

Technical Webinar – Community Engagement

part of the MiP WG Global Call to Action campaign

- Introductions, *Maurice Bucagu, WHO*
- Community engagement guidelines/resources, *Annie Portela, WHO*
- Community engagement: Contributions to service delivery, *Bright Orji, Jhpiego/TIPTOP*
- Community based demand strategies for improved IPTp uptake, IM Kenya experience, *Moses Bruno Kidi, Jhpiego/Impact Malaria Project*
- Q&A, facilitated by *Julie Gutman, CDC*

MiP WG

Global Call to Action campaign

1 April 2021



Community participation, Community mobilization, Engaging with communities

Annie Portela, WHO/MCA

Sara Dada, University College Dublin



Objectives

One of each of these or all

- Community participation in programme planning and quality improvement
- Community mobilization activities
- Community health workers



Vision

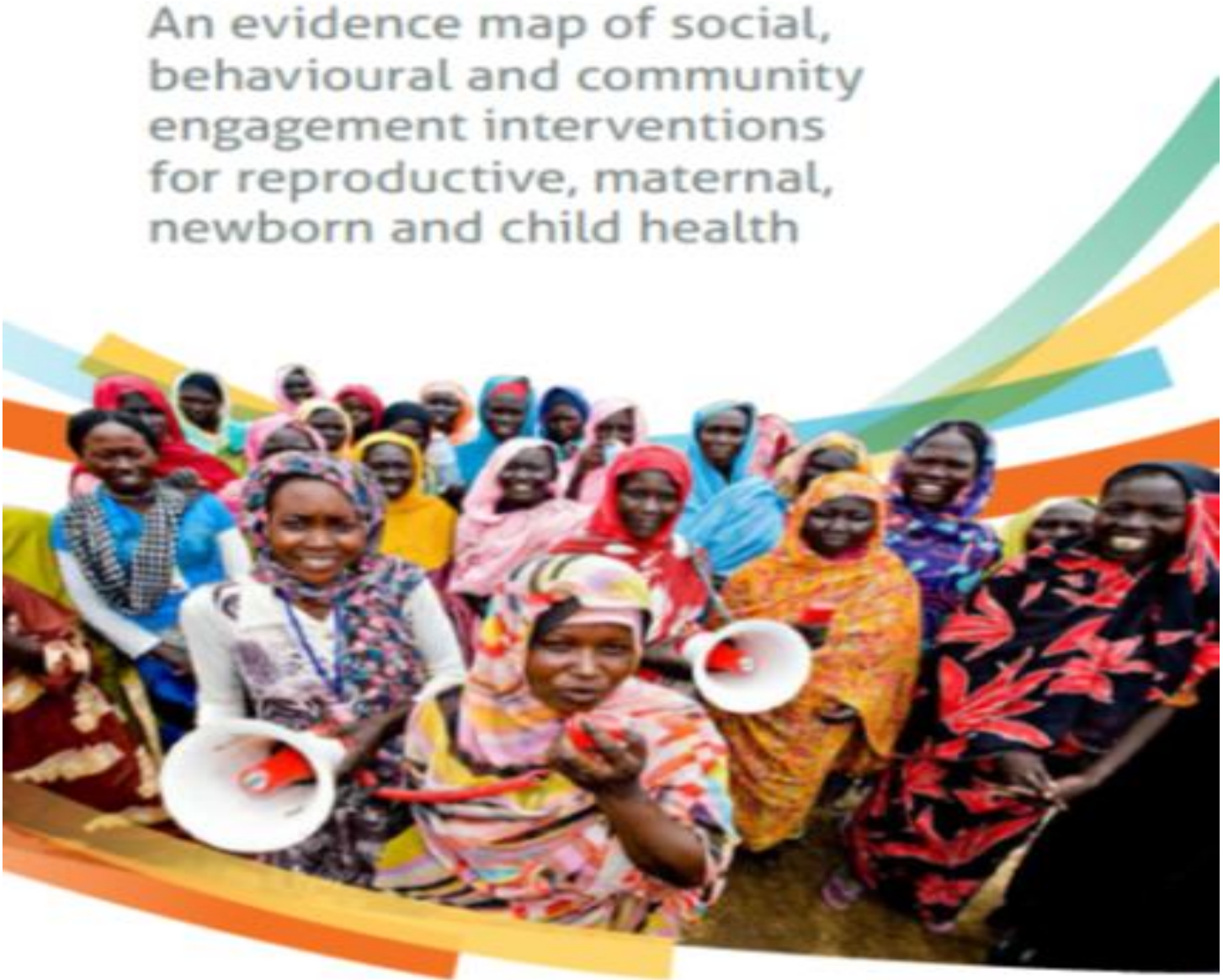
Communities empowered to
create healthy lives



Inconsistent nomenclature



Evidence map for SBCE for RMNCH



http://www.who.int/maternal_child_adolescent/documents/social-behavioural-community-engagement-interventions-evidence/en/



Health topic areas and intervention categories

- Reproductive
 - Healthy timing and spacing of pregnancy
- Maternal and newborn
 - Care during pregnancy, childbirth and after childbirth
 - Care seeking for newborn illness
- Newborn and child
 - Infant / child feeding and nutrition
 - Immunizations
 - Care seeking for childhood illness
 - Pneumonia
 - Diarrhoea
 - Early child development

- Water, Sanitation and Hygiene
- Malaria and dengue

- Interpersonal communication and health education
- Mass and social media
- Interventions to address financial barriers
- Community mobilization and participation
- SBCE service and programme strengthening activities

SBCE
Packages



Definitions

Intervention category	Intervention	Intervention definition
Community mobilization and participation activities	Community mobilization	Interventions to encourage community individuals, groups (including in schools), or organizations to plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs
	Community participation (in health service planning and programmes) and social accountability	Activities to create ongoing relationships between community members and health service delivery. The objective is to institutionalize community participation in decision-making within health services and programmes

WHO recommendations for MNH Health promotion interventions

1. BPCR
2. Male involvement
3. Community transport schemes
4. Maternity waiting homes
5. New roles for TBAs
6. Labour companion
7. Promotion of right to quality care
8. Culturally-appropriate care
9. Community participation in MPDSR
10. Community participation in quality improvement processes
11. Community participation in MNH programme planning
12. Participatory learning and action cycles with women's groups



Integrating Stakeholder and Community Engagement in Quality of Care Initiatives for Maternal, Newborn and Child Health

A module of the “Improving the quality of care for maternal, newborn and child health – Implementation guide for national, district and national levels”

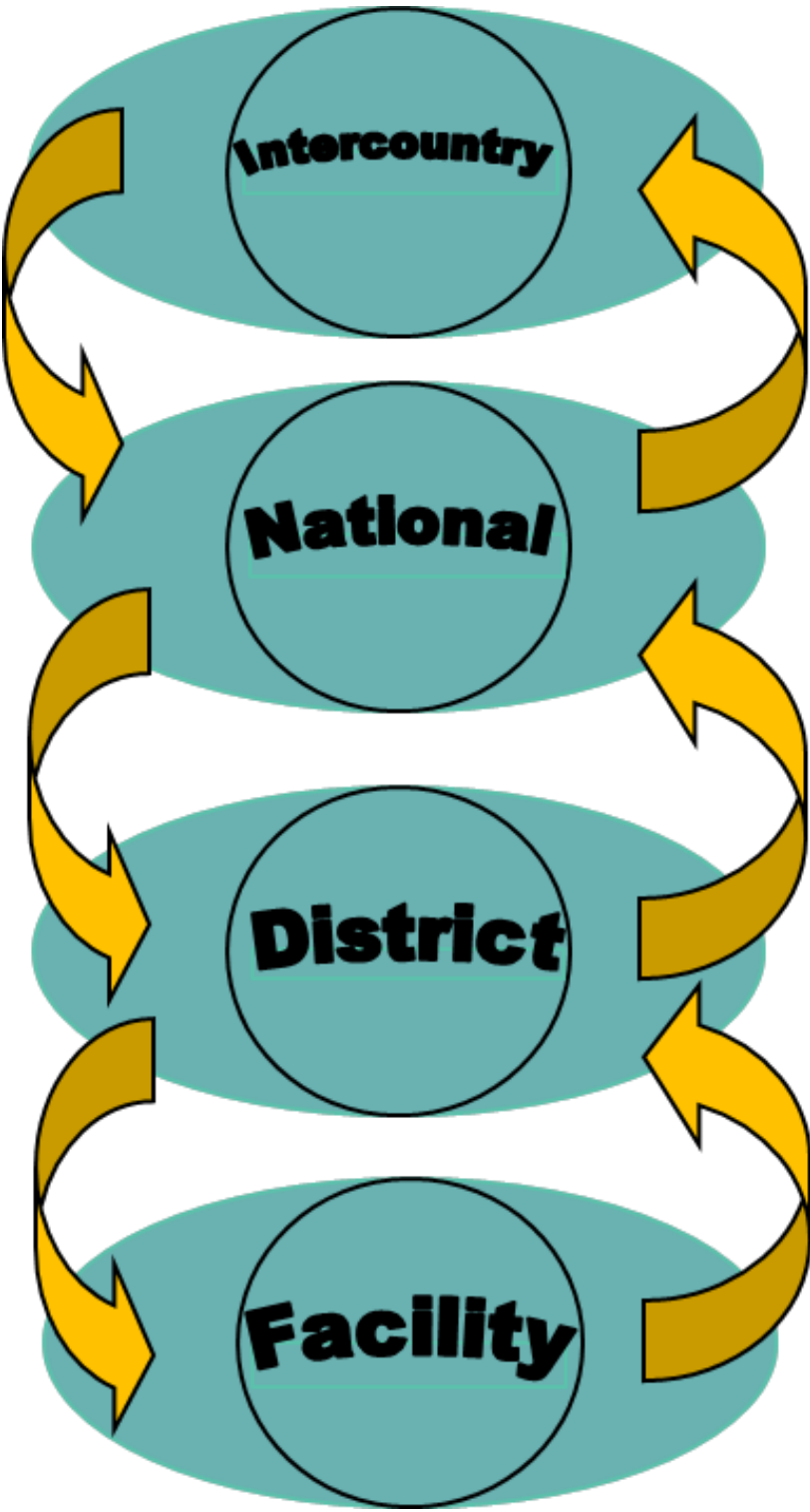
Network for improving quality of care for maternal, newborn and child health
<https://www.qualityofcarenetwork.org/home>



Integrating Stakeholder and community engagement in QI

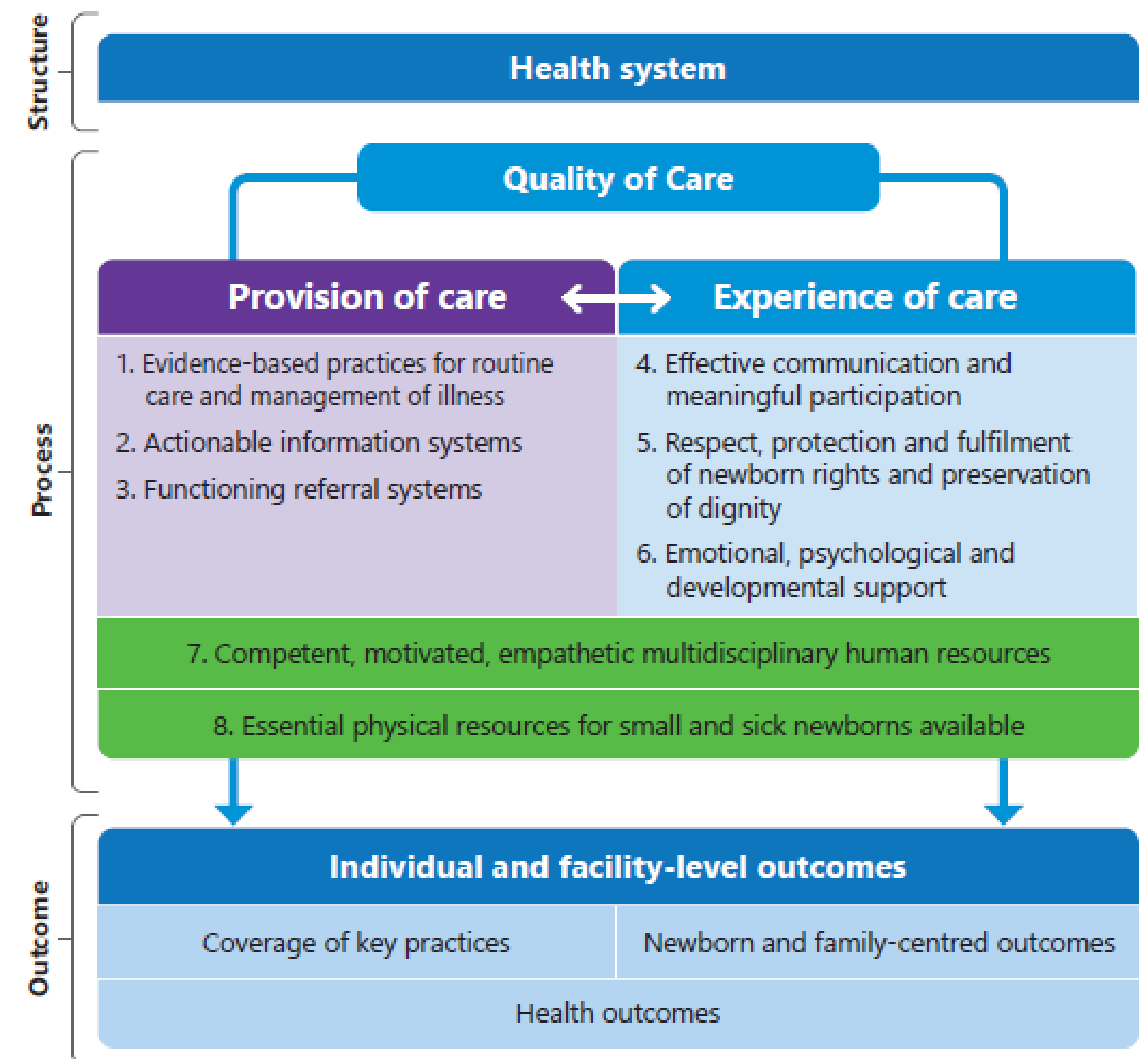
- Establish leadership group
- Situation analysis and assessment
- Adapt standards of care, particularly experience of care
- Identify QI interventions
- PDSA Cycle
- Continuous measurement of quality

Standards of quality for community health workers
Health education to increase care-seeking
Community Mobilization to address transport and geographical access



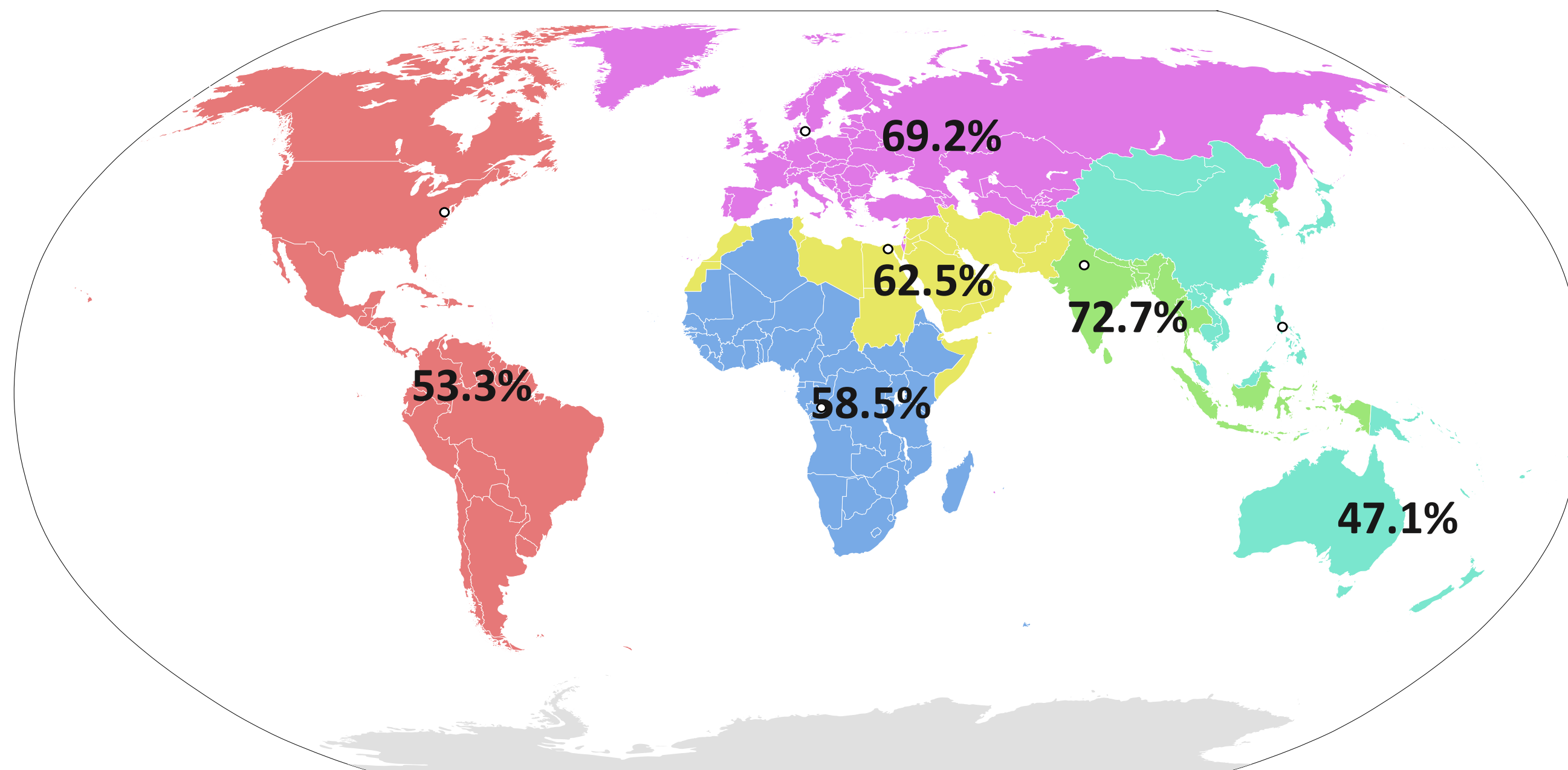
Why is the Module Important?

Fig. 1. Framework for improving the quality of care for small and sick newborns

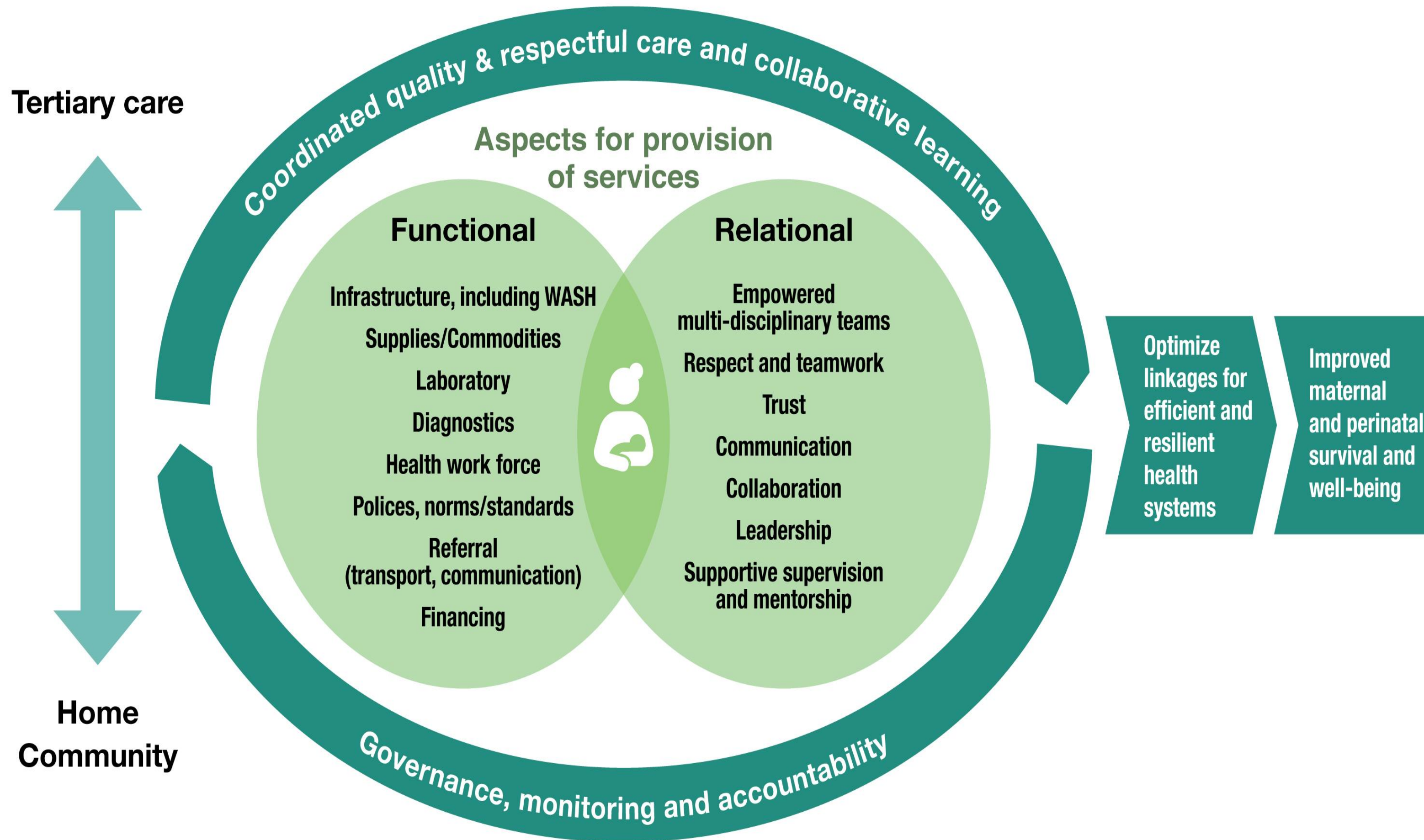


Why is the Module Important?

