

# OVERVIEW OF COMMUNITY PROGRAMMING: FRAMING OF DIFFERENT COMMUNITY PROGRAMS AND DATA NEEDS

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# CONSIDERATIONS

- Community Platforms
  - Community Programmes
  - Community Health Providers
  - Community Action Groups
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- Life Course of the Child
  - CHIS Challenges



# COMMUNITY PLATFORMS

- Community Health Centres/Health Posts/Community Nutrition
- Outreach services (Mobile)
- Outreach Campaigns (Polio SIA, Child Health Days)
- Community Education Campaigns/C4D
- Media Campaigns (radio, TV, print media, billboards)
- Environmental Health: Water, Sanitation and Hygiene, Malaria prevention, clean air, climate change
- Home-based services/home visiting
- CRVS – birth & death registration, verbal & social autopsy
- Surveillance
- Supply & Infrastructure
- Private Sector
- Transport



# COMMUNITY PROGRAMMES

- Integrated Management of Child Hood Illness (iCCM)
- Child Health Days – Vitamin A, Deworming, Growth Monitoring
- Expanded Programme for Immunization (EPI)
- HIV Testing & Treatment support (ART, TB, etc.)
- Community Nutrition services – CMAM
- General & specific health promotion
- Infection disease prevention, e.g. Malaria eradication (spraying, LLN)
- Water, Sanitation & Hygiene
- Antenatal, Delivery, Postpartum services
- Well Child Services
- CRVS
- Disease specific surveillance



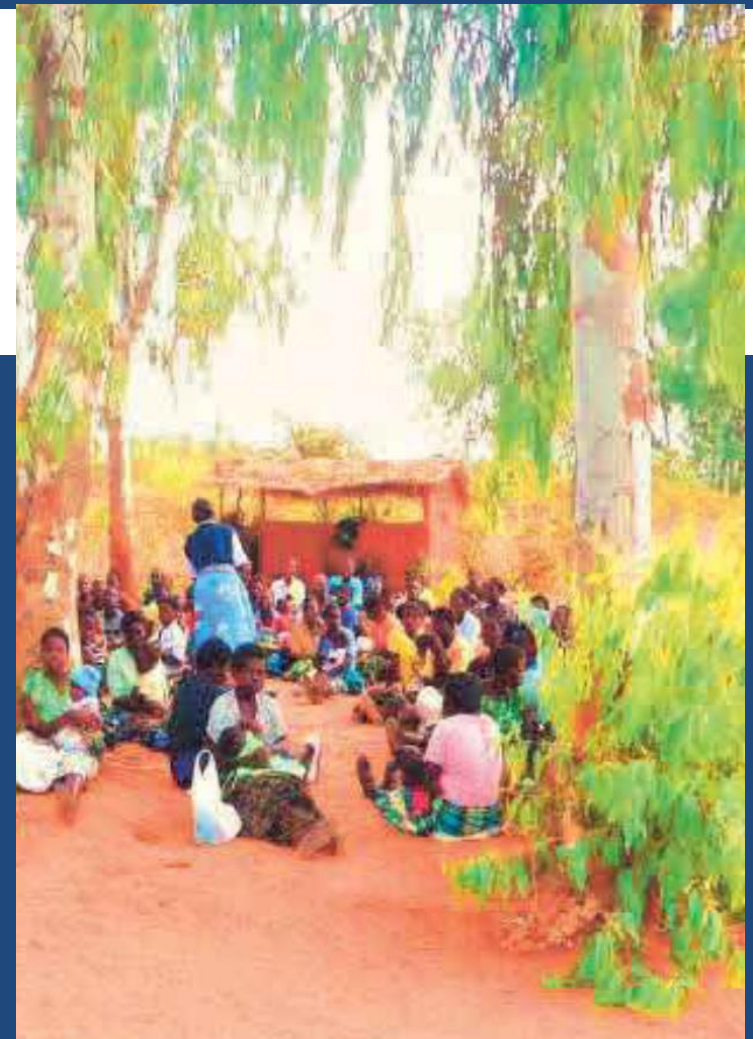
# COMMUNITY HEALTH PROVIDERS

- Community Health Workers/Community Care Givers – trained/paid or unpaid
- Community Nurses
- Formal lay health workers
- Informal health promoters – Health Development Armies
- Outreach teams (multi-provider)
- Environmental Health Officers
- NGO's
- Private Providers – local GP, local Pharmacies
- Civil Registrars
- ECD Specialists
- Traditional Birth Attendants and Traditional Health Providers (Sangomas, Herbalists)



