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 integrating AIDS activities within MNCH or TB interventions. In addition to integrating interventions to maximize health impact, several NGOs have accomplished “diagonal” integration by integrating AIDS activities within MNCH or TB interventions.

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.

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.

Table 1. Service delivery platforms leveraged by NGOs

<table>
<thead>
<tr>
<th>Platform</th>
<th># of Projects (% of total)</th>
<th>Project Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal Care (ANC)</td>
<td>19 (56.4)</td>
<td>Women’s group meetings held during ANC visits (Medical Care Development International/South Africa)</td>
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<tr>
<td>Delivery</td>
<td>20 (57.1)</td>
<td>Facility-based counseling included in HIV/AIDS prevention (Integrated Development and Brief Agency/Philippines)</td>
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<tr>
<td>Community Health Volunteers (CHVs)</td>
<td>12 (34.4)</td>
<td>CHVs were trained to deliver messages to other mothers about risk reduction, recognizing symptoms, and accessing services for HIV testing and treatment seeking for sexually transmitted infections (Meridian International Center/Washington, D.C.)</td>
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<tr>
<td>Community Health Workers (CHWs)</td>
<td>19 (56.4)</td>
<td>CHWs were trained to complement CSHGP PMTCT efforts (Community Health Action Institute)</td>
</tr>
<tr>
<td>Health Worker Staff</td>
<td>13 (37.1)</td>
<td>Health worker staff were trained in management of HIV/AIDS (Cura Foundation)</td>
</tr>
<tr>
<td>Integrated Management of Childhood Illness (IMCI)</td>
<td>12 (34.4)</td>
<td>HIV/AIDS services were integrated into IMCI to improve service delivery (Medical Care Development International/MC/CCG)</td>
</tr>
<tr>
<td>Village Stabilization Programs (VSPs)</td>
<td>20 (57.1)</td>
<td>Village-based services were designed to be organized by local health authorities (AIDS Fights)</td>
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</table>

Diagonal Integration

At least 5 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 programing, 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:

- Afrique/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. Afrique worked with them to build skills in training health workers, conducting surveys, developing educational materials, and creating health plans with local municipalities, among others.
- MCID/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 center’s 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 SAWSD/South Africa).
2. Coordinating with parallel programs in an area can be effective and efficient for delivery 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 Africa/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 programing, 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.

References

- USAID’s Child Survival and Health Grants Program
- MCHIP provides technical assistance to grantees. For more information about these and other projects, please visit www.mchipngo.net or contact Jennifer Yourkavitch (Jennifer.Yorkavitch@icf.com) or Kirsten Unfried (Kirsten.Unfried@icf.com).

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