

Community Impact

of PVO Child Survival Efforts: 1985-1994



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Conference Abstracts Summary



ESTIMATING THE INFANT/CHILD MORTALITY IMPACT OF A BOLIVIA CHILD SURVIVAL PROGRAM

David S. Shanklin and Henry B. Perry

The purpose of this paper is to describe the impact of Andean Rural Health Care's Child Survival programs in Bolivia on rates of infant and childhood mortality. Four years of carefully collected mortality data (1990-1993) from three Child Survival programs were pooled and compared with data from two geographically adjacent ("control") service areas, and separately, with existing Bolivian mortality data. Analyses suggest that the infant mortality rate has been lowered by 39% when contrasted with the control areas. Among children less than 5 years of age, the mortality rate has been reduced by almost one-half (49%) when contrasted with the control areas, and by 38% when compared with similar areas in Bolivia (reported in the literature). These latter results are statistically significant.

The child survival interventions which contributed to these reduced mortality rates are discussed in light of the results. The strengths and limitations of the analyses and interpretations also are presented in the paper. Taken as a whole, these data provide highly suggestive evidence that child survival has been favorably affected through ARHC's application of its census-based, home visitation Child Survival programs.

REDUCTION IN DIARRHEAL MORTALITY DUE TO VITAMIN A SUPPLEMENTATION IN CHIKWAWA DISTRICT, MALAWI

John Barrows, Jeffrey Brown, Joseph Canner

Using data from family registers we sought to compare diarrhea specific mortality rates for two groups of children under six years of age; those who received vitamin A within the last six months and those who did not. Vitamin A coverage district-wide was less than 14% at the beginning of the project in early 1992. Coverage in 1993 was estimated at over 50% from family registers. Data was gathered by project field staff from family registers in over 230 communities. These registers record child vaccination coverage, vitamin A supplementation, ORS distribution and child deaths due to diarrhea. An analysis of May 1993 family register data using a case-control methodology showed that only 47% of children who died had received vitamin A as compared to 72% of children who were alive. Similarly, data from December 1993 revealed that only 59% of children who died had received vitamin A as compared to 82% of children who were alive. Children who were alive were significantly more likely to have received vitamin A than children who had died (5/93 data: Chi square = 68.6, $p < 0.001$, O.R. 0.35, 95% CI = (0.27, 0.45); 12/93 data: Chi square = 9.48, $p < 0.0021$, O.R. = 0.33, 95% CI = 0.15, 0.74) Our results show that IEF vitamin A supplementation efforts are associated with reduced child mortality due to diarrheal diseases in Chikwawa District. Our method demonstrates a simple methodology for analysis of results from population-based family registers.

COMMUNITY IMPACT OF PVO CHILD SURVIVAL PROJECT IN BOLIVIAN ALTIPLANO

Allan Robbins, Dr. G. Daza & E. Roth, Dr. R.L. Macagba

Purpose: To present the community impact of Food for the Hungry's Child Survival project after 4 years of working with Mothers' Centers in three remote high altitude areas of Bolivia.

Design of Data Collection: This paper presents the results from three separate systems of data collection: (1)The project's health information system using EPIINFO to analyze data routinely collected from all Mothers' Centers; (2)The Final Evaluation results reported from 35 focus groups and 115 Key Informant interviews by two external evaluators; and (3)The Rapid Knowledge-Practice-Coverage Survey of 284 women reported by a Bolivian Consultant of the Johns Hopkins PVO Child Survival Support Program.

Summary of Results and Conclusions: This child survival project covered some of the poorest and most isolated zones in Bolivia. The project sought to improve the quality of the life of families in 134 communities with 32,500 people, through health and nutrition interventions among mothers and children under two.

The project exceeded most of its targets: * established 148 Mothers' Centers instead of 134. * trained 469 health promoters instead of 268. * completely immunized 87% (vs. 80%) of the children, 12-23 months, and * immunized 93% (vs. 60%) of CBA women with TT2-5. * The use of ORT increased to 97.8% vs. a target of 75%. * Focus group discussions showed good understanding of key CS messages, acceptance of new ideas, and increased capacity to find solutions to their problems. * The KPC Survey showed widespread knowledge and practice of growth monitoring and use of the child health card (82%) plus marked improvement in child feeding practices * Some Mother's Centers initiated income generating projects, worked voluntarily or contributed cash to support their centers' activities. * The MOH participated in annual evaluations and in the training of 187 CHWs, and signed formal contracts to continue supervision and training activities. * The project's innovative educational materials have been adopted by other PVOs.

