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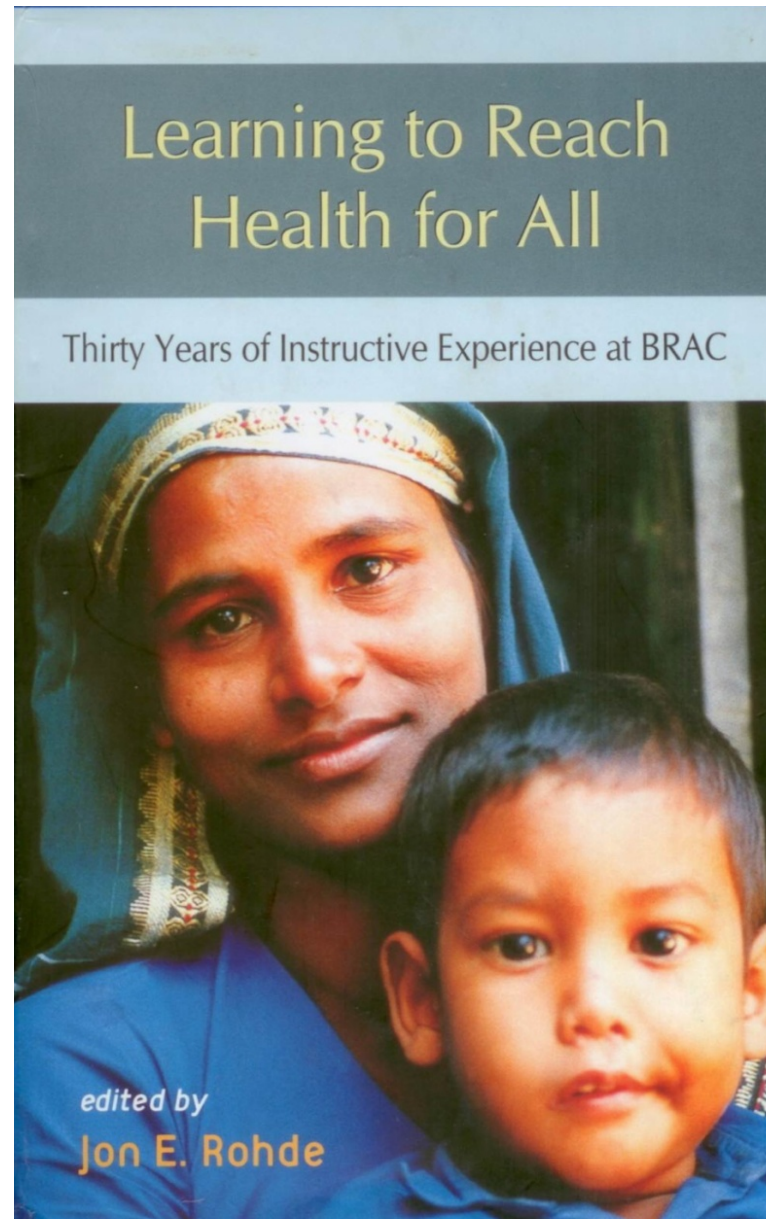


JOHNS HOPKINS  
BLOOMBERG  
SCHOOL OF PUBLIC HEALTH

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## Cross-Cutting Themes

# Issues of Scaling Up



# Lessons Learned: BRAC National ORT Promotion

- Pilot everything
- Training should be based on active learning
- Use objective criteria to monitor program
  - Checks of quality should exist at each level
- Performance should influence pay
- Evaluate frequently
  - Modify program on the basis of evaluation results
- Build teamwork; reach out to men and opinion leaders as well as to mothers

## Lessons Learned: BRAC National ORT Promotion

- Going to scale does not necessarily result in a loss of quality because management systems can be devised to assure quality at any scale
- Lay workers are effective conveyers of health information to change behaviors

## Lessons Learned: BRAC National ORT Promotion

- Collaboration between NGOs and government enhance program effectiveness
- Through developing greater levels of trust at the community level, citizens can actively become involved in improving health practices

