



Community Health Network Spring Meeting 2011:

Hot topics, fresh insights, and ways forward

CORE Group's *Community Health Network* hosted 217 participants from 94 organizations, making it our most extensive Spring Meeting ever. Plenary, concurrent and Working Group technical sessions took place from May 10-13, 2011, in Baltimore, Maryland.

A new program element added to the dynamic nature of this year's meeting. As a partner on USAID's TOPS project, CORE Group is overseeing the launch of the new *Food Security and Nutrition (FSN) Network*. By dovetailing an *FSN Network* event with our established *Community Health Network* gathering, we were able to bring together a new set of stakeholders to explore the intersections of health, nutrition, agriculture, and more.

The *FSN Network* hosted its first Spring Technical Meeting on Monday, May 9. The next day, the *Community Health Network* scheduled topics of mutual interest to both the child survival and Title II communities. Participants and invited experts explored the roots of poverty, formative research in nutrition, and integration of gender, agriculture and nutrition in programs.

The **meeting theme of equity** reflects on the *Community Health Network* values of health for all. Several dialogue-based sessions explored the complementary equity themes of access and use, including how to: take successful approaches to scale, negotiate dense urban communities, strengthen as well as lengthen the reach of health systems through community health workers (CHWs) and technology, work with adolescents, use a rights-based framework, and engage the community.

In addition, to deepen capacity to improve health and development outcomes, participants explored collaboration mechanisms designed for specific health goals including polio eradication, community case management of sick children, and maternal and newborn health. They discussed innovations and shared tips on operations research in order to improve our work.

CORE Group member representatives and partners, and *Community Health Network* Working Groups developed the majority of the week's technical sessions, responding directly to member interests and needs. Working Group sessions on Wednesday and Thursday afternoons focused on networking, sharing accomplishments, making technical presentations, planning new activities, and deliberating on CORE Group programming initiatives that span technical sectors.

This document summarizes key messages that emerged over the course of the meeting.

- Keynote: Why does poverty persist?
- Cross-cutting Sessions: Innovations, Equity, Human Rights, Sustainability, and Integration
- Community Health Workers
- Social and Behavior Change
- Targeting Specific Populations
- Health Programming Areas
- Monitoring and Evaluation
- Organizational Directions

Why does Poverty Persist?

The keynote session was provided by Anirudh Krishna, the author of “One Illness Away—Why People Become Poor and How They Escape Poverty.” His project collected data from 35,000 households in five countries, including the United States. His surprising finding? The poor are not a homogenous mass, perpetually mired in poverty. Rather, they are a fluid group, losing members who manage to do well, and gaining new members in often equal numbers. Why do some people escape poverty but not others? How well do they do? And why do people become poor?

Krishna makes the compelling case that much of what brings people in and out of poverty relates both to opportunities and catastrophes. Opportunities often take the form of diversification of income sources, related to agriculture or the urban informal sector. Often one event isn't what sends a family into poverty, but typically a series, over the course of years, including illness (cost of care, lost income), cultural events (dowries, weddings, funerals), agricultural issues, and being a woman head of household. Settings that lack safety nets exacerbate the problem. Krishna also found that despite stereotypes, laziness and substance abuse rarely factored into the equation. (Interviews with neighbors and other community members were key to gaining this information.) Lack of upward mobility is endemic.

- With this in mind, there need to be at least two sets of policies to address both sets of circumstances.
- Better understanding of how people become poor and escape poverty can help to inform what interventions and policy changes will have the most significant impact.
- No one cause or event leads to poverty.
- Why poverty persists is not simple nor due to one particular behavior, but usually to a series of barriers, events and things not always within an individual's control
- Social capital, human potential, upward mobility and quality of life issues are just as important to consider as addressing basic needs and rights.