IMPACT OF PVO CHILD SURVIVAL INTERVENTIONS ON THE HEALTH OF MOTHER AND CHILD OF 54 TRIBAL VILLAGES IN WEST INDIA

Dr. Lalita Edwards

Purpose: This paper will discuss how the project has impacted the health and nutritional status of mothers and children 0-59 months in 54 tribal villages with an estimated population of 52,568 in West India. Most of the objectives over the last four years have been achieved; for example, full immunization coverage of infants before their first birthday has increased from 31% to 88%; TT2 in women delivered in the last year from 3.3% to 62.2%; ORT usage in diarrheal diseases from 52% to 78.7%; and semiannual Vitamin A coverage among children 12-59 months up to 99.8%.

Methods: Knowledge and practice survey, meeting with community leaders.

Analysis of major findings: The organization of current groups such as the Mahila Mandals, formed as part of the development efforts, provided easy access to the women who were mothers of the children most in need of opportunities for training and education. More important was the fact that the child care and development components pertained to each other: the trust gained because of one activity made people more receptive to others, and improvements in the family circumstances certainly improved the well-being of mothers and children.

IMPACT OF THE THIES CSP ON THE HEALTH KNOWLEDGE AND PRACTICES OF MOTHERS LIVING IN THE SUB-DISTRICT OF NIAKHENE (THIES REGION)

Lamine Thiam

Purpose: In August 1994, World Vision/Senegal carried out a final evaluation of the ongoing Child Survival Project implemented in the rural subdistrict of Niakhene. A major objective of this evaluation was to measure changes in knowledge and practices of mothers regarding the various interventions, and to measure the impact of the project on immunization and maternal health care service coverage.

Methodology: A standardized survey methodology to carry out a KAP cross-sectional survey was used. Data collected in the same area in January 1992 (Baseline Survey, BS) using the same methodology was used for comparison. The following information was collected: demographic data; weaning practices and knowledge; knowledge and practices regarding management of malaria and diarrheal cases; vaccination knowledge and coverage; hygiene and sanitation practices. The questionnaire was administered to mothers 15-49 years of age with children under 24 months of age.

Summary of the CS evaluation: Compared to the baseline survey results, an impact has been made in the following areas: 53% of children aged 12-23 months fully vaccinated against 14% at the time of the BS; 50% of mothers used ORT to rehydrate their children against 34% in January 1992; 81% of pregnant women received at least two prenatal checkups before delivering against 20% in January 1992; the percentage of infants less than four months of age being exclusively breastfed increased from 67% to 91%; 66% of mothers interviewed during the final evaluation used chloroquine to protect their children against malaria versus only 5% at baseline.

Conclusions: The Thies CSP has achieved these results at an estimated cost per beneficiary of \$2.85 per year, using the following approaches: (a) transfer of knowledge to mothers through training of village health workers (promoters, TBAs) chosen among women leaders by communities themselves. These trained women leaders were responsible for the diffusion and promotion of health education activities; (b) involvement of the population, particularly women, in the planning, monitoring, and evaluation of all project interventions; (c) support for community-initiated income generating activities such as community gardens, milling machines, etc. as a means of sharing project recurrent costs—refresher training courses, renewal of essential drugs, construction of health huts and latrines, etc.—and promoting project sustainability; (d) integration of the CSP with all components of the WV integrated rural development.

INNOVATIONS FOR INCREASING IMMUNIZATION COVERAGE

J. Stephen Robinson, MD, PhD, MPH

From 1991-93, the Province of the Moluccas in eastern Indonesia had the lowest immunization coverage in Indonesia. Project Concern International carried out a USAID-funded Child Survival program in this island province with the primary objective of increasing immunization coverage of the target population.

PCI's Child Survival activities in this vast expanse of a thousand isolated islands required the development of some innovative approaches. These included: 1) establishing an immunization cold-chain management database and computerized monitoring scheme; 2) enlisting support from outside the health sector by involvement of local government officials in monitoring the local immunization clinic implementation; 3) initiating a peer-training program for health center immunizers; 4) developing computer software for streamlining the nationally-used HIS for monitoring and reporting local immunization coverage; 5) establishing the usage of a Tetanus Toxoid Life-time Immunization card; 6) initiating policies to increase access to TT through an accelerated school immunization program; 7) establishing community-based neonatal tetanus surveillance; and 8) conducting a social marketing program including radio quiz shows, newspaper crossword puzzles, and a school-based child-to-mother health education program to promote immunization program awareness.

By the end of the project, population-based survey data revealed the immunization coverage of children 12-23 months old had risen from 45% to 60%, while mid-1994 MOH monitoring figures showed an increase to 85% for children under one year.