- Recent policy survey across the WHO regions found **60%** of countries have mechanisms at facility level to solicit feedback on quality and access from communities, users and families



PHC and Networks of Care



Module at a Glance

Overview:

Module provides operational guidance to support making comprehensive and meaningful stakeholder and community engagement an integral part of quality improvement (QI) initiatives. This module compliments the implementation guide developed by The Network for Improving Quality of care for Maternal, Newborn and Child Health (QoC Network).

Target Audience:

- Policy-makers and programme implementers working in QI in maternal, newborn and child health (MNCH)
- QI teams taking leadership role in stakeholder and community engagement

Launched in August 2020

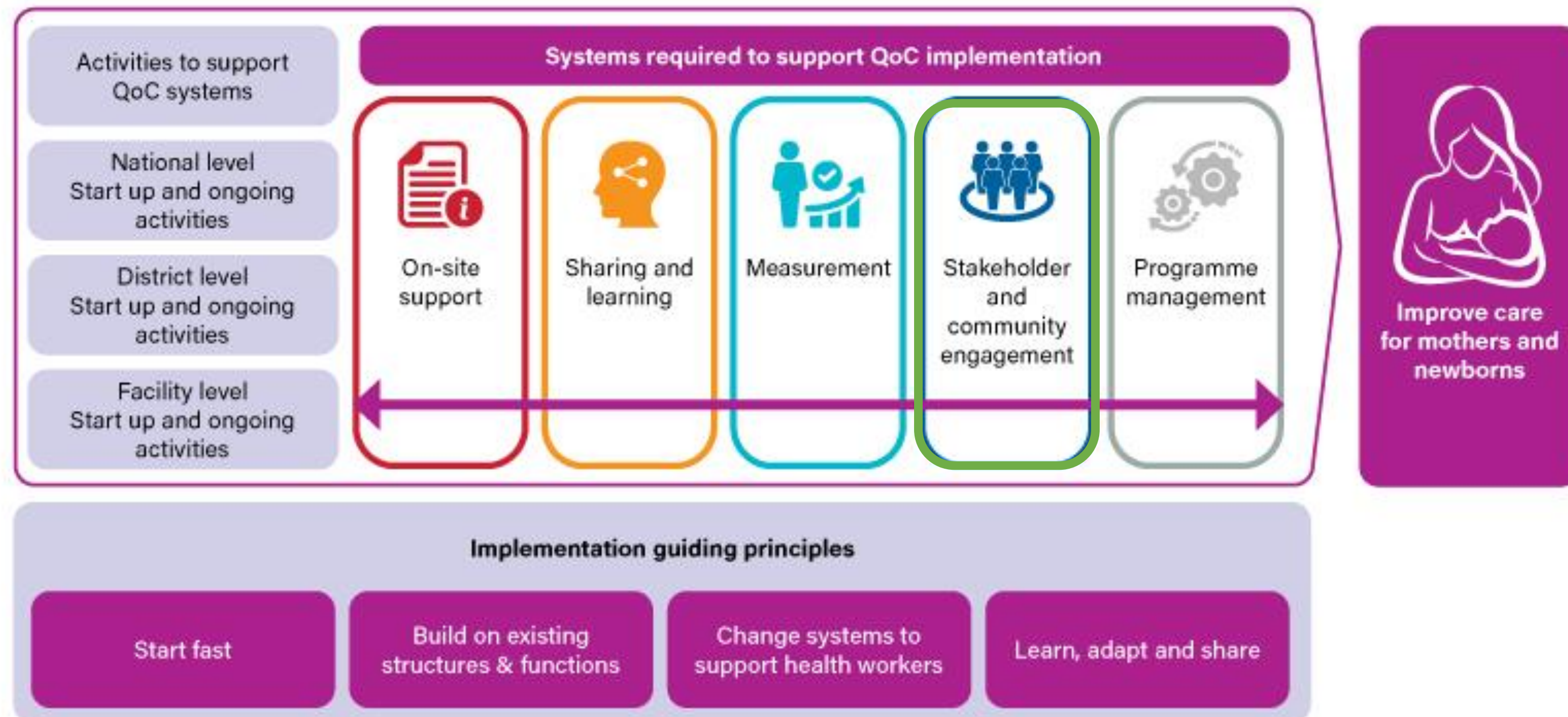
INTEGRATING STAKEHOLDER AND COMMUNITY ENGAGEMENT IN QUALITY OF CARE INITIATIVES FOR MATERNAL, NEWBORN AND CHILD HEALTH



A module of the “Improving the quality of care for maternal, newborn and child health – Implementation guide for national, district and facility levels”

Module and QOC Network

This module aims to provide actional guidance to support the ‘stakeholder and community engagement’ component of the QOC Networks Implementation Guide.



Structure of the Module

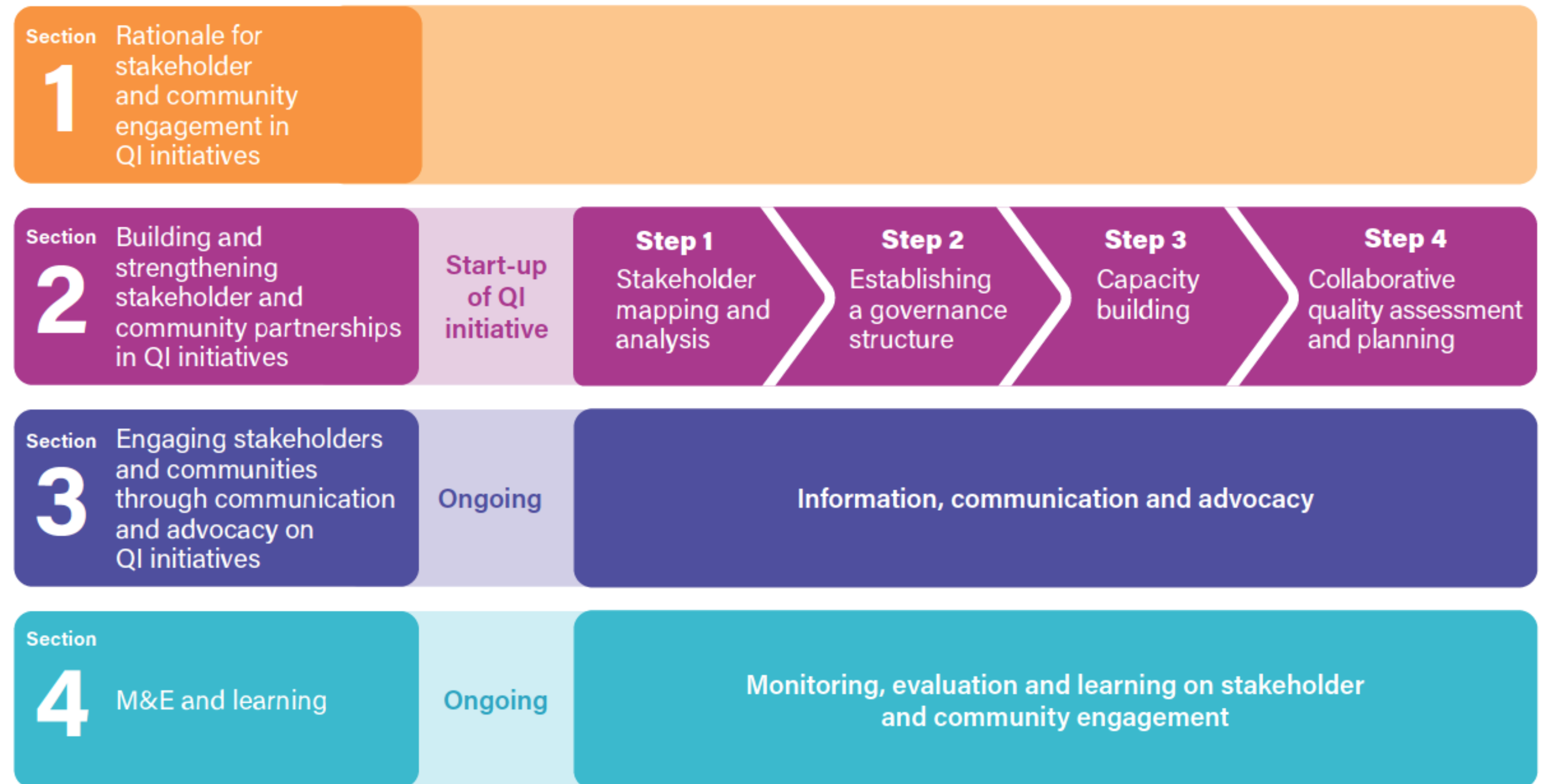
Module is divided into **4 sections**.

Section 1 provides rationale and some key concepts.

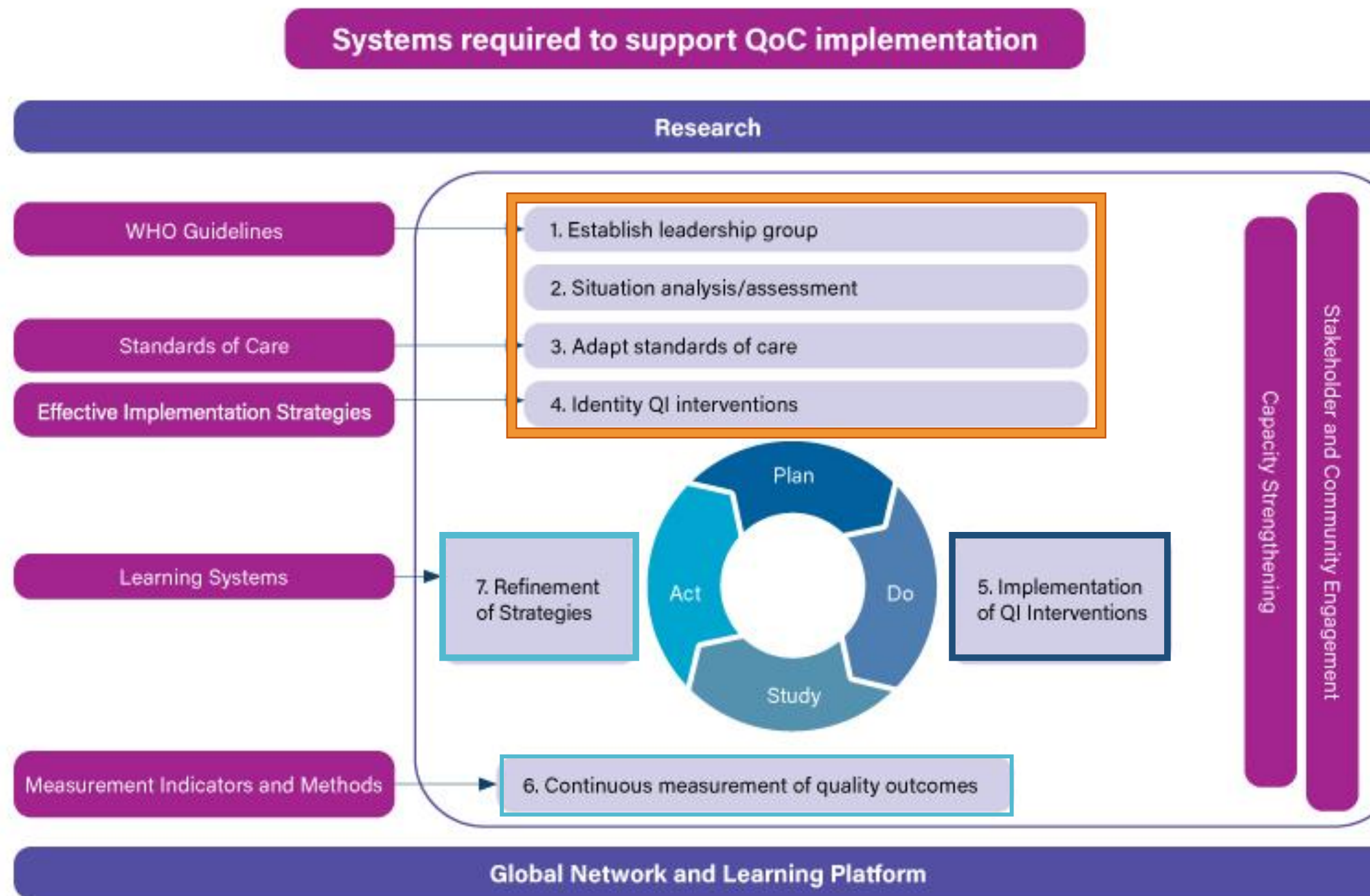
Section 2, 3 & 4 provide practical guidance.

Section 2 has four steps.

Within each section, readers are presented with **references and tools** for inspiration and to support learning ([see Mapping of Tools](#)).



Sections in the Module and their link to the QoC Implementation Framework



Section 2 of the Module supports Steps 1-4 of the framework

Section 3 of the Module supports Step 5 of the framework

Section 4 of the Module supports Steps 6 and 7 of the framework

Mapping of tools for stakeholder and community engagement in quality improvement initiatives for Reproductive, Maternal, Newborn, Child and Adolescent Health

Section 1: Degrees of Engagement

QI initiatives are likely to incorporate different degrees in different steps of QI processes. These degrees are complimentary and not ranked.

This module envisions that QI will seek collaborative approach to engagement.



Refers to more passive involvement through publication dissemination of information, including collecting views and experiences.

Requires more regular interaction to ensure communities and stakeholders are also involved in different stages from programme planning, to implementation and evaluation.

Refers to active participation, working in **partnership** with stakeholders and communities whereby decision-making is shared at different stages of the programme.

Section 1: Examples

Detailed objectives and examples of the different degrees of stakeholder and community engagement, each at national, district and facility level are provided. Below is a summarised example for a national context.

Strategy	Information and consultation	Involvement	Collaboration and participation
Objective	To establish information and communication channels to ensure ongoing dialogue with stakeholders and communities beyond the planning stage	To develop specific sub-components of a QI initiative that address specific concerns of a stakeholder or community group and for which a specific structure (e.g. advisory board) may be set up.	To partner with stakeholders and communities in each aspect of decision-making, including the quality assessment, planning, selection and implementation of QI initiatives.
Illustrative example, national level	There is public information, such as announcements on efforts to improve MNCH on QoC, but no explicit efforts to involve stakeholders in analysis, planning and implementation	Stakeholders are invited to one of the meetings of the MNCH QoC TWG to give their inputs on the operational plan. Some of their suggestions are incorporated.	There is stakeholder representation in the MNCH QoC TWG. Stakeholders' experiences, knowledge and resources are taken into account in the roadmap for MNCH QoC.

Section 2: Building and strengthening stakeholder and community partnership in quality improvement initiative

Section 1 Rationale for stakeholder and community engagement in QI initiatives

Section 2 Building and strengthening stakeholder and community partnerships in QI initiatives **Start-up of QI initiative**

Section 3 Engaging stakeholders and communities through communication and advocacy on QI initiatives

Section 4 M&E and learning

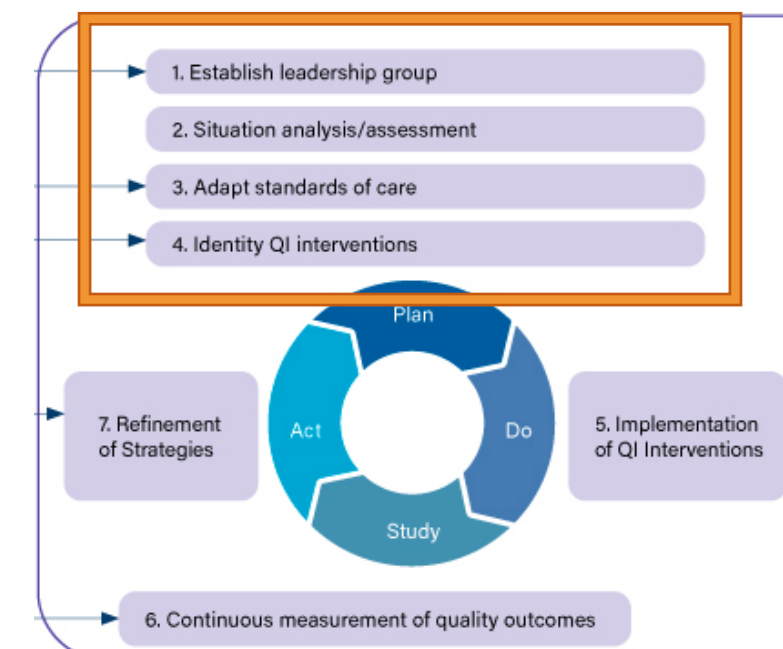
This module presents details for steps to take to build and strengthen partnerships for stakeholder and community engagement.

• Details of 4 Key Steps in the Module:

1. Stakeholder mapping and analysis
2. Establishing a governance structure
3. Capacity Building
4. Collaborative quality assessment and planning

• Within these 4 steps, 15 activities are suggested to support successful implementation of the steps

• 32 tools and references aligned to each step for users of the module for inspiration and to support continued learning



Section 2: Examples of Activities or Tools

Topic/Steps	Activity Example	Supporting Tool/Source
Stakeholder Mapping and Analysis	Conduct a stakeholder mapping and needs assessment at the facility and community level. To do this, follow steps of: 1) Specification of issue at hand 2) list of stakeholders 3) Conduct a stakeholder analysis and 4) Identify potential roles They should aim to include representation of key or marginalised populations.	Citizen Voice in Action Fieldguide – World Vision International ‘Involving Key Influentials in the Initiative’ – Centre for Community Health and Development
Establishing a Governance Structure	Identify forms through which stakeholders can be engaged and which governance mechanisms they can contribute to. To do this, follow steps- 1) Exploratory interview (based on stakeholder analysis, 2) Identify governance structure, including criteria, 3) Develop partnership agreements	‘Guidance on establishing district QoC teams or coordinating mechanisms’ – WHO guide for “Working with Individuals, Families and Communities to Improve Maternal and Newborn Health”
Capacity Building	Foster a positive environment for improving SCE by strengthening capacities and abilities of stakeholders and communities and providers to engage with each other. To do this, follow steps of: 1) Develop capacity strengthening plan for stakeholders and communities, 2) Develop capacity strengthening plan for health professionals, 3) Facilitate partnerships, 4) Consolidation of SCE strategy	“Facility Management Committee Operational Guidelines” – Ministry of Health and Sanitation, The Republic of Sierra Leone “A Health Workers Training Manual – Community Engagement for Quality of Care” - IDRC
Collaborative Quality Assessment and Planning	Conduct assessment to identify gaps and improvement aims. To do this, follow the steps: 1) Identify goals and scope of QoC assessment, 2) Specify the information needed 3) Specify the methods and tools 4) Prepare the QI plan	“Partnership Defined Quality” - Save the Children

Community Health Committees (CHCs) and Health Facility Management Committees (HFMCs)



Section 2: Example

Health Facility Management Committees/Community Health Committees

- Involve community and health facility representation working together
- Roles and responsibilities involve identifying and addressing health issues in the community, supporting health workers or other actors, undertaking social accountability initiatives including monitoring of facilities, communicating with wider community on health facility and health systems, and responding to community issues and needs

Committees may be an initiative that can support all four previous steps outlined.