# COMMUNITY ACTION GROUPS

- Health Advisory Committees
- Community Health Committees
- Mentor/Expert Mothers
- Peer Support/Treatment Buddies (DOTS or ART)
- Community support groups (e.g. mothers groups)
- Community Leaders or councils – government & traditional
- Community service organisations (CSO)



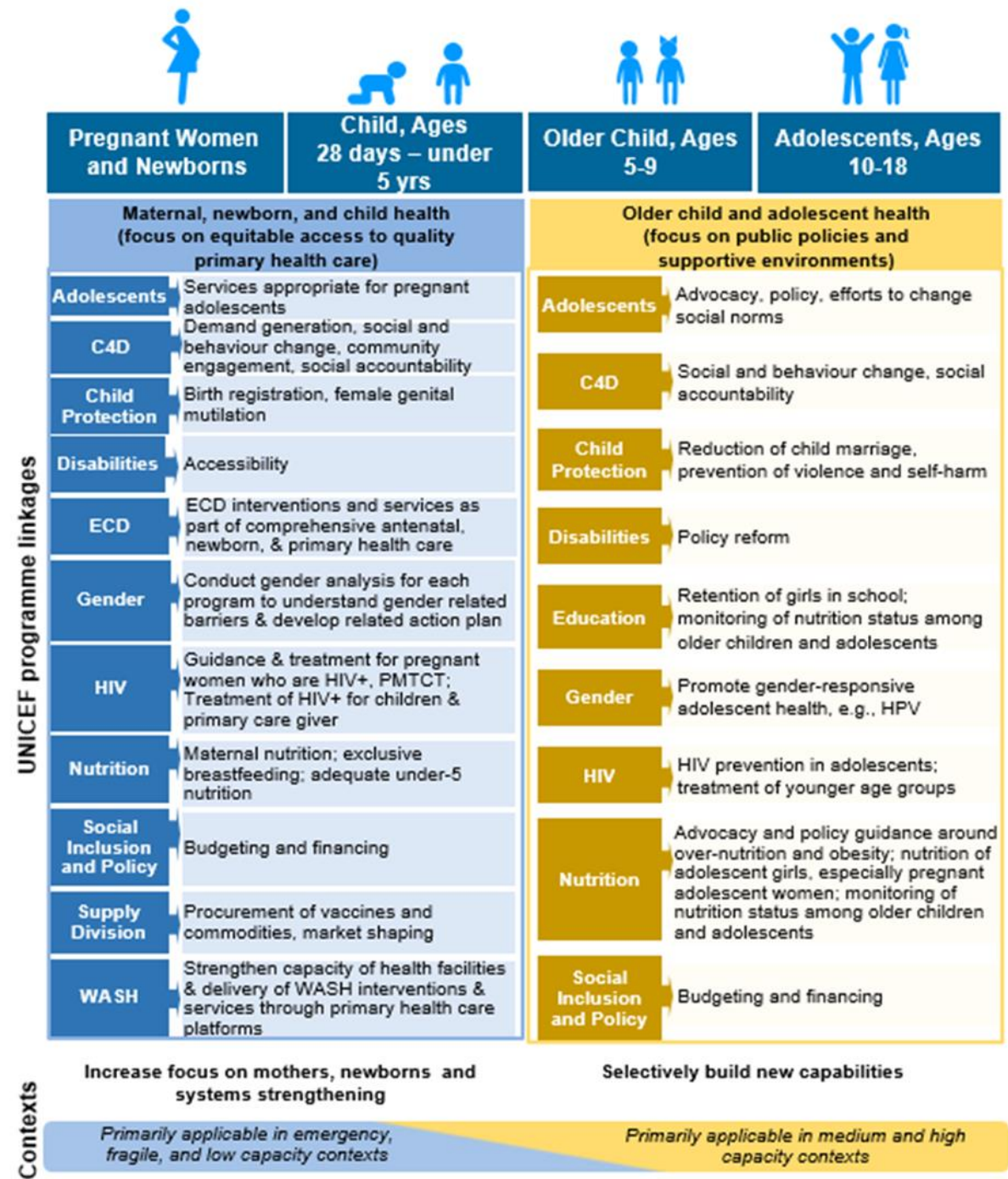
# CHALLENGES: COMMUNITY PROGRAMMES

- Workload & competing priorities of community workers (CHS Planning)
- Selection & Deployment of Community Workers (HRIS)
- Resources & Supplies (LMIS)
- Sustainability (Finances & HR)
- Literacy

