



The Value of Holistic/Integrated SBCC Approaches in Child Survival



Holistic approaches look to achieve an integrated intervention that covers and crosses a wide range of areas/interventions in public health.

These approaches can address several different issues. One example of this would be interventions that incorporate prevention of mother-to-child transmission of HIV/AIDS (PMTCT) and SP (sulfadoxine/pyrimethamine) uptake in pregnant women to prevent malaria.

Holistic and integrated approaches can also serve to facilitate cross-sectorial linkages or support linkages between households and health facilities. Such approaches can target multiple populations. For example, school-based interventions can take advantage of group influences and parents' involvement in children's health (Storey, 2011).

Interventions such as these have the potential to effectively address stigma, discrimination, and gender inequality as barriers to health outcomes. However, there is generally a lack of interventions focused on these cross-cutting issues. Although some do successfully focus on changing social norms

or reducing stigma, they are not always linked to changes in health outcomes.

However, we must consider the fact that holistic interventions looking to include issues like gender equity can have wide-reaching sustainable changes in health outcomes.

Key Article

Effectiveness of Kenya's Community Health Strategy in delivering community-based maternal and newborn health care

Wangalwa, G., et al. (2012). Effectiveness of Kenya's community health strategy in delivering communitybased maternal and newborn health care in Busia County, Kenya: non-randomized pre-test post-test study. *Pan Afr Med J*, 13(Suppl 1): 12.

Intervention

A community-based approach was used in which households and communities took an active role in changing maternal/neonatal care practices among mothers with children ages 0-23 months.

Community health workers (CHWs) provided services to 20 households each, visiting with pregnant women two or more times to provide education, assist in birth plans, screen for danger signs, advise on care of newborn, etc.

- Community health extension workers (CHEWs) supervised the CHWs and facilitated community trainings, providing a link between the CHW and health facilities
- Community Health Centers organized community dialogue sessions to raise awareness of MCH issues

Evaluation

A pre- and post-test non-randomized interventional study was conducted, measuring practices on antenatal care, malaria prevention and management, delivery services, thermal care, cord care, post-delivery care, breastfeeding and nutrition, integrated management of childhood illness and PMTCT.

Results

A significant increase was seen in essential maternal and neonatal care practices of four ANC visits, deliveries by skilled birth attendants, uptake of SP for IPTp for malaria in pregnancy, exclusive breastfeeding, and knowledge of HIV.

However, an increase in postnatal check-up and ITN ownership was not significant.

Limitations and Gaps

- General lack of evidence exists on integrated approaches (although several projects are currently in place)

- Behavioral change theories show linkages between psychosocial variables and health behaviors, but not much evidence in the context of development and child survival
- Measuring stigma, discrimination and gender issues as moderators to health behaviors can prove difficult

Sources

Storey, D. & Lee, K. (2011). Achieving Lasting Impact at Scale: Social and Behavior Change and the Spread of Family Health Interventions in Low Income Countries. Report prepared for The Bill & Melinda Gates Foundation.

Table 1. Maternal and Neonatal Care Practices between Pre and Post Intervention Observation

Indicators	Pre-intervention (n=133)	Post-intervention (n=133)	Significance
At least 4 ANC visits made	39%	62%	p<0.001
Deliveries by skilled health professionals	31%	57%	p<0.001
Postnatal check-up within 2 days	52%	58%	p=0.36
Households with at least one ITN	89%	92%	p=0.68
Uptake two doses of SP for IPTp during ANC	23%	57%	p<0.001
Pregnant women with knowledge of HIV status	73%	90%	p<0.001
Exclusive breastfeeding	20%	52%	p<0.001

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