Program Functionality Assessment
A Toolkit for Improving CHC and HFMC Programs



Section 3: Communication and advocacy

This section provides QI teams and other QI implementers with a set of approaches and tools for information, communication and advocacy strategies and activities with stakeholders and communities. This includes:

- Recommendations for activities at different implementation levels
- Communication and advocacy strategy goals and purpose
- Information on when to develop the communication. strategy, and who should develop it
- Provides 7 tools and resources for further learning and exploring

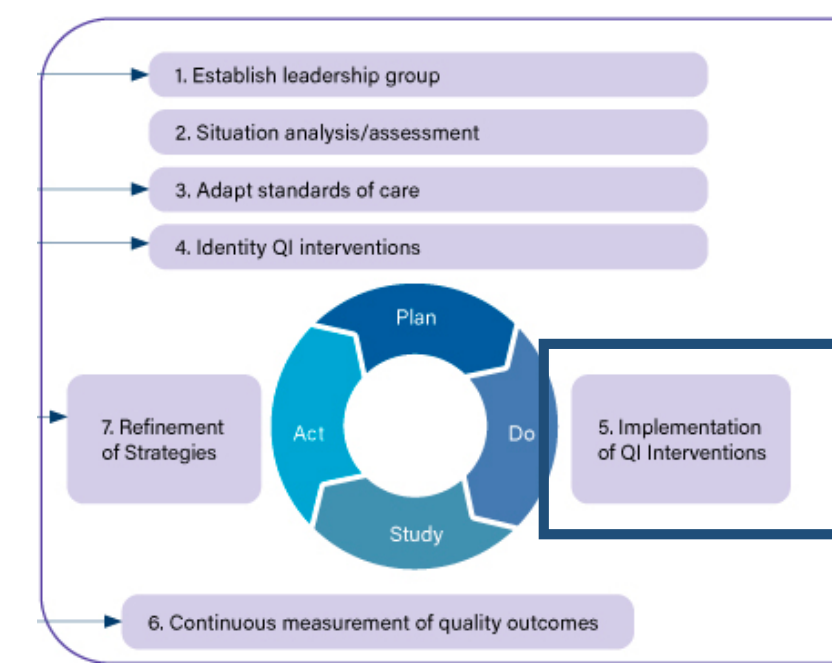
Section 1 Rationale for stakeholder and community engagement in QI initiatives

Section 2 Building and strengthening stakeholder and community partnerships in QI initiatives

Section 3 Engaging stakeholders and communities through communication and advocacy on QI initiatives

Ongoing

Section 4 M&E and learning



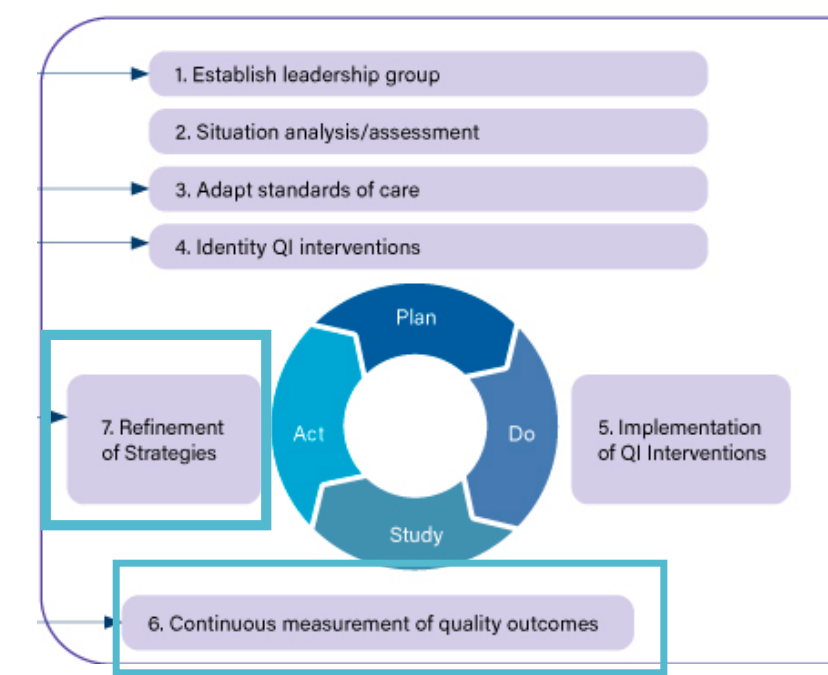
Section 4: M&E and learning

- Section 1 Rationale for stakeholder and community engagement in QI initiatives
- Section 2 Building and strengthening stakeholder and community partnerships in QI initiatives
- Section 3 Engaging stakeholder and communities through communication and advocacy on QI initiatives

Section 4 M&E and learning Ongoing

This section outlines the importance of M&E and documentation within stakeholder and community engagement. Within this it:

- Discusses considerations for evaluation, including partnership assessments
- Distinguishes between process and impact evaluations
- Provides two tables with examples for developing M&E questions or guides
- Lists 5 tools and references for users to engage with at their own pace



Section 4: Example

Scorecards:

- Scorecards can be used to help monitor and track progress on your QoC indicators, and your SCE efforts
- Scorecards can allow for community participation in scoring, and also present data in a way that can be understood by many different stakeholders
- Indicators and targets on scorecards should be collaboratively defined by stakeholders, communities and health staff
- Monitoring of should be a participatory process between health staff and QoC Improvement Teams (Section 2), with findings frequently fed back to wider community (via hearings etc)

Figure 1. Sample child health scorecard for Luuka district (MCSP 2018)*.

PY4 Quarter 2 (January-March 2018)										
Health Facility (HF) name:	Submission of VHT quarterly reports	Presence of QWIT team ⁶	Duration of stock out Zinc/ORS Co-pack (days)	Duration of stock out Amoxicillin dispersible tabs (days)	Duration of stock out of Measles vaccine (days)	Presence of an ORT corner	# of VHTs reporting	% of Pneumonia Treatment	% of Diarrhea Treatment	% of Malaria Treatment
Naigobya UDHA	Yes	No	0	0	0	Yes	8	50%	50%	74%
Kiyunga	Yes	Yes	40	30	0	Yes	4	73%	29%	100%
Nakiswiga	Yes	Yes	0	0	0	Yes	1	67%	27%	100%
Maundo	Yes	Yes	0	30	0	Yes	1	97%	33%	93%
Waibuga	Yes	Yes	0	18	0	Yes	2	100%	35%	100%

*Data extracted by MCSP from a routine health facility assessment.

From:
<https://www.mcsprogram.org/resource/using-a-health-facility-scorecard-to-monitor-and-improve-the-coverage-of-child-health-interventions-in-rural-uganda/>



Mapping of Tools _____

Mapping of Tools

A mapping exercise was conducted to identify existing tools to support the integration of stakeholder and community engagement in quality of care initiatives for MNCH.

- 70 tools were identified, which are mapped to the Implementation Guide for Quality Improvement.
 - 23 tools specifically focused on Reproductive, Maternal, Newborn, Child and Adolescent Health
 - 19 tools were designed for other general health topics
 - 28 tools had wider application not specific to health or RMNCAH

Mapping of tools for stakeholder and community engagement in quality improvement initiatives for Reproductive, Maternal, Newborn, Child and Adolescent Health

- <https://www.who.int/activities/tools-to-support-the-integration-of-stakeholder-and-community-engagement-in-quality-of-care-initiatives-for-maternal-newborn-and-child-health>

Mapping of Tools Online

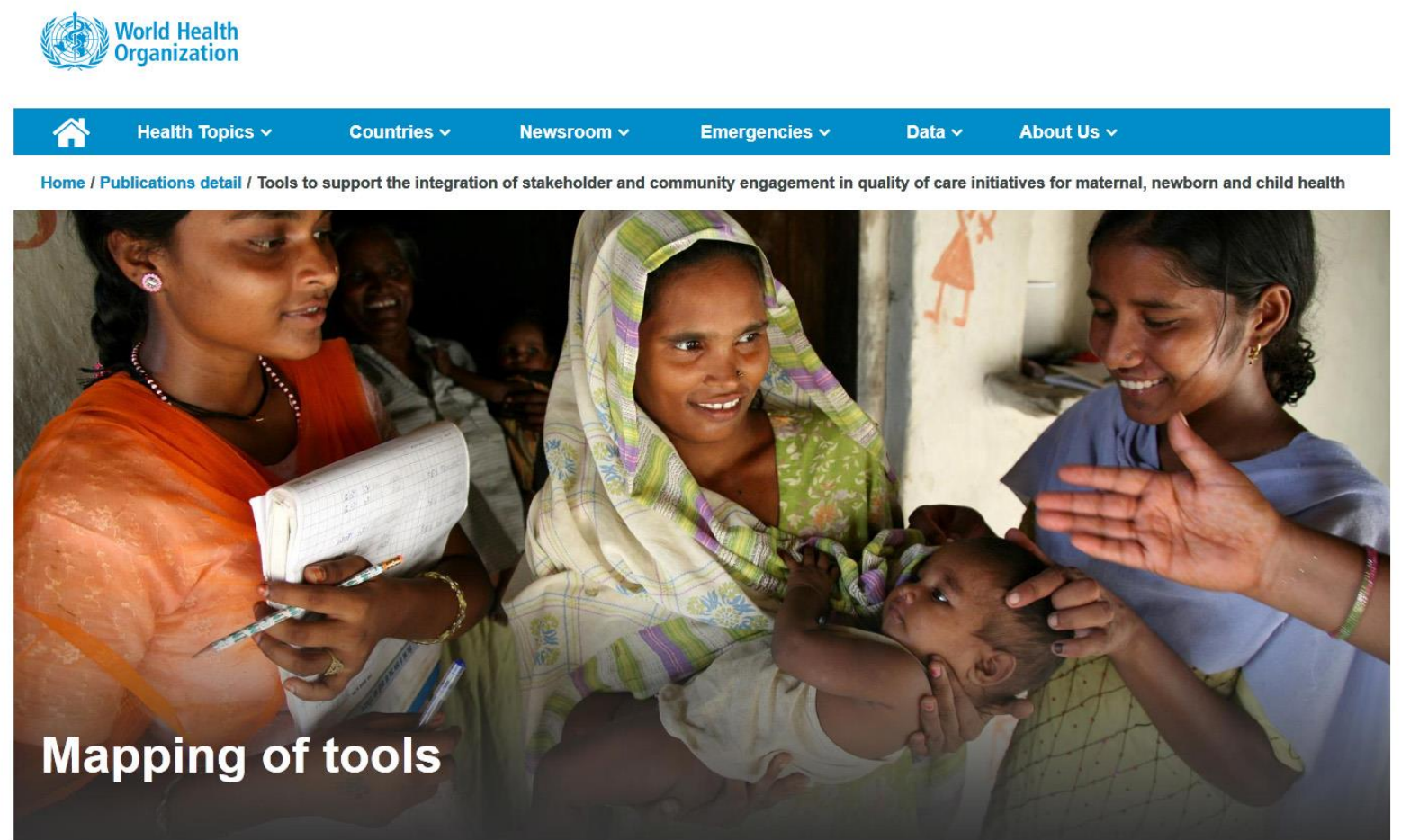
The tools are all available on the WHO's website, where users can filter for tools that suite their needs.

Users 'select' the specific boxes (filters), and the associated tools will be available.

Multiple filters can be selected

Filters include:

- Implementation Phase
- Topic
- Language



Tools to support the integration of stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health

The Network for Improving Quality of Care for Maternal, Newborn and Child Health has developed implementation guidance for programme managers. One component of this guidance supports the integration of stakeholder and community engagement into quality of care initiatives.

A mapping exercise, conducted in 2018, gathered tools used by different organizations to implement stakeholder and community engagement. These tools are included in the module *Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health* and are presented below.

A filtering tool is provided to aid selection of tools as per the different steps in the quality improvement process.

Click on the image below to filter resources

Filter resources by stage in the implementation cycle, topic and language. Select any that apply. Filters operate an 'or' logic within filter group and 'and' logic across filter group. For example, you may select to view any resource tagged "Identify QI interventions" or "Implementation of QI interventions" and RMNCH and English.

Related information

Publication

Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health

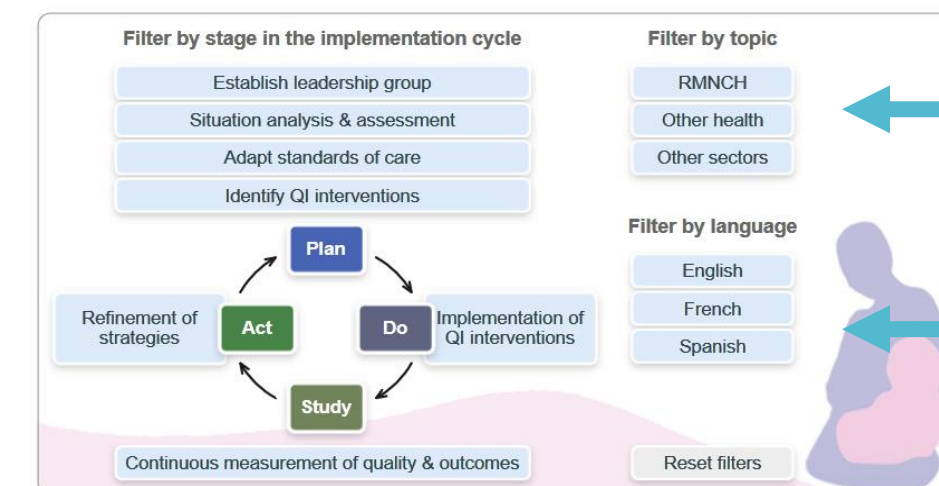
Other publications

[Working with individuals, families and communities to improve maternal and newborn health: a toolkit for implementation](#)

Related content

[Network for Improving Quality of Care for Maternal, Newborn and Child Health](#)

[More on quality of care](#)



Showing 71 of 71 resources.

Disclaimer: the inclusion of resources in this mapping of tools and their content and views on any issue does not imply any endorsement or recommendation by WHO.



Findings



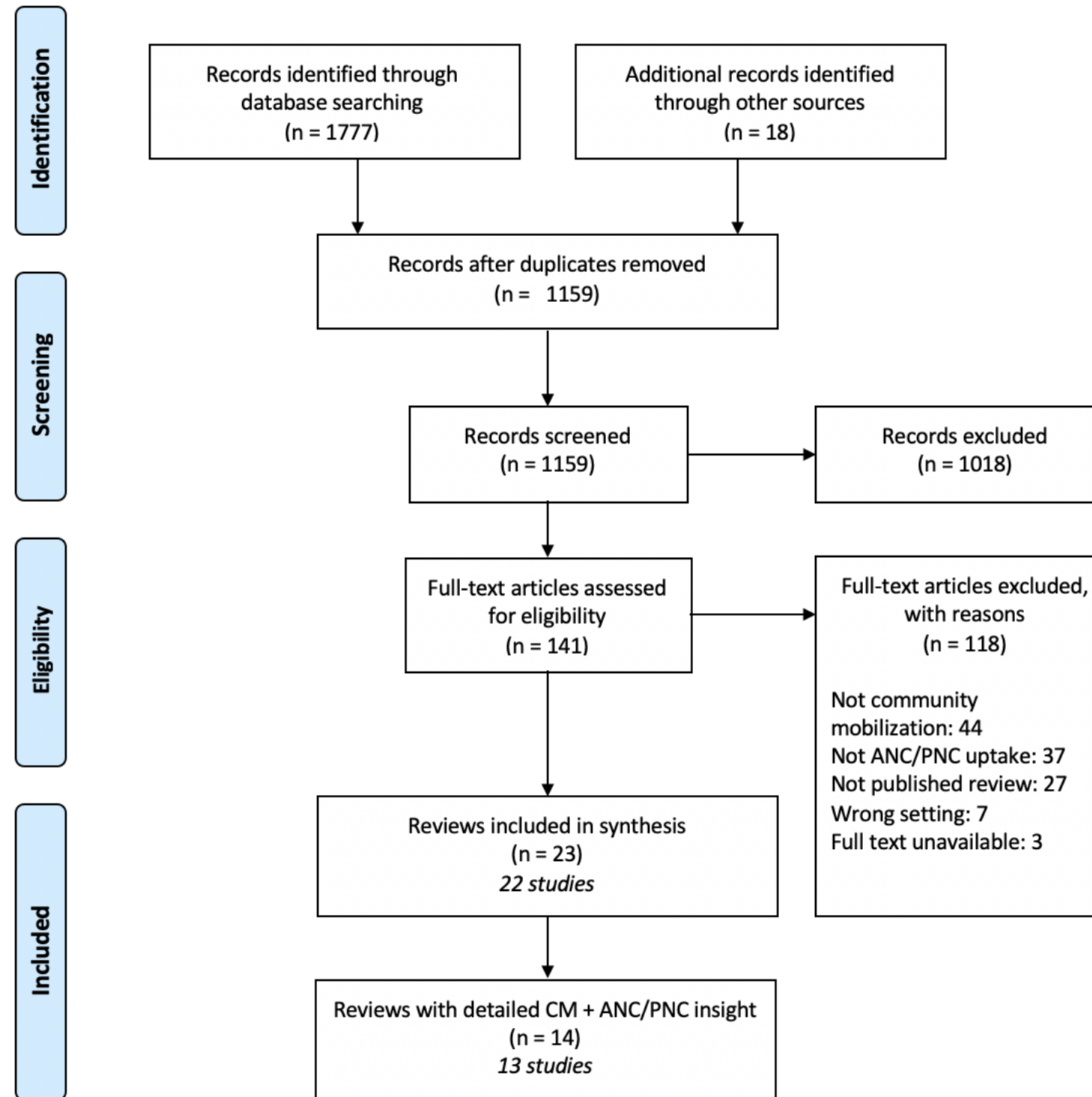
- The 70 tools were mapped across the 7 Implementation Phases of the QoC Framework
- Differences in quantity of tools across the phases, with less guidance available on Phase 7, and Phases 3, 4 and 5.

**Community
mobilization - to
increase care-seeking
for ANC**



Review of Reviews

Preliminary
results 



Review of Reviews

Preliminary
results 

Degree of Engagement	Type of Activity	Description of Activities
<i>collaborate/involve</i>	Community Health Committees	Community health committees were set up within communities an opportunity to consult various community members, collaborate, build consensus, and identify solutions to maternal health problems.
<i>collaborate/involve</i>	Women's Groups	Women's groups were comprised of local women where one woman or volunteer was a trained facilitator who led regularly scheduled meetings. Many women's groups utilised participatory activities that were used to identify and adopt strategies in the community to improve maternal health. One example of participatory women's groups called "Care Groups" used facilitators to share health education that volunteer participants could then disseminate to mothers in their surrounding households ⁴⁶ .
<i>collaborate/involve</i>	Local Leader Meetings	Meetings with local leaders could be used in various forms at different time points in an intervention. Some interventions engaged with local leaders at the start for buy-in/involvement in initiatives such as women's groups or other community activities while others had elected local leaders to run community meetings with the public and stakeholders.
Method: Participatory Learning Activities		<i>Participatory activities were used to promote ownership and empower community members. Various participatory techniques including discussions, games, stories, mapping, ranking, and problem trees to identify problems and suggest strategic solutions.</i>
<i>involve</i>	Peer Mentors	Peer mentors or peer counsellors were used to provide education, advice, and support to pregnant women and families. They often used participatory learning activities or community dialogues to encourage community participation.
<i>involve/inform</i>	Public/ Community Meetings	Larger community gatherings where trained volunteers or healthcare workers provided information and education as well as identified community action plans and priorities. Various strategies and activities employed at these community awareness meetings including: street plays, dramas, dances, music, folksongs, skits, games, and other participatory methods.
<i>involve/inform</i>	Advocacy Workshops & Special Community Events	Public education and advocacy activities were often held to increase demand for maternal health services. This included special community events such as health fairs and celebration days to promote awareness and encourage community support for health interventions. For example, one study reported women's groups encouraging attendance at "Mamta Divas" which were special event village health and nutrition days for mothers and children ³⁶ .
Method: Information-Education-Communication		<i>Information-Education-Communication strategies focused on providing information or building awareness through a range of strategies including in-person dialogue such as one-to-one and group counselling as well as mass media, booklets, and cassette tapes.</i>
<i>inform</i>	Mass Media & Awareness Campaigns	Mass media and awareness campaigns could be conducted through media forums such as radio, television, newspapers, cellular messages and printed materials such as posters, brochures, and banners as well as live events such as street theatre. The aim of these interventions was often to inform the community and pregnant women in order to improve health service utilisation, such as ANC and PNC.
<i>inform</i>	Women + Men's Maternal Health Education Groups	Community mobilisers, healthcare workers, and midwives held focus groups with community members or visited households to discuss and educate both men and women on maternal health. These activities could be conducted by both men and women community mobilisers. Also defined as "group counselling." ⁴⁰
<i>inform</i>	Home Visits+	While home visits alone are not considered a community mobilization activity, many of the reviews and studies described home visits as a component of larger community-based interventions. These sessions were used to provide interactive education as well support for health services and promote behaviour change. These were conducted community health workers, community organizers, or peer counsellors. Also defined as "one-to-one counselling." ⁴⁰

MiP & Community – Additional Resources

Reviews conducted on uptake of MiP interventions also refer to the importance of community perceptions/influences & communications

Review	Link
Pell C, Straus L, Andrew EVW, Meñaca A, Pool R (2011) Social and Cultural Factors Affecting Uptake of Interventions for Malaria in Pregnancy in Africa: A Systematic Review of the Qualitative Research. PLOS ONE 6(7): e22452.	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0022452
Rassi, C., Graham, K., Mufubenga, P. <i>et al.</i> Assessing supply-side barriers to uptake of intermittent preventive treatment for malaria in pregnancy: a qualitative study and document and record review in two regions of Uganda. <i>Malar J</i> 15 , 341 (2016).	https://malariajournal.biomedcentral.com/articles/10.1186/s12936-016-1405-4

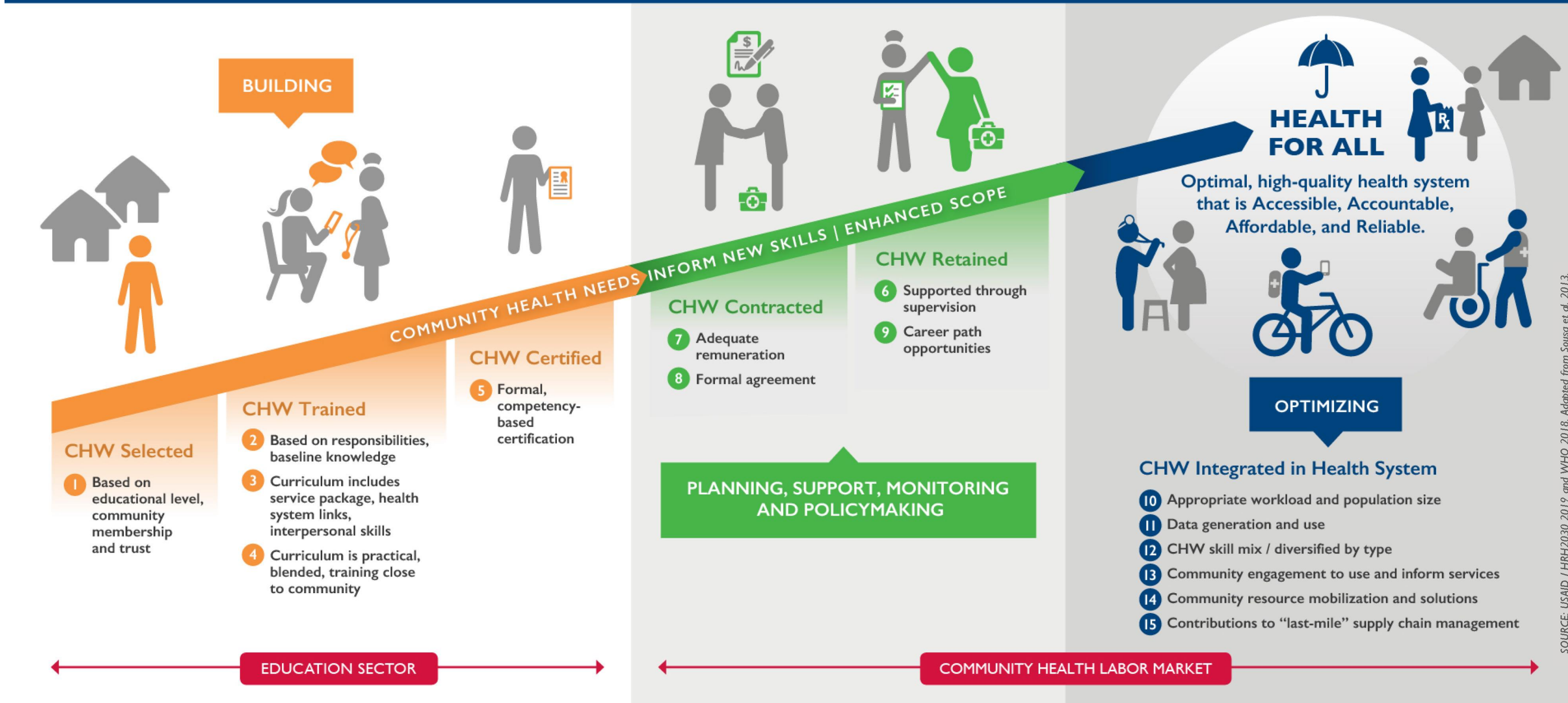
Human Resources and competencies

- Skills and attitudes to strengthen within the health services and skills and attitudes to strengthen within the community
- Competencies of the Skilled Health Professional and Community Health Workforce:
 - Interpersonal communication skills
 - Intercultural skills
 - Community mobilization
 - Advocacy
- Competencies of the Programme Manager
- Resource persons



CHW Lifecycle

WHO Community Health Worker Guideline Recommendations Using Lifecycle Approach



SOURCE: USAID / HRH2030 2019 and WHO 2018. Adapted from Sousa et al. 2013.

