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

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	Pregnant Women and Newborns		Child, Ages 28 days – under 5 yrs	Older Child, Ages 5-9		Adolescents, Ages 10-18	
UNICEF programme linkages	Maternal, newborn, and child health (focus on equitable access to quality primary health care)			Older child and adolescent health (focus on public policies and supportive environments)			
	Adolescents	Services appropriate for pregnant adolescents Demand generation, social and		Adolescen	Adolescents Advocacy, policy, efforts to change social norms		
	C4D Child Protection	behaviour change, community engagement, social accountability Birth registration, female genital mutilation		C4D		Social and behaviour change, social accountability	
	Disabilities	Accessibility		Child Protection		Reduction of child marriage, prevention of violence and self-harm	
	ECD	ECD interventions and services as part of comprehensive antenatal, newborn, & primary health care		Disabilitie	s Policy re	Policy reform	
	Gender	Conduct gender analysis for each program to understand gender related barriers & develop related action plan		Education	monitorir	Retention of girls in school; monitoring of nutrition status among older children and adolescents	
	HIV	Guidance & treatment for pregnant women who are HIV+, PMTCT; Treatment of HIV+ for children & primary care giver		Gender	Promote	Promote gender-responsive adolescent health, e.g., HPV	
	Nutrition	Maternal nutrition; exclusive breastfeeding; adequate under-5 nutrition		ніv	HIV prevention in adolescents; treatment of younger age groups		
	Social Inclusion and Policy	Budgeting a	nd financing	Nutrition	over-nutr adolesce	Advocacy and policy guidance around over-nutrition and obesity; nutrition of adolescent girls, especially pregnant adolescent women; monitoring of	
	Supply Division		t of vaccines and s, market shaping		nutrition :	nutrition status among older children and adolescents	
	WASH	Strengthen capacity of health facilities & delivery of WASH interventions & services through primary health care platforms		Social Inclusion and Polic	Budgeting and financing		
exts	Increase focus on mothers, newborns and systems strengthening			Selectively build new capabilities			
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)

MYANMAR EXAMPLE



Courtesy of



Adapted from: Mark Landry, Regional Advisor, WHO SEARO

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 +/vs CHWs, package of activities, modality of deployment, ratio CHWs per village, data flow hierarchy, etc.), therefore CHIS should be country specific.