Innovative Solutions: Mother Card Boma Health Initiative South Sudan



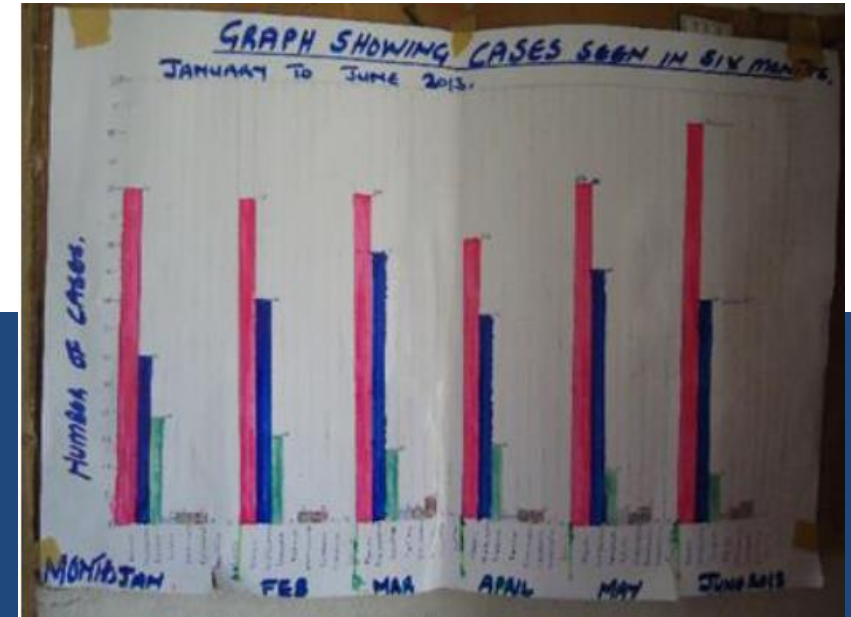
# LIFE COURSE OF THE CHILD



# CHIS: CHALLENGES

## Programmatic:

- complexity
  - package of CHWS interventions/activities
  - design and size of the reporting form
  - number of data elements
  - varying data needs: across programmes (EPI, CHD, MNH); across levels (local, district, national, global)
  - referral 'cycle'
- incentives
- scalability (number of villages, number of CHWs)
- data flow hierarchy (org units)
- sustainability
- data use