CHW POLICY IMPLEMENTATION ENABLERS: Tailoring CHW policy options to context | Considering CHW rights & perspectives | Embedding CHW program in health system | Investing in CHW programs

Malaria

PROMOTION (27, 31)

- Promote vector control activities.
- Ensure that there is an insecticide treated net (ITN) over each sleeping space in each house and long-lasting insecticidal nets (LLINs) are provided to everyone who stays overnight in the community (e.g. potential imported cases). Distribute LLINs and ITNs.

PREVENTION (25, 27, 31)

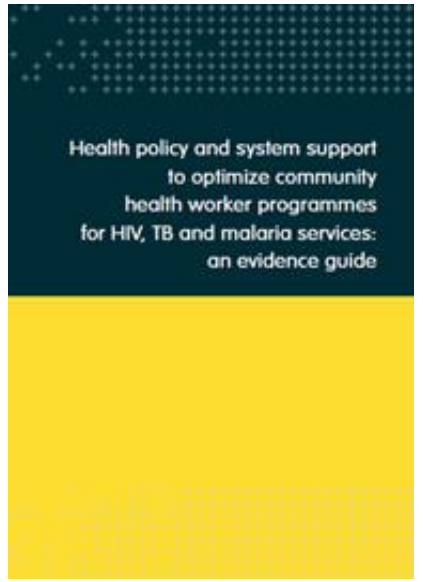
- Deliver seasonal malaria chemoprevention (SMC) in eligible communities (25).
- Counsel communities on malaria prevention, case detection, early treatment and improving health-seeking behaviour.
- Provide health education about malaria complications, prevention and treatment.

INFECTION, DETECTION (28)

- Conduct case detection, diagnosis with RDTs and administer treatment, including passive detection, when community members make home visits for fever management and active detection.
- Report cases to health facilities, either through monthly reporting or proactive detection and referral.

CASE MANAGEMENT (24)

- Manage malaria cases: assess fever, perform RDTs, dispense ACT and counsel patients.
- Refer severe cases and accompany patients to the health facility.



Health policy and system support
to optimize community
health worker programmes
for HIV, TB and malaria services:
an evidence guide

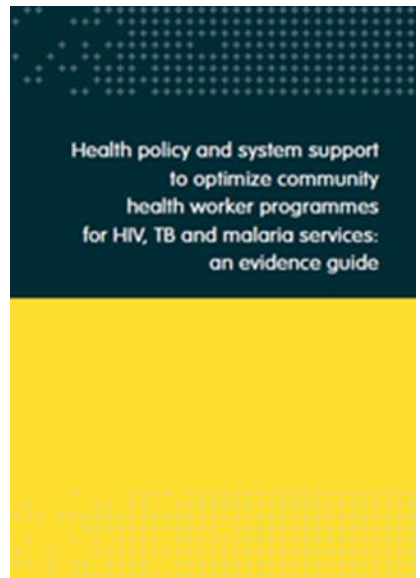
Malaria

INTEGRATED COMMUNITY CASE MANAGEMENT (25, 28, 29, 30)

- Use RDTs to diagnose malaria. Administer ACT to children with positive RDTs. Counsel on when to return.
- Use respiratory timers to diagnose pneumonia and administer amoxicillin to children with pneumonia.
- Administer oral rehydration solution to children with diarrhoea.
- Identify danger signs, give pre-referral treatment (e.g. rectal artesunate), and refer children with severe febrile illness, severe pneumonia or diarrhoea with severe dehydration to health facilities.
- Identify and refer children with severe malnutrition or other problems that need medical attention to a health facility.
- Advise on completion of treatment at home and prevention of illness.
- Manage drug supply logistics, ensuring that no drugs are expired or out of stock.

DATA AND EVIDENCE (25, 29)

- Provide surveillance information about malaria morbidity and mortality, as well as pneumonia, diarrhoea and malnutrition, when involved in iCCM.



Integrating CHW programmes in broader workforce

Health system design to end HIV, TB and malaria should

- **deliver integrated, people-centred health services**
- **Address access barriers**
- **prioritize providing services to key populations.**

Integrate programme design approaches

- across disease programmes
- at all health system levels (governance, financing, systems management, service delivery)

Incorporate CHW programmes in broader HRH design

- Conduct a health labour market analysis to assess CHW acceptability and relevance
- **Assess CHW programme scope and scale of the CHW programme & role in PHC team**
- Identify availability of financial resources to support the program

Consult stakeholders:

- **Community members in high burden countries and areas**
- **community organizations and leaders**
- NGOs and CSOs
- private sector
- HRH and disease programmes
- other ministries (finance, labour, education)

Questions and Comments



TIPTOP

ADVANCING PREVENTION OF MALARIA IN PREGNANCY

Community engagement: Contributions to service delivery

Presented By

Bright Orji, PhD

TIPTOP Project Country Manager

1st April, 2021



Outline

Overview of community engagement and service delivery



Why TIPTOP project?



A community engagement case study for increasing coverage of *Intermittent Preventive Treatment for Malaria in Pregnancy (C-IPTp)*

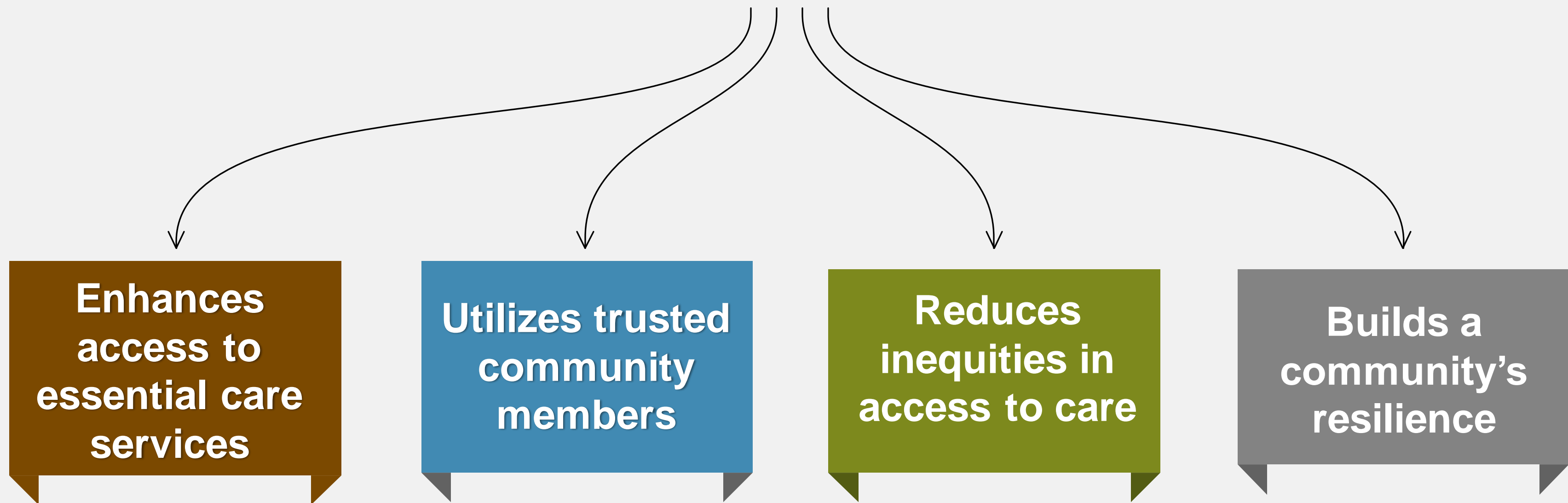
Community Based Services



- An integrated system of care designed to meet the health needs of individuals, families and communities in their local settings.
- Community-based health care **includes services delivered by a broadly defined community health workforce**, formal and informal, paid and unpaid, providing outreach services and campaigns.
- It can be used for **health promotion, disease prevention, treatment and support**

Access to Services is Key

Community-based care is an important tool to strengthen UHC



ANC and IPTp coverage in 2019

ANC1=80%

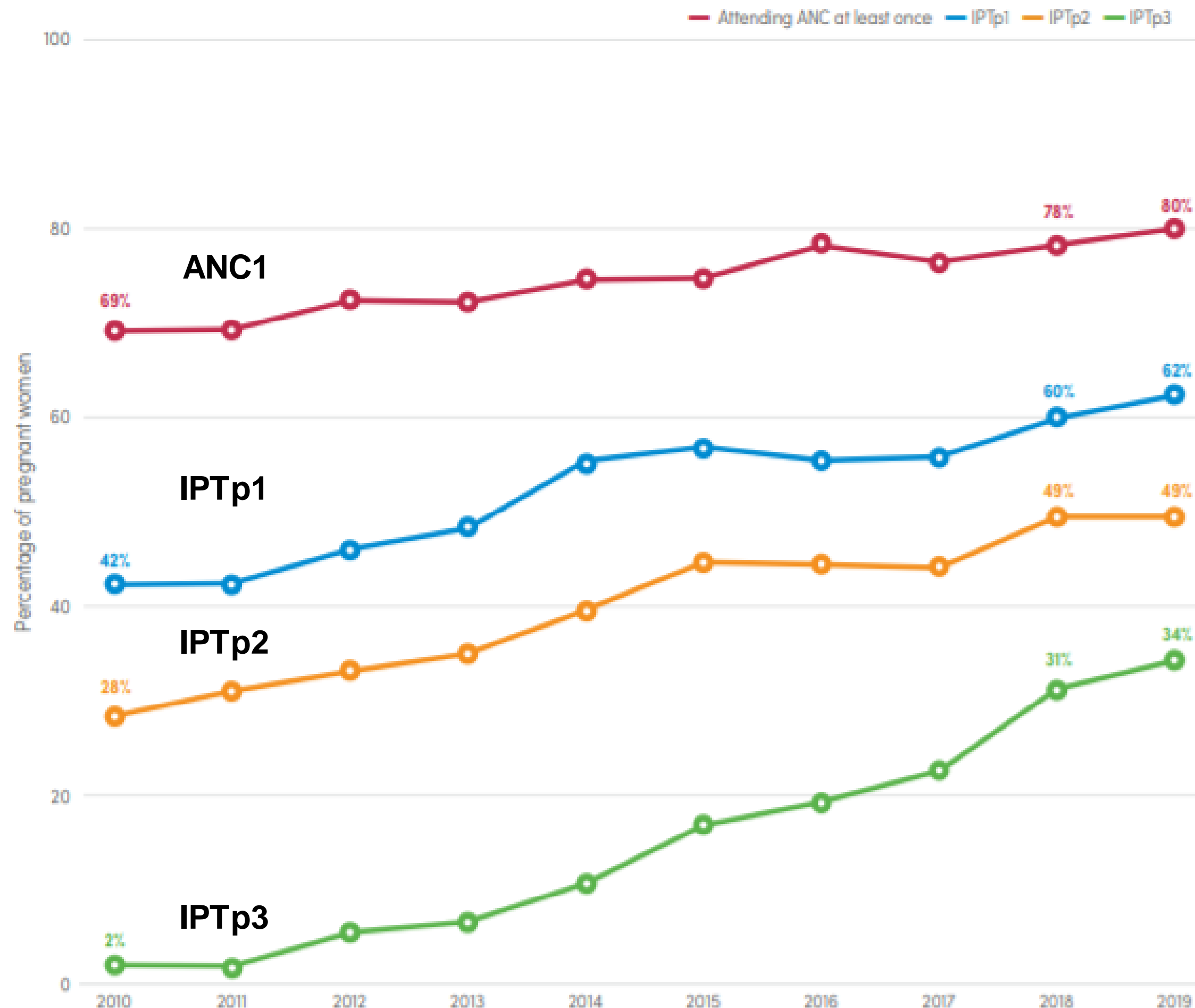
IPTp1=62%

IPTp2=49%

IPTp3=34%

Many Missed Opportunities!

Source: WHO, World Malaria Report, 2020

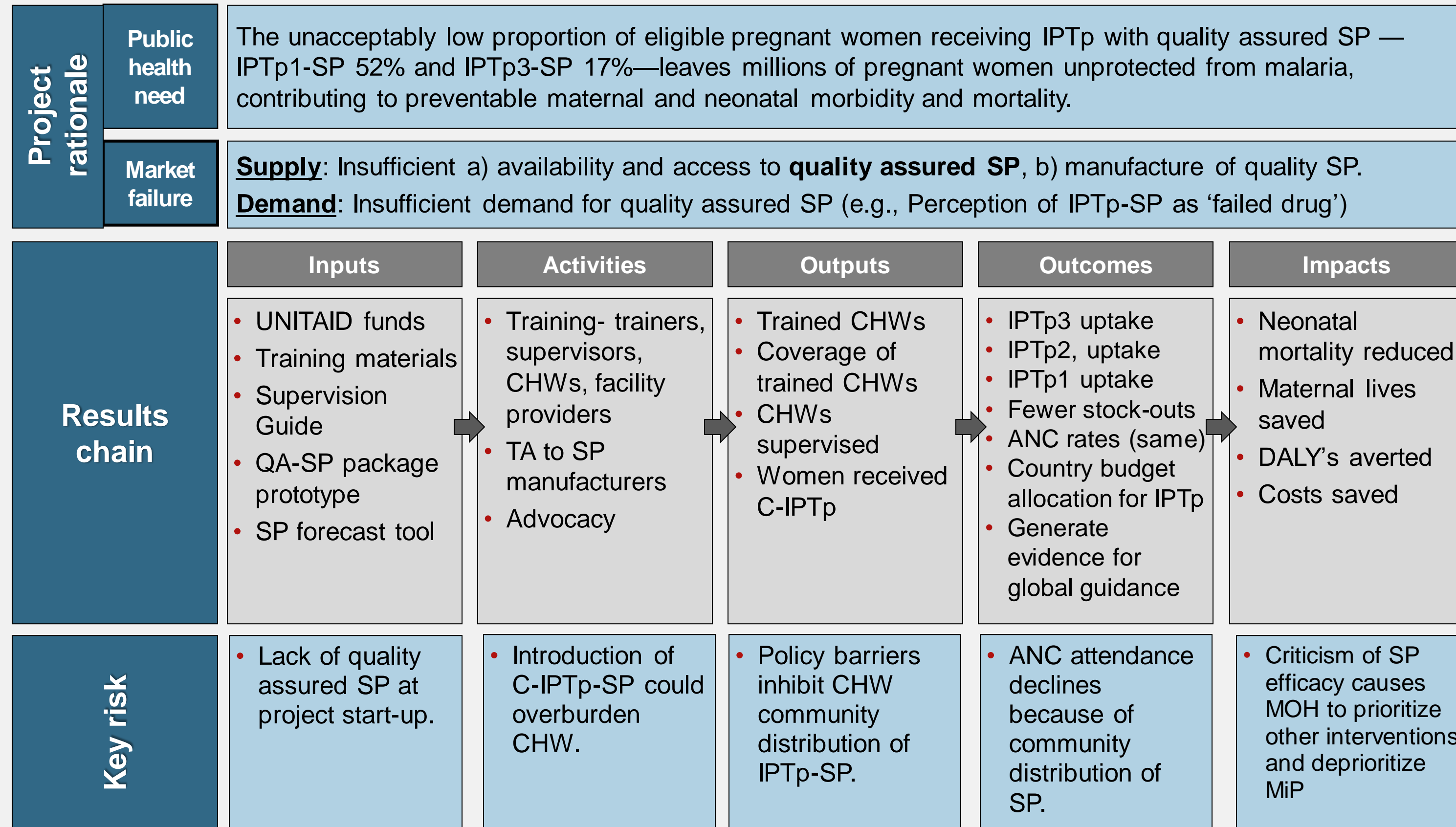


ANC: antenatal care; CDC: Centers for Disease Control and Prevention; IPTp: intermittent preventive treatment in pregnancy; IPTp1: first dose of IPTp; IPTp2: second dose of IPTp; IPTp3: third dose of IPTp; NMP: national malaria programme; US: United States; WHO: World Health Organization.

