

Chapter 4

Conclusions and Framework for the Future

Closing Discussion

BASICS community-based programs can be best characterized along a continuum of community involvement in the decision-making process. In *Model 1* programs, such as those in Honduras, Madagascar, and Bangladesh, BASICS approaches the communities within a predetermined structure with identified goals and actions from which the community can select those it deems most important; *Model 2* programs, such as those in Nigeria and Zambia, are more open-ended, and the communities participate in appraisals of the prevailing situation relating to health, help develop action plans, and become partners in implementation. Both models (or approaches) have strengths.

As an example of Model 1, AIN in Honduras has been able to use a growth monitoring program to train community volunteers to counsel mothers, organize community meetings to mirror the community's nutritional status, and motivate the community to solve its health problems. As a national program, AIN is able to systemize the recruitment, curriculum, and training of volunteers and maintain them on a long-term basis as well as add new elements to the program. Similarly, the Hearth program succeeded in jump-starting a cadre of volunteer mothers as community health workers through its nutritional rehabilitation program.

As examples of Model 2, both Zambia and Ethiopia have used data collection to involve the community in a decision-making process rather than a prestructured program. Although desired behaviors were predetermined, the community, in a joint process with health workers, was free to select the behaviors it saw as high priority, help develop action plans, and implement interventions. By standardizing action plans (norms, content, training, materials, and messages) and by evaluating and documenting the experience, Model 2 programs can be successfully scaled up. By helping the community to gain awareness, experience, and a sense of ownership and demonstrating visible positive outcomes, this type of programming may have a better chance of being sustained after outside support is terminated and perhaps even of being more impervious to political upheavals than programs that are planned and implemented from the top.

BASICS's Future Role

Any discussion of BASICS's future role in community-based health programs needs to begin with a recognition of the specific context in which the project exists. As a USAID-funded child survival project, BASICS is subject to certain policy and regulatory constraints. USAID's mandate is to lift those who are not being lifted in other ways, and its resources are finite. Fifty percent of morbidity happens in 25 percent of the families in developing countries. The stratum of those most in need of public health services is 15 percent to 20 percent of the population in most countries where USAID provides support. Community-based approaches are especially relevant for such highest-risk populations, which are often rural with poor access to formal health services.

So far, BASICS has worked primarily at the national and district levels to provide technical assistance and support to ministries of health with a focus on health facilities. That is where it can continue to be

Community-Based Approaches to Child Health

most effective by building the capacity of the ministries and by integrating its health agenda into the national policy and planning process. BASICS's focus on specific health behaviors to ensure specific outcomes is the special strength of its programs. Focused and targeted programs with clearly defined goals, expectations, and responsibilities have a better chance of success and are more amenable to replication and scale-up. Training and local capacity building help programs to take root and be sustained after BASICS is gone.

In addition, BASICS has achieved a good deal of credibility in the international health arena, and it can be a catalyst in shaping global health policies and initiatives. By further expanding and strengthening its collaborative activities with international donor agencies, BASICS can make a significant contribution in the field of child survival.

The essential elements of BASICS evolving role should include the following:

- Policy advocacy and planning to promote equity and standardize community planning processes
- Fostering of partnerships between ministries of health and the private sector, including PVOs and NGOs, private health providers, and the commercial sector
- Information dissemination about successful strategies for achieving greater impact at the community level
- Capacity building in both public and private institutions to sustain implementation of community-based programs

These roles are further detailed in Table 8. Finally, while it may be premature to attempt to formulate a definitive list of criteria by which the project's future work is to be guided and judged, the workshop participants agreed that in addition to building on the successful strategies identified during the workshop, BASICS should strive to ensure that its community-based work is—

- Effective (achieves impact on health behaviors),
- Replicable,
- Sustainable, and
- Participatory (within existing constraints).

Each of these criteria on its own may be difficult to realize, and the pursuit of one may be at cross-purposes with another—for example, effectiveness versus sustainability. BASICS should nonetheless attempt to define approaches that can meet all of these criteria—or at least strike a balance among them—if the project is truly to move beyond old community participation paradigms and provide leadership in this important area.

Table 8. Fostering Partnerships to Increase Child Health Impact at the Community Level

| Level | Partners | BASICS's Roles | Tools |
|-----------------|--|---|--|
| National | <ul style="list-style-type: none"> -Ministry of Health -Other ministries with extension services -National NGOs/PVOs -Donors -Private provider associations -Commercial sector -Media | <ul style="list-style-type: none"> -Conduct advocacy for increased emphasis on community health -Develop national strategies/plans for scale-up -Facilitate coordination among donors -Facilitate partnerships between MOH and private sector -Test approaches for involving commercial sector -Develop national media support for community initiatives -Document and disseminate successful community approaches | <ul style="list-style-type: none"> -SARA Advocacy Guide -BASICS Guide to Mobilizing Commercial Sector -BASICS/SARA Guide to Communication in Support of IMCI -BASICS Methodology for Assessing PVO Best Practices -BASICS Process and Cost Evaluations of Community- Based Programs -BASICS Methodologies for Assessing Private Medical Sector |
| District Level | <ul style="list-style-type: none"> -District health management teams -Local NGOs -Agricultural and other extension networks | <ul style="list-style-type: none"> -Facilitate partnerships between MOH and local NGOs -Train district health teams and NGOs in planning and assessment of community approaches -Assist development of new community financing schemes, such as district grants to NGOs | <ul style="list-style-type: none"> -BASICS Emphasis Behaviors Approach -BASICS Guide to Participatory Community Planning -BASICS/UNICEF Guide to Participatory Communication |
| Community Level | <ul style="list-style-type: none"> -Health facility staff -Community leaders -Community-based organizations -Women's groups -Schoolteachers -Private health providers | <ul style="list-style-type: none"> -Provide technical assistance to promising community demonstration projects (e.g., Centers of Learning) -Assist evaluation and dissemination of successful approaches | <ul style="list-style-type: none"> -BASICS Tool Box on Monitoring and Evaluation |

Annex A. List of Participants

BASICS

Victoria de Alvarado, BASICS/Honduras

Robin Anthony

Karabi Bhattacharyya

Lyndon Brown

Barton R. Burkhalter

Elizabeth Burleigh, BASICS/Zambia

Mary Carnell, BASICS/Madagascar

Alfonso Contreras

John Durgavitch

Marcia Griffiths

Carl Hasselblad

Deborah Helitzer

Nancy Keith

Eckhard Kleinau

Carolyn Kruger

Nancy McCharen

Judi Moore

Altrena Mukuria

John Murray

Dick Nelson

Carrie O'Neill

Samuel A. Orisasona, BASICS/Nigeria

Robert Pond

Sandhya Rao

Mark Rasmuson

René Salgado

Ginnie Schmitz

Robert Simpson

Adwoa Steel

Pat Taylor

Ronald Waldman

USAID

Alfred V. Bartlett

Massee Bateman

Charles Llewelyn

Melody Trott

Others

Naheed Bashir, Rapporteur

Sarbani Chakraborty (India consultant)

Sandra Granzow, Facilitator

Iqbal Hussein (former BASICS/Bangladesh staff)

Carl Kendall, Tulane University

Jack Lesar, Academy for Educational Development

Suzanne Prysor-Jones, Support for Analysis and Research in Africa