THE IMPACT OF CHILD SURVIVAL PROJECTS (CSP) ON THE HEALTH AND NUTRITION OF MOTHERS AND CHILDREN IN A RURAL NIGERIAN LOCAL GOVERNMENT AREA

Dr. OmoOlorun G. Olupona

This paper presents the impact a CSP has had on the health and nutrition of mothers and children under 5 living in Ogo Oluwa area of Western Nigeria. The project served a target population of 8,053 women (15-45 yrs.) and 8,644 children (0-59 mos.). The project, jointly funded by USAID and World Vision, received an initial 4-year grant (FY 88-92) but has since been granted an extension and expansion for another 3 years (FY 93-95).

In improving the health of the target populations, the project worked in collaboration with the community, local government, local mission hospital, the Oyo State Agricultural Development Program and the International Institute of Tropical Agriculture. The project successfully introduced the cultivation and use of soybeans, and trained community members as Village Health Workers, Traditional Midwives and Nutrition Promoters among other strategies. The results of the Mid-Term and Final Evaluations conducted in 1990 and 1992 respectively were analyzed. Improvements ranging between 21.9% and 296.7% were recorded in 14 out of 17 parameters monitoring the 5 main interventions, including nutrition and child spacing. Details of these positive impacts are presented in the paper.

CHILD SURVIVAL INTERVENTION AMONG A NOMADIC COMMUNITY IN KENYA

James P.H. Allego., Evelyn Njoroge, Simon Ole Masi

Purpose: To improve the health status of mothers and children among the nomadic Maasai community of Loitokitok in Kajiado District of Kenya.

Methods: Mobile clinics * Review of Loitokitok CSP documents * Mid-Term Evaluation (MTE) focusing on qualitative and quantitative assessment of the CSP operations and achievements. Specific methods included questionnaires, focus group discussions, in-depth interviews, observations and examination of records: Target groups, Mothers, Children and Community Leaders.

Results: Full immunization coverage of the under-fives has increased from 28% (pre-project BL 1987) to 71.5% (1993). * Reduction in poor nutrition from 28.3% (Pre BL 1987) to 7.7% (1993). * ORS awareness has increased from 47% (pre-project BL 1987) to 25.2% (1993). * 5 MOH dispensaries have been renovated and are being equipped with cold-chain capacity to operationalize CBAC. * A major drop in prevalence levels for all childhood diseases in the division. * Health knowledge: a total of 328 community health volunteers (VHCs, TBAs, CHRs and CLs) and 18 MOH and Health Sector Agencies staff have trained in CBHC and TOT knowledge and skills, while 7578 mothers have had health education talks.

Conclusion: Effective community mobilization, awareness creation, and the willingness of community members to consume child survival services was key to the success of the CSP.

IMPACT OF A CHILD SURVIVAL PROJECT IN THE PERI-URBAN AREAS OF TEGUCIGALPA

Carol A. Elwin

The Project's target area includes 44 communities of the peri-urban slums of the capital, Tegucigalpa. The purpose of the project is to sustain and replicate successful strategies that increase mothers' knowledge and practice related to CS interventions, by providing training, TA, and support to community members/groups and MOH community health center staff. Indicators are monitored through the project's HIS and KPC survey methodology. The most recent survey (10/93) demonstrates a very significant impact of project activities on mothers' knowledge and practices: 68% of children < 2 with diarrheal episodes received ORT (23% in 1988); EPI coverage in children < 2, 83% (26% 1988); TT2 coverage in WFA, 53% (29% 1991); 77% of mothers identify signs/symptoms of pneumonia in children; use of modern contraceptives, 46% (33% 1991). Other accomplishments: 450 CHVs trained and active in the promotion of CS interventions; MOH staff trained in project's implementation strategies and CS interventions theory and practice, in which their knowledge increased from 51% to 94%; increase of community organization: 4 community feeding centers; 28 village health banks. Conclusions: Mothers' and children's health improves by mobilizing community members and MOH community staff to promote and provide CS interventions.

EFFECT OF A NUTRITION EDUCATION PROGRAM ON THE WEIGHT OF YOUNGER SIBLINGS OF MALNOURISHED CHILDREN IN BANGLADESH

Katherine Kaye, MD, MPH, Nazmul Khan, MBA & Afzal Hussain, MD, MPH

If lessons on nutrition are applicable even in conditions of great poverty and are truly internalized by mothers, they should affect the care of siblings younger than the index children (i.e., those whose poor nutritional status caused mothers to be targeted for nutrition counseling in the first place). We report here on the status of younger siblings of index children, using longitudinal growth monitoring data collected in a community-based health information system on all children ever weighed between January 1, 1987 and September 30, 1992 in four rural areas of Bangladesh.