**Saving lives.
Improving health.
Transforming futures.**

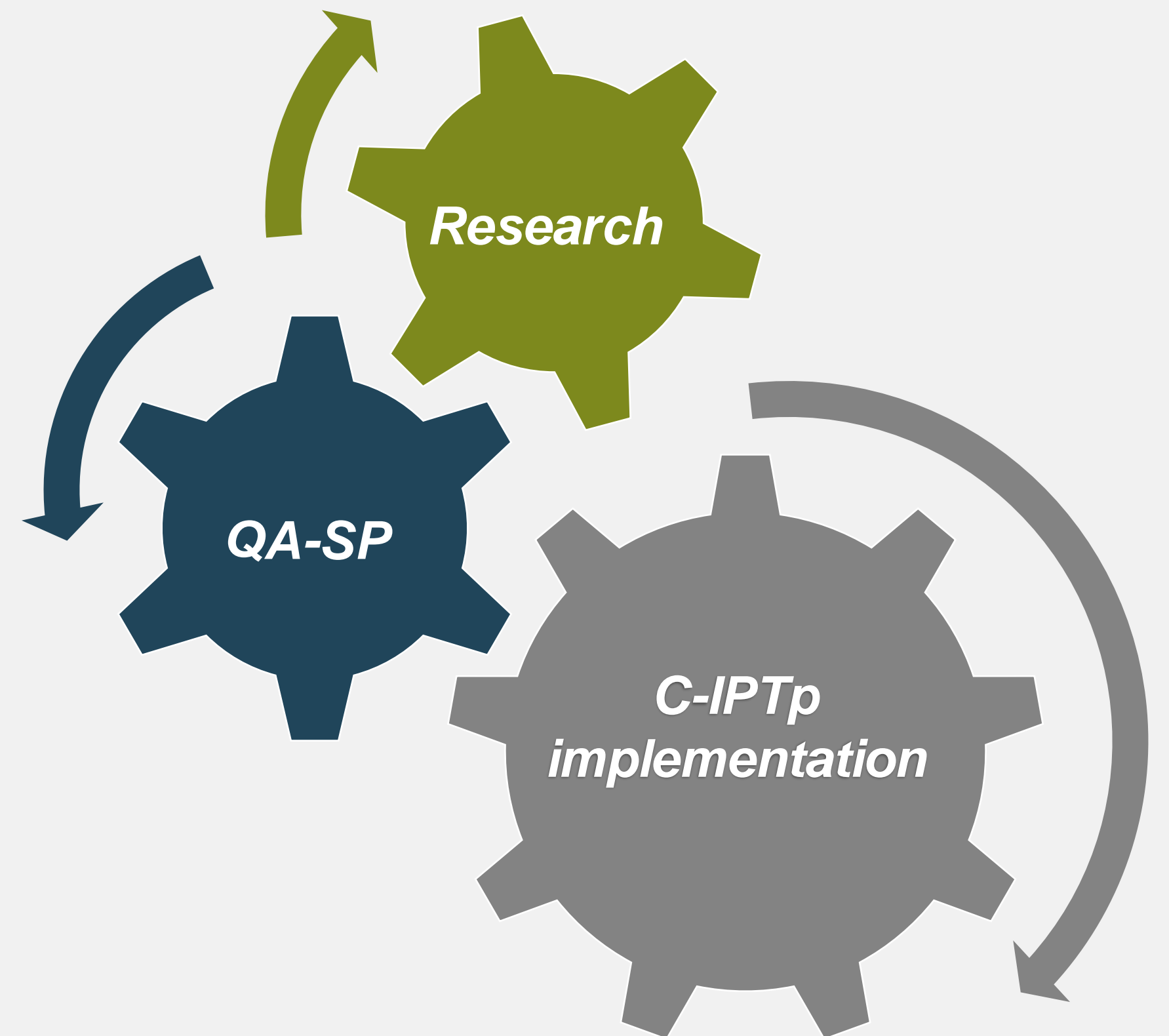
**What could we
do differently?**

Theory of Change

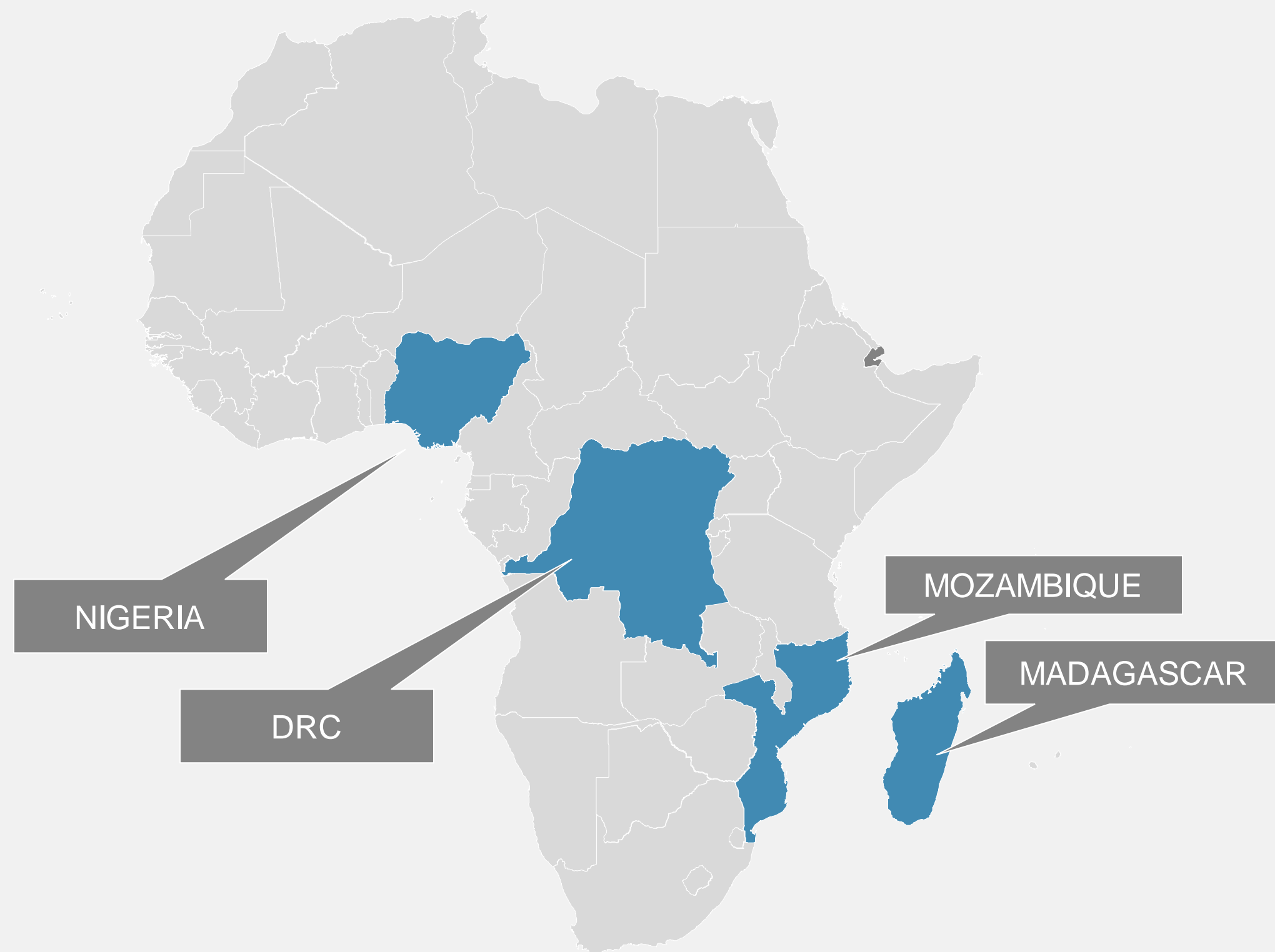


TIPTOP Project summary

- The **Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP)** project aims to save the lives of thousands of mothers and newborns
- **Period of implementation:** May 2017 – April 2022
- **Program objectives**
 - **Generate evidence** for potential WHO policy change
 - Introduce and **set stage for scale up** of community delivery of intermittent preventive treatment during pregnancy (C-IPTp)
 - **Increase IPTp3 coverage** without decline in ANC attendance
 - Introduce and **increase demand for quality-assured sulfadoxine-pyrimethamine (SP)** for IPTp



Project Countries and Partners



- **Jhpiego**
 - Lead managing partner and implementation support
- **ISGlobal**
 - Research partner
- **WHO**
 - Enabler partner- creating enabling environment
- **Medicines for Malaria Ventures (MMV)**
 - Enabler partner - support availability of quality assured SP for IPTp

Creating a “No Missed Opportunities” Approach

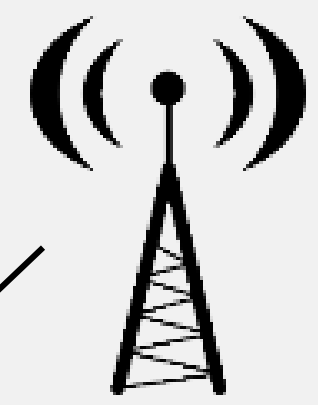
- Map PW
- Screen PW for IPTp eligibility
- Provide SP to eligible PW
- Refer PW to health facilities

Community health workers (CHWs) e.g. CDDs, APEs CHIPS Agents etc.

Civil society organizations

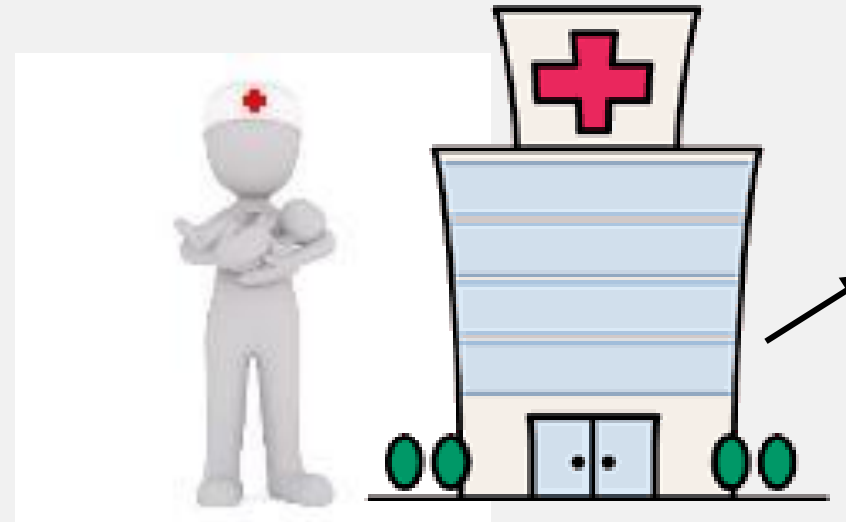


- Mobilize communities for C-IPTp
- Support CHWs in information dissemination and community mobilization

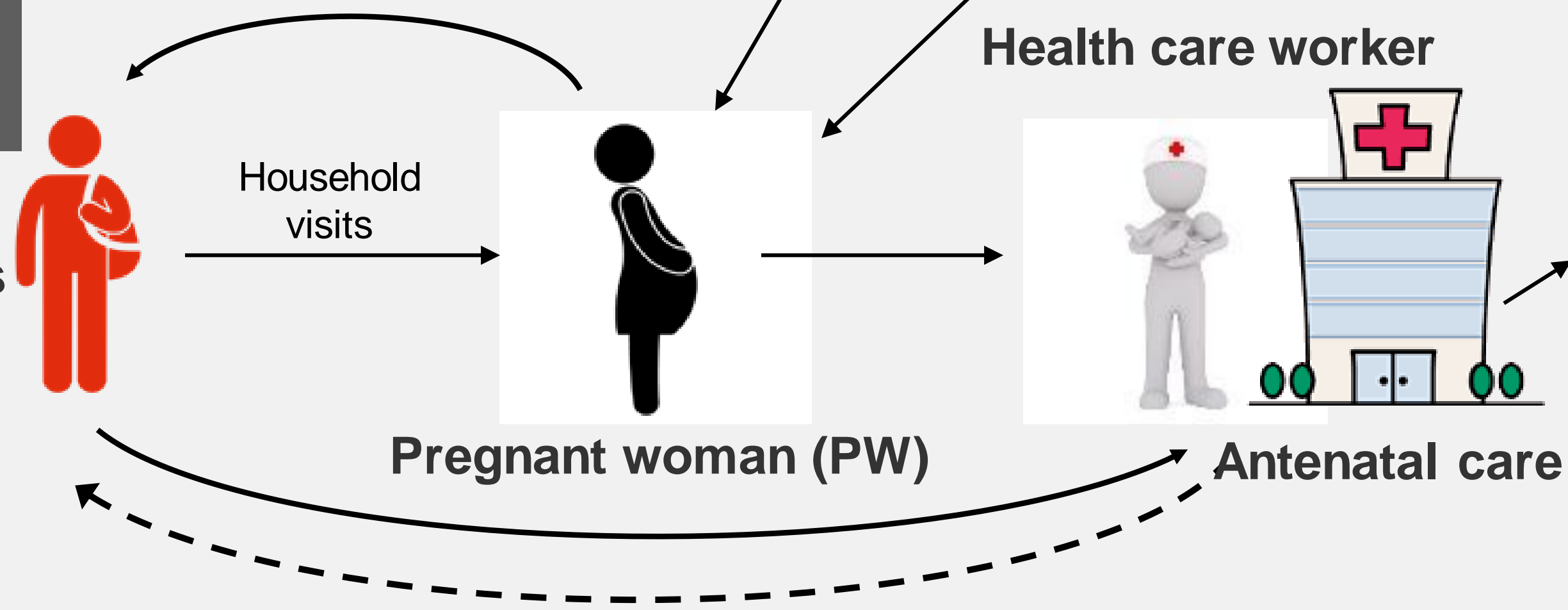


Social and behavior change communication using a variety of platforms

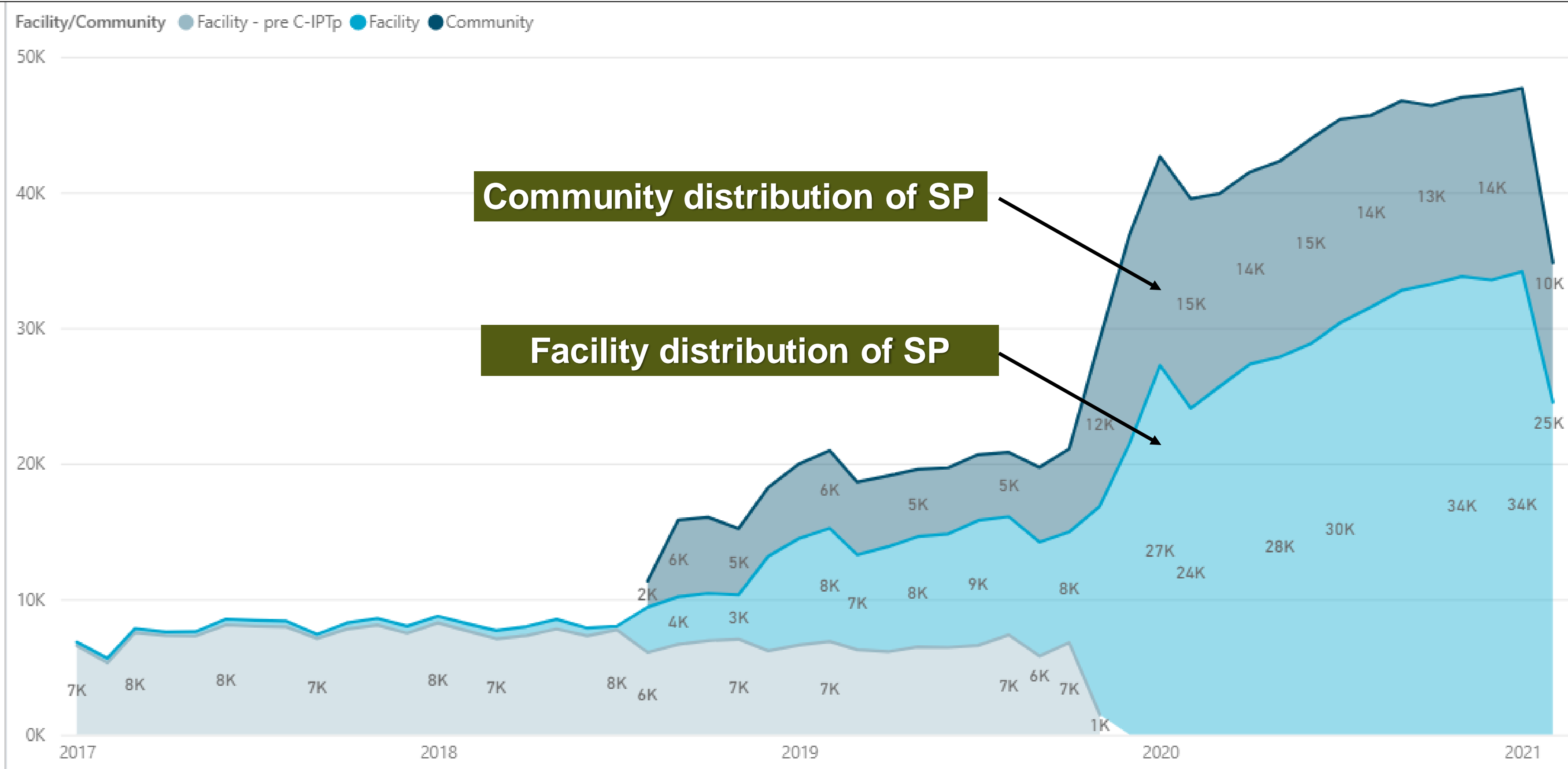
Health care worker



- Nigeria and DRC:**
- IPTp1 and follow-up doses may be given by a CHW.
- Madagascar and Mozambique:**
- IPTp1 must be given by HCWs at ANC.
 - Follow-up doses can be given by CHWs



IPTp3 distribution in all four TIPTOP Countries



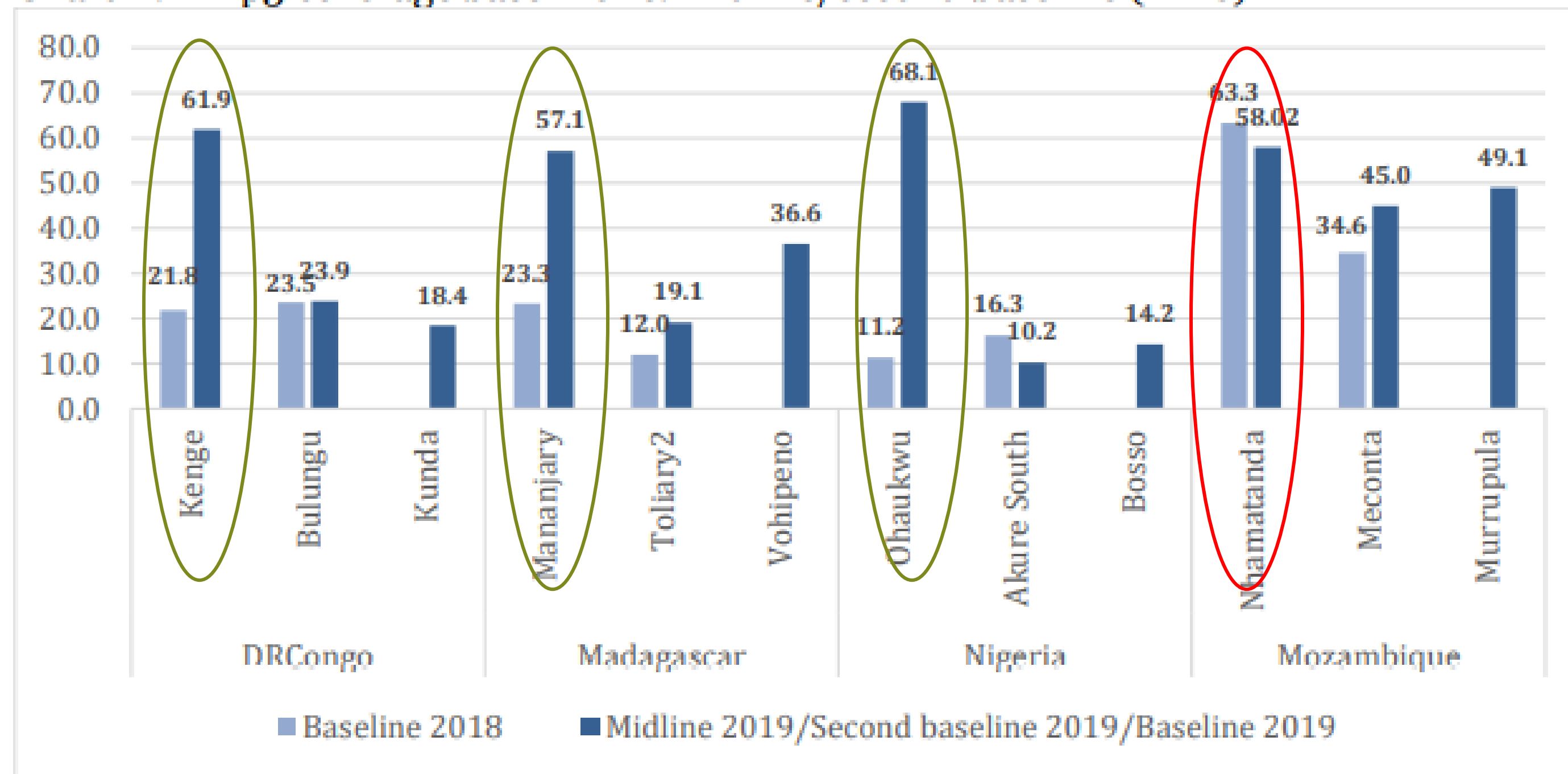
Community distribution of SP

Facility distribution of SP

PRELIMINARY RESULTS:

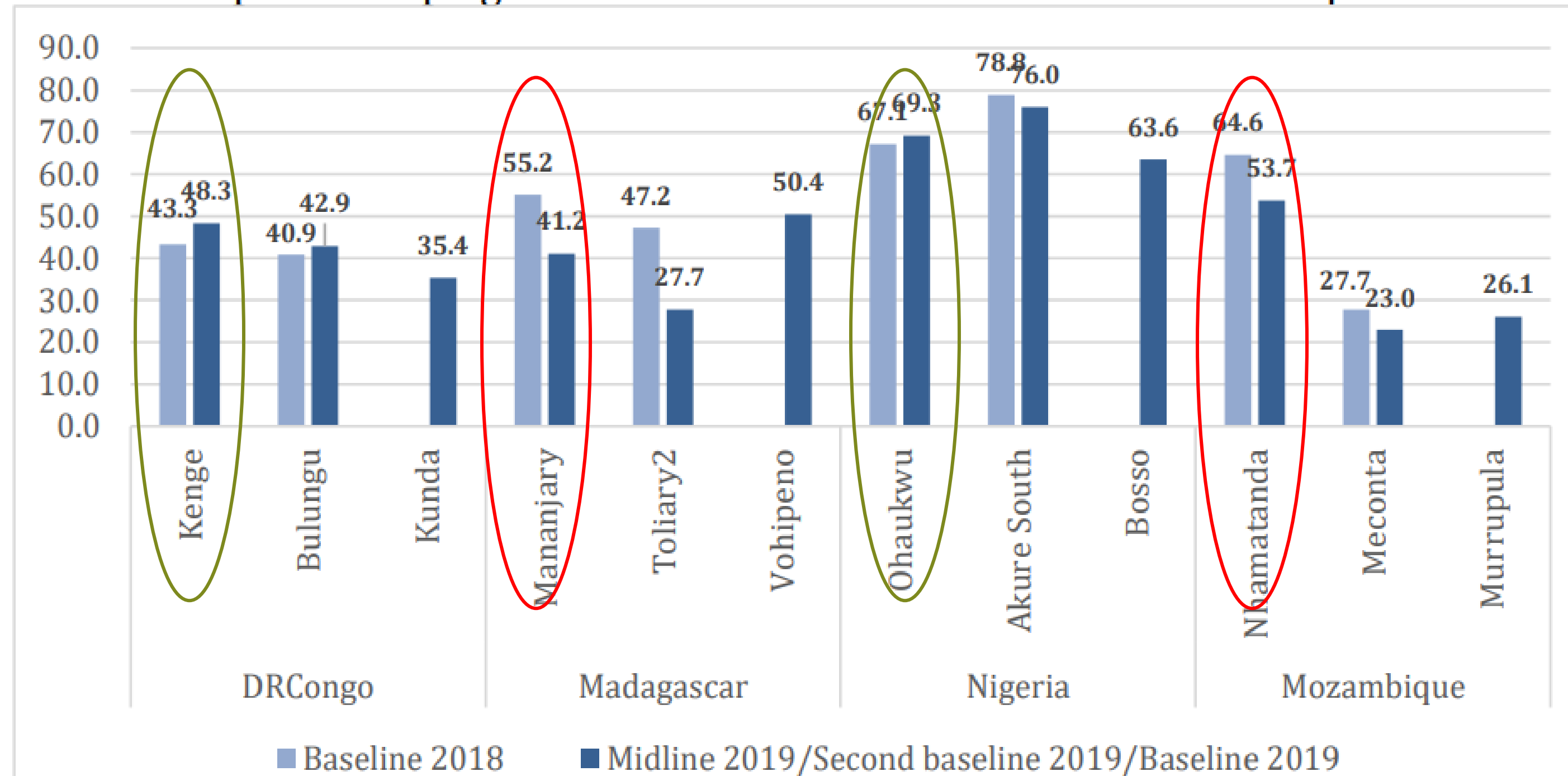
ISGlobal's midline survey showed that IPTp3 increased significantly in Phase I Districts in 3 of 4 countries

Chart 1 . IPTp3 coverage baseline vs. midline/second baseline (HHS)



ANC4 attendance marginally increased in 2 countries and decreased in 2 countries.

Chart 2. Proportion of pregnant women that have attended ANC at least 4 times



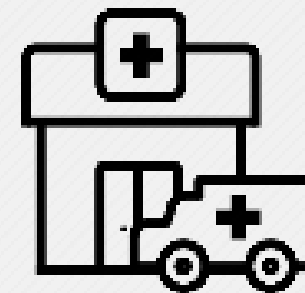
Impact of community engagement for health care delivery - the TIPTOP Examples



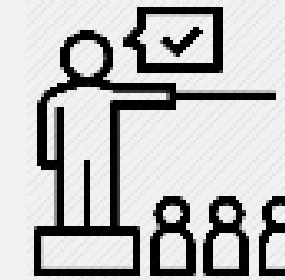
Quick health information dissemination.
Example: TIPTOP CHWs provide COVID 19 preventive messaging



Supports delivery of essential health services i.e. TIPTOP CHWs distributes SP in the community



CHWs and CSOs sensitize community about importance of ANC/IPTp encourage support for PW to seek services



TIPTOP CHWs are selected by their communities and are building relationships between the community and the facility



Helps communities to be resilient when health services are impacted by crisis - some communities using TIPTOP project communities register for other purposes - sharing palliatives, levy etc.