# Achieving Child Survival Goals

## Achieving child survival goals: potential contribution of community health workers

*Andy Haines, David Sanders, Uta Lehmann, Alexander K Rowe, Joy Lawn, Steve Jan, Damian Walker, Zulfiqar Bhutta*

There is renewed interest in the potential contribution of community health workers to child survival. Community health workers can undertake various tasks, including case management of childhood illnesses (eg, pneumonia, malaria, and neonatal sepsis) and delivery of preventive interventions such as immunisation, promotion of healthy behaviour, and mobilisation of communities. Several trials show substantial reductions in child mortality, particularly through case management of ill children by these types of community interventions. However, community health workers are not a panacea for weak health systems and will need focussed tasks, adequate remuneration, training, supervision, and the active involvement of the communities in which they work. The introduction of large-scale programmes for community health workers requires assessment to document the impact on child survival and cost effectiveness and to elucidate factors associated with success and sustainability.

## Issues Related to CHWs

- With proper selection, training, and supervision, CHWs (volunteer and paid) can be effective agents in reducing child mortality
- Who is going to train and supervise them?
- Who is going to make sure:
  - They are not overloaded with too many tasks?
  - They are addressing the priority conditions responsible for preventable mortality in their communities?



## Issues Related to CHWs

- Who are they responsible to?
- What incentives/salary are appropriate given the context?
- How can CHW programs be scaled up and sustained?

# Shasthya Shebikas

- Shasthya Shebikas are CHWs trained and supervised by BRAC in Bangladesh
- 68,000: helping to provide essential health care to 31 million people
  - And TB services to 83 million
- Each responsible for 100-150 households
- Chosen by and responsible to the community
- Unsalaries but receive minimal remuneration from sale of essential health commodities
  - For example, latrine slabs, sanitary napkins, soap

# Activities of Shasthya Shebikas

- Routine visitation of all homes with basic health education
  - Including nutrition education
- Childhood pneumonia detection and case management
  - With supervision
- Promotion of diarrheal disease prevention and treatment
- Promotion of immunizations, family planning, antenatal/postnatal care
- Detection of symptomatic cases of possible TB, collection of sputum specimens, provision of directly observed treatment (with supervision)

# Female Community Health Workers in Nepal

- 36,000 recruited in 1993
  - But program was stopped after one year because government couldn't pay the stipend of \$2 per month
- National vitamin A program reactivated this resource by providing training and local incentives (given preference in obtaining government services—otherwise volunteer)
- Critical for expanding vitamin A coverage and now are expanding to:
  - Deworming
  - Providing case management of childhood pneumonia
  - Distributing iron tablets to pregnant women

# Review of CHP and the Management of Sick Children

- Even though there is strong evidence that community-based treatment of pneumonia lowers under-five mortality, it is rarely implemented, especially in Africa
- In places where both malaria and pneumonia are major causes of childhood morbidity and mortality, they should be managed together by CHWs in the community
- There is little follow-up information available about the CHW programs of the 1980s
- New and emerging strategies for CHWs need rigorous evaluation and gradual scaling-up

# Major Findings and Recommendations

From our own review

# Factors Impacting CBPHC Child Survival Interventions

- Emphasize “proven” CBPHC interventions, allow for innovation and flexibility
- Strong professional/technical leadership
- Strong outreach
- Strong supervision
- Strong monitoring and evaluation (M & E)
- Partnership of respect and trust between health system and community
- Functioning referral/counter-referral system
- Long-term financial support

## Importance of Reaching those Most in Need

“Unless services reach those most in need, even the best conceived primary health care and nutrition programs can obviously have little impact on mortality.”