Cross-cutting Sessions

Innovations – Investment Processes and Outcomes

- The innovation process involves addressing a problem with an innovation and then building the evidence-base and looking at implementation at scale. However, where investments are made in that process vary and the “innovations is as much about the process of unearthing innovation as it is about the actual innovations.”
- Some innovations are widely replicated but without a strong evidence base. Other innovations have a strong evidence base but are not being widely used. The ideal is obviously to build a strong evidence base, and then replicate widely.
- With a new focus on “innovations” it's important to look at the plethora of different perspectives and approaches and learning to date in generating innovative health solutions.
- Innovation for MNCH involves moving beyond the status quo by engaging both traditional & non-traditional players in health to generate new & creative health solutions.
- Concern Worldwide runs processes to locally generate innovations. They make the case that innovation is not necessarily “fireworks” as in an amazing idea, but sometimes borne of unremarkable ideas that can be nurtured and developed. This entails a deliberate, meaningful process.

Equity and Nutrition through Agriculture

- By putting women's and children's nutrition needs at the forefront of the planning process, agriculture projects can reduce malnutrition and build healthy futures.
- An agriculture and nutrition project plan can seek to empower women with knowledge and skills to prevent or reverse malnutrition, care for their children, and access technical resources to improve food production and/or food processing.
- Increasing women's control / ownership of assets (natural, physical, financial, human, social, political) helps create pathways out of poverty more than measures that aim to increase incomes or consumption alone. Further tools and evidence are needed to show how increasing resources controlled by women can improve child health and nutrition, ag productivity and income growth.

Considerations for Incorporating Health Equity into Project Designs: A Guide for Community-Oriented Maternal, Neonatal and Child Health Projects

MCHIP, with CORE Group input, developed a guidance document with practical advice for including equity considerations in project design. The equity guidance underscores the importance of dialogue with multiple stakeholders to decide on a location specific strategy based on a systematic, six-step process:

- 1) Understand the equity issues in the project area
- 2) Identify the disadvantaged group on which to focus
- 3) Decide what is in the project's manageable interest to change
- 4) Define equity goals, objectives, and a project-specific definition of equity
- 5) Determine equity strategies and activities
- 6) Develop equity-focused monitoring and evaluation (prior to conducting a baseline KPC)

As the *Community Health Network* continues to address **equity** issues, we can look for ways to **adapt and scale-up the Stages-of-Progress methodology** to further our work and try to prioritize the promising findings into our work including links to improved agriculture, social change programs and supply and demand of fundamental and universal health services.

Taking a Human Rights-Based Approach to Women's and Children's Health: What would it mean and why should you care?

- Health systems are core social institutions that make design and allocation decisions based on social, ethical and legal values—not just clinical, medical and scientific understanding.
- Beyond formal health systems, many factors influence health outcomes—health is a product of a complex web of social and power relationships.
- A rights-based approach to health systems consists of three elements:
 - Accountability;
 - Equal dignity and non-discrimination; and
 - Meaningful participation

- Rights for 1. available, 2. accessible, 3. affordable and 4. quality services are embodied in global conventions and human rights law.
- Consider the three maternal death-related “delays” from a human rights perspective. Delay in: deciding to get help; arriving at health facility; receiving adequate treatment. All relate to the four rights listed above and often can be linked to root causes involving lack of operationalization of human rights for all.
- None of these can be achieved without meaningful participation of the people and addressing root causes which can often be best understood through a rights lens.
- There is a need for further operational guidance to better implement and monitor a rights-based approach. We need to create useful frameworks and build experience and evidence.
- Specifically, there is an opportunity to incorporate rights “ideas” into **new Community Health Workers materials and curricula**.
- There is also potential value in a tool that places a rights approach within a **stages of change model**.

Pathways to Sustainability

- CORE Group is working with ICF Macro’s CEDARS Center to develop a methodology to measure post-project sustainability and demonstrate the value of key project strategies and local determinants of sustainability. Preliminary ideas and hypothesis were presented for comment.
- CORE Group members expressed a lot of enthusiasm and interest for a major sustainability initiative that would measure key indicators used in their baseline and final evaluation again at 3-5 years post project along with analysis of qualitative information.
- Tufts University, through Title II funding, is conducting a multi-country study of the sustainability of Title II projects which may provide useful lessons learned.
- The evaluation methodology should be balanced between an external scientific approach and a participatory learning approach with project stakeholders to maximize learning about sustainability.