Key Takeaways

- **Community IPTp is a novel approach** that affords **eligible pregnant more opportunities** to protect themselves from malaria, in addition to receiving comprehensive care through ANC
- **TIPTOP's success is based on the engagement of CSOs, CHWs, community leaders through government-led partnership** providing a well-rounded approach to encouraging pregnant women to receive ANC/IPTp
- **Community engagement, adaptability, creativity, innovative communication and guidance** remain critical to provision of essential public health interventions.

Thank you!



COMMUNITY BASED INTERVENTIONS FOR IMPROVED IPT_p UPTAKE, KENYA EXPERIENCE

Moses Kidi

Technical Officer - Community Services



Presentation outline

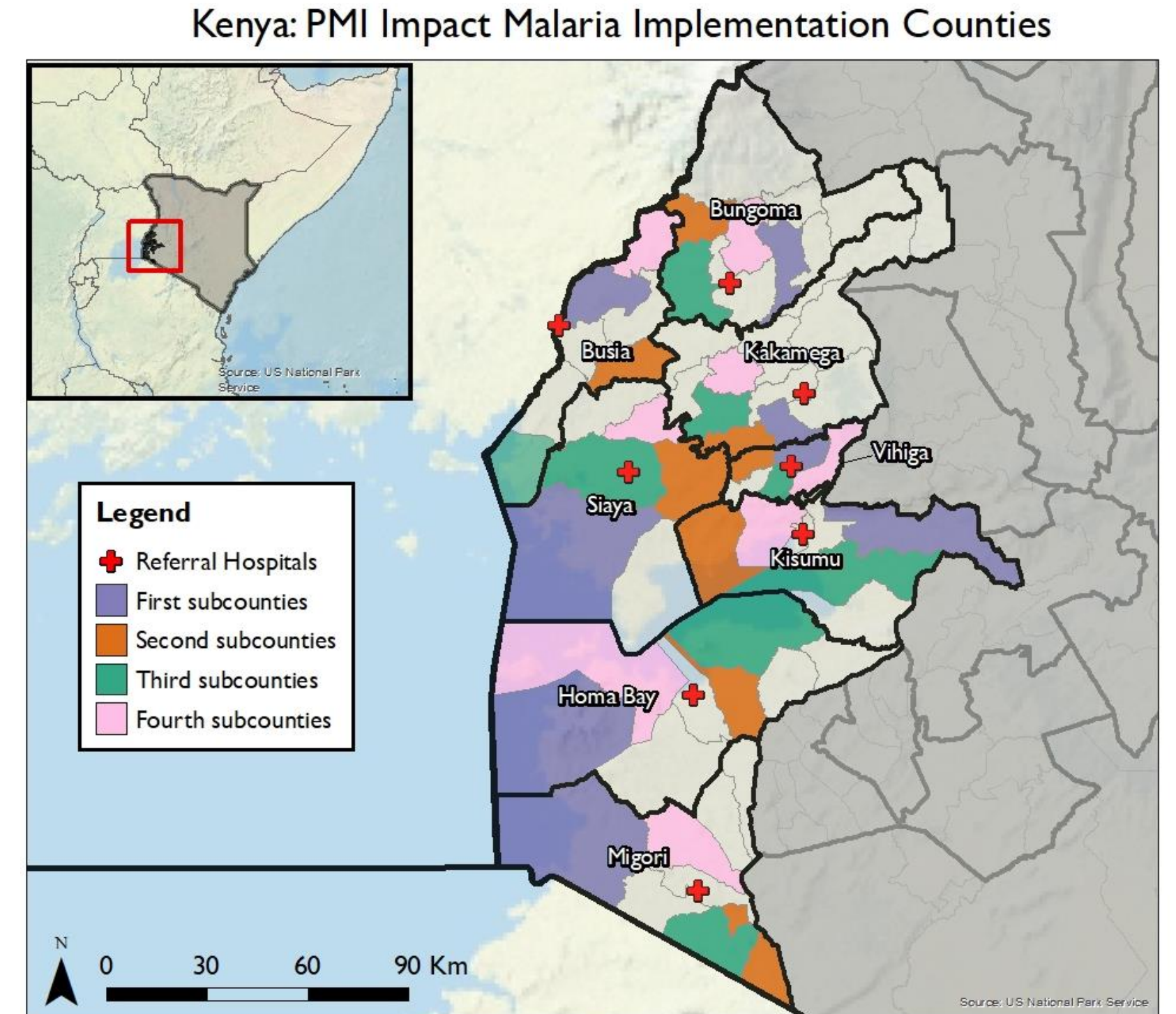
- Introduction
- Background
- The Problem
- IM Strategies and Objectives
- Results
- Challenges and Lessons Learned
- Conclusion

Introduction—Malaria in Pregnancy (MiP)

- Associated with substantial risks for the mother, fetus, and newborn (Steketee et al. 2001)
- Effective control will avoid, every year, globally :
 - Approximately 10,000 maternal deaths
 - Up to 200,000 infant deaths
- Kenya's malaria policy recommends all pregnant women in malaria endemic areas receive at least three doses of intermittent preventive treatment of malaria in pregnancy (IPTp) using sulfadoxine-pyrimethamine (SP) starting from 13 weeks during antenatal care (ANC) contacts (NMP and MOH 2020)
- Early ANC presentation is important for optimal IPTp coverage (Anchang-Kimbi et al. 2014)

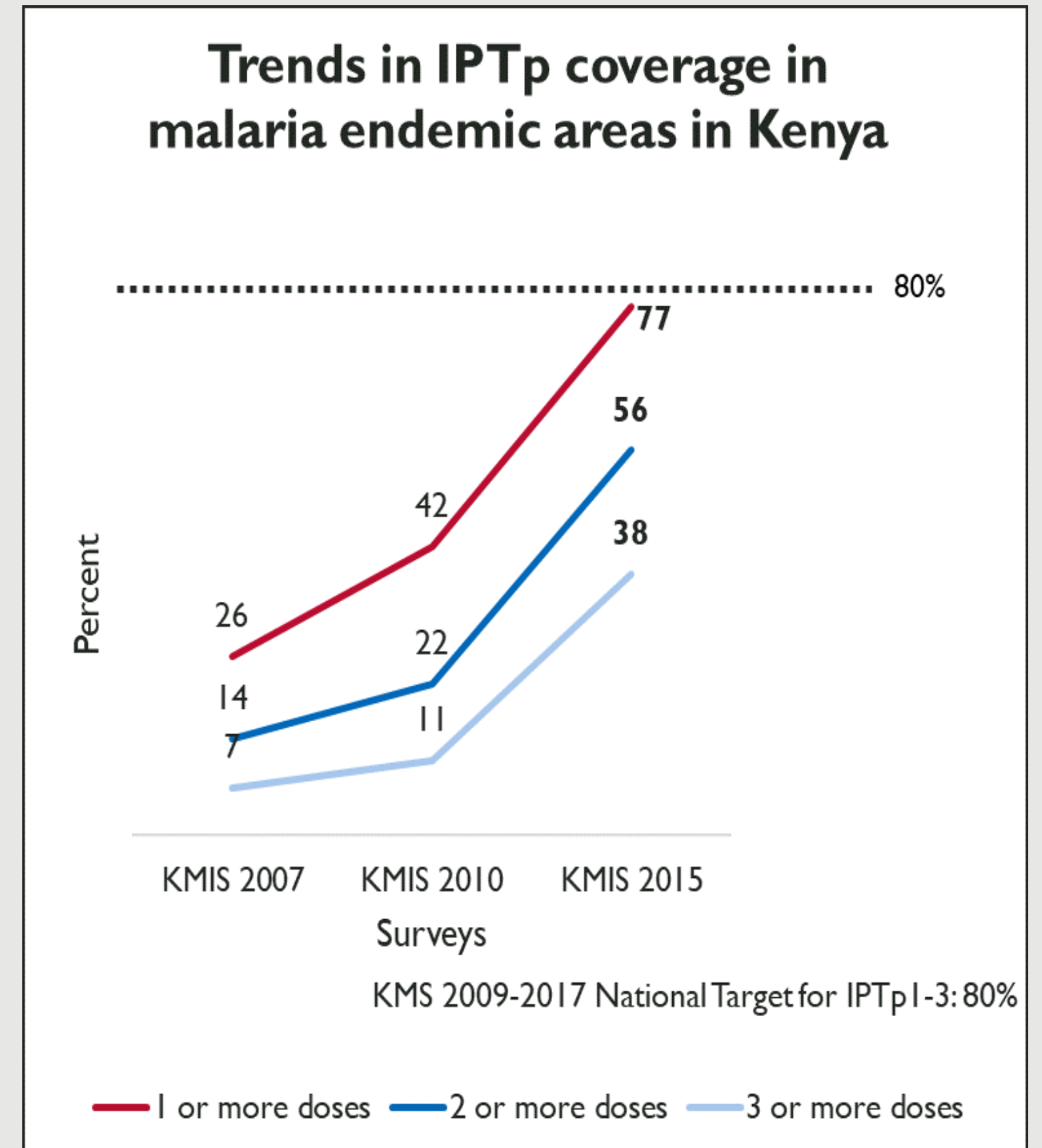
BACKGROUND

- Impact Malaria (IM) is PMI's flagship service delivery project which provides technical assistance to the Government through the Ministry of Health (MOH)
 - National Malaria Program (NMP)
 - Eight County Governments of Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, and Vihiga
- IM works in collaboration with other PMI implementing partners (Tupime Kaunti, Afya Ugavi, Breakthrough Action, Health IT, Vector Link, MEASURE Malaria, HP+, PQM+) in provision of technical and logistical support to NMP and county governments



THE PROBLEM

- **Program:** low IPTp indicators below national target
- **Individual:** Late start of ANC due to
 - Socio-cultural practices which prohibit non-appearance in public during early pregnancy
 - Inadequate knowledge on benefits of ANC
 - Fear of ANC attendance due to frequent and/or unplanned pregnancies,
 - High cost of laboratory investigations for ANC profile
 - Poor economic status - low income and unemployment.
- **Community:** Lack of incentives for CHVs to effectively identify, track, and refer pregnant women for ANC
- **Facility:** Health worker–client interaction and communication barriers.
- **Policy:** Low investment in advocacy, communication, and social mobilization



PROGRAM OBJECTIVES - MiP

- **Strengthen capacity of health care workers in scaling up MiP interventions by:**
 - Supporting review/development of MiP guidelines
 - Sensitizing health care workers on the MiP package of interventions
 - IM supported the 8 counties to collate IPTp3 data from health facilities even while awaiting HMIS tools revision.
- **Strengthen capacity of community health volunteers (CHVs) in promotion of MiP interventions at household level by:**
 - Orientation of CHVs on MiP package of interventions and social behavior change communication
 - Supporting CHVs in dissemination of MiP SBC messages to create demand for early antenatal care (ANC) attendance in an effort to increase uptake of IPTp3
 - Collaborating with implementing partners in supporting NMP to identify appropriate social behavior change communication messages.



IM STRATEGIES AND METHODS TO INCREASE IPT_p UPTAKE (I)

I. Orientation of CHVs on MiP package:-

- a) Use of the effective MiP interventions (ITNs and IPT_p) for prevention of malaria in pregnancy
- b) The current Kenya Malaria Strategy objectives and WHO recommendations on 8 ANC visits to receive IPT_p
- c) The new reporting tools
- d) Training of CHVs on how to
 - i. Disseminate SBC messages to create awareness on the need for women to attend ANC
 - ii. Identify IPT_p missed opportunities during their routine household visits and referral of defaulters to ANC.

IM STRATEGIES AND METHODS USED TO INCREASE IPT_p UPTAKE (2)

2. Increasing coverage of MiP activities:-

- a) Increasing household mapping

3. Generating ANC line list and defaulter tracing of ANC clients

- a) Early identification of ANC clients and prompt referral of defaulters
- b) Tracking of pregnant women to ensure attendance of scheduled ANC visits

4. Community data and performance reviews

- a) Monthly meetings with CHAs to submit data
- b) Orientation on revised community tools;
- c) Improving community data capture, reporting and use for decision making
- d) Fostering cross-learning between subcounties