During the period of this study, all children aged 6 to 36 months were eligible to participate in a growth monitoring and promotion program. "At risk" children (severely malnourished or growth faltering) were followed closely, and their mothers were invited to participate in nutrition training sessions. We then compared weights of severely malnourished "index" children (whose mothers were likely to have participated in the nutrition education sessions) to those of their next younger siblings. At corresponding ages, the younger siblings weighed significantly more in terms of percentage of median weight-for-age (PMWA) than did the index children: the PMWA of younger siblings was about 5% greater than that of index children. When normally nourished children (whose mothers did not participate in the sessions) were compared to their next younger siblings, we found the opposite pattern. Differences in birth intervals between older and younger siblings were probably not large enough to account for these patterns. Although the prevalence of severe malnutrition did not change greatly during the study period, the improved nutritional status of younger siblings of severely malnourished children may have contributed to the overall decline in child mortality observed in the project area.

IMPACT OF SUSTAINABLE BEHAVIOR CHANGE ON THE NUTRITIONAL STATUS OF CHILDREN AND THEIR SIBLINGS

St. Elie Dubuisson, MD, MPH, S. Ludzen, MD, A. Zayan, MD, MPH & E. Swedberg, MPH

Approximately 400 women and their second and third degree malnourished children with an average age of 29 months participated in nutrition education and demonstration workshops in 1990. The 15-day workshops were one component of the Child Survival project to improve health and nutritional status. Mothers were trained on appropriate feeding and weaning practices. In an attempt to demonstrate to mothers how children's weight and health respond to appropriate feeding, mothers prepared daily meals and fed their children during the workshop. The weights of the children were collected at the beginning and the end of each workshop and each mother was informed about the improvement in her child's weight.

During 1993, Save the Children located 122 of the children who participated in the workshops; their weights and the weights of their siblings were recorded. Using the Gomez classification, the 1993 weights showed that 11.5% of the children had normal weight as opposed to 0.8% in 1990 and a reduction in third degree malnutrition from 25.8% in 1990 to 5.7% in 1993. Anova tests also show that the difference in age between the different Gomez classes at the 1993 weighing is not "significant," indicating that this improvement is not just due to an age increase. Weights were also measured in a control group of children for the same period. An Anova test of the change in standard weight between the foyer participants and a control group of children is not significant. However, the Chi square test for the Gomez classes does indicate a significant difference between the participating and control groups with a p value of 0.02.

This data demonstrates that the behaviors acquired during the nutrition education workshops have a sustainable benefit to the participating children. Further study is being done to evaluate the impact of these behaviors in helping mothers protect the siblings of participating children from malnutrition.

IMPACT OF THE INTEGRATION OF REPRODUCTIVE HEALTH STRATEGIES WITHIN CHILD SURVIVAL PROGRAMS: CHANGES IN KNOWLEDGE, ATTITUDES AND PRACTICES

Luis Amendola, MD, MPH and Rebecka Lundgren, MPH

In 1987, Save the Children Honduras (ASCH) obtained a Child Survival 3 grant from USAID to implement activities in 54 rural communities of Honduras. Three years later, ASCH sought assistance from the Population Council to conduct operations research to test the impact of strategies designed to increase birth spacing. The strategies tested were: 1) training personnel to offer reproductive health services; 2) incorporation of Reproductive Health Counselors into feeding centers; and 3) incorporation of contraceptives into revolving fund mini-pharmacies. The effectiveness of these strategies was measured by comparing the results of baseline and final household surveys. Implementation of these strategies resulted in greater access to information, higher levels of knowledge, positive changes in attitudes, improved breastfeeding practices and an increase in access to and use of contraceptive methods.

The percentage of women who received reproductive health information increased from 19% to 50%. The percentage of feeding center beneficiaries with breastfeeding problems decreased from 21% to 6%, while the percentage of women who continued breastfeeding in spite of problems rose from 74.6% to 92.3% in a one-year period. Contraceptive prevalence increased in all impact areas. 20% of contraceptive users reported receiving their method from an ASCH volunteer. Data collected during the nine months after this project suggest that the strategies are sustainable. The number of new users increased by 48%, mini-pharmacies continue operating, health centers provide services which did not exist previously and the strategies tested have been incorporated in ASCH's Child Survival 9 project.

DO WOMEN'S SAVINGS AND CREDIT PROGRAMS AFFECT FERTILITY?

Kirk Dearden, DrPH & Nazmul Khan

This study uses longitudinal data from the Bangladesh field office of Save the Children/USA to examine the relationship between participation in savings and credit programs and fertility.

Results suggest that fertility rates for members are lower than for non-members, though differences are largely attributable to region of residence: non-members in more conservative areas are only slightly more likely to have large families than members residing in those same areas. Nonetheless, members are significantly more likely than non-members to use a modern method of contraception, irrespective of social class or region of residence. These data link participation in savings and credit groups with increased use of contraception. Even so, future research will need to clarify the potentially complex relationship between group activity, the empowerment of women in Bangladesh, and fertility.

