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
- 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

<table>
<thead>
<tr>
<th>Pregnant Women and Newborns</th>
<th>Child, Ages 28 days – under 5 yrs</th>
<th>Older Child, Ages 5-9</th>
<th>Adolescents, Ages 10-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal, newborn, and child health (focus on equitable access to quality primary health care)</td>
<td>Services appropriate for pregnant adolescents</td>
<td>Older child and adolescent health (focus on public policies and supportive environments)</td>
<td>Adolescents Advocacy, policy, efforts to change social norms</td>
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<tr>
<td>Adolescents Demand generation, social and behaviour change, community engagement, social accountability</td>
<td>C4D</td>
<td>Social and behaviour change, social accountability</td>
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</tr>
<tr>
<td>Disabilities ECD Interventions</td>
<td>Education Policy reform</td>
<td>Retention of girls in school; monitoring of nutrition status among older children and adolescents</td>
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</tr>
<tr>
<td>Gender Conduct gender analysis for each program to understand gender related barriers &amp; develop related action plan</td>
<td>Gender Promote gender-responsive adolescent health, e.g., HPV</td>
<td>HIV prevention in adolescents; treatment of younger age groups</td>
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</tr>
<tr>
<td>HIV Guidance &amp; treatment for pregnant women who are HIV+, PMTCT; Treatment of HIV+ for children &amp; primary care giver</td>
<td>Nutrition Maternal nutrition; exclusive breastfeeding; adequate under-5 nutrition</td>
<td>HIV Prevention in adolescents; treatment of younger age groups</td>
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<tr>
<td>Social Inclusion and Policy Budgeting and financing</td>
<td>Supply Division Procurement of vaccines and commodities, market shaping</td>
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<td>WASH Strengthen capacity of health facilities &amp; delivery of WASH interventions &amp; services through primary health care platforms</td>
<td>Increase focus on mothers, newborns and systems strengthening</td>
<td>Selectively build new capabilities</td>
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</tr>
</tbody>
</table>

**Contexts**
- Primarily applicable in emergency, fragile, and low capacity contexts
- Primarily applicable in medium and high capacity contexts
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)
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 +/vs CHWs, package of activities, modality of deployment, ratio CHWs per village, data flow hierarchy, etc.), therefore CHIS should be country specific.
THANK YOU!