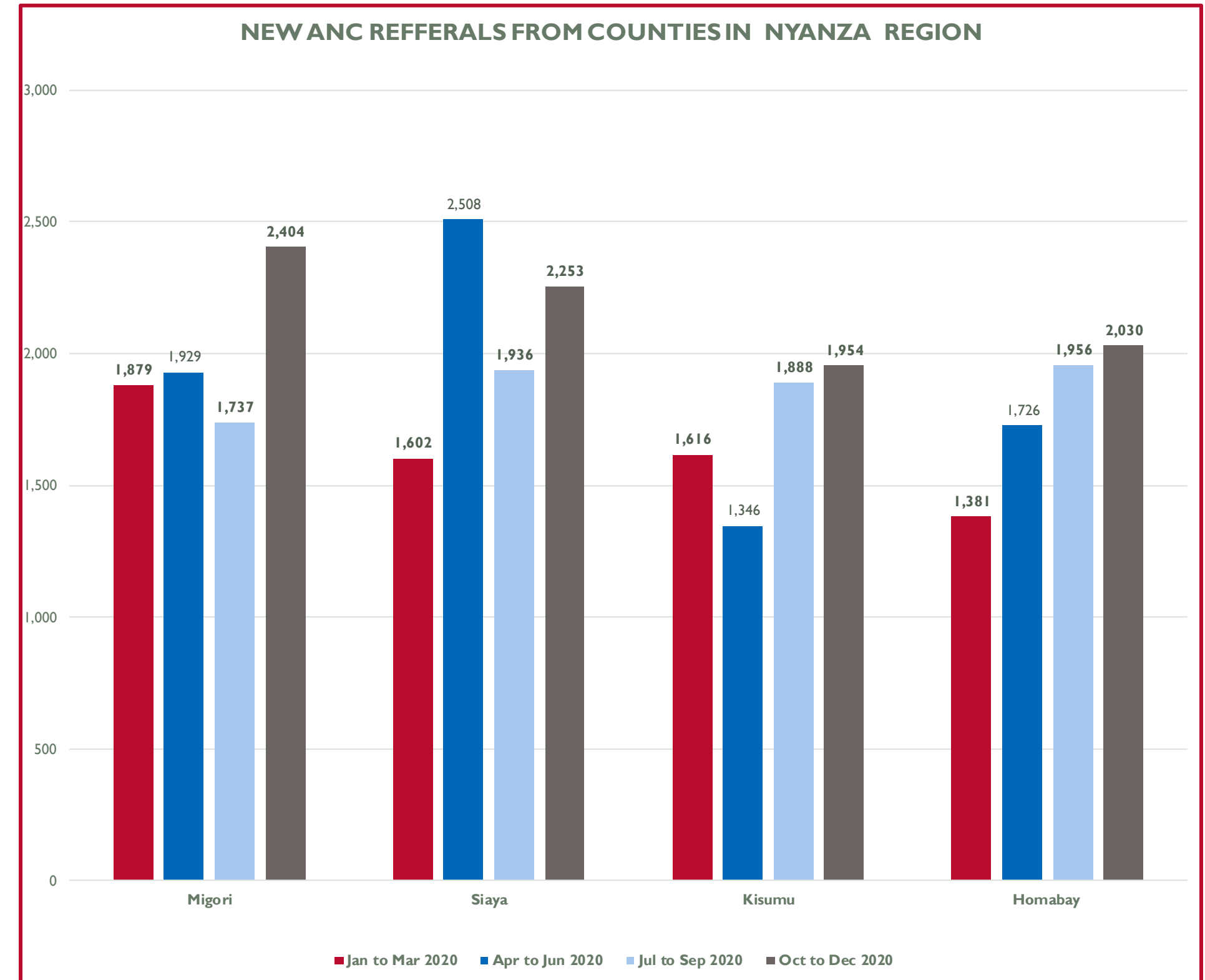
5. Supportive supervision

- a) Targeted supportive supervision to CHUs

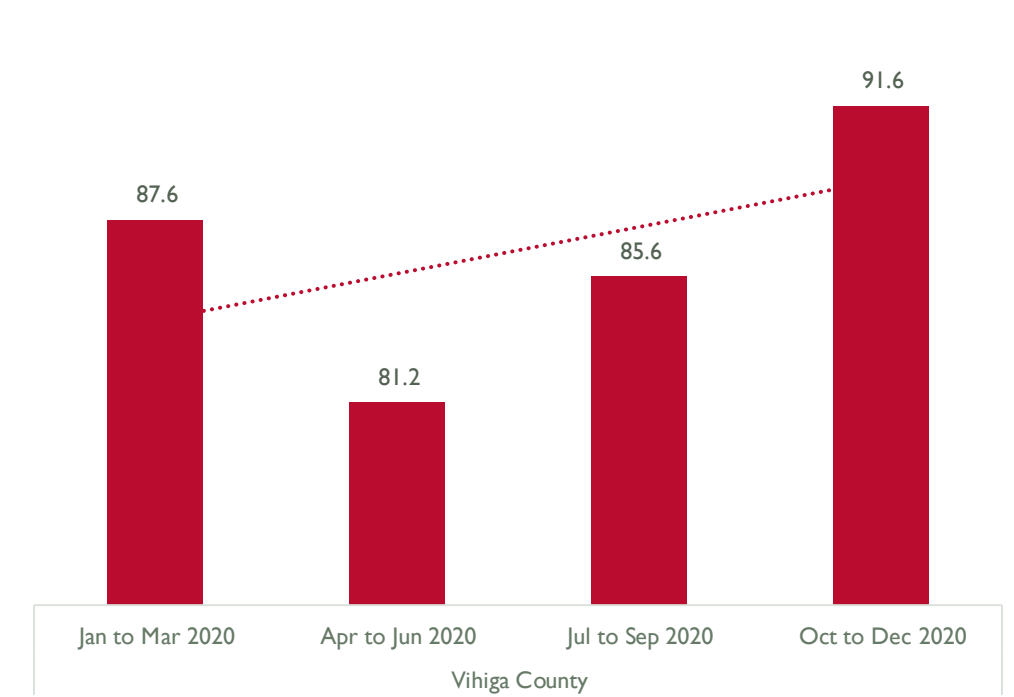
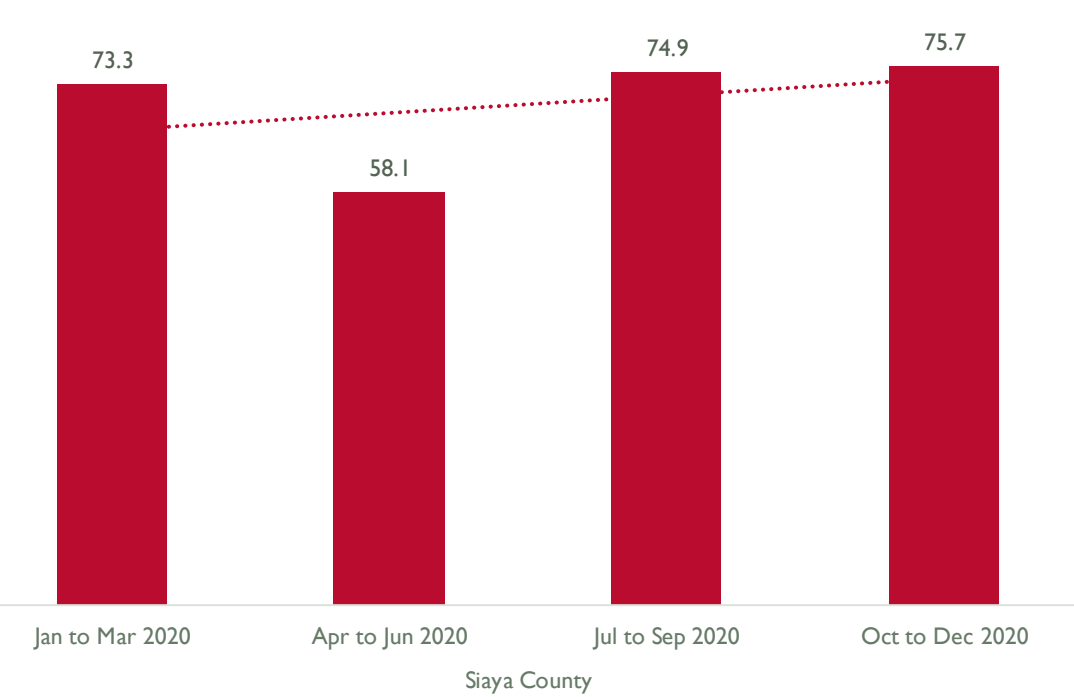
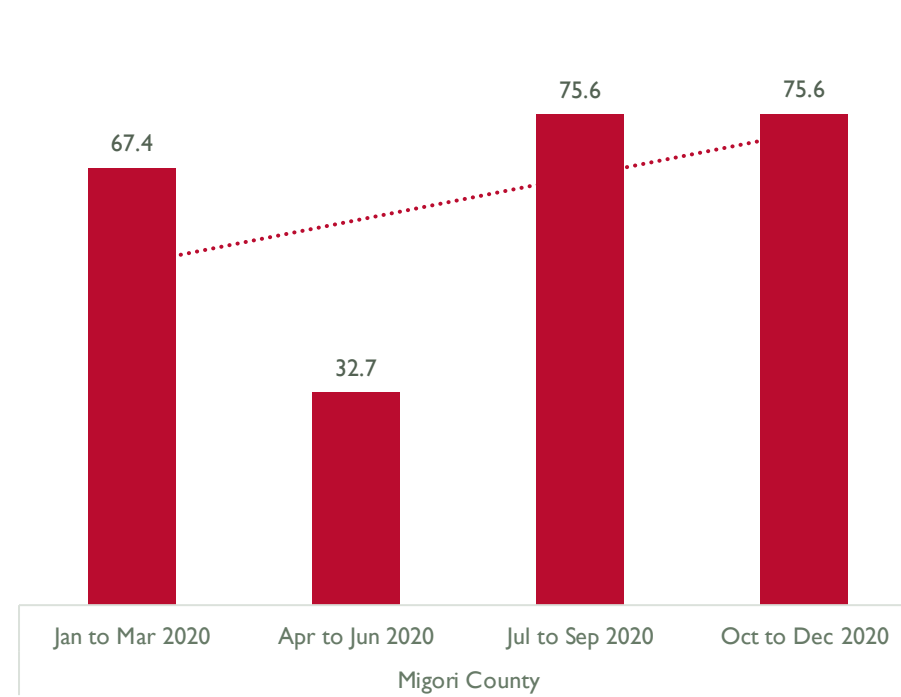
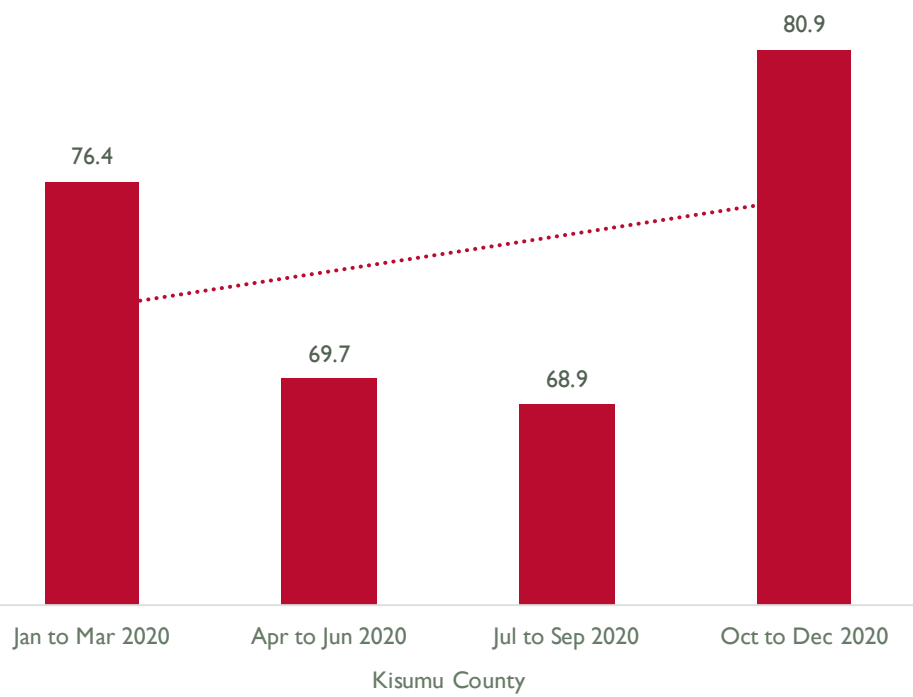
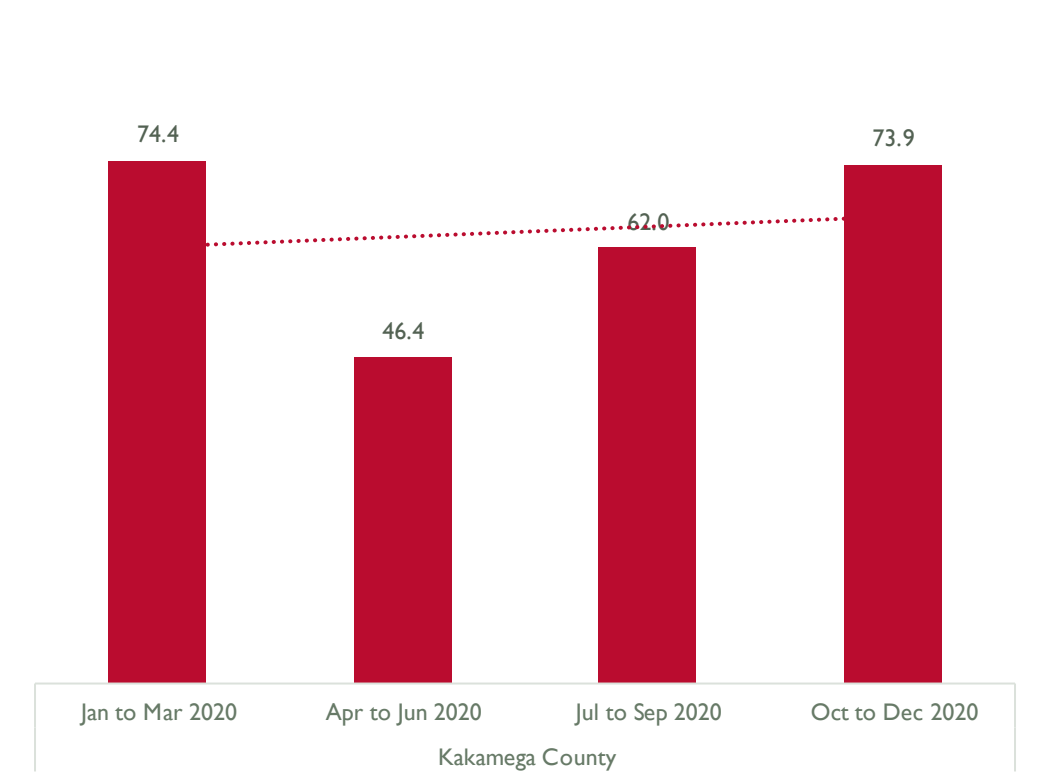
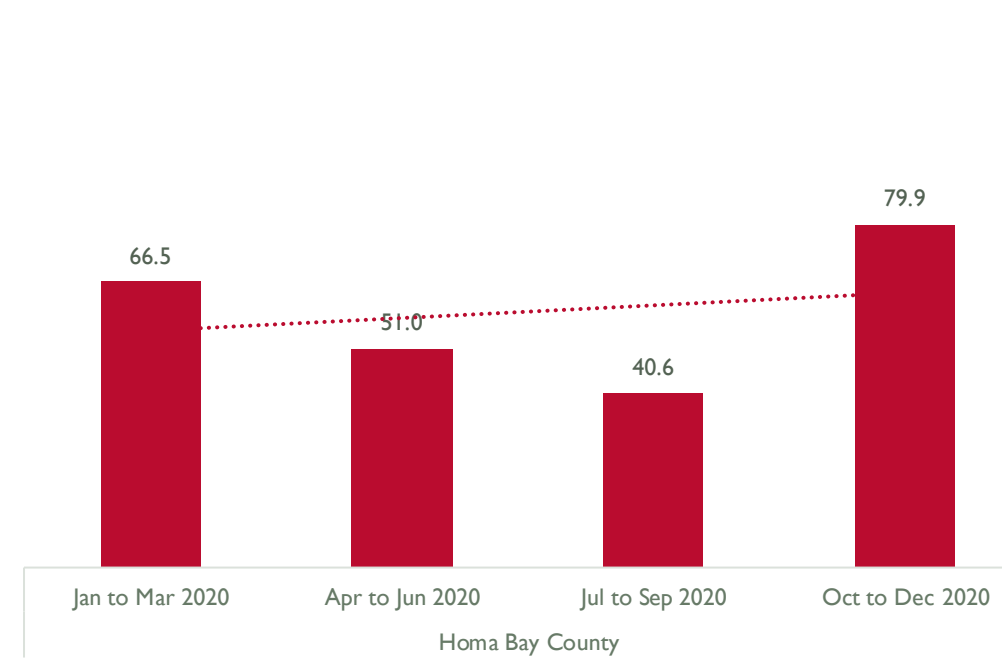
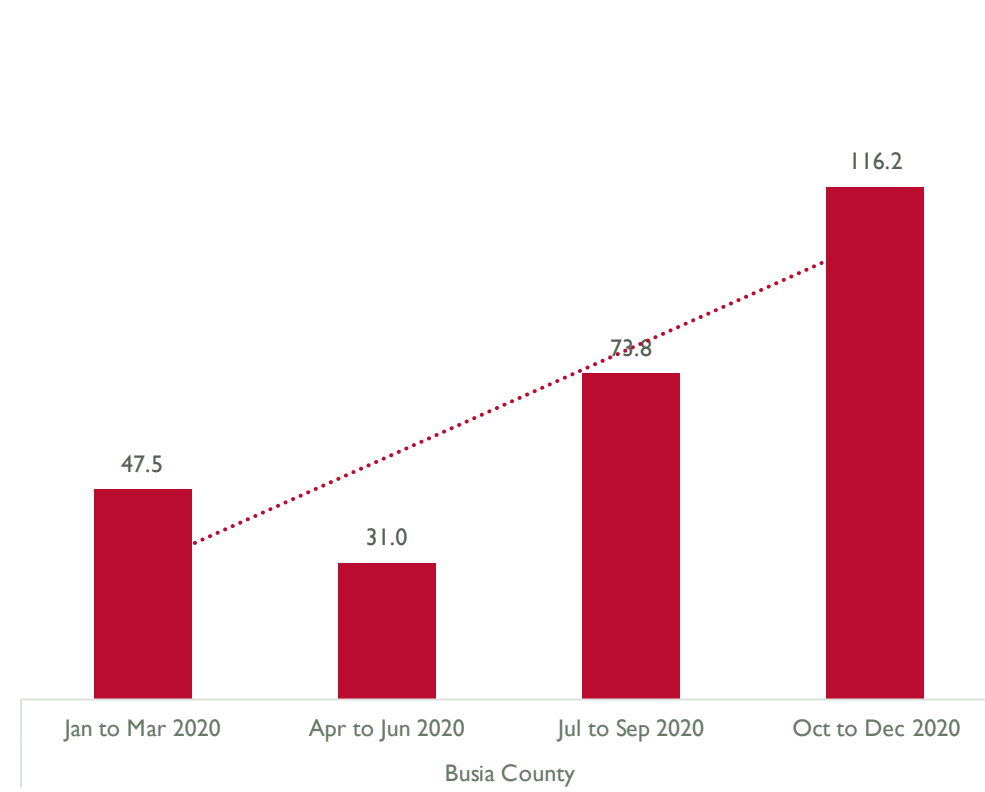
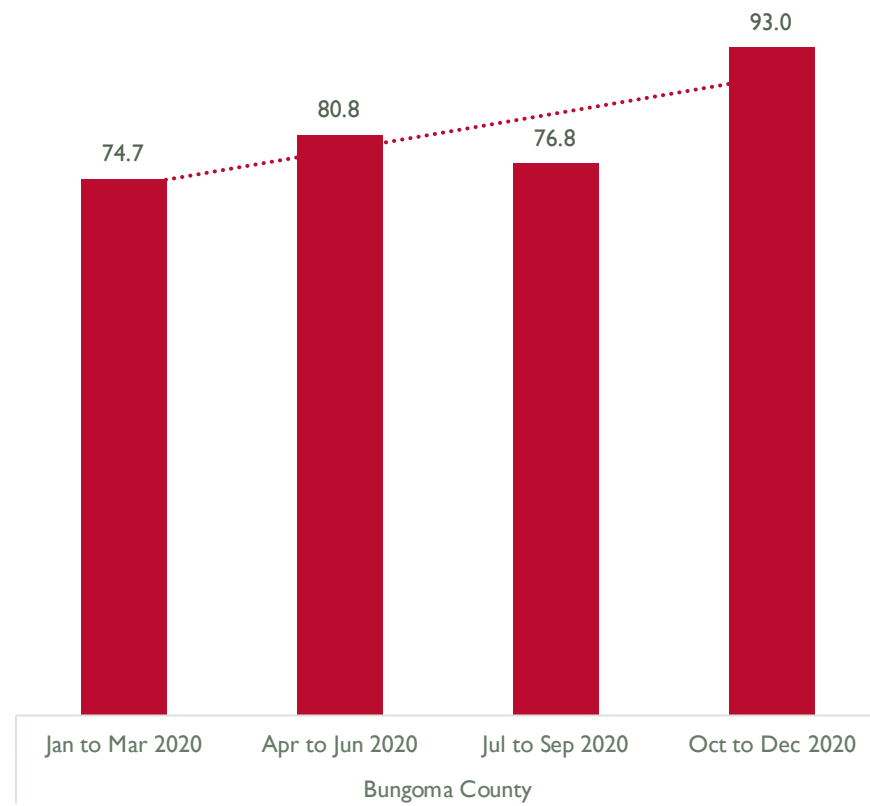


RESULTS (I)