Let’s use Platforms to Integrate!

- Integration discussions are typically enthusiastic yet vague—we need to be more specific and build evidence.
- Although platforms for integration can be broadly defined and optimized, four were noted: household visitation, women’s groups, community case management, and facility outreach sites.
- Reasons to integrate include logistical or obvious content linkages (e.g. TB and HIV). However operationalization is typically a management issue— it’s hard for different management systems to overlap, and there are often culture clashes / different *modus operandi* among sectors and subsectors.
- We need to find more “maximum tolerable un-alikeness” in our partnerships to take advantage of new synergies.

- Integration can lead to surprising synergies, e.g. BALANCED Project linking of health and environment efforts to provide family planning referrals and supplies.
- Unanswered integration questions include M&E, Operations Research protocols, How little is too little, how much is too much, and what is the right balance.

Community Health Workers

CHWs on the Move!

- Everyone realizes the importance of working with CHWs in community health programs but there is still a wide knowledge gap on the definition, roles, functionality, motivation and types of formal and informal CHWs. The development of a clear CHW taxonomy that outlines best practices according to different epidemiological, socio-economic, cultural, and geographical situations would be useful as guidance for designing CHW Programs.
- Social capital, the bonds between similar people and bridging between diverse people, with norms of reciprocity, is an intangible but critical component in the community health system. We postulate that a community with high social capital will better utilize health services, practice key behaviors, and problem-solve to improve health conditions than a community with limited social capital.
- CORE Group should continue to explore and develop guidance on systems within a community and elements of CHW subsystems that contribute to positive health outcome.
- CORE Group members are welcome to share tools, best practices and ideas on CHW Central, a new website devoted to CHWs. The Health Care Improvement Project is launching the site in June which will initially feature their revised Community Health Worker Assessment and Improvement Matrix and toolkit.

Compensating and Retaining Community Workers

- There are many ways to support and incentivize CHWs, and a combination of methods seem to be most effective.
- Because there are so many unanswered questions about CHW motivation, we need to better research and document experiences using CHW incentives, including new innovations such as the entrepreneurial model from Good Living that provides CHWs with a saleskit of products.

What's Happening on the Forefront of Care Group Implementation?

The Care Group model is an approach to organizing community health volunteers in order to improve coverage and change behavior. A Care Group is a group of 10-15 volunteer, community-based health educators who regularly meet together with NGO project staff for training and supervision. Each of these volunteers then go out at least monthly to do health promotion with a small cohort of mothers of young children. They are different from typical mothers groups in that each volunteer is responsible for regularly visiting 10-15 of her neighbors, sharing what she has learned and facilitating behavior change at

the household level. What constitutes an “official” Care Group Model? The answer, as well as Care Group Model tools and resources can be found at www.caregroupinfo.org.

The large turnout for this session and engaged discussion during the lunchtime session demonstrated the demand for more forums for discussion and sharing on Care Groups. Next steps: Bring Care Group practitioners together within the next six months as part of ongoing **Care Group Technical Advisory Group events**. There is a need to focus discussion on generating ideas for operations research across Care Group projects (ex. measuring changes in social capital, health facility utilization, gender-based violence, respect for volunteers/women and MOH adoption of the model) as well as opportunities for collecting LIST data for projects using the Care Group model.

Social and Behavior Change

MCH Curricula: Strategies for Developing Effective Materials

- Pretesting materials and job aides is critical, even though it may take a long time, to ensure local acceptability and to verify that key messages are understood as intended.
- Good visual aids are important, but it is also important to train health workers on counseling and problem-solving skills so that they understand the process of change, and can utilize change management concepts based on “cues” from their clients.

Influencing the Influencers: the power of involving influential community members in global health programs.