—Gwatkin, Wray, and Wilcox—1980



# General Findings

- Most evidence based on short-term efficacy studies of single interventions

# Frequency of Reports of Intervention Effectiveness

Intervention	Percent
<b>Micronutrients</b>	<b>34.2</b>
Promotion of good nutrition	33.0
<b>Immunizations/immunization promotion (reports on measles, tetanus immunization)</b>	<b>32.8</b>
Diarrhea prevention	31.0
Primary health care	28.2
Breastfeeding promotion	28.2
Diarrhea treatment	27.0
Neonatal/perinatal health care	25.6
Malaria prevention	22.4
Complementary feeding	21.8
Treatment of childhood illness/integrated management of childhood illness (IMCI)	18.4
Malaria treatment	17.5
<b>Pneumonia treatment</b>	<b>17.2</b>
Pneumonia prevention	14.7
HIV prevention (in children)	7.5
Neonatal tetanus treatment	3.7
Measles treatment	3.7
<b>Congenital syphilis prevention</b>	<b>2.6</b>
HIV/AIDS treatment (in children and adults)	1.4
Congenital syphilis treatment	1.1

## Length of Studies Included in the Review

Duration of study	Frequency	Percent
Less than 1.0 years	69	19.9
1.0-4.9 years	194	56.1
5.0-9.9 years	56	16.2
10.0+	17	4.9
Not applicable	10	2.9
Total	346	100

# Criteria

- What criteria would you set to define whether a study is an efficacy or an effectiveness study?

# General Findings

- We need more studies of the effectiveness (including mortality impact) of integrated community-based programs in routine settings at scale
- We need more studies of the influence of community partnerships and community empowerment in improving outcomes
  - Those which do exist are compelling and should lead to further experience and further evidence

## General Findings

- Relative lack of evidence about effectiveness of community-based programs from Africa, compared to South Asia, except for malaria interventions
- Need more effectiveness studies at scale of community-based programs integrating reproductive and child health
- We need new methods to assess the effectiveness of large-scale complex public health interventions

# Conclusions

- More emphasis on CBPHC is needed to accelerate progress in reaching MDG4, especially in high-mortality settings, where health systems are weak
- More efforts are needed to involve the community as a partner in order to help programs reach their full potential
- Ongoing rigorous monitoring and evaluation of impact on under-five mortality (and high-quality independent assessments published in peer-reviewed journals) will be critical for long-term effectiveness at scale

# Community as a Resource

- We need to learn how to better tap into the community as a resource, not consider it just as a “target”

“We are convinced that if the development agenda had recognized the existing strengths in the African people and had built on them, we would have gotten much further than with the approach of treating African people as if all they have is ignorance to be gotten rid of and presenting them with solutions with no bridges to their reality.”

