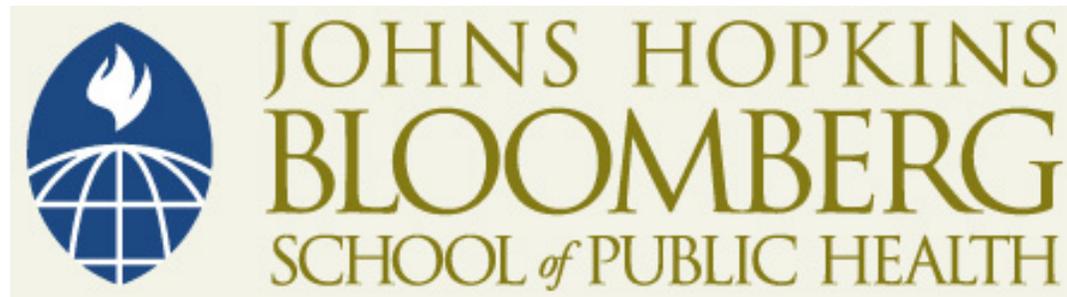


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## Section C

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**CBIO: Census-Based, Impact-Oriented Approach**

# Development of CBIO

- USAID funded an assessment of the Bolivia project (with an Expert Review Panel) in 1993
- Led to:
  - Production of a three-volume assessment
  - Meetings of an Expert Review Panel
  - A trip to Bolivia by two representatives from the panel

# Members of 1993 Expert Review Panel

- UNICEF
- USAID
- NGOs
  - Save the Children
  - CARE
  - Plan International
  - Project Hope
- Johns Hopkins University

# Suggested Reading



PERGAMON

Social Science & Medicine 48 (1999) 1053–1067

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## Attaining health for all through community partnerships: principles of the census-based, impact-oriented (CBIO) approach to primary health care developed in Bolivia, South America

Henry Perry<sup>a,\*</sup>, Nathan Robison<sup>b</sup>, Dardo Chavez<sup>c</sup>, Orlando Taja<sup>d</sup>, Carolina Hilari<sup>b</sup>, David Shanklin<sup>e</sup>, John Wyon<sup>f</sup>

## Conclusions of Expert Review Panel—1993

- The CBIO approach is worthy of further development
- As implemented by ARHC in Bolivia, it is too expensive to be widely replicable, and it has the important disadvantage of fostering dependency in the community rather than promoting community empowerment

## Findings of the Expert Panel

- ARHC should begin to scale-up this approach in Bolivia and test its effectiveness
- AID should support the testing of the CBIO approach in other countries
- The approach needs to be less expensive
  - Less than \$9 per beneficiary per year
- The approach needs to foster more community empowerment

## Current Status of CBIO

- In Bolivia: CBIO being applied at present in two peri-urban areas—  
El Alto and Montero
  - Montero has a very low under-five mortality (IMR around 7)
  - Montero TB program is a regional international model
- In Guatemala: CBIO linked with Care Groups
- Application of CBIO in Haiti led to reduction of U5MR from 188 to 65
- Care Groups and BRAC's urban health program in Bangladesh embody CBIO principles
- SEARCH is world's foremost example of CBIO

# Strengths of CBIO

- The power and clarity of its ideas and vision
- The link to key principles of public health
- Builds on the essential role of the community in maximizing health improvement
- Has the demonstrated potential to help programs become more effective in improving health
- Empowering for local program staff

## Strengths of CBIO

- A way to obtain high coverage of key child survival interventions
- Readily lends itself to the new interventions for community-based treatments for children
  - For example, childhood pneumonia, neonatal care, malaria prevention and treatment
- Readily lends itself to other interventions outside of child survival
  - For example, screening and treatment for TB and HIV/AIDS

# CBIO Challenges

- Does not lend itself to short-term, intervention-specific, top-down donor funding
- Can be a challenge to initiate
  - Community resistance not uncommonly arises at the outset
- Requires a dedicated hard-working staff
- Mortality rates subject to under-reporting and therefore need independent quality verification

## Care Groups + CBIO

- Potential dynamite!
- Answers the two basic criticisms of the 1993 Expert Review Panel
- Care groups foster empowerment while at the same time building on CBIO principles

# Conclusions

- Innovative primary health care programs take a lot of time, energy, money, and patience to start and sustain if they are going to have a lasting impact
- The principles and goals of these programs have to be clear, and evaluations are essential
- Favorable policy changes (as in the case of Peru) can have major implications for scaling-up
- Providing ongoing funding for these types of innovative integrated programs is very difficult