

Background

The Child Survival and Health Grants Program (CSHGP) is a highly effective, dynamic partnership between USAID and international nongovernmental organizations (NGOs) that aims to sustainably improve maternal, newborn, and child health (MNCH) outcomes by leveraging community-oriented programming to address major barriers to accessing health information and services. CSHGP supports the leadership role of NGOs to work with local government and civil society partners to expand and improve basic health services by delivering packages of low-cost, high-impact interventions along a continuum of care. Since 1985, CSHGP has funded 90 projects, distributed amongst the 31 countries indicated in Figure 1, that integrate HIV/AIDS activities within MNCH or TB interventions. In addition to integrating interventions to maximize health impact, several NGOs have accomplished "diagonal" integration by undertaking activities to strengthen different components of the health system in addition to HIV/AIDS and MNCH services.

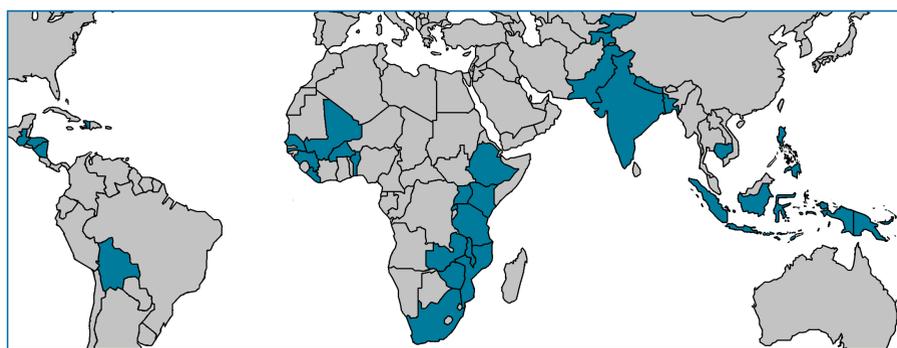


Figure 1. Map of countries in which CSHGP grantees implemented HIV interventions in addition to MNCH interventions (1985–2011)



Methods

The CSHGP web-based database was used to identify projects that had both HIV/AIDS and MNCH components; started in or after 2000, ended in or before 2011; reported the standard CSHGP HIV knowledge indicator (percentage of mothers with children age 0–23 months who cite at least two known ways of reducing the risk of HIV infection) from baseline and endline small sample, population-based Knowledge, Practice and Coverage (KPC) surveys; and showed a statistically significant increase in that indicator. Project documents, primarily final evaluation reports available online at www.mchipngo.net, were

reviewed for the 19 projects that met the criteria. This review yielded information about integration strategies, results, and key lessons.

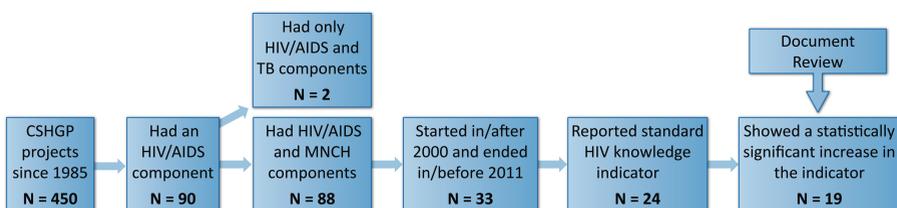


Figure 2. Flow chart of systematic search, screening, and selection process for projects included in the document review.

Results

The level of effort devoted to HIV/AIDS activities ranged from 5% to 40% in these projects. More than 75% of projects reporting the standard CSHGP HIV knowledge indicator showed a statistically significant increase in HIV prevention knowledge (40 percentage point average increase) among mothers of children under age two. Most of these projects successfully integrated HIV/AIDS activities in their predominantly MNCH projects as evidenced by increased coverage in many indicators shown in Figure 3, showing that integration does not necessarily compromise quality. Table 1 shows common information and/or service delivery platforms leveraged by NGOs.

