging Platforms**:
    - Promote the use of mobile messaging platforms, such as WhatsApp, as a key communication tool, considering that 72% of members already use such platforms but that only 48% of MSGs have messaging groups.
    - Establish mobile messaging groups at the MOH level with MSG leaders and relevant health stakeholders to facilitate efficient information sharing and coordination.
6. **Strengthening Monitoring and Coordination**:
    - Structured monitoring procedures should be established to ensure the effective implementation of MSG activities.
    - PHIs and other public health staff should be included in monitoring frameworks, and specific responsibilities should be assigned.
7. **Capacity Building and Branding of MSGs**:
    - The low percentage (50%) of MSG leaders recognized as community leaders is addressed by improving their visibility and promoting MSGs as a key community network.
    - Enhance branding through initiatives such as the following:
        - Creating an easy pathway for community members to join MSGs.
        - Connecting MSGs with divisional secretariat (DS)-level officials and other village organizations.
8. **Recognition and Motivation Systems**:
    - Introduce district-level acknowledgment and rewards for MSG members to foster motivation and active participation.

- The MSG contributions are recognized through community events or formal acknowledgments during conferences.

9. **Expanding Knowledge and Training**:
    - The scope of knowledge and training programs for MSG members should be broadened to equip them to handle current health and nutritional challenges effectively.
    - Facilitate training programs that include leadership skills, community mobilization, and digital literacy for the effective use of mobile platforms.
10. **Leveraging Social Media Platforms**:
    - WhatsApp, Facebook, and YouTube are used to disseminate accurate health information via the Health Promotion Bureau (HPB) channels.
    - Alternative communication points should be strengthened to ensure wide outreach among MSG members.
11. **Regular Meetings and Follow-ups**:
    - Monthly MSG meetings should be encouraged, and MOH-level mechanisms should be established to monitor progress and ensure continuous engagement.
    - Feedback from these meetings should be integrated into planning future activities.
12. **Cross-Sector Coordination**:
    - Facilitate better coordination between public health staff, nonhealth stakeholders, and community organizations to ensure holistic support for MSGs.
    - Findings from the needs assessment were used to align MSG activities with local community needs.

By implementing these targeted recommendations, MSGs can strengthen their capacity, increase community involvement, and contribute significantly to health and nutritional improvements across Sri Lanka.

5. References

1. Guideline on Mothers' Support Group Activities (Health Promotion Bureau- 2018)

2. Handbook for Mothers' Support Group Members (Health Promotion Bureau - 2019)

3. Together, we can achieve Mothers' Support Group Success Stories (Health Promotion Bureau - 2019).

4. Waste Management for Mothers' Support Group Members (Health Promotion Bureau - 2020)

5. Nutrition-Sensitive Home Gardening for Mothers' Support Group Members (Health Promotion Bureau - 2020)

6. Right food at the right time, to make my baby healthy and bright (Health Promotion Bureau, Family Health Bureau- 2020)

7. Cash Management: A Handbook for Trainers (Estate and Urban Health Unit, Central Bank of Sri Lanka, Alcohol and Drug Information Center, SUNPF-2022)

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