DO WOMEN'S SAVINGS AND CREDIT GROUPS AFFECT CHILD HEALTH?

Kirk Dearden, DrPH & Nazmul Khan

This study uses longitudinal data from the Bangladesh field office of Save the Children (USA) to examine the relationship between participation in savings and credit programs and health.

Results suggest that offspring of women who belong to savings and credit groups are less likely than children of non-members to be severely malnourished, even after controlling for region of resident and social class. Participation in groups also appears to affect survival of infants born to members; however, under-five mortality rates for children of savings group members are only slightly lower than those of non-members. These data link participation in savings and credit groups with greater survival of infants. Even so, future research will need to clarify the potentially complex relationship between group activity, the empowerment of women in Bangladesh, and health.

COMMUNITY OWNERSHIP OF MOTHERS' AND CHILDREN'S HEALTH NEEDS

Dr. Prodosh Roy

From the beginning (1987), the Dhaka Urban Integrated Child Survival Project has been designed to ensure sustainability through the development of an urban-based and managed CS delivery system comprising of Neighborhood Health Committees (NHCs) and Community Volunteers (CVs) drawn from local residents. The community participates in the design of project activities as well as issues of implementation and coordination. The community elects the members of the NHC with one NHC for approximately every 250-300 in their neighborhood and each CV serves approximately 100-150 families. The NHCs select CVs and mediate any problems that arise between the CVs and the target families. Income-generating activities are being implemented to provide incentives to CVs.

The project carried out a study to assess the NHCs' and CVs' level of commitment. A descriptive cross-sectional study was done among 46 (13%) NHC members and 29 (12%) CVs through systematic random sampling. The information was collected using a structured closed-ended questionnaire. The study revealed very high commitment of NHCs and CVs, in spite of the lack of extensive incentives. The attrition rate is ten percent; most volunteers demonstrate a very strong commitment to their work and the community. Ninety-three percent of NHCs attend the monthly meeting to review the progress of CVs' work and discuss problems that arise between CVs and the community. Seventy-seven and seventy percent of the NHC and CVs, respectively, are well aware of their roles and are involved whenever health problems arise.

SUSTAINABILITY OF A COMMUNITY HEALTH WORKER PROGRAM IN KASANGATI, UGANDA

Cheryl Robertson, RN, MPH

This paper discusses the successes and problems associated with the sustainability of the volunteer community health worker program in Kasangati, Uganda, conducted five years after outside funding was phased out. The broad objectives of this qualitative study are (1) to determine if services are being delivered and if the target population is being served (this included determining the presence of CHWs, an infrastructure to support them, and evidence of services being provided to the community); (2) to determine what the community thinks about the CHW program (since the community was not directly asked through surveys or focus groups, satisfaction was suggested indirectly through interviews with key informants); and (3) to determine if available resources are adequate to sustain the project (including the role that MIHV had in supporting or impeding project sustainability).

Purposes include (1) developing lessons learned to assist in developing sustainable projects elsewhere and (2) disseminating the results and lessons learned to the Kasangati community for use in planning future initiatives. Thirty-two semi-structured interviews were conducted, and health centre and CHW records were analyzed. The results were encouraging; the number of active CHWs has increased by half, and they are working closely with the health centre. CHWs have also organized themselves and are active in community development; they have been incorporated into the local political structure. Concerns include a cost sharing program that probably cannot continue to support continuing education and new CHW training, and inconstant CHW supervision. On the whole, however, CHWs appear to continue to value their work and be valued by their community.

SUSTAINABILITY OF BREASTFEEDING MOTHER SUPPORT GROUPS

Irma de Maza, Rebecca Magalhães, Maryanne Stone-Jimenez

Project purpose was to recruit low income mothers and train them as Breastfeeding Advocates (BA). Trained BAs lead community mother support groups and counsel mothers. Of 214 BAs trained during the project, 50% remain active.

The BAs in each community select, among themselves, a Coordinator and Sub-Coordinator, who attend monthly half-day workshops and oversee a Community Health Information System that provides BAs and League personnel with the number of BFMSGs, group attendees, informal BF contacts and referrals to health services. A General Coordinator acts as liaison with LLL/G and provides leadership to all the BAs.

LLL/G personnel make a monthly visit to each community to motivate the BAs and to provide them with a Refresher Course.

The sustainability of this project is measured through the Coordinator system. Since funding ended in February, 1993, fifteen BFMSG meetings are held monthly and each BA averages 20 monthly contacts. There is 90% attendance at the Coordinators' meeting and 80% at the Refresher Courses.