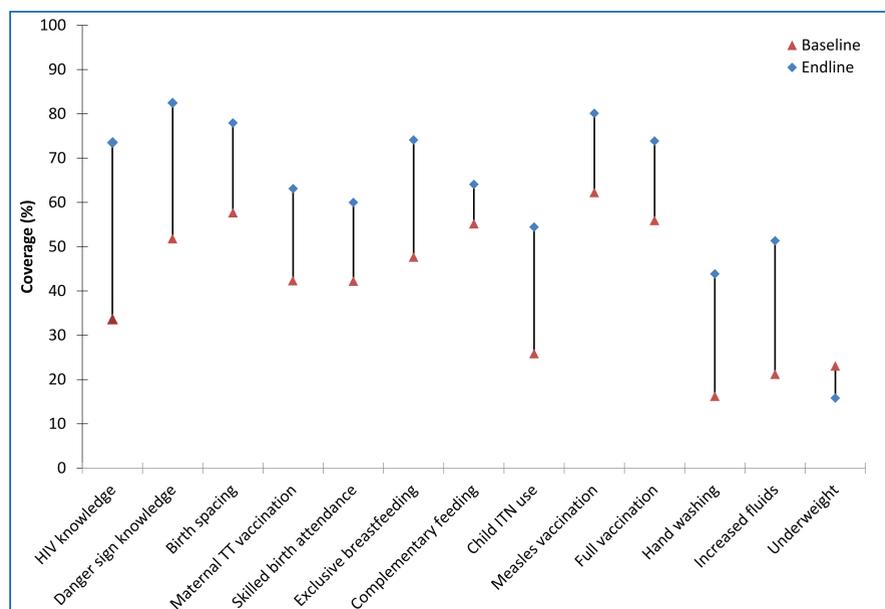


Figure 3. Average changes in standard CSHGP coverage indicators seen across projects reporting an increase in an HIV knowledge indicator (N = 19)

Table 1. Service delivery platforms leveraged by NGOs

Platform	# of Projects (N=19)	Project Examples
Antenatal Care (ANC)	5	Antenatal counseling included HIV/AIDS prevention (Adventist Development and Relief Agency (ADRA)/Cambodia)
Community Health Volunteers	10	Volunteer mothers (through Care Groups) were trained to deliver messages to other mothers about risk reduction, recognizing symptoms, and increasing demand for VCT where available and treatment seeking for sexually transmitted infections (STIs) (World Relief/Mozambique)
Community Health Workers (CHWs)	5	CHW training included HIV and STIs (Project Hope/Haiti)
Health Center Staff	4	Health center staff were trained in syndromic management of STIs (Save the Children/Guinea)
Integrated Management of Childhood Illness (IMCI)	2	Health workers and CHWs were trained in IMCI to improve service delivery (Medical Care Development International (MCDI)/Benin)
Religious Leaders	6	Pastors were trained in stigma reduction (Salvation Army World Service Organization (SAWSO)/South Africa)
Traditional Birth Attendants (TBAs)	3	TBAs spread information and were trained in self-protection and prevention (Project Hope/Guatemala)

All projects reviewed delivered information or messages about HIV/AIDS through various communication channels. Half of the projects also delivered services or improved service delivery directly (Table 2).

Table 2. Services delivered or improved by NGOs

Type of Service	Project Examples
Voluntary Counseling and Testing (VCT)	HIV testing and referral were integrated into mobile ANC clinics. (Health Right/Kenya)
Prevention of Mother-to-Child Transmission (PMTCT)	Concern Worldwide was the first to link VCT to maternal and newborn health services in Rwanda. They also introduced PMTCT services in rural ANC clinics.
Home-based Care and OVC services	Home-based care and Orphans and Vulnerable Children (OVC) services were designed to be organized and delivered by churches. (SAWSO/South Africa)

Diagonal Integration

At least five projects documented diagonal integration, which is the use of disease-specific funding to strengthen basic components of a health system. This is an overlooked accomplishment of NGO programming, which often strengthens local health systems inherently as it builds local capacity to deliver quality services; builds community capacity to address their health issues; and links communities to formal health services through community health workers and volunteers. Examples include:

Africare/Ethiopia: Strengthened the health management information system and provided technical and logistical support to local public health services. The project's baseline surveys of community knowledge and behavior and health center functioning helped local authorities to identify problems. Africare worked with them to build skills in training health workers, conducting surveys, developing educational materials, and creating health plans with local municipalities, among others.

MCDI/Benin: Expanded coverage through volunteer mothers who helped health center staff to identify patients who would not come to the clinic and those needing ANC. Health center staff indicated that these volunteers helped improve attendance and quality of ANC, vaccination, and health centers' performance indicators overall.

Key lessons

1. Training religious leaders can be an effective strategy to reach a large number of people with health information. Religious institutions can play an important role in reducing stigma and leading community-based service provision for the sick and vulnerable. (Examples: ADRA/Cambodia and SAWSO/South Africa)
2. Coordinating with parallel programs in an area can be effective and efficient for delivering services and for increasing knowledge in a population. This does not happen naturally but requires concerted effort and cooperation. (Examples: Health Right/Kenya and ADRA/Nicaragua)
3. Stakeholder input in program design can increase the local relevance of programming and the chances for sustaining program elements and health gains. (Examples: ChildFund International/Senegal and Africare/Ethiopia)

Conclusions

Diagonal integration is an important concept, but few NGOs documented such efforts clearly. As a relatively new concept it will take time to become widely recognized and understood. NGO programming, with an inherent holistic approach and focus on sustainability, can make valuable contributions to strengthening health systems. Efforts to improve documentation of health system inputs and results should be focused on NGOs.

Successful approaches to integrate HIV/AIDS messages and services with MNCH messages and services can yield increases in indicators in both health areas.

NGOs leverage various platforms to increase HIV/AIDS knowledge and have documented lessons learned about integrating HIV education and service delivery with MNCH education and service delivery. Improving documentation efforts and disseminating lessons widely will benefit practitioners concerned with HIV/AIDS, MNCH and integration.

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