- Community influencers, such as grandmothers, neighbors, religious leaders, traditional leaders, etc. can contribute to positive health behaviors.
- A family-centered approach is effective in changing infant and young child feeding behaviors.
- Include religious leaders from all sects in design and implementation of training materials and activities.
- Infant feeding buddies can be successfully integrated into routine PMTCT services.
- Recommendation: We need to be able to better measure changes in behaviors as a result of engaging influencers and conduct small studies that can be influential in changing policies.

Revisiting Trials of Improved Practices (TIPs)

TIPs is a methodology for pretesting and developing the actual practices that a program will promote during implementation. It is a formative research technique developed by The Manoff Group.

- Participants feel that TIPs is an especially useful method for promoting recommended Infant and Young Child Feeding (IYCF) practices.
- Participants feel that TIPs helps field staff acquire more skills in “negotiation” techniques.
- Using TIPs helps MOH partners see the need to develop more practical/detailed/feasible recommendations to achieve changes in IYCF behaviors.

Targeting Specific Populations

Integrated Program Approaches to Support the Continuum of Transition for Adolescence to Youth to Young Adults

- Adolescents and girls have unique the social and economic potential; understanding it is critical to adequately respond to their needs.
- Look at the diversity of adolescents (ex. age, gender, geographic location, etc.) and target programs accordingly.
- Adolescents and youth need integrated programs and youth-led initiatives are more sustainable.
- Recommended next step: Sponsor a **series of webinars on adolescents and youth** including some sessions participated in and organized by youth.

Scaling-up Gender-Based Violence Interventions using Organizational Barrier Analysis

This session provided the results of an Organizational Barrier Analysis study conducted with CORE Group member organizations to explore why some organizations measure and intervene in Gender-Based Violence (GBV) and others do not.

- We need to measure GBV in child survival projects. Organizations that measure it are more likely to understand the high prevalence and severity of the problem and to intervene.
- Only 15% of PVOs measure GBV as part of their child survival projects.
- There were several suggested next steps related to **Gender-Based Violence**:
 - The M&E Working Group could provide guidance to PVOs regarding the measurement of GBV and gender and **create a gender/SGBV KPC module**.
 - Generate and disseminate **case histories** of GBV reduction in CS projects.
 - Form a **gender working group** within CORE or invite CORE members to serve on the FSN Network Gender WG.

Urban Health

- A major and growing concern – 1 billion people live in urban areas.
- Successful rural interventions need adaptation for success in the urban areas.
- Proximity does not define access. There are many cultural, safety, physical barriers, and other concerns that must be considered in addition to distance.
- Recommendation: Develop a **forum for exchange of information** and sharing of experiences in **urban health** programs in order to meet the current gap in good information about successful and not successful interventions/applications in the urban setting.

Health Programming Areas

Maternal Health Innovations

Postpartum hemorrhage (PPH) is the leading cause of maternal deaths worldwide. A woman can die in as short a time as two hours. This session highlighted community-based ways to prevent death from PPH.

- Methods of treatment of PPH and estimation of blood loss, including use of locally available materials, like cotton cloths (*kangas*)
- Management of hypovolemic shock due to PPH
- The use of Non-Pneumatic Antishock Garments (NASGs)
- The appropriate use of uterotonics including Misoprostol at the community level

Resources: From Pathfinder, a 22-minute video highlighting many of these techniques:

http://www.pathfind.org/site/PageServer?pagename=Video_PPH_Clinical_Training

From Venture Strategies Innovations. “Tanzania and Kenya demonstrate misoprostol distribution at ANC protects mothers from PPH.” March, 2011. <http://vsinnovations.org/tanzania-and-kenya-demonstrate-miso-distribution-protects-mothers-from-pph.html>

Moving forward: There is a need for more organizational **sharing of MCH material development innovations, ideas, resources**, etc. It is difficult to easily locate materials and images. Everyone has their own website, and there is a need for a central site to collect all resources.

