



## Demonstrating Child Survival Successes at the Community Level

Community-level approaches emphasize the community, rather than the individual, as the point of engagement. These approaches are often motivated by the sustainability of its goals. Local participation in design and implementation helps adapt programs to local needs and creates local ownership. Community approaches focus on group processes (e.g., participation, consensus building, community dialogue) even if they use face-to-face or media channels. However, these types of approaches often use public events as a way of reaching and involving community members on a broad scale (e.g., community theatre, sporting events).

The outcomes of such approaches could include collective actions, rather than individual action, although health benefits can be realized at the individual level as well. Successful community interventions usually include a strong interpersonal component.

These approaches typically have focused more on reproductive health issues, but have also been used successfully for maternal, neonatal, and child health (e.g., malaria prevention). Noticeably, very few of these approaches address nutrition.

### Key Article

Training frontline maternal, newborn and child health (MNCH) workers in South Sudan

Nelson, B. D., Ahn, R., Fehling, M., Eckardt, M. J., Conn, K. L., El-Bashir, A., ... & Burke, T. F. (2012). Evaluation of a novel training package among frontline maternal, newborn, and child health workers in South Sudan. *International Journal of Gynecology and Obstetrics*, 119: 130-135.



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### Intervention

Implementation of an evidence-based MNCS package for frontline health workers (FHWs) that included:

- 1) A targeted training course
- 2) Pictorial checklists to guide prevention, care and referral
- 3) Reusable medical equipment and commodities

Intervention was delivered using a training-of-trainers model.

### Evaluation

- Trainer knowledge was assessed with a questionnaire
- FHWs were assessed with objective structured clinical examinations (OSCEs; administered pretraining, immediate post-training, several months follow-up) evaluating management and referral of postpartum hemorrhage and

management of newborn asphyxia

- Focus group discussions regarding impact of training on FHW practices and perceptions

## Results

- FHWs reported an average of three referrals to a health facility since training. 78.3% were more likely to refer patients as a result of the training. 96.2% reported they cleaned and boiled delivery equipment after each use.
- Of the 2,444 deliveries attended by the FHWs during the preceding 30 days, there were no maternal deaths.
- Fourteen newborns (5.7%) were not breathing, and all received additional resuscitation beyond initial warming and drying. Twelve were successfully resuscitated (overall crude newborn mortality: 82 per 1000 live births).

## Limitations and Gaps

- Very few community-based studies measure impact on health behavior outcomes. Instead, they focus on improvements in broader social conditions (access to quality services) and social processes (inclusive program planning or equitable service delivery) that should influence health outcomes.
- Big opportunity for tapping into community cohesion to support child nutrition, child development (physical and cognitive/emotional).
- No studies determine if changes in program quality and accessibility sustain over time.
- No studies on changing community attitudes in order to change health behavior.

## Sources

Storey & Lee (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. Frontline health workers' (n=55) skills test results before training, after training, and at 2-3 months follow-up, <sup>a,b</sup>**

Assessment	Pretraining	Post-training	Follow-up
Maternal OSCE	21.1 ± 13.8	83.4 ± 21.5	61.5 ± 25.8
Newborn OSCE	41.6 ± 16.5	89.8 ± 14.0	45.7 ± 23.1

Abbreviation: OSCE, objective structured clinical examination  
<sup>a</sup> Values are given as a mean % ± D  
<sup>b</sup> Paired *t* tests between pretraining/post-training scores and between post-training/follow-up scores for maternal and newborn OSCEs showed significance at *P*<0.001.

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