

'Enhancing Community level Capacity to deliver high impact Reproductive maternal newborn child and adolescent health services in the East African Community'

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Relevance of community level capacity to deliver MNCH services

Every year, over 40 million mothers give birth at home without any skilled health worker , as a result most maternal and peri-natal deaths occur at home in the community.

What constitutes community level capacity enhancement

Training and consequent task shifting/sharing to community lay persons for community level delivery of MNCH interventions

Empowerment of communities with information to facilitate them to make healthy choices with regard to their lifestyles

Empowerment of communities with information, including information about their rights, and the health status of members of the community, to enable them hold their leaders to account, claim their rights to quality health care and take control of their lives, and create environments supportive of women's children 's and adolescent health. For SCI this also includes facilitating and creating for a for communities to reflect, synthesize and act on the implications of such information

Community level capacity enhancement should not be seen as a substitute to health systems capacity enhancement, but as an approach to reach the hard to reach with information, commodities, and skills need to protect and ensure the survival of mothers newborns children and adolescents

Experiences

- Community capacity enhancement has been shown to increase access and coverage of high impact interventions; and has also been shown to contribute to reduction of existing disparities in service coverage and reaching the hard to reach
- Recent publications have also shown that capacity enhancement and deployment of CHWs was associated with reductions in antenatal hospital admission, cesarean section rates, maternal morbidity, neonatal mortality and peri-natal mortality.
- Interestingly though training of TBA is still very controversial it has been associated with improved referrals, early breastfeeding, maternal morbidity, neonatal and peri-natal mortality.
- Community mobilization combined with other community level interventions has been shown to have maximum potential for improving a range of maternal and newborn health outcomes. Preliminary findings from our work on gender role and equity transformation in northern Uganda shows that mobilization can transform norms about gender roles and expectations among adolescents and contribute to reduction in sexual and gender based violence.

Challenges

- High turn over of community resource persons
- Concerns about quality of care leading to doubts and questioning of investment in community level capacity enhancement
- Poor coverage and documentation of existing programs to allow for measurement of effectiveness of some of the capacity enhancement interventions
- Poor or lack of linkage to formal health system
- Variation/lack of standardization in prerequisites; recruitment; training; supervision; and workload for various cadres of CHWs
- Lack of incentives
- Inadequate resourcing /Considered to be expensive- commodities e.g ICCM
- Among adolescents- effective coverage of very young adolescents not well documented

Opportunities

Available technology and software that can help improve training; monitoring of practice, ensure quality of care and also facilitate provision of real time feedback to CHWs

Ongoing interest and research to document effectiveness of community capacity enhancement initiatives

Innovative approaches to incentivize CRPs

Recommendations

- a) Community level capacity enhancement should be kept in national level programs as a key strategy to reach the hard to reach with information, commodities, and skills needed to protect and ensure the survival of mothers newborns children and adolescents
- b) There is need for adequate resourcing of community capacity enhancement initiatives/programs(including provision of essential commodities through national medicines and supplies mechanisms) in order to ensure effective coverage and implementation of these programs. Governments and partners should explore use of technology to circumvent some of the costs associated with traditional training and support supervision of Community capacity enhancement initiatives; and also help to standardize quality of care by Community resource persons
- c) There is need to ensure linkage to the formal health system and provide incentives for CHWs. Partnerships with the private sector can help – and examples of this exist where CHWs receive a small commission for providing services and selling commodities at community level
- d) For adolescents special attention should be given to reaching very young adolescents especially young girls who drop out of school-and yet because of various social factors may not be easily reached with existing mechanisms
- e) While efforts have been made to streamline recruitment, training for most of the cadres , there is need to streamline their supervision and workload to ensure efficient implementation and maximum impact