Adapting the *Home-Based Life Saving Support* package to fit your program

Home Based Life Saving Support (HBLSS) is a community mobilization tool and set of training materials that has been used in more than 15 countries to reduce maternal and neonatal morbidity and mortality during pregnancy and delivery in settings where facility utilization is low. It involves training the community and households to plan for and effectively respond to problems that may arise during home births. One of the most critical components includes linkages and transportation to health facilities.

- HBLSS can be adapted to many cultural contexts and topic areas.
- HBLSS involves a variety of stakeholders and builds on a community platform.
- Communities love it and adopt it – it addresses real-life situations in a way that’s approachable
- There were several suggestions related to **HBLSS**:
 - Consider **mobile phone adaptations**
 - Revise the **facilitator’s guide** and implement **regional trainings** to develop capacity
 - Use information from this session to **advocate for funding**

Unanswered questions related to HBLSS included: how to incorporate TBAs when MOH has policies against TBAs and/or home delivery; requirements for scalability; and at what point do you achieve critical mass of trainers and capacity.

Practical Family Planning Integration – What does it really mean?

- Done well, the advantages of integration are greater than the disadvantages.
- Additional indicators may add to the M&E burden.

- Conservation/environmental programs/projects “get” the value of family planning, but need to be shown how to do it. Use of agriculture/conservation metaphors are helpful.
- One major advantage of FP integration can be maximizing the remote nature of the project work (conservation, traditional birth attendants, HIV/AIDS counselors/treatment supporters) to enable delivery of FP commodities via community-based distributors.

Newborn Health

- The group discussed key messages to include in an essential newborn actions package for expectant mothers and persons who influence neonatal care in the household and community.
- Participants received an update on the Helping Babies Breathe (HBB) program, a simplified neonatal resuscitation training package.
- NGOs are urged to become involved with the HBB program at the regional/country level.

Ready to Use? Ready to Integrate! Lessons in the Integration of Community-based Management of Acute Malnutrition (CMAM) and Integrated Management of Childhood Illness (IMCI) Activities

Malnutrition contributes to about half of all child deaths and yet the treatment of moderate or severe malnutrition is not fully incorporated into traditional IMCI models, beyond the provision of vitamins and micronutrients.

- Community Management of Acute Malnutrition (CMAM) and Integrated Management of Childhood Illnesses (IMCI) programs can be integrated at both the community/community health worker level and the health facility level.
- Some ministries of health have included CMAM in national systems more seamlessly than others.
- Unanswered questions include: how to best integrate CMAM into the medical supply chain; avoiding overburden of health workers with too many tasks; and cost effectiveness of integrating CMAM.

Addressing Anemia Full Spectrum

- Not all anemia is caused by iron deficiency, and the other causes of anemia, including malaria and hookworm, overlap not only geographically, but also potentially programmatically.
- There is a growing body of evidence that maternal anemia interventions are not only important for the health of the mom, but also for her child.
- The major global health initiatives that have relevance for iron deficiency anemia are *Making Pregnancy Safe*, *Saving Newborn Lives*, *Infant and Young Child Feeding* and iron fortification. Two other initiatives are important for other causes of anemia: The *President’s Malaria Initiative* is essential for reducing the risk of malaria-induced anemia in malaria-endemic areas and the *Neglected Tropical Disease Initiative* is vital for addressing anemia caused by hookworm and schistosomiasis.

Recent Findings from an Evaluation of the CORE Group Polio Project

The CORE Group Polio Project (CGPP) is in the second phase of a global initiative to support polio eradication through cooperation with host governments and international and local organizations in Angola, Ethiopia, and India.

- Polio eradication is closer than ever and NGOs, and CORE specifically, are well positioned to contribute.
- The last push to reach the remaining reservoirs will require special attention to targeting special populations and overcoming social resistance.
- The challenge now is to identify and reach the remaining 5-10% of the population with hardcore resistance and strengthen local M&E capacity, including building routine immunization systems.
- The CGPP secretariat model, as NGO coordinator and neutral broker, is a relatively small cost compared to the leveraging and benefits it makes possible. This model is effective, could attain greater reach, and could be used to address other issues requiring community-based outreach, e.g. strengthening routine immunization systems, malaria, and TB.