Between 1990 and 1992 the percentage of infants 0-4 months who were exclusively breastfed increased 7% and under 6 months the increase was 8%. In the same community breastfeeding duration increased almost 5%.

SUSTAINABILITY OF CHILD SURVIVAL ACTIVITIES IN 54 RURAL COMMUNITIES IN HONDURAS: THE IMPACT OF DECREASING INSTITUTIONAL RESOURCES

Luis Amendola, MD, MPH & Rebecka Lundgren, MPH

Save the Children/Honduras (ASCH) received funding from USAID to implement Child Survival activities in 54 rural communities from 1987 to 1992. Upon termination, ASCH continued activities with its own funds. In 1993, ASCH supported five full-time staff in these communities. The following year, the percentage of staff time was decreased to 30%. From 1992 to 1994, the amount spent to sustain activities was \$12,000 per year, 8% of the amount spent annually during the project.

In order to determine the sustainability of project achievements and activities, given this reduction in resources, ASCH conducted a KPC survey in July, 1994. Sustainability was measured by the results of the survey administered in 1992 as the final evaluation of the CS3 project. To date, 95% of the volunteers continue working in the project activities and keep on providing health information. The mini-pharmacies continue to function, all of which are self-sufficient. Cost per project beneficiary has decreased, from \$3.80 to \$0.46. The analysis of the statistics of the service delivery suggests that the coverage of the Ministry of Health has increased and the cost-effectiveness of the interventions has been successful. The results of the evaluation suggest that the incorporation of sustained activities and of reproductive health strategies to the health component of the child survival project has improved primary health care.

The most relevant results of the survey are: EPI coverage is over 90% in children under 1 year; the incidence of diarrhea and death by dehydration decreased by almost 50%; the incidence of ARI was not significantly reduced, but the knowledge and treatment were improved. The prevalence of contraceptive use increased.

We conclude that knowledge of child survival and reproductive health and coverage of MCH services has increased despite decreased levels of effort from ASCH.

THE MALAWI DRUG REVOLVING FUND EXPERIENCE: IMPACT, SUSTAINABILITY AND LESSONS LEARNED

Stan Jere, Paula Tavrow and Marcie Rubardt

We report here on the results of a qualitative study on Drug Revolving Funds (DRFs) conducted by SC/Malawi in collaboration with the University of Malawi Center for Social Research. The study was conducted 10 months after program phase-out from the SC/Mbalachanda impact area to evaluate the DRFs' sustainability and key lessons learned. The methodology included (a) interviews with MOH staff at Health Centers and at the District level, (b) focus groups with ten randomly selected villagers in each of the 10 randomly selected villages and, (c) records review.

142 DRFs were established through the SC Child Survival program in 1988, covering a population of approximately 30,000 in 120 villages. The initial cost for drugs to institute the DRFs was \$6.70 per village. Eight types of drugs were available through these funds, including Bactrim and Fansidar.

By July of 1994, this study demonstrated that a significant percentage (58%) of the DRFs initially started in 1988 were still functioning; 45 out of 142 (32%) were stable and operating successfully; and 37 out of 142 (26%) were still functioning but diminishing in cost recovery. The remaining DRFs had either collapsed or had not revolved since SC's phase-out. Some of the lessons learned include: the DRFs led to a significant increase in the accessibility and availability of low-cost basic drugs at the community level; the DRFs have promoted better relationships between the community and volunteer health promoters; supervision of volunteers and maintaining of consistent drug supplies for replenishment are areas that need further attention.

We conclude that the DRFs intervention used by SC/Malawi has been highly successful, has a potential for long-term sustainability and may be replicated elsewhere. These results may also contribute to positively influence national policy impact on drug distribution systems and cost recovery at the community level.

ENHANCING THE IMPACT OF COMMUNITY-BASED VILLAGE HEALTH WORKERS: LESSONS FROM IMO AND ABIA STATES IN NIGERIA

Chibuzo Oriuwa

VHWs have been the linchpin of Africare efforts to strengthen maternal and child health services in targeted rural communities, using child survival strategies such as immunization, ORT, nutrition, growth monitoring, and child spacing. This poster describes the accumulated lessons of eight years of child survival project implementation in southeastern Nigeria, focusing on the impact of VHW-led activities, and appropriate strategies for sustaining community-based Village Health Workers. Extensive quantitative data from household surveys, VHW records and local clinic registers demonstrate the effectiveness of the project's PHC/VHW strategy for improving household health knowledge and practices through which maternal and child morbidity and mortality could be reduced. Results from a WHO 30-cluster, sample household surveys, showed that counselling of mothers by the VHW's improved the rate of full immunization for children aged between 12 to 23 months from 24% to 59%. Percentage of mothers who fortified their child's weaning foods with protein rose from 14% in 1990 to 63% in 1991. Over the course of project implementation and expansion from one local government area in 1987 to seven areas in 1994, reaching a population of 350,868, Africare-supported health activities have been increasingly integrated with local government primary health care programs. Central to this emphasis on local management has been the increased understanding by local government of the role of VHWs and the importance of local support for VHW activities if child survival health services are to be sustained beyond the period of external donor support. A follow-up evaluation of project is recommended.