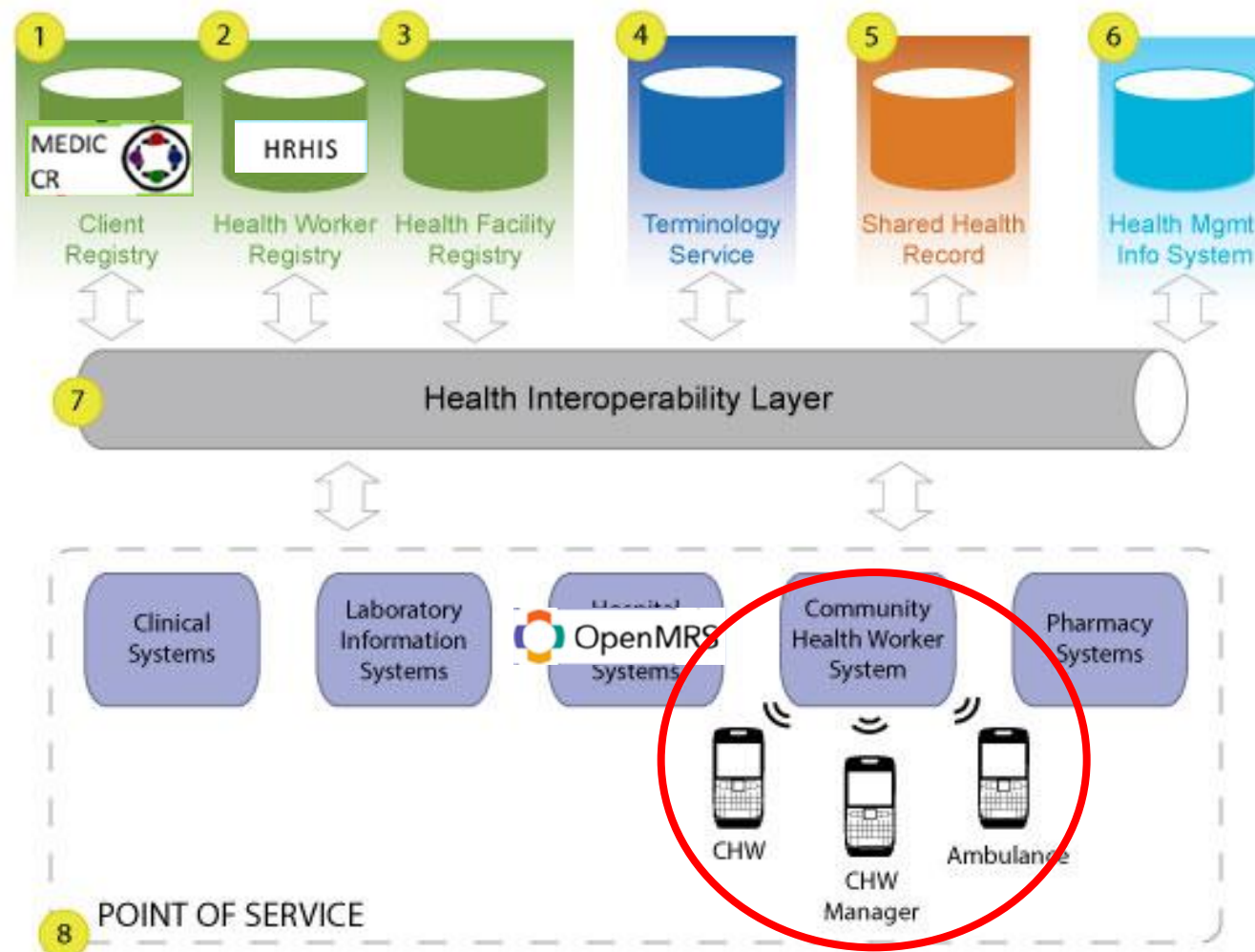


# CHIS: CHALLENGES

## Technology side:

- infrastructure (internet connectivity, computer, tablets, electricity,..)
- technology friendly challenges/human centred design
- data definitions & standards
- data systems vary – paper, digital, different software platforms
- fragmentation
- interoperability (data sharing)

# MYANMAR EXAMPLE

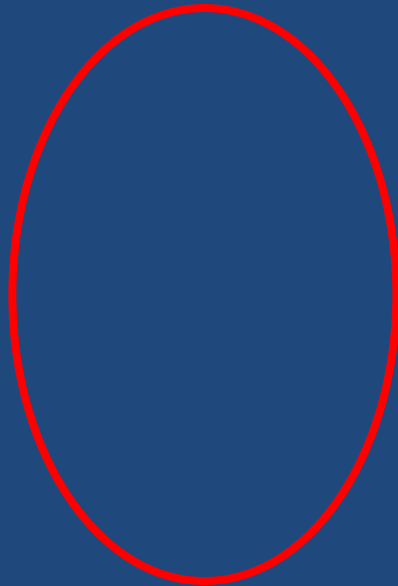


Adapted from: Mark Landry, Regional Advisor, WHO SEARO

Courtesy of



# SOUTH AFRICA EXAMPLE



# THOUGH FEW COUNTRIES HAVE ROBUST CHIS PROGRESS HAS BEEN ACCOMPLISHED BUT CHALLENGES REMAIN:

- **Mali:** DHIS2 allows data community capture at health facility level. However the main bottleneck to ensure smooth capture of community data remains the **size of the forms (>700 data elements)**. Monthly report sent at facility level cannot be timely captured in DHIS2 due to high burden of the work.
- **Liberia:** has **good CHIS policy** which was developed after Ebola epidemic. Roles and responsibilities of community actors are clearly defined. The monthly reporting form has a manageable size (24 data elements). However community data is combined with facility data, therefore there is **no possibility to analyze separately community data**. Furthermore, data capture occurs at district level only in 3 counties/provinces. In the remaining counties data capture is done at county level.
- **Each country is unique** (volunteers +/- CHWs, package of activities, modality of deployment, ratio CHWs per village, data flow hierarchy, etc.), therefore **CHIS should be country specific**.

# THANK YOU!