Non-Communicable Diseases (NCD) – The Unheralded Global Epidemic

NCDs account for 60% of the world's deaths with approximately 35 million deaths per year. Four main diseases: cancer, cardiovascular disease, chronic respiratory disease and diabetes.

- NCD advocacy is gaining momentum gearing up for the UN NCD Summit in NYC in September 2011
- NCDs and infectious disease are related. And some NCD can be caught—e.g. spread through tobacco advertising or marketing of fast food.
- An integrated health systems approach is necessary to address them.
- Julio Frenk cautions against false dichotomies in global health that are not necessarily helpful in solving global health issues: infectious/non communicable, horizontal/vertical, chronic/short-term, social determinants of health/health services, prevention/treatment.

Community-based Tuberculosis: What's Next?

- NGO involvement in community-based TB continues to be low, but there is great potential in many arenas, including case finding and treatment support. The TB WG recently conducted a survey that tells more. (Available at www.coregroup.org/tuberculosis)
- Increasingly, NGOs are supporting TB work in advocacy, communication and social mobilization. (ACSM) One of the biggest questions is how to measure the impact of that work. There are strategies that can be both practical and substantive. Upcoming terminology changes (away from ACSM) may confuse the issue.
- Partners in Health has demonstrated the potential of community-based MDR treatment, even in settings where 2 years of hospitalization had been the norm.
- Pediatric TB is an area of growing concern and interest, especially in high HIV settings. Even at the community-level, it is possible to address this issue in a meaningful way.

Monitoring and Evaluation

Operations Research: Methods, challenges, emerging lessons and opportunities

- IPVOs are demonstrating increased capacity to conduct operations research. It is important to make sure government and local stakeholders are in agreement with the hypothesis being tested.
- Methods used in OR in community-based programs are quasi-experimental but provide significant learning.
- When conducting OR, be flexible and go simple.

LQAS – Pitfalls, Controversy & Addressing Concerns

The Lot Quality Assurance Sampling (LQAS) methodology is commonly used by community-oriented projects for monitoring and evaluation.

- LQAS is useful, but there are some controversies—Care is required when talking about how the results are used, so as not to misstate the meaning of the findings. There is a need to address how to balance the use of LQAS at the field level for programming, and communication with the larger public health community, including with academics.
- Next steps: more guidance and clarity on these issues, perhaps via webinar?

mHealth at the Community Level: Recommendations for roll-out

- Skip the urge to push the solution (the how) without input from multiple levels (the what).
- Challenge is not technology, but the interaction between the users and the technology.
- Training on the technology used is a continuous process.
- Why isn't it being rolled out by NGOs in a large way?
- When NGOs contract with a tech company, they should go in with another NGO and negotiate for a “twofer”...otherwise the tech companies just keep reprogramming the same thing again and again.
- It should not be looked to as a cost-saving approach, but rather as an increased efficiency approach.

Organizational Directions

USAID: New Directions and Opportunities

- USAID is undergoing a major reform called “USAID Forward” to correspond to major changes in the global development environment
- USAID is looking for bold new development ideas through their “Grand Challenges for Development” initiative that integrates social, technological and business innovations. USAID has also instituted a new Development Innovations Venture mechanism.
- The USAID Child Survival and Health Grants Program is a key contributor to innovation and learning. New “briefs” on current grantee innovations are available on www.mchipngo.net

MCHIP Update

MCHIP is USAID's Flagship Program for Maternal and Child Health and CORE Group is an important MCHIP collaborating partner.

- CORE Group can diffuse tools, resources and experiences of MCHIP widely to CORE Group members.
- CORE Group's experience, especially in terms of the contributions of community-oriented approaches, can inform MCHIP's efforts to scale up proven interventions.
- Resources: www.mchipngo.net