CHILD SURVIVAL ON THE TEA ESTATES IN MALAWI—AN NGO PRIVATE SECTOR MODEL

Catherine Thompson, MPH, George Sande, HI

In the Thyolo district in the southern region of Malawi, the Project HOPE child survival program is implementing a primary health care (PHC) project with the tea estates whose employees and dependents comprise 1/2-1/3 of the population of the district. The project has demonstrated the effectiveness of working through the estates to provide a PHC network by training 30 estate employees as PHC workers and 300 volunteers in HIV/AIDS prevention, family planning, diarrheal diseases, ARI, malaria, nutrition and EPI. PHC activities have been successfully integrated into the existing estate medical services; sanitation and hygiene on the estate compounds have improved visibly; and education activities have had an impact on health knowledge and practices. For example, 62% of the women with children under two interviewed in the final KPC survey understand when to introduce weaning foods compared to 40% at baseline, and 20% are using modern family planning methods compared to over 4% at baseline. The project, which will be expanded to Mulanje district private estates and has been requested by estates in all regions of the country, demonstrates a model for increasing PHC through the private sector, which in turn decreases pressures on the government health services.

IMPACT OF A COMMUNITY-BASED INFORMATION/ EDUCATION/COMMUNICATION CAMPAIGN ON KNOWLEDGE AND PRACTICE OF PRENATAL AND POSTPARTUM CARE

Afzal Hussain, MD, MPH, Najma Khatun, MD, and Katherine Kaye, MD, MPH

Despite the decrease in child mortality which followed implementation of child survival interventions, neonatal mortality rates remained fairly stable and continued to account for a high proportion of infant mortality. Save the Children initiated an intensive information/education/communication campaign to promote appropriate nutritional and health care practices during pregnancy and the postpartum period; the approach was noteworthy because it targeted influential family decision makers (husbands and mothers-in-laws) as well as pregnant women. The campaign was implemented in part of SC's Child Survival 8 project area (a remote rural area in Nasirnagar) and covered a population of approx. 25,000.

The campaign resulted in significant increases in levels of knowledge and practice on the part of pregnant women and other family members regarding nutrition, intake of iron tablets, attendance at prenatal care, contraception, seeking care for problems in delivery, preparation of items needed for hygienic deliveries, and other behaviors. Mothers perceived that other family members were more supportive of these behaviors. There was also a significant improvement in the delivery practices of TBAs. Although a reduction in infant mortality was observed during the period over which the IEC campaign was designed and implemented (1991-1993), lack of a control group as well as small population size make it impossible to attribute the reduction entirely to project interventions. Improved TBA delivery practices were significantly associated with reduced neonatal morbidity. This successful IEC strategy will be replicated to improve maternal, perinatal and neonatal health throughout SC's entire CS8 project area in Bangladesh.

THE IMPLEMENTATION OF COMMUNITY GARDENS AS AN EFFECTIVE STRATEGY TO IMPROVE THE NUTRITIONAL HEALTH STATUS OF MOTHERS AND CHILDREN IN NICARAGUA

Alberto Araica, MD

Purpose of strategy: To train community women in the development of vegetable gardens and food preparation and teach them the importance of adequate food consumption particularly focusing on pregnant women and children under 5 years.

Methodology: Data was obtained through World Relief's Health Information System which monitors children's weight gain through growth monitoring sessions. Health Statistics also obtained from the Nicaraguan Ministry of Health.

Principal Accomplishments: 1) An increase of 40% in the number of women attending health training sessions. 2) 70% of the communities within the CS project area have a community garden. 3) 100% of the promoters and community volunteer leaders have been trained in garden development. 4) 1,600 women to date and 20 local health committees have been trained in the nutrition intervention. 5) The establishment of community leadership groups who direct and involve the community in the use of gardens. 6) Vegetables produced in the gardens are distributed amongst the families and added to their meals. 7) Mothers have acquired new techniques on varied food preparation.