—Miriam Were  
2005 Gates Award Acceptance Speech  
on behalf of AMREF



# Community as a Resource

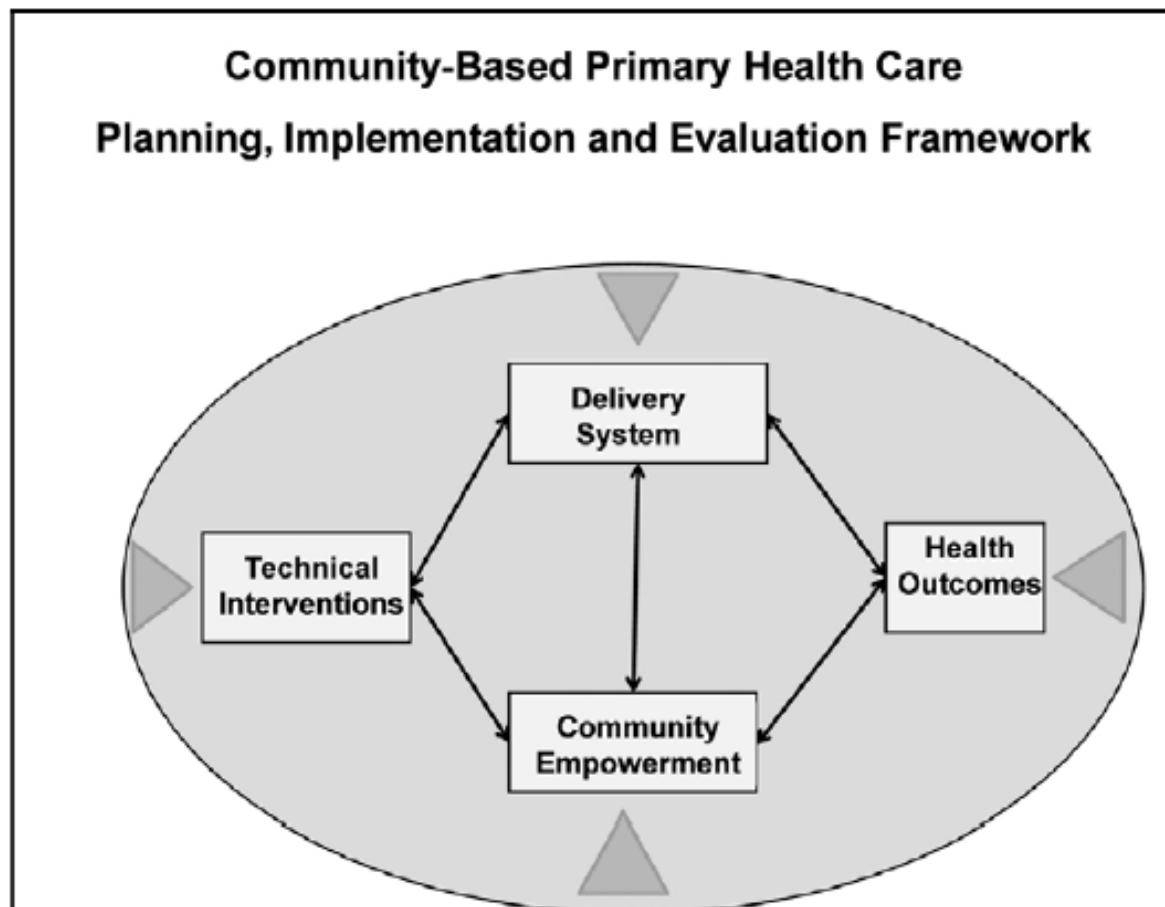
“We have the bullets but not the guns” for waging war on child mortality and initiating a second child survival revolution

—Cesar Victora  
Global Forum for Health Research  
Mexico City, 2004

- It's time to build an effective framework for delivering the interventions collectively at scale for the long-term in partnership with communities!

# Conceptual Framework

A Conceptual Framework for Planning, Implementing, and Evaluating the Effectiveness of Proven Technical Interventions in Routine Field Situations at Scale



Note: Triangles represent contextual factors, which are outlined in Table 5.

# Alma-Ata: Rebirth and Revision 5

## Alma-Ata: Rebirth and Revision 5

### Community participation: lessons for maternal, newborn, and child health

*Mikey Rosato, Glenn Laverack, Lisa Howard Grabman, Prasanta Tripathy, Nirmala Nair, Charles Mwansambo, Kishwar Azad, Joanna Morrison, Zulfiqar Bhutta, Henry Perry, Susan Rifkin, Anthony Costello*