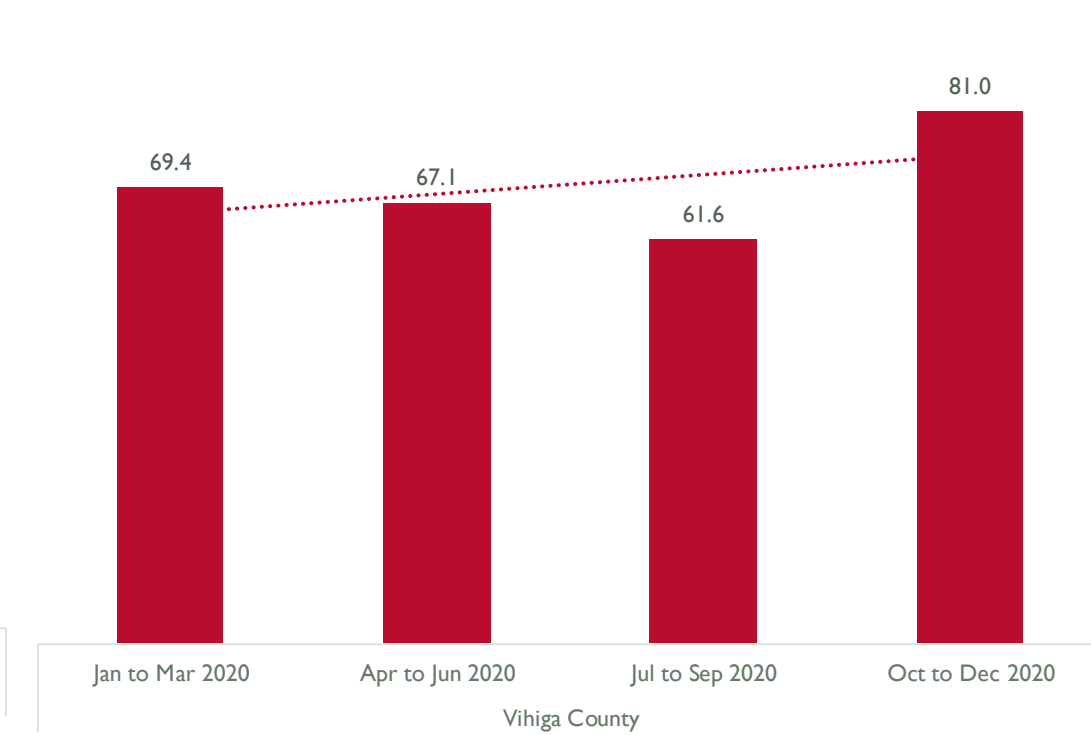
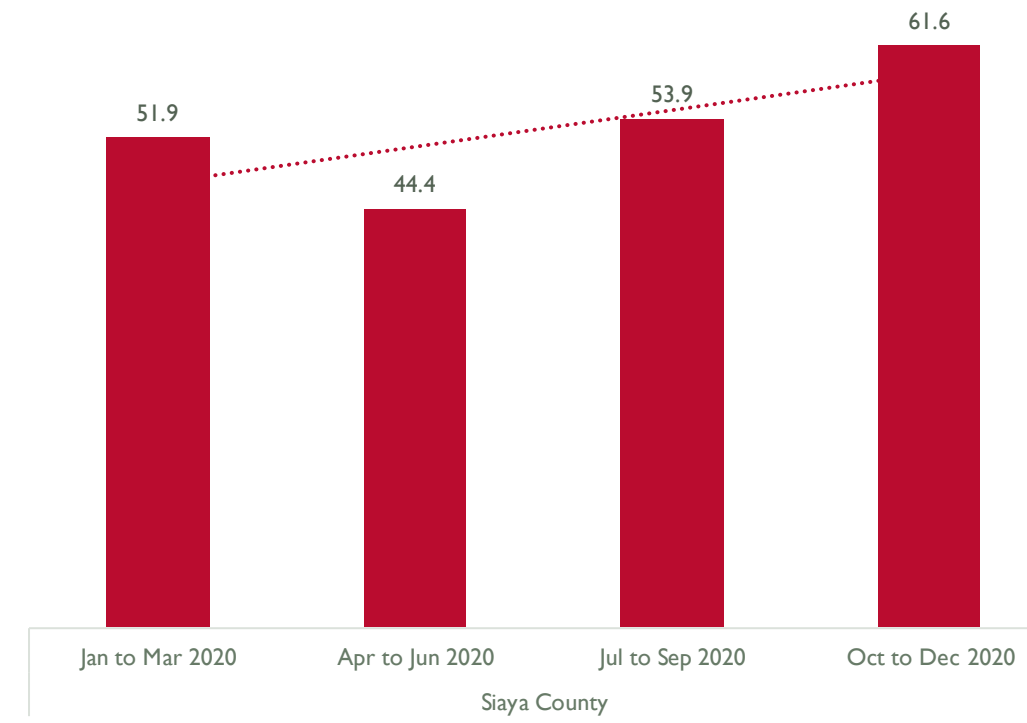
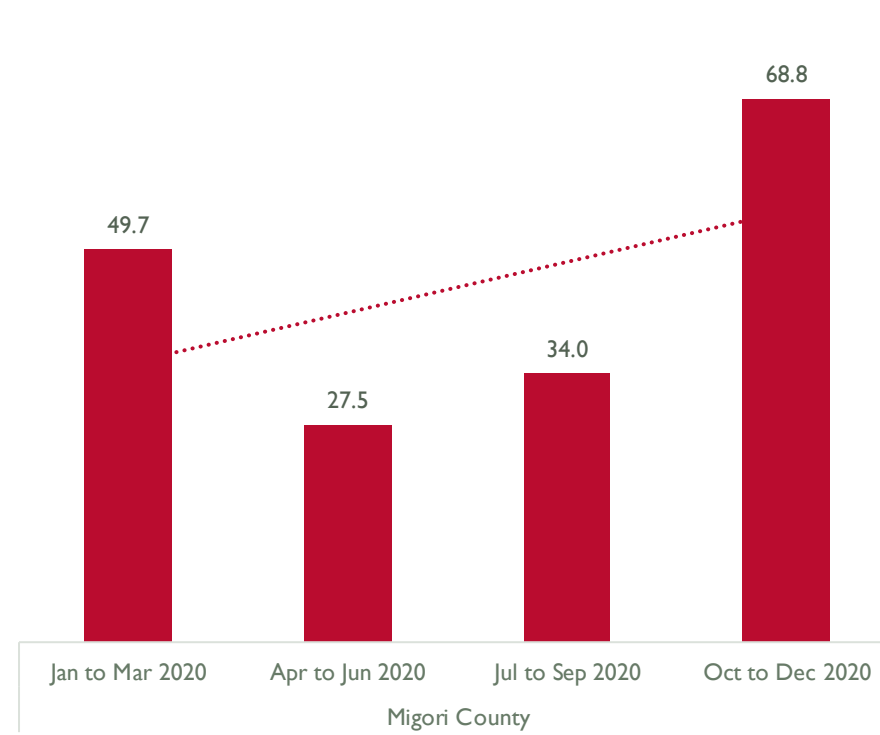
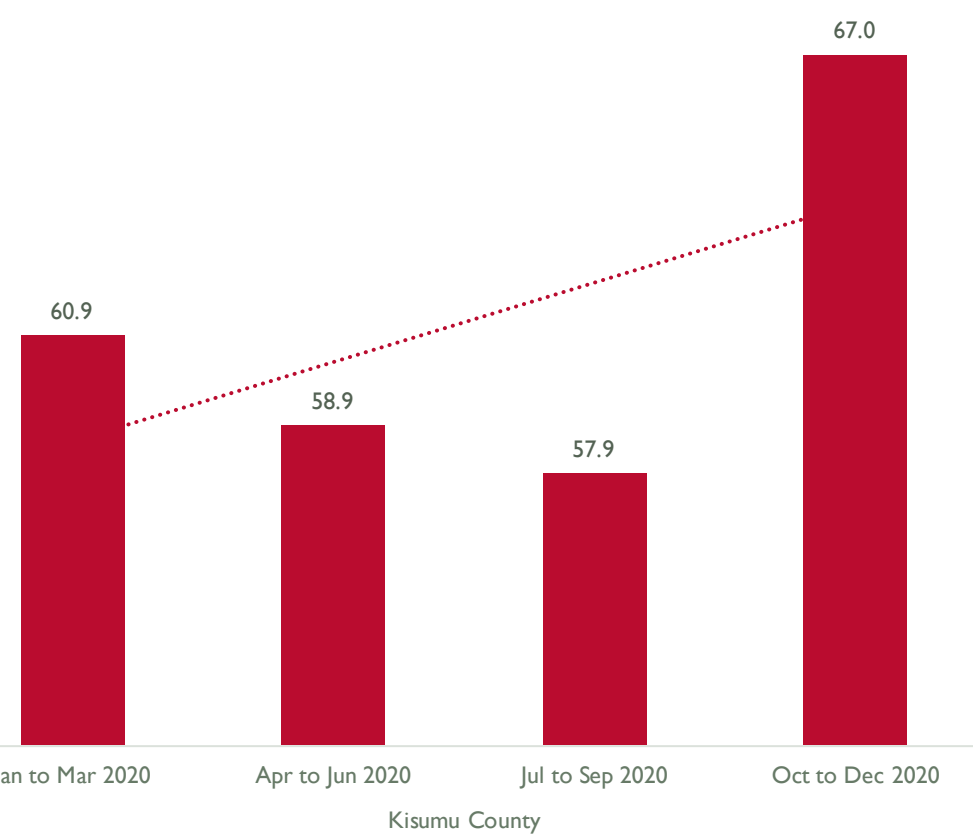
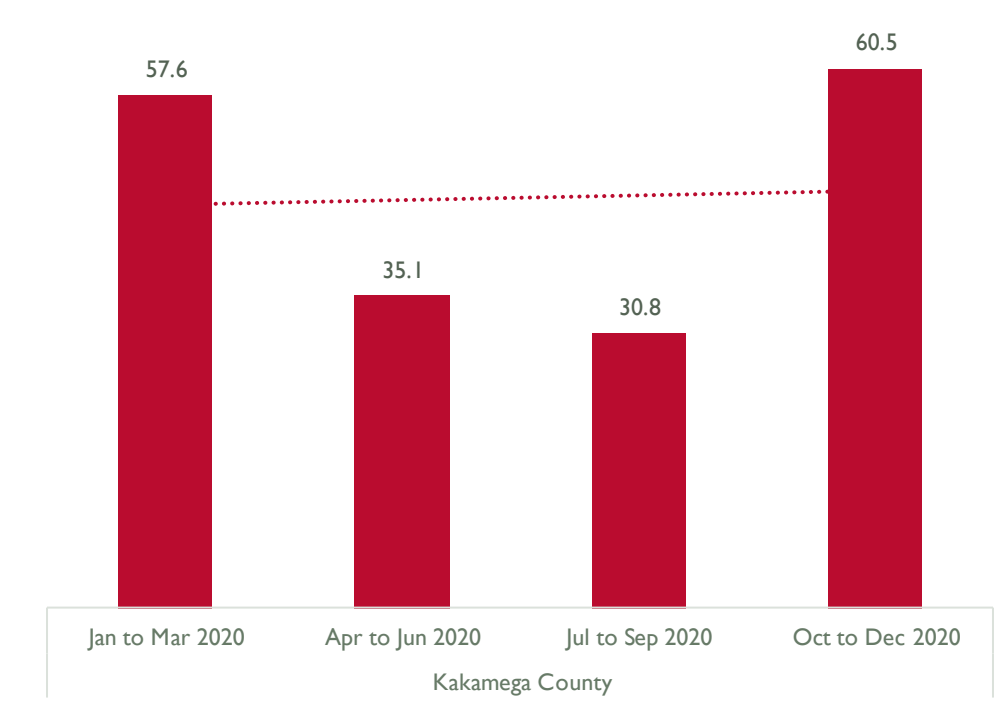
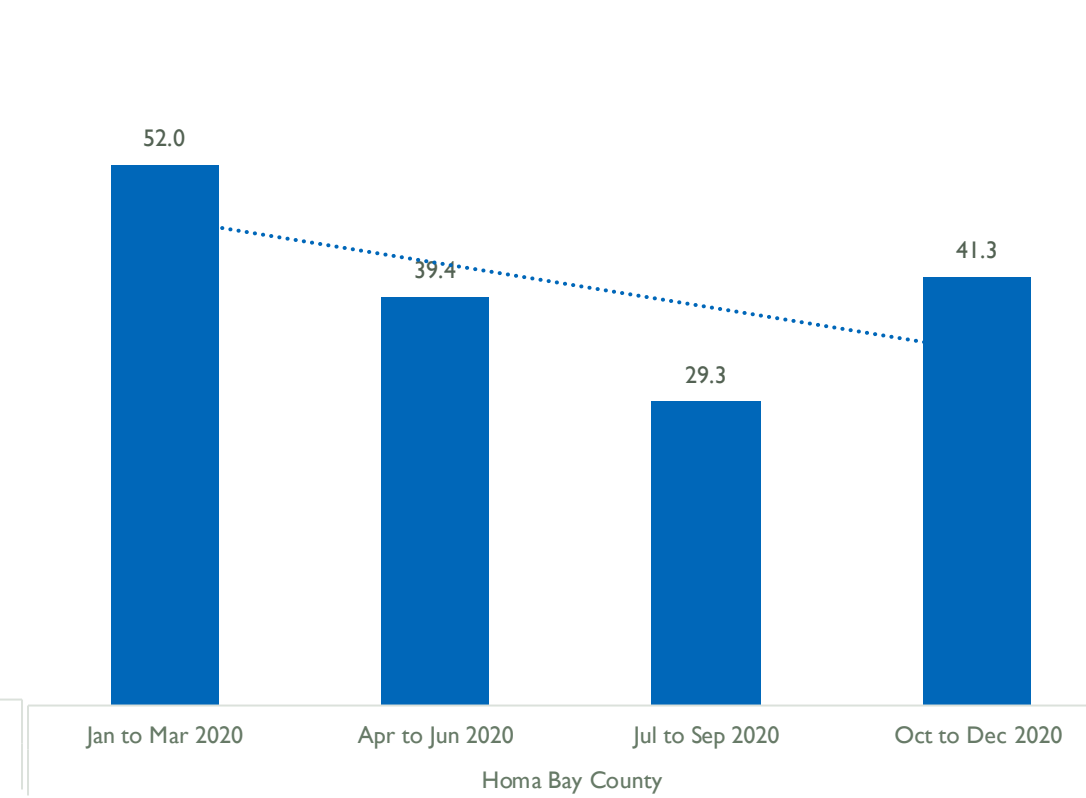
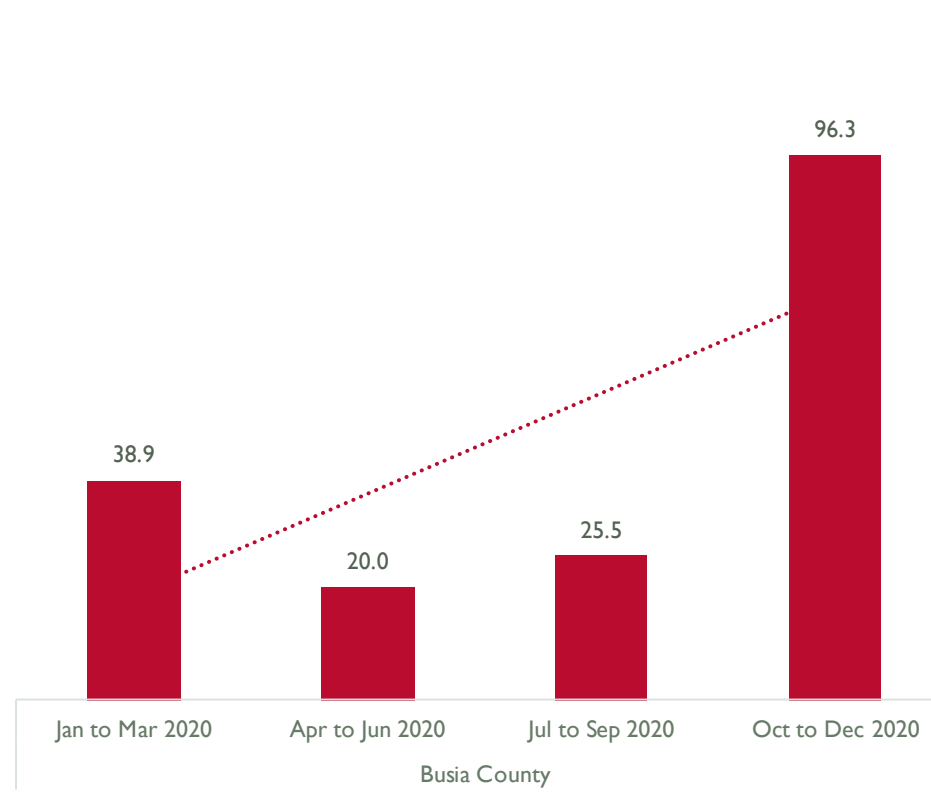
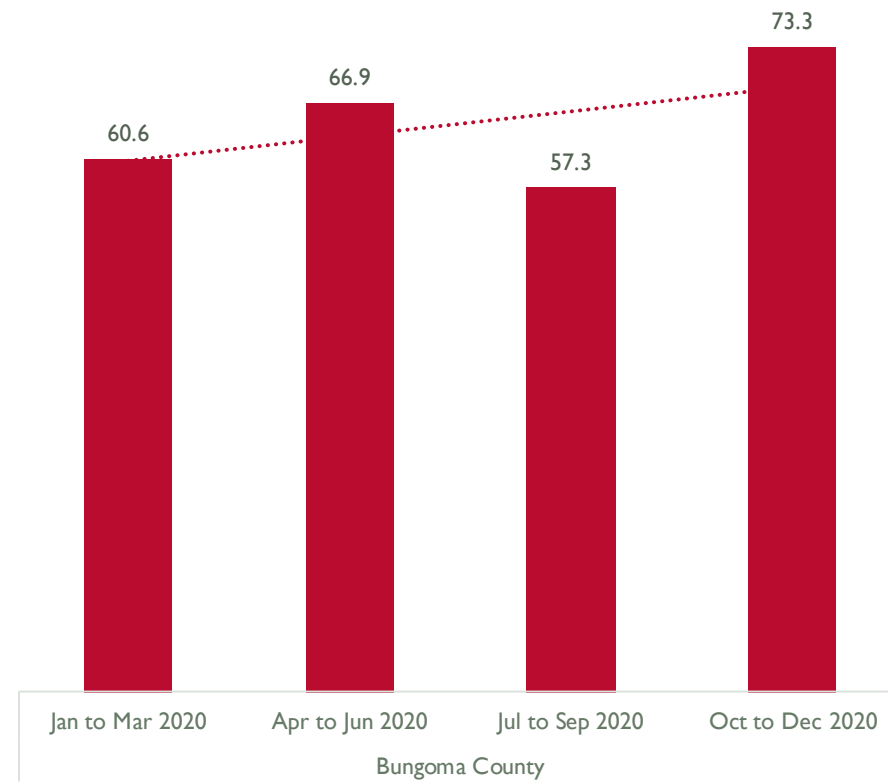
- Oriented 3,150 CHVs (2,251 Females and 899 Males) from 295 community health units in the eight Counties of: Bungoma, Busia, Vihiga and Kakamega in Western region, Kisumu, Migori, Siaya, and Homa Bay in Nyanza region.
- Increased the number of pregnant women referred for ANC from 44,654 in 2018 to 47,692 in 2020
- Decreased number of pregnant women defaulting ANC from 5,942 to 3,100 between 2018 and 2020.
- A general increase in the IPTp uptake in the across the counties in the lake endemic areas.



Outcome: IPTp I Trend - Counties 2020

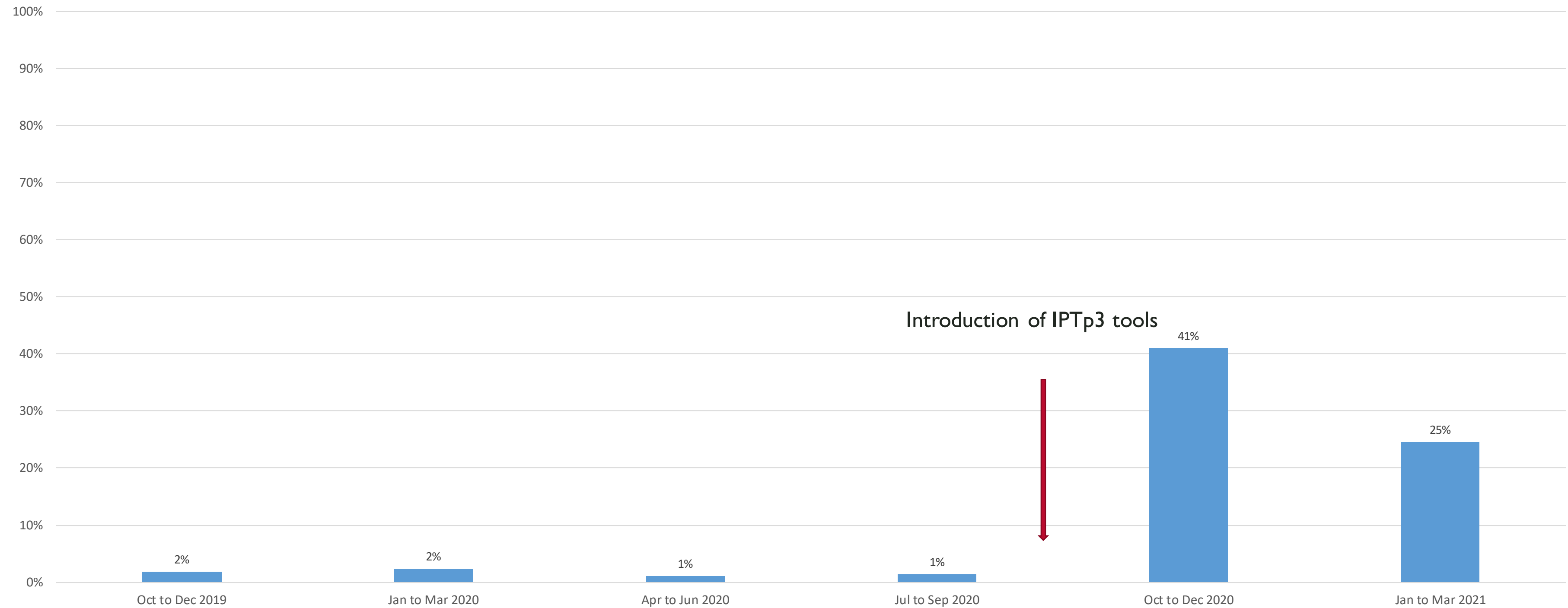


Outcome: IPTp2 Trend - Counties 2020



Outcome: IPTp3 uptake

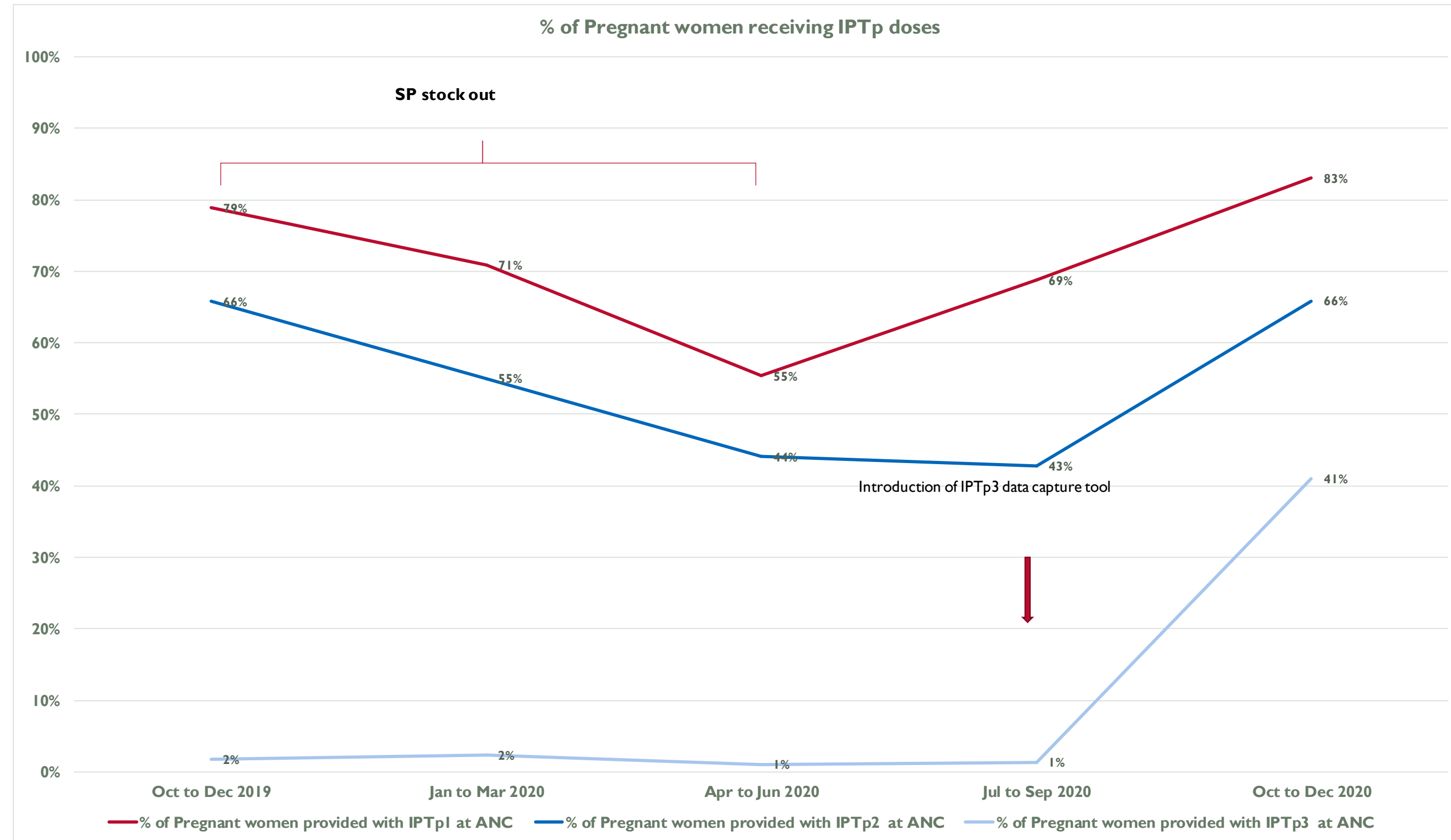
% of Pregnant women provided with IPTp3 at ANC in the 8 focus counties



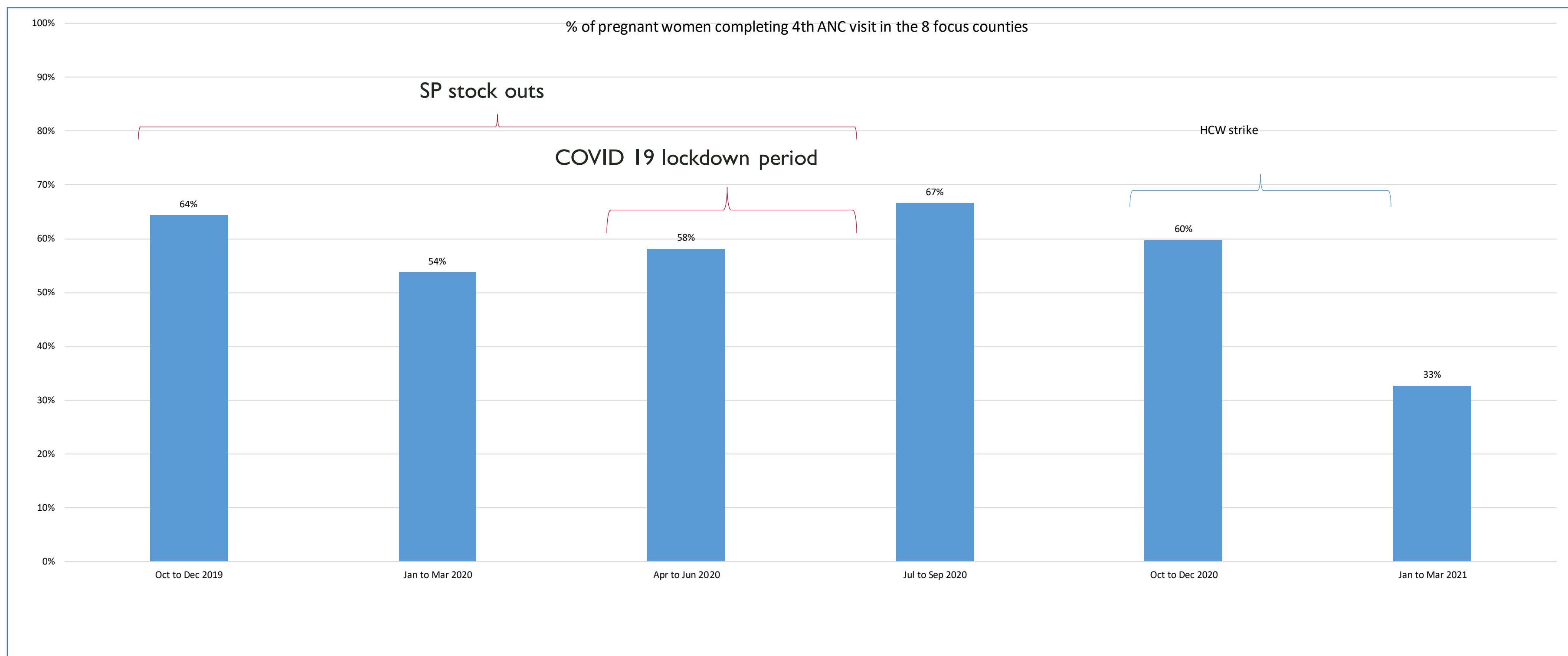
Challenges: SP stock outs and lack of tools

- SP stock-outs up to the month of June 2020
- Health workers strike
- Poor data quality
 - Documentation of IPTp
 - No IPTp3 data capture tools
- COVID-19 pandemic situation

Commodity insecurity, especially for SP, remains a threat to MiP service delivery



Challenges: Completing ANC visits



Lessons learned

1. Providing capacity building continuous and continuous supportive supervision to CHVs and their supervisors (CHAs) improves their competences in promotion of MiP interventions
2. Facilitating identification, tracking, defaulter tracing and dissemination of MiP SBC messages to pregnant women increases ANC attendance
3. Effective advocacy with county leadership brings solutions to some problem like authorization of HCWs to use local facility funds to procure SP to alleviate stock outs when national supplies are limited

CONCLUSION

- Competence of CHVs increased through orientation in MiP interventions in **24** subcounties in all the eight malaria endemic counties
- Promotion of use of effective MiP interventions at household level increased ANC attendance and IPTp uptake

Thank You