THE DHAKA URBAN INTEGRATED CSP EXPERIENCE: HOW AN URBAN COMMUNITY IS MEETING ITS NEEDS

Mozibur Howlader

The Dhaka Urban Integrated Child Survival Project has been addressing the major child health problems in urban Dhaka by implementing six child survival interventions such as prevention and treatment of vitamin A deficiency. Nutritional blindness (NB) due to micronutrient (vitamin A) deficiency among children is being combatted through short- and long-term nutrition programs. The prevalence of NB (night blindness) among high-risk children has dropped from 2.5 percent to 0.1 percent. A key strategy has been the development of a community infrastructure consisting of Neighborhood Health Committees (NHCs)/Ward Consortium (WC) and community volunteers (CVs). This cadre of workers plans, implements, and monitors the periodic high potency vitamin A capsule distribution as a short-term mechanism to combat vitamin A deficiency.

To assess the effectiveness of this cadre of workers specifically the CVs, the project conducted a cross-sectional descriptive study. A total of 450 households with mothers who have children 0-71 months old were selected from the community through cluster sampling. The information was collected using structured questionnaires. The study revealed that 100 percent of the households were covered by the CVs, 97 percent of the target children received appropriate doses of VAC, and 92 percent of mothers were given nutrition education at the time of household visits.

This study shows that the community, given the necessary logistics and training, could contribute to the solution of common health problems such as vitamin A deficiency.

THE IMPACT OF VILLAGE MANAGEMENT COMMITTEES ON SERVICE DELIVERY IN RURAL NEPAL

Chanda Rai, Rabindra K. Thapa, Dhana Malla, Jennifer E. Day

Save the Children US (SC/US) has established and mobilized village management committees in rural Nepal to improve the provision of primary health care services in communities. Management committees have helped create a sense of community ownership for several child survival (CS) project activities, thus leading to greater community support, greater program impact, greater project sustainability, and greater likelihood of successful phaseover to the community.

Health Post and Outreach Clinic Management Committees have been organized through CS projects in Siraha (terai or eastern plains region) and Nuwakot (central hills region). Committee members are selected by the community in a joint meeting with SC/US and the District Health Office; they motivate and educate fellow villagers regarding health care services, register mothers and children at clinics and health camps, monitor health post activities, demonstrate and sell ORS, and raise funds by charging minimal fees for health cards (some of which are used to subsidize clinic and referral services for the poorest villagers) or establishing drug revolving funds.

We will assess the impact of Management Committees on attendance at health posts and outreach clinics, using service-based statistics, and on cost recovery. We will also evaluate and present findings on the quality of Siraha clinic services (e.g., EPI, FP, teaching or ORT), using quality assurance tools developed through the project.

THE IMPROVEMENT OF THE COMMUNITY NATURAL ORGANIZATIONS AS STRATEGIC POINTS FOR THE TRANSMISSION OF BASIC MESSAGES IN CHILD SURVIVAL

Alberto Araica, MD

The improvements of the community natural organizations as strategic points for the transmission of basic messages in child survival.

Purpose: To demonstrate that the integration of Schools and Churches to the training process in health as a successful alternative to the teaching and community sustainable organization.

Methodology: The data were gathered through the World Relief's Health System Information

Main Achievements and Conclusions: The incorporation of the 90% of schools and churches to the transmission process of basic messages in health. To increase in more than the 50% of trained women. The training of the 70% of teachers and church leaders selected as new volunteers in health, and their incorporation to the community work. The incorporation of the new interventions of health as a part of the academic penum of the schools. Schools and churches as permanent organizations for the community guarantee a sustainable effect in the community education.

GENDER EQUITY: A FUNDAMENTAL ISSUE TO ENSURING SUSTAINABILITY OF AN URBAN-BASED CSP

Sylvester Costa

This paper will discuss the significant achievements of the Dhaka Integrated Child Survival Project in five administrative wards of Dhaka City Corporation (DCC) with an estimated population of 197,245, of whom 43,325 (22%) are women of 15-45 years. The project emphasized women's participation in execution and implementing child survival (CS) interventions. Sixty percent of project staff, neighborhood health committee (NHC) members, and community volunteers (CVs) are female. The project has organized and trained 78 focus group mothers (FGMs) and 56 traditional birth attendants (TBAs) who represent and provide voluntary support/services, especially to slum communities.

These groups' active involvement facilitated the achievement of project objectives such as full immunization coverage among children 12-23 months from 15.5% to 92.5%; TT2 coverage from 15.4% to 92.8%; ORT usage from 57% to 74%; semiannual Vitamin A capsule distribution to children from 24% to 80%; and contraceptive prevalence from 27% to 72%.

As a result of these achievements, the National EPI has recommended in its 1993 EPI report that similar health committees in other urban areas be organized to bring together the appropriate MOH, DCC, NGOs, private professionals and representatives from local community groups to prepare a strategic plan for immunization. Women's maximum participation and involvement in the leadership and health-management process enabled the project to gain social support from influential decision makers in the families and the communities. These women have become pioneers in establishing a community-based health services center to sustain CS achievements and its service quality.

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