#### Increasing Empowerment



# Delivering CBPHC Interventions for Children: Strategies

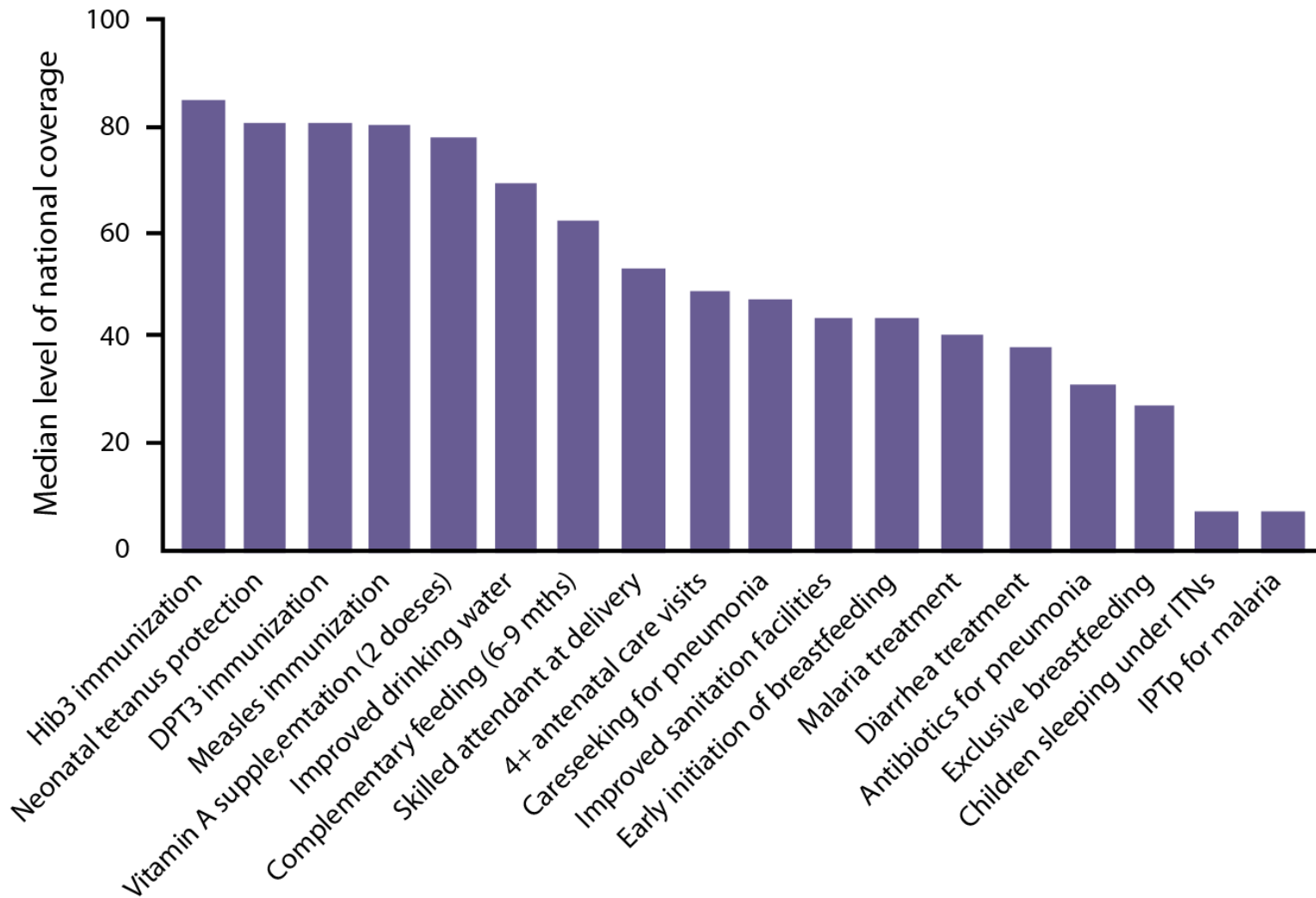
- Home visitation
- Participatory group meetings with women of reproductive age
- Community-based treatment/referral of acute life-threatening illness
- Provision of services by a mobile team at outreach points accessible to the population
- Social marketing/commercialization of commodities

# Delivering CBPHC Interventions for Children: Strategies

- The delivery strategies and findings ways to optimize the contributions of the communities are as important as the technical content of the interventions themselves
- Since the evidence is rapidly accumulating concerning the efficacy of a growing number of CBPHC interventions for improving child health, we need to start giving attention to the delivery strategies and optimizing community engagement

# Countdown to 2015 Report, 2008

Median National Coverage Levels for Selected Countdown Indicators and Approaches Across the 68 Priority Countries, Most Recent Estimate



Adapted by CTLT from WHO & UNICEF. Countdown to 2015: Maternal, Newborn, and Child